



PATIENT: _____

PROCEDURE: _____

DATE OF SURGERY: _____

PREPARING FOR SURGERY

Certain lifestyle risk factors can inhibit healing by reducing circulation to the skin and underlying tissues. Avoid all alcohol, drugs and tobacco six weeks before surgery and up to six weeks after.

DAY BEFORE SURGERY

DO NOT TAKE ASPIRIN OR IBUPROFEN: Stop taking medications containing aspirin or ibuprofen. Review the list of drugs containing aspirin and ibuprofen carefully. Such drugs can cause bleeding problems during and after surgery. Instead, use medications containing acetaminophen (such as Tylenol).

LIMIT VITAMIN E: Limit your intake of vitamin E to less than 400 mg per day.

FILL YOUR PRESCRIPTIONS: You will be given prescriptions for medications. Please have them filled before the day of surgery. Bring your medications with you on the day of surgery.

CONFIRM SURGERY TIME: We will call you to confirm the time of your surgery. If you are not going to be at home or at your office, please call us to confirm at: (916) 664-3391

CLEANSING: The night before surgery, shower and wash the surgical areas with Dial soap.

EATING AND DRINKING: Do not eat or drink anything after 12:00 midnight. This includes water.

THE MORNING OF SURGERY

SPECIAL INFORMATION: Do not eat or drink anything! If you take a daily medication, you may take it with a sip of water in the early morning.

ORAL HYGIENE: You may brush your teeth but do not swallow the water.

CLEANSING: Shower and wash the surgical areas again with Dial soap.

MAKE-UP: Please do not wear moisturizers, creams, lotions, or makeup.

CLOTHING: Wear only comfortable, loose-fitting clothing that does not go over your head. Wear flat, comfortable shoes. Remove hairpins, wigs, piercings and jewelry. Please do not bring valuables with you.

Patients less than 18 years old must be accompanied by a parent or legal guardian. Parent or legal guardian must remain in the facility until the patient is discharged.

GOING INTO THE OPERATING ROOM

Going to the operating room is not a normal experience for most of us. Dr. Pirko, Dr. Johnson and all of the professional staff caring for you recognize the natural anxiety that most patients experience. We believe a description of the surgery experience will be helpful.

Your surgery will be performed here at Ideal Plastic Surgery in our state-of-the-art operating room. Specialists using modern equipment and techniques will attend to you. The team includes registered nurses with extensive critical care expertise and trained operating room technicians.

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When you arrive at Ideal Plastic Surgery, you will be greeted and given an estimation of discharge time. (Actual time of discharge may vary due to individual needs.) You will be asked to change into a gown and head and foot covers. The nurse will then admit you and review your health history and prior experiences with anesthesia. This is an excellent opportunity to discuss any last-minute concerns or requests.

Once you enter the operating room, the staff will do everything they can to make you feel comfortable and secure. The nurse will start an intravenous drip in your arm. At the same time, to ensure your safety, our staff will connect you to continuous monitoring devices.

Medicines that will make you drowsy will flow through the tubing into a vein in your arm.

REMEMBER TO ARRIVE AT LEAST ONE HOUR PRIOR TO YOUR SCHEDULED SURGERY TIME.

When your surgery has been completed and your dressings are in place, you will be moved to the recovery room. You will be connected to monitoring equipment constantly. During this period, a fully trained recovery room nurse will take care of you. All of our Registered Nurses are ACLS (Advanced Cardiac Life Support) certified. The recovery room is equipped just like one in a hospital, and that is one of the reasons Ideal Plastic Surgery is fully accredited. Your stay in the recovery room will last from 1 to 4 hours, depending on the anesthetic used and how soon you are ready to leave. Most patients are fully awake within 60 minutes after surgery but may not remember much about their stay in the recovery room.

AT HOME: You must arrange for someone to bring you to and drive you home from the surgery center. Either a family member, a friend, or a nurse must remain with you the first night after surgery because you will have been sedated.

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you about augmentation mammoplasty surgery with saline-filled implants, its risks, as well as alternative treatment(s).

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your plastic surgeon and agreed upon by you.

