FEEL BEAUTIFUL
PLASTIC SURGERY

BREAST AUGMENTATION WITH SILICONE GEL IMPLANTS

INSTRUCTIONS

Please become fully informed about breast augmentation surgery with silicone gel implants before proceeding with the operation. It is Dr. Laverson's responsibility to provide this information for you. It is your responsibility to become familiar with this information and to consider it when deciding whether or not to proceed. Read each paragraph completely. If you have questions or there are words you don't know, ask Dr. Laverson. Surgery is not an exact science. Because it is impossible to predict your outcome precisely in advance of the procedure, you should understand risks and possible complications of the procedure. Your signature below confirms your understanding and your request for breast augmentation surgery with silicone gel implants.

GENERAL INFORMATION

Women choose augmentation mammaplasty (breast augmentation) to enlarge their breasts for their own personal reasons. Common indications include:

- To enlarge breasts for a woman whose breasts haven't developed to her desired size.
- To restore breast volume lost after pregnancy.
- To balance breast size for women with right and left breasts of different sizes.
- To restore breast shape after partial or total loss of the breast(s) for various conditions.
- To replace existing breast implants (revision) for cosmetic or reconstructive reasons.

Breast augmentation is not for women with untreated breast cancer or pre-malignant breast disorders, active infection anywhere in the body, or on women who are currently pregnant or nursing. Individuals with a weakened immune system (currently receiving chemotherapy or drugs to suppress the immune system), conditions that interfere with blood clotting or wound healing, or have reduced blood supply to the breast tissue from prior surgery or radiation therapy treatments may be at greater risk for complications and a poor surgical outcome. Breast implants are considered medical devices, and as such are studied and approved for use by the United States Food and Drug Administration (FDA). The FDA recommends that women should be at least age 18 for cosmetic breast augmentation.

Breast enlargement surgery is accomplished under anesthesia by inserting a sterile synthetic implant (prosthesis) in a surgically developed "pocket." This pocket, or implant space, is either completely behind the breast gland or partially behind the breast gland and partially behind the chest muscles. Incisions for implant insertion are positioned so the resulting scars will be inconspicuous, and not easily seen. Scars will either be in or near the skin crease at the bottom of the breast, along the lower edge of the areola, or in the armpit. Implants consist of a durable and flexible solid silicone shell that completely surrounds and seals within it a specified volume of soft pliable silicone gel. Breast implants are highly engineered, and manufactured to rigorous standards. They are available in many shapes, sizes, and consistencies to match a variety of individual needs. Implant surfaces are either smooth and glossy or rough and "textured." Implant selection, surgical approach, and positioning depends on your anatomy, your preferences, and your desired result. The shape and size of your breasts prior to surgery will influence the recommended technique and your final appearance. If the breasts are not the same size or shape before surgery, it is unlikely that they will be symmetric afterward.

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If your breasts are sagging or drooping, additional surgical procedures (breast lift) may be indicated to reposition the nipple and areola upward, tighten loose skin, and to aesthetically improve breast shape.

Patients undergoing augmentation mammaplasty surgery must consider the following:

- Breast augmentation with silicone gel-filled implants may not be a one-time surgery.
- Breast implants of any type are not considered lifetime devices. They cannot be expected to last forever. You will likely require future surgery for implant replacement or removal.
- Changes that occur to the breasts following augmentation or reconstruction with implants are not reversible. You may be disappointed with the appearance of your breasts if you later choose breast implant removal (explantation).

ALTERNATIVE TREATMENTS

Augmentation mammaplasty with silicone gel filled implants is an elective surgical operation. Alternative treatments include non surgical measures such as externally applied padding, silicone, or other bra fillers, push up bras, over the counter supplements and/or hormones, and negative pressure breast surface treatments (BRAVA). Among alternative surgical choices are saline (salt water) filled implants, or transfer of other body tissues (fat grafting) to enlarge/rebuild breast size. Risks, expenses, and potential complications are associated with each of these alternative treatments.

