

**Pelosi Medical Center**  
**Breast Augmentation**  
**Authorization and Consent**

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Date of Consult: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Height: \_\_\_\_ft. \_\_\_\_in.    Weight: \_\_\_\_lbs.

Current Bra Size: \_\_\_\_\_      Desired Implant Location (Check One):     Subpectoral       Subglandular

I authorize Marco A. Pelosi II/III, MD, associate surgeons, and/or such assistants as may be selected and supervised by them to perform bilateral breast augmentation surgery (bilateral augmentation mammoplasty) with saline/silicone implants placed either over the chest muscles (subglandular placement), or under the chest muscles (subpectoral placement