GENERAL INFORMATION

AUGMENTATION MAMMOPLASTY IS A SURGICAL OPERATION PERFORMED TO ENLARGE THE BREASTS FOR A NUMBER OF REASONS:

- To enhance the body contour of a woman, who for personal reasons feels that her breast size is too small.
- To correct a loss in breast volume after pregnancy.
- To balance breast size, when there exists a significant difference between the size of the breasts.
- To restore breast shape after partial or total loss of the breasts for various conditions.
- To correct or improve results of existing breast implants for cosmetic or reconstructive reasons.

Breast implant surgery is contraindicated in women with untreated breast cancer or pre-malignant breast disorders, active infection anywhere in the body, or individuals 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 poor surgical outcome.

According to the United States Food And Drug Administration (FDA), a woman must be at least 18 years of age for cosmetic breast augmentation with saline-filled breast implants. There is no age restriction on breast reconstruction procedures to restore breast shape after cancer, trauma, or severe breast abnormalities.

Breast enlargement is accomplished by inserting a breast implant either behind the breast tissue or partially or completely under the chest muscles. Incisions are made to keep scars as inconspicuous as possible, usually under

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the breast, around the lower part of the areola, or in the armpit. When breast implants are inserted during the breast reconstruction process, tissue expanders are used to stretch healthy skin in order to provide coverage for a breast implant. Breast implants are manufactured in a variety of shapes, sizes, and with either smooth or textured surfaces. The method of implant selection and size, along with surgical approach for inserting and positioning breast implants will depend on your preferences, your anatomy and your surgeon's recommendation. The shape and size of the breasts prior to surgery will influence both the recommended treatment and the final results. If the breasts are not the same size or shape before surgery, it is unlikely that they will be completely symmetrical afterward.

Conditions that involve sagging of the breast or diminished skin tone (stretch marks) may require additional surgical procedures (breast lift) to reposition the nipple and areola upward and to remove loose skin.

PATIENTS UNDERGOING AUGMENTATION MAMMOPLASTY SURGERY MUST CONSIDER THE FOLLOWING:

- Breast augmentation or reconstruction with saline-filled implants may not be a onetime 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. There may be an unacceptable appearance to the breast if you later choose to have breast implants removed.
- Large volume primary augmentation or revision with larger sized implants in excess of dimensional planning for your chest and breast size may increase the risk of complications such as implant extrusion, hematoma, infection, palpable implant folds, and visible skin wrinkling requiring surgical intervention to correct these complications.

ALTERNATIVE TREATMENTS

Augmentation mammoplasty with saline-filled implants is an elective surgical operation. Alternative treatment would consist of not undergoing the surgical procedure or use of external breast prostheses or padding, use of silicone gel-filled implants or the transfer of other body tissues to enlarge/rebuild breast size. Risks and potential complications are associated with alternative surgical forms of treatment.

INHERENT RISKS OF AUGMENTATION MAMMOPLASTY SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations.

Additional information concerning breast implants may be obtained from the fda, package-insert sheets supplied by the implant manufacturer, or other information pamphlets required by individual state laws.

An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of breast augmentation. Problems associated with breast implants can be inherent to this type of implanted medical device or relate to complications of a surgical procedure. Additional advisory information regarding this subject should be reviewed by patients considering surgery that involves breast implants.

While every patient experiences her own individual advantages and disadvantages following breast implant surgery, clinical data suggests that most women will be satisfied with the outcome of breast implant surgery despite the occurrence of problems inherent with the surgery.

SPECIFIC RISKS OF SALINE-FILLED BREAST IMPLANTS

IMPLANTS: Breast implants, similar to other medical devices, can fail. When a saline-filled implant ruptures, the saline material is absorbed by the body, but the shell material remains. 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

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of surgery. Damaged or broken implants cannot be repaired. Ruptured or damaged implants require replacement or removal. Breast implants can wear out, they are not guaranteed to last a lifetime and future surgery may be required to replace one or both implants. An ultrasound or other radiological study may be necessary to evaluate the possibility of implant rupture or deflation, yet may not be 100% accurate in diagnosing implant integrity. Patients may be responsible for the costs associated with this. Saline-filled breast implants may not have the same contour or feel as silicone-filled breast implants. The shape of your breasts after surgery depends on many factors such as your skin thickness, position, placement of the implants, and technique. You should discuss with your surgeon the possibility of a different and less than desirable contour-shape as well as feel of your result.