RISKS OF AUGMENTATION MAMMAPLASTY SURGERY

Every surgical procedure involves risk and the potential for unanticipated complications. If complications were predictable, they would never happen. The very nature of complications of surgery is that they are often unpredictable. The best we can hope for is to understand the most likely complications, try our absolute best to avoid them, and manage them expeditiously and successfully when they occur. It's important that you understand limitations of breast implants and of the augmentation procedure.
Additional information about breast implants may be found at www.breastimplantsafety.org, from implant manufacturers (Allergan, Mentor, Sientra), and from the United States Food and Drug Administration.

Your choice to undergo any elective surgical procedure should be based on a comparison of known risks to expected benefit. Although most patients do not experience complications, you should discuss each of the most common problems with Dr. Laverson to make sure you understand all possible consequences of breast augmentation. Problems associated with breast augmentation can be inherent to the implants themselves and/or complications of the surgical procedure. While every patient experiences her own unique outcome which is unpredictable in advance, clinical data suggests that most women are satisfied with the results of breast augmentation despite problems inherent with the surgery.

Inherent Risks of Silicone Gel Filled Breast Implants

Implants- Breast implants, similar to other medical devices, can fail. When a silicone gel-filled implant ruptures, the gel material is usually contained within the scar tissue surrounding the implant (intracapsular rupture). In some cases, the gel may escape beyond the capsule layer and go into the breast tissue itself (extracapsular rupture and gel migration). Rupture of a breast implant may or may not produce local firmness in the breast. Rupture can occur as a result of an injury, from no apparent cause (silent rupture), or during mammography. It is possible to damage an implant at the time of surgery or perforate an implant during needle biopsy or aspiration of a breast cyst. Damaged or broken implants cannot be repaired. Ruptured or damaged implants require removal or replacement. Breast implants may wear out. They are not guaranteed to last a lifetime. Future surgery may be required to revise your result or replace one or both implants. An MRI (magnetic resonance imaging) or ultrasound study may be necessary to evaluate the possibility of implant rupture, yet it may not be 100% accurate in diagnosing implant integrity.

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Capsular Contracture- Scar tissue, which forms internally around the breast implant, can tighten and make the breast appear more globular and/or deformed. Contracture causes unnaturally firm or hard breasts, and may cause one or both breasts to ache. Excessive firmness of the breasts can occur soon after surgery or years later. The occurrence of symptomatic capsular contracture is not predictable. The incidence of symptomatic capsular contracture increases over time. Capsular contracture may occur on one side, on both sides or not at all. It may be more common with implant placement in front of the chest muscle layer. Treating capsular contracture may involve medications, and may require surgery, implant replacement, or implant removal. **Capsular contracture may reoccur after surgical procedures to treat this condition.**

Implant Extrusion / Tissue Necrosis- Lack of adequate tissue coverage or infection may result in exposure and extrusion of the implant through the skin. Tissue breakdown (necrosis) has been reported with the use of steroid drugs, after chemotherapy/radiation to breast tissue, due to smoking, microwave diathermy, and excessive heat or cold therapy. In some cases, incision sites fail to heal normally. An implant may become visible at the surface of the breast as a result of the device pushing through layers of skin. If tissue breakdown occurs and the implant becomes exposed, implant removal may be necessary. Permanent scar deformity may occur.

Skin Wrinkling and Rippling- Wrinkling and/or rippling of the soft breast implant surface may be seen (visible) and/or felt (palpable) on skin of the augmented breast. Some wrinkling is normal and expected with silicone gel-filled breast implants. This is more pronounced in thin patients and patients with small breasts. Wrinkling may be easier to see or feel with textured surface implants and with large breast implants. Rippling may be localized to one or more areas of the breast, such as the lower outer breast or the lower inner breast. Rippling may be only visible or palpable with your body or arms in a specific position. Implants may have a palpable fold or wrinkle that cannot be resolved or moved with pressure or breast manipulation, and that is constantly detectable in one spot. Palpable wrinkling and/or folds may be confused with breast tumors. Questionable cases must be investigated.

Implant and Breast Edge Visibility- Edges of breast implants may be seen and/or felt through the skin. The edge of your native breast may be distinctly visible over a breast implant if your implant extends beyond the margins of your native breast. This most often occurs on the lower breast.

Calcification- Calcium deposits can form in the scar tissue surrounding breast implants and may cause pain, firmness, and be visible on mammography. This usually occurs only many years after breast augmentation, and was more common with older types of implants. Such calcifications must be differentiated from calcium aggregations of breast cancer. Should this occur, biopsy or additional surgery may be recommended to examine calcifications.

Chest Wall Irregularities- Minor chest wall irregularities may develop after breast augmentation. Skin irregularities at the ends of scars or “dog ears” are possible when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.

Implant Displacement and Tissue Stretching- Displacement, descent, rotation, or migration of a breast implant may occur from its initial placement and can be accompanied by discomfort and/or distortion of breast and chest appearance. Pressure imposed by breast implants causes breast tissue and skin to expand, to stretch, and to become thinned over time. Surgical revision, breast lift, and/or other surgery may be necessary to attempt correction. It may be difficult, costly, or impossible to completely resolve this problem.

Surface Contamination of Implants- Skin oil, lint from surgical drapes, or talc may become deposited on the surface of the implant at the time of insertion. The consequences of this are unknown.

Unusual Activities and Occupations- Activities and occupations that have the potential for trauma to the breast could potentially break or damage breast implants or cause bleeding/seroma.

Silicone Gel Bleed- Over time, small amounts of silicone gel material can pass through the shell layer of the implant and coat the outside of the implant. This may contribute to capsular contracture. This was much more common with older implants than implants that are now FDA approved for use.

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Inherent Risk of Breast Augmentation Procedure

Bleeding- It is possible to experience an unusual bleeding episode during or after surgery. Should post-operative bleeding occur, emergency treatment to stop bleeding and to drain accumulated blood (hematoma) may be required. Blood transfusion may also (rarely) be required. Hematoma may contribute to capsular contracture, infection or other problems. **Do not take any aspirin, ibuprofen, or other blood thinning anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding.** Non-prescription "herbs" and dietary supplements can increase the risk of bleeding. Hematoma can occur at any time following injury to the breast. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and HIV (AIDS). Heparin, Warfarin (Coumadin), Clopidogrel (Plavix®), Dipyridamole (Persantine®), indomethacin (Indocin®), rivaroxaban (Xarelto®), dabigatran (Pradaxa), apixaban (Eliquis®), edoxaban (Lixiana®) and other medications that prevent blood clots in veins promote bleeding.

Seroma- Fluid may accumulate around the implant following surgery, trauma or vigorous exercise. Additional treatment may be necessary to drain fluid accumulation around breast implants. This may contribute to infection, capsular contracture, or other problems.

Infection- Although infection is rare after breast augmentation, it may appear in the immediate post-operative period or at any time following the insertion of a breast implant. Subacute or chronic infections may be difficult to diagnose. Should an infection occur, treatment including antibiotics, removal of the implant, and additional surgery are often necessary. Infections with the presence of a breast implant are harder to treat than infections in normal body tissues. If an infection does not respond to antibiotics, the breast implant must be removed. After the infection completely resolves, a waiting period of several months is required before a new breast implant can be inserted. It is rare, but possible, that an infection develops around an implant from a bacterial infection elsewhere in the body. Preventive antibiotics may be considered for major dental or other surgical procedures in patients with breast implants. In extremely rare instances, life-threatening infections, including toxic shock syndrome have happened after breast implant surgery. Individuals with ongoing infection in their body or seriously weakened immune system should not have breast augmentation. If infection develops anywhere in the body after breast augmentation, it should be promptly diagnosed and treated.