CAPSULAR CONTRACTURE: Scar tissue, which forms routinely internally around the breast implant, can tighten and make the breast round, firm, and possibly painful. 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 can be expected to increase over time. Capsular contracture may occur on one side, both sides or not at all. It is more common with implant placement in front of the chest muscle layer. Treatment for capsular contracture may require surgery, implant replacement, or implant removal. Capsular contracture may reoccur after surgical procedures to treat this condition and it occurs more often in revision augmentation than primary augmentation.

Some surgeons believe that preventative antibiotics during dental work and treatment for sinus infections and urinary tract infections may decrease this incidence. Discuss this with your surgeon.

CALCIFICATION: Calcium deposits can form in the scar tissue surrounding the implant and may cause pain, firmness, and be visible on mammography. These deposits must be identified as different from calcium deposits that are a sign of breast cancer. Should this occur, additional surgery may be necessary to remove and examine calcifications.

IMPLANT EXTRUSION / TISSUE NECROSIS: Lack of adequate tissue coverage, wound healing problems, 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. Atrophy (weakening or tissue loss) of breast tissue may occur. An implant may become visible at the surface of the breast as a result of the device pushing through layers of skin. If tissue break down occurs and the implant becomes exposed, implant removal may be necessary. Permanent scar deformity may occur. It is impossible to predict the biologic response that a patient's tissues will exhibit to the placement of breast implants or how you will heal following surgery.

SKIN WRINKLING AND RIPPLING: Visible and palpable (discernible to touch) wrinkling of implants and breast skin can occur. Some wrinkling is normal and expected with saline-filled breast implants. This may be more pronounced in patients who have saline-filled implants with textured surfaces or thin breast tissue. It may be possible to feel the implant fill valve. Some patients may find palpable valve and wrinkles cosmetically undesirable. Palpable valve, wrinkling and/or folds may be confused with palpable tumors and questionable cases must be investigated.

CHEST WALL IRREGULARITIES: Chest wall irregularities have been reported secondary to the use of tissue expanders and breast implants, including rib deformity.

IMPLANT DISPLACEMENT AND TISSUE STRETCHING: Displacement, rotation, or migration of a breast implant may occur from its initial placement and can be accompanied by discomfort and/or distortion in breast shape (visible rippling of the skin). Unusual techniques of implant placement may increase the risk of displacement or migration. Additional surgery may be necessary to attempt to correct this problem. It may not be possible to resolve this problem once it has occurred.

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 which have the potential for trauma to the breast could potentially break or damage breast implants, or cause bleeding/seroma.

CHANGE IN NIPPLE AND SKIN SENSATION: You may experience a diminished (or loss of) sensitivity of the nipples and the skin of your breast. After several months, most patients have normal sensation. Partial or permanent loss





of nipple and skin sensation may occur occasionally. Changes in sensation may affect sexual response or the ability to breast feed a baby.

ANAPLASTIC LARGE CELL LYMPHOMA (ALCL): Women with saline and silicone gel breast implants may have a very small but increased risk of developing anaplastic large cell lymphoma (alcl) in the scar capsule adjacent to the implant. This is a very rare disease and is currently being investigated as to its relationship with breast implants. Alcl is an extremely rare cancer of the immune system, which can occur anywhere in the body. The national cancer institute estimates approximately 2000 alcl cases per year. Primary lymphoma of the breast is a disease of the breast parenchyma, representing 0.04-0.5% Of breast cancers and 1-2% of all lymphomas. Incidence of alcl of the breast is not known. Breast implant associated alcl is estimated to be 1:300,000 women with breast implants but this likely is underestimated. (Dejon. Jama, 2008) alcl is currently under investigation. In most cases, women observed changes in the look or feel of the area surrounding the implant after their initial surgical sites were fully healed.

Patients with breast implants should be followed by a surgeon over time and seek professional care for implant-related symptoms such as pain, lumps, swelling, or asymmetry. Patients should monitor their breast implants with routine breast self-exams and follow standard medical recommendations for imaging (e.G., Mammography, ultrasound, mri). Abnormal screening results or implant-related symptoms may result in additional costs and expenses for tests and/or procedures to properly diagnose and treat your condition. Tests and procedures could include but may not be limited to: obtaining breast fluid or tissue for pathology and laboratory evaluation and surgery to remove the scar capsule around the breast implant, implant removal or implant replacement.