Scarring- All surgery leaves scars, some more visible than others. Excessive scarring is uncommon. Although good wound healing after breast augmentation is expected, abnormal scars may occur on the skin and within deeper tissues. Scars may be unattractive and of different color than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases, scars may require surgical revision or treatment.

Surgical Anesthesia- Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of anesthesia or sedation.

Allergic Reactions- In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Thrombosed Veins- Thrombosed veins, which resemble cords, occasionally develop in the area of the breast and usually resolve without medical or surgical treatment.

Pain- You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after breast implant surgery. Pain may be the result of improper implant size, placement, surgical technique, capsular contracture, or sensory nerve entrapment or injury. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue or due to tissue stretching.

Skin Discoloration / Swelling- Some bruising and swelling normally occurs after breast augmentation. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

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Sutures- Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation.

Asymmetry- Some breast asymmetry is natural. Significant and visible differences of breast and nipple shape, size, or symmetry may occur after breast augmentation. This is much more likely if breast features (breast skin surface dimensions, breast volume, size, shape, and position of nipples, areolae, and/or bottom crease of breasts) were asymmetric before surgery. Additional surgery may be needed to attempt improvement of asymmetry after breast augmentation.

Change in Nipple and Skin Sensation- You may experience diminished or complete loss of nipple, areola, and/or breast skin sensation after breast augmentation. Sensation may or may not return with the passage of time. Partial or complete, temporary or permanent loss of nipple and skin sensation may occur on one or both breasts. This may affect sexual response or breast feeding your baby. Aching and/or pain of one or both breasts may be temporary or permanent.

Damage to Deeper Structures- There is potential for injury to deeper structures including nerves, blood vessels, muscles, and lungs (pneumothorax) during breast augmentation. Injury to deeper structures may be temporary or permanent. Serious injury is rare.

Delayed Healing- Wound disruption or delayed wound healing is possible. Some areas of the breast, skin, or nipple region may not heal normally and may take a long time to heal. Areas of skin or nipple tissue may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have decreased blood supply to breast tissue from past surgery or radiation therapy may be at increased risk for wound healing problems and poor surgical outcome. **Smokers have a greater risk of skin loss and wound healing complications.**

Heart and Lung Complications- Pulmonary (lung) complications may occur from blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary emboli can be life-threatening or fatal. Inactivity and other conditions may increase the incidence of blood clots traveling to the lungs causing a major blood clot that may result in death. Disclose to Dr. Laverson any past history of swelling in your legs or blood clots that may increase this risk. Cardiac (heart) complications are a risk with any surgery and anesthesia, even in patients without symptoms. Should any of these complications occur, you may require hospitalization and additional treatment. If you experience shortness of breath, chest pain, or unusual heart beats after surgery, seek medical attention immediately.

Additional Advisories Regarding Breast Implant Surgery

Breast Disease- Current medical information does not demonstrate an increased risk of ductal carcinoma (breast cancer) after breast implant surgery. Individuals with a personal history or family history of breast cancer may be at higher risk of developing breast cancer than a woman with no family history of this disease. It is recommended that all women perform periodic self-examination of their breasts, have mammography according to American Cancer Society guidelines, and seek professional care should a breast lump be detected. Care must be exercised during breast biopsy procedures to avoid damaging the breast implant.

Anaplastic Large Cell Lymphoma (ALCL) – This is an extremely rare T-cell lymphoma that has been associated with a specific type of breast implant that Dr. Laverson no longer uses. ALCL is easily detectable, and completely curable. Manifesting itself an average of seven years after augmentation, women with ALCL notice one breast slowly enlarging with fluid. Any time a woman with breast implants notices spontaneous growth in size of one or both breasts, physical examination of the breasts and imaging study (ultrasound, CT scan, or MRI) is indicated to understand what is enlarging the breasts, and to plan definitive diagnosis and treatment.