BREAST DISEASE: Current medical information does not demonstrate an increased risk of breast cancer in women who have breast implant surgery for either cosmetic or reconstructive purposes. Individuals with a personal history or family history of breast cancer may be at a 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. In the event that suspicious tissue is identified prior to or during breast surgery, additional tests and therapy with corresponding expenses may be warranted.

INTERFERENCE WITH SENTINEL LYMPH NODE MAPPING PROCEDURES: Breast surgery procedures that involve cutting through breast tissue, similar to a breast biopsy, can potentially interfere with diagnostic procedures to determine lymph node drainage of breast tissue to stage breast cancer.

FUTURE PREGNANCY AND BREAST FEEDING: This surgery is not known to interfere with pregnancy. If you are planning a pregnancy, your breast skin may stretch and offset the results of surgery. You may have more difficulty breast feeding after this operation.

GENERAL RISKS OF SURGERY

HEALING PROBLEMS: Wound disruption or delayed wound healing is possible. Some areas of the skin may not heal normally and may take a long time to heal. Areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue.

Individuals who have decreased blood supply to tissue from past surgery or radiation therapy may be at increased risk for wound healing and poor surgical outcome. Certain medical conditions, dietary supplements and medications may delay and interfere with healing, such as massive weight loss, diabetes, tobacco use, and need for medications like steroids on an extended basis. Patients may have a healing delay that could result in the incisions coming apart, tissue loss, infection, and tissue changes resulting in the need for additional medical care, surgery, and prolonged hospitalizations.

There are general risks associated with healing such as swelling, bleeding, possibility of additional surgery, prolonged recovery, color changes, shape changes, infection, not meeting patient goals and expectations, and added expense to the patient. There may also be a longer recovery due to the length of surgery and anesthesia. Wounds may separate after surgery. Should this occur, additional treatment including surgery may be necessary.

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BLEEDING: It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or you may require a blood transfusion, though such occurrences are rare. The collection of blood that can occur under your skin following surgery is referred to as a hematoma. Increased activity too soon after surgery can lead to increased chance of bleeding and additional surgery. It is important to follow postoperative instructions and limit exercise and strenuous activity for the instructed time. Non-prescription herbs and dietary supplements can increase the risk of surgical bleeding. Hematoma can occur at any time, usually in the first three weeks following injury to the operative area. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and hiv (aids). Your surgeon may provide medications after your surgery to prevent blood clots. Medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

INFECTION: Infection, although uncommon, can occur after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. It is important to tell your surgeon of any other infections, such as a history of mrsa infections, an open wound, recent upper respiratory infection/ pneumonia, ingrown toenail, insect bite, tooth abscess, or urinary tract infection. Infections in other parts of the body, may lead to an infection in the operated area. Post-operative infections often result in more extensive scarring and predispose to revision surgery.

SCARRING: All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of a 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.

FIRMNESS: Excessive firmness can occur after surgery due to internal scarring. The occurrence of this is not predictable. Additional treatment including surgery may be necessary.

PAIN: you will experience pain after your surgery. pain of varying intensity and duration may occur and persist after surgery. if you are a chronic pain patient followed by a pain therapy practitioner, you may be asked to see this practitioner preoperatively to assist you in the management of your pain disorder in the post-operative period. chronic pain may occur very infrequently from nerves becoming trapped in scar tissue or due to tissue stretching. There are nerve endings that may become involved with healing scars from surgery. While there may not be a major nerve injury, the small nerve endings during the healing period may become too active producing a painful or oversensitive area due to the small sensory nerve involved with scar tissue. Often, massage and early non-surgical intervention resolves this. It is important to discuss post-surgical pain with your surgeon.

CHANGE IN SKIN SENSATION: It is common to experience diminished (or loss of) skin sensation in areas that have had surgery. Diminished (or complete loss of) skin sensation may not totally resolve.

Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.

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 that requires suture removal.

ASYMMETRY/DEFORMITY: Symmetrical body appearance may not result after surgery. Factors such as skin tone, fatty deposits, skeletal prominence, and muscle tone may contribute to normal asymmetry in body features. Most patients have differences between the right and left side of their bodies before any surgery is performed. Additional surgery may be necessary to attempt to diminish asymmetry/deformity.

DAMAGE TO DEEPER STRUCTURES: There is the potential for injury to deeper structures including nerves, blood vessels, lymphatics, muscles (weakness), and organs like lungs (pneumothorax) and intestines during any surgical procedure. The potential for this to occur varies according to the type of procedure being performed. Injury to deeper structures may be temporary or permanent.

FAT NECROSIS: Fatty tissue found deep in the skin might die. This may produce areas of firmness under the skin. Additional surgery to remove areas of fat necrosis may be necessary. There is the possibility of contour irregularities in the skin that may result from fat necrosis.





PERSISTENT SWELLING (LYMPHEDEMA): Persistent swelling of soft tissue can occur following surgery and may become permanent.

SURGICAL ANESTHESIA: Both local and general anesthesia involves risk. There is the possibility of complications, injury, and even heart attack, stroke, blindness, disability, and death from all forms of surgical anesthesia or sedation.

SHOCK: In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatment would be necessary.

CARDIAC AND PULMONARY COMPLICATIONS: Pulmonary (lung) complications may occur secondarily to blood clots (pulmonary emboli), fat deposits (fat emboli), pneumonia, or partial collapse of the lungs after general anesthesia, and these can be life- threatening or fatal in some circumstances. 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. It is important to discuss with your physician any past history of swelling in your legs or blood clots that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

VENOUS THROMBOSIS (CLOT) AND SEQUELAE: Thrombosed veins, which resemble cords, occasionally develop in the area of the breast or around iv sites or other surgical sites, and usually resolve without medical or surgical treatment. It is important to discuss with your surgeon any birth control pills you are taking. Certain high estrogen pills may increase your risk of thrombosed veins, personal history of bleeding and clotting problems may also increase your risk of thrombosed veins. Clots that can form in the deeper blood vessels (often in the legs) can cause extremity swelling or move to the chest and be dangerous (as above).

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. It is important to notify your physician of any previous allergic reactions.

DRUG REACTIONS: Unexpected drug allergies, lack of proper response to medication, or illness caused by the prescribed drug are possibilities. It is important for you to inform your physician of any problems you have had with any medication or allergies to medication, prescribed or over the counter, as well as medications you now regularly take. Provide your surgeon with a list of medications and supplements you are currently taking.

SURGICAL WETTING SOLUTIONS: There is the possibility that large volumes of fluid containing dilute local anesthetic drugs and epinephrine that is injected into fatty deposits during surgery may contribute to fluid overload or systemic reaction to these medications. Additional treatment including hospitalization may be necessary.

FAT/AIR EMBOLISM: In rare cases, fat particles or air can enter the vascular system and can travel to the heart, lungs or brain. This can result in significant complications including death.

UNSATISFACTORY RESULT: Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. The body is not symmetric and almost everyone has some degree of unevenness which may not be recognized in advance. One side of the face may be slightly larger, one side of the face droopier. The breast and trunk area exhibits the same possibilities. Many of such issues cannot be fully corrected with surgery. The more realistic your expectations as to results, the better your results will appear to you. Some patients never achieve their desired goals or results, at no fault of the surgeon or surgery. You may be disappointed with the results of surgery. Asymmetry, unanticipated shape and size, loss of function, wound disruption, poor healing, contour irregularity, deformity, and loss of sensation may occur after surgery. Size may be incorrect. Unsatisfactory surgical scar location or appearance may occur. It may be necessary to perform additional surgery to improve your results. Unsatisfactory results may not improve with each additional treatment.





ADDITIONAL ADVISORIES

MEDICATIONS AND HERBAL DIETARY SUPPLEMENTS: There are potential adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Aspirin and medications that contain aspirin interfere with forming blood clots, and therefore may contribute to more bleeding issues. If you have a medical condition (such as heart arrhythmia, heart stent, blood vessels with blockages, or blood clots) and are taking medications to thin your blood and prevent clotting such as AS PLAVIX, WARFARIN, COUMADIN, EFFERENT OR PRADA, discuss management of these medications around the time of surgery with your plastic surgeon. Your plastic surgeon may sometimes coordinate a plan for these medications with the doctor that prescribed them for your medical condition. If you have been prescribed drugs for a medical condition, do not stop them without discussing it first with your plastic surgeon. Stopping these medications abruptly may result in a heart attack, stroke, or death. Be sure to check with your physician about any drug interactions that may exist with medications which you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon 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.