Long-Term Results- Subsequent alterations in breast shape will occur as the result of aging, weight loss, weight gain, pregnancy, menopause, or other circumstances not related to breast augmentation. Breast sagging will normally develop or increase with the passage of time.

Removal / Replacement of Breast Implants- Future revision, removal, or replacement of breast implants and surrounding scar tissue envelope involves surgical procedures with risks and possible complications. Breast appearance may be disappointing after implant removal.

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Mammography- Breast implants may make mammography difficult and may obscure the detection of breast cancer. Any breast implant can impair the detection of breast cancer, regardless of the type of implant or where it is placed in relation to the breast. Implant rupture can occur from breast compression during mammography. Inform your mammography technologist of the presence of breast implants so that appropriate mammogram studies may be obtained. Patients with capsular contracture may find mammogram techniques painful and the difficulty of breast imaging will increase with the extent of contracture. Ultrasound, specialized mammography and MRI studies may be of benefit to evaluate breast lumps and the condition of the implant(s). Because more x-ray views are necessary with specialized mammography techniques, women with breast implants will receive more radiation than women without implants who receive a normal exam. However, the benefit of the mammogram in finding cancer outweighs the risk of additional x-rays. Patients may wish to undergo a preoperative mammogram and another one after implantation to establish a baseline view of their breast tissue. You may be advised to undergo a MRI study in the future to verify the condition of your breast implants inside your body.

Breast Feeding / Nursing - Breast milk is the best food for babies. Many women with breast implants have successfully breast fed their babies. It is not known if there are increased risks in nursing for a woman with breast implants. A study measuring elemental silicon (a component of silicone) in human breast milk did not indicate higher levels from women with silicone-filled gel implants when compared to women without implants. Cow's milk contains higher levels of elemental silicon as compared to human milk. Implant placement techniques that involve incisions through the nipple and areola locations may reduce the ability to successfully breast feed. If a woman has undergone a mastectomy, it is unlikely that she would be able to breast feed a baby on the side where the breast was removed.

Disappointment, No Warranty - Although good results are expected and usually achieved, your satisfaction cannot be guaranteed in advance. Plastic surgery comes with no warranty. You may be disappointed with the results of surgery. Asymmetry in implant placement, displacement, nipple location, unanticipated breast shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Breast size may not be as you expected. Your desired size may change. Unsatisfactory surgical scar location may occur. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. It may be necessary to perform additional surgery to improve your results, change implant size or to remove and not replace implants.

Capsule Squeeze Procedures- Closed capsulotomy, the process of forcefully squeezing the fibrous capsule around a breast implant to break up scarring is not recommended. This may result in rupture of the breast implant, gel migration, bleeding, or other complications.

Immune System Diseases and Unknown Risks- A small number of women with breast implants have reported symptoms similar to those of known diseases of the immune system, such as systemic lupus erythematosis, rheumatoid arthritis, scleroderma, chronic fatigue syndrome, fibromyalgia, and other arthritis-like conditions. To date, after several large studies of women with and without implants, there is no scientific evidence that women with either saline-filled or silicone gel-filled breast implants have an increased risk of these diseases. These diseases appear no more common in women with implants than those women without implants. The effect of breast implants in individuals with pre-existing immune system and connective-tissue disorders is unknown. There is the possibility of unknown risks associated with silicone breast implants and tissue expanders.

Breast and Nipple Piercings - Individuals with breast implants seeking to undergo body piercing procedures to the breast region must consider the possibility that an infection could develop anytime following this procedure. Should an infection occur, it is possible that it could spread to the breast implant space. Treatment including antibiotics, possible removal of the implant, or additional surgery may be necessary. Infections with the presence of a breast implant are harder to treat than infections in normal body tissues. If an infection does not respond to antibiotics, the breast implant may have to be removed. Individuals who currently wear body-piercing jewelry in the breast region are advised that a breast infection could develop.

Breast Implant Technology / Technologic Improvements in Breast Implants- The technology of breast implant design, development and manufacture will continue to progress and improve. Newer or future generations of implants may be better in some way from those currently available.

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Interference with Sentinel Lymph Node Mapping Procedures- Breast augmentation procedures (periareolar or transmammary) that involve cutting through breast tissue, similar to a breast biopsy in order to place breast implants, can potentially interfere with diagnostic procedures to determine lymph node drainage of breast tissue to stage breast cancer. If this is a concern, individuals considering breast augmentation by these approaches may elect to consider another surgical approach (inframammary or standard periareolar).

Large Volume Breast Augmentation- Patients who request disproportionately large breast size must consider that such a choice places them at risk for a less than optimal long-term outcome and the need for re-operation and additional expenses. The placement of large breast implants that exceed the normal dimensions of the breast produces irreversible tissue thinning, implant "drop out," and visible/palpable rippling. Wound healing problems and numbness are also more common.

Mental Health Disorders and Elective Surgery- Patients seeking elective surgery should have realistic expectations of improvement rather than perfection. Complications or disappointing results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

Female Patient Information- It is important to inform Dr. Laverson if you use birth control pills, estrogen replacement, or if you suspect that you are pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

Medications- There are potential adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Check with your physician about any drug interactions that may exist with medications that you are already taking. If you have an adverse reaction, stop the drugs immediately and call Dr. Laverson for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after surgery, realize that they can affect your thought process and coordination. Do not drive, do not operate complex equipment, do not make any important decisions, and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

Smoking, Vaping, Juuling, E-cigarettes, Second-Hand Smoke, and other Nicotine Products (Patch, Gum, Nasal Spray)- Patients who are currently smoking, using tobacco products, or nicotine products (vaping, juuling, e-cigarettes, patch, gum, nasal spray, etc.) have increased risk of complications such as poor or delayed healing, additional scarring, and implant exposure or loss. Individuals exposed to second-hand smoke also have elevated risk for these complications, attributable to nicotine. Smoking has a negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have less risk for these complications.

Completely stop nicotine consumption for at least 4 weeks (preferably longer) before surgery and until Dr. Laverson states it is safe to resume, if desired.

ADDITIONAL SURGERY NECESSARY (Re-operations)

Breasts are hormone, weight, and age dependent. It's unknown how your breasts will change over time and how they'll interact with implants. Secondary surgery may be necessary or desired at some unknown future time to replace your breast implants or to improve your cosmetic result. You may elect or be advised to have your breast implants removed and not replaced in the future. Should complications occur, additional surgery or other treatments may be necessary. Although complications occur infrequently, the risks cited above are particularly associated with breast augmentation surgery. Other complications can occur but are even less common. The practice of medicine and surgery is not an exact science. Every human body is different, and future events are unpredictable. Although based on past experience and common practice, good results are expected, there is no expressed or implied guarantee or warranty of a satisfactory result, or of your satisfaction. It may not be possible to achieve optimal results with a single surgical procedure.

 Patient Initials_____

COMPLIANCE WITH INSTRUCTIONS

Follow all physician instructions carefully; This is essential for a good outcome. Healing is a gradual process (weeks to months). Surgical incisions should not be subjected to excessive force, abrasion, or motion during the time of healing. Personal and vocational activity must be restricted. Protective dressings and drains should not be removed unless instructed by Dr. Laverson. Successful recovery depends on how the surgery is performed, but also on your care and activity during the days and weeks after the procedure when your body is healing and your tissues are repairing. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation around implants and the need for return to surgery. It is wise to refrain from sexual and strenuous physical activities after surgery until Dr. Laverson states it is safe (Usually several weeks). Participate in follow-up care, return for aftercare, and promote your recovery by resting and allowing your body to heal after surgery.

REGULATORY MATTERS

According to Federal regulations, your personal information and your implant information must be submitted to a device registry. We submit this paperwork, and supply a copy to you. Your implant information should be securely stored for retrieval in the future as needed.