SUN EXPOSURE – DIRECT OR TANNING SALON: The effects of the sun are damaging to the skin. Exposing the treated areas to sun may result in increased scarring, color changes, and poor healing. Patients who tan, either outdoors or in a salon, should inform their surgeon and either delay treatment, or avoid tanning until the surgeon says it is safe to resume. The damaging effect of sun exposure occurs even with the use sun block or clothing coverage.

TRAVEL PLANS: Any surgery holds the risk of complications that may delay healing and your return to normal life. Please let the surgeon know of any travel plans, important commitments already scheduled or planned, or time demands that are important to you, so that appropriate timing of surgery can occur. There are no guarantees that you will be able to resume all activities in the desired time frame. Allow at least 10-14 days to travel via airplane. Medications may be required should you have a long flight / to prevent dvt / pe in the immediate post-operative period.

LONG-TERM RESULTS: Subsequent alterations in the appearance of your body may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause or other circumstances not related to your surgery.

BODY-PIERCING: Individuals who currently wear body-piercing jewelry in the surgical region are advised that an infection could develop from this activity. Body-piercing jewelry should be removed prior to your surgical procedure.

NAILS: To be able to monitor your vital signs during surgery, your anesthesia provider may require access to your finger nails for monitoring. Make sure to have at least two finger nails free of nail polish or acrylic nails on the date of your surgery.

JEWELRY: Jewelry should not be brought with you at the time of your surgical procedure. Items such as earrings, wedding rings, necklaces, etc. Should be removed and placed in a safe place.

FEMALE PATIENT INFORMATION: It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you suspect you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

INTIMATE RELATIONS AFTER SURGERY: Surgery involves coagulating of blood vessels and increased activity of any kind may open these vessels leading to a bleed, or hematoma. Activity that increases your pulse or heart rate may cause additional bruising, swelling, and the need for return to surgery to control bleeding. It is wise to refrain from intimate physical activities until your physician states it is safe.

MENTAL HEALTH DISORDERS AND ELECTIVE SURGERY: It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful.

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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.

ADDITIONAL SURGERY NECESSARY (RE-OPERATIONS)

There are many variable conditions that may influence the long-term result of surgery. It is unknown how your tissue may respond or how wound healing will occur after surgery. Secondary surgery may be necessary to perform additional tightening or repositioning of body structures. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are associated with this surgery. Other complications and risks can occur but are less common. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. You and your surgeon will discuss the options available should additional surgery be advised. There may be additional costs and expenses for such additional procedures, including surgical fees, facility and anesthesia fees, pathology and lab testing.

PATIENT COMPLIANCE

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

ATTESTATIONS

Smoking, second-hand smoke exposure, nicotine products (patch, gum, nasal spray): patients who are currently smoking or use tobacco or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications of skin loss and delayed healing and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing breathing or airway problems, and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of these type of complications. Please indicate your current status regarding these items below:

- I am a non-smoker and do not use nicotine products. I understand the potential risk of second-hand smoke exposure causing surgical complications.
- I am a smoker or use tobacco / nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.
- I have smoked and stopped approximately six week ago. I understand I may still have the effects and therefore risks from smoking in my system, if not enough time has lapsed.
- I have been advised to stop smoking immediately and have been informed of the risks, benefits, expectations and alternatives to my surgery if I continue smoking.

It is important to refrain from smoking at least 6 weeks before surgery and until your physician states it is safe to return, if desired. I acknowledge that I will inform my physician if I continue to smoke within this time frame, and understand that for my safety, the surgery, if possible, may be delayed.

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Smoking may have such a negative effect on your surgery that a urine or blood test just before surgery may be done which will prove the presence of nicotine. If positive, your surgery may be cancelled and your surgery, scheduling fee, and other prepaid amounts may be forfeited. Honestly disclose smoking to your surgeon.