HEALTH INSURANCE

Health insurance companies exclude coverage for cosmetic surgical operations such as breast augmentation. In the unusual circumstance that medical complications develop after surgery, diagnosis and treatment are often covered by health insurance, but this cannot be guaranteed. Please carefully review your health insurance contract. Insurance plans exclude coverage for secondary or revision surgery due to cosmetic and other breast implant related issues.

FINANCIAL RESPONSIBILITIES

The cost of breast augmentation combines individual charges for services provided. The total includes fees charged by Dr. Laverson, by your anesthesiologist, the cost of implants, and surgery center charges for staff, medical equipment, supplies, and infrastructure. Federal, state, and local taxes, licensing and accreditation fees, and other regulatory and other operational expenses are included. The total cost of your procedure does not include future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional expenses may be incurred if complications develop from the surgery. Secondary surgery or revision surgery will also be your responsibility. You may be advised sometime in the future to have an MRI (magnetic resonance imaging) scan to determine the condition of your breast implants. You would be responsible for future costs of such imaging studies. **In signing the consent for this surgery/procedure, you acknowledge that you have been informed about the most common associated risks and consequences. When you sign, you are also accepting responsibility for the clinical decisions that were made (implant size, positioning, surgical approach) along with the financial costs of all future treatments.**

DISCLAIMER

This informed consent document communicates information about surgery and discloses risks of and alternatives to treatment, including no surgery at all. This risk disclosure attempts to meet the needs of most patients in most circumstances. However, this document should not be considered all-inclusive in defining other methods of care and of all risks. Dr. Laverson may provide you with additional or different information that is based on all the facts in your particular case and the current state of medical knowledge.

Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as treatments evolve.

Please understand the above information before signing the consent on the following page. Ask Dr. Laverson or office staff your questions.

Patient Initials_____

CONSENT FOR BREAST AUGMENTATION WITH SILICONE GEL IMPLANTS

1. Dr. Steve Laverson and assistant(s) are requested to perform **BREAST AUGMENTATION WITH SILICONE GEL IMPLANTS** surgery on me. I have received, reviewed, and understand all of the above information.
2. Rarely, during the course of plastic surgery, unforeseen conditions necessitate changes in the surgical plan. Dr. Laverson is authorized to perform such procedures that are in the exercise of his best professional judgment necessary, desirable, and in my own best interest. The authority granted under this paragraph shall include all conditions that require treatment and are not known at the commencement of surgery.
3. I consent to the administration of such anesthetics considered necessary or advisable. All forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. Nobody has guaranteed or indicated to me that I will be satisfied with the results of this procedure.
5. I consent to be photographed before and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. I consent to the disposal of any tissue, medical devices or body parts that may be removed.
7. Although the possibility is extremely unlikely, I consent to the utilization of blood products should they be deemed necessary by Dr. Laverson, and I am aware that there are potential significant risks to my health with their utilization.
8. I understand that surgeons' fees are separate from anesthesia and surgery center charges. The fees are agreeable to me. If a secondary procedure is necessary, further expense may be incurred.
9. My final result doesn't become apparent until at least six months following my procedure. The most important office visits happen at that future time. Committing to breast augmentation signifies my agreement and commitment to follow up for 6 -12 months after the procedure.
10. I realize that not having the operation is an option.
11. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
    a. BREAST AUGMENTATION WITH SILICONE GEL IMPLANT SURGERY
    b. ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
    c. RISKS AND MOST LIKELY COMPLICATIONS OF BREAST AUGMENTATION AND OF SILICONE GEL IMPLANTS

I CONSENT TO BREAST AUGMENTATION WITH SILICONE GEL IMPLANTS SURGERY AND THE ABOVE LISTED ITEMS (1 – 11). MY QUESTIONS HAVE BEEN ANSWERED, AND I'M SATISFIED WITH THE EXPLANATION.

_____
Signature of Patient or Person Authorized to Sign for Patient

_____
Printed Name

Date _____ Witness _____

Patient Initials_____