SLEEP APNEA / CPAP: Individuals who use a CPAP (Continuous Positive Airway Pressure) device or overnight oxygen due to a breathing disorder are advised that they are at a substantive risk for respiratory arrest and death when they take narcotic pain medications following surgery. This is an important consideration when evaluating the safety of surgical procedures in terms of very serious complications, including death, that relate to pre-existing medical conditions. Surgery may be considered only with monitoring afterwards in a hospital setting in order to reduce risk of potential respiratory complications and to safely manage pain following surgery.

PLEASE CONSIDER THE FOLLOWING SYMPTOMS OF SLEEP APNEA:

- I am frequently tired upon waking and throughout the day
- I have trouble staying asleep at night
- I have been told that I snore or stop breathing during sleep
- I wake up throughout the night or constantly turn from side to side
- I have been told that my legs or arms jerk while I'm sleeping
- I make abrupt snorting noises during sleep
- I feel tired or fall asleep during the day

It is important for you to inform and discuss any of the above symptoms that you have experienced with your surgeon.

DVT/PE RISKS AND ADVISORY: There is a risk of blood clots, deep vein thrombosis (DVT) and pulmonary embolus (PE) with every surgical procedure. It varies with the risk factors below. The higher the risk factors, the greater the risk and the more involved you must be in both understanding these risks and, when permitted by your physician, walking and moving your legs. There may also be leg stockings, squeezing active leg devices, and possibly medicines to help lower your risk.

There are many conditions that may increase or affect risks of clotting. Inform your doctor about any past or present history of any of the following:

- Past history of blood clots
- Family history of blood clots
- Birth control pills
- Hormone stimulating drugs
- Swollen legs
- History of cancer
- Large dose vitamins
- Varicose veins
- Past illnesses of the heart, liver, lung, or gastrointestinal tract.
- History of multiple spontaneous abortions or miscarriages

I understand the risks relating to DVT/PE and how important it is to comply with therapy as discussed with my surgeon. The methods of preventative therapy include:

- Early ambulation when allowed
- SCD (Sequential Compression Device) ICD (Intermittent Pneumatic Compression Device)
- Anticoagulation protocols when allowed

The risks for Venous Thromboembolism (VTE) are significant for high-risk patients, even with the appropriate preventive measures. If your surgery is elective and you're a high-risk patient, it's best to consider not proceeding with such elective surgery.

COMMUNICATION ACKNOWLEDGEMENT – CONSENT

There are many ways to communicate with us. It is important to keep appointments and let us know if problems or issues arise. Methods of communicating are by telephone, text, answering service if available, email, and regular

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mail. If an emergency arises, keep us alerted to your progress so we may aid in any necessary treatments. Please do not leave a message after hours or on weekends on the office answering machine if any urgent or emergent situation exists, as there is a delay in retrieving such messages. All attempts will be made to preserve your privacy in accordance with HIPPA guidelines.

PLEASE CONFIRM BELOW ALL ACCEPTABLE WAYS OF COMMUNICATING WITH YOU:

- Telephone: _____
- Home: _____
- Work: _____
- Cell: _____
- Text: _____
- Email – with up-to-date email address (@): _____
- Regular mail and delivery: _____

DISCLAIMER

Informed consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which 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 of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.

CONSENT FOR SURGERY / PROCEDURE OR TREATMENT

1. I hereby authorize Dr. Pirko / Dr. Deb and such assistants as may be selected to perform augmentation mammoplasty with saline-filled implants.
2. I have received the following information sheet: augmentation mammoplasty with saline-filled implants.
3. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
4. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
5. I understand what my surgeon can and cannot do, and understand there are no warranties or guarantees, implied or specific about my outcome. I have had the opportunity to explain my goals and understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent (specific) risks to the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.

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6. I consent to be photographed or televised before, during, 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.
7. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
8. I consent to the disposal of any tissue, medical devices or body parts that may be removed.
9. I am aware that there are potential significant risks to my health with the utilization of blood products, and I consent to their utilization should they be deemed necessary by my surgeon and/or his/her appointees.
10. I authorize the release of my social security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
11. I understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
12. I realize that not having the operation is an option. I opt out of having this procedure.

IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:

- The above treatment or procedure to be undertaken.
- There may be alternative procedures or methods of treatment.
- There are risks to the procedure or treatment proposed.

I consent to the treatment or procedure and the above listed items (1-12). I am satisfied with the explanation.

Patient or person authorized to sign for patient

Date/time _____ witness _____

_____Patient initials.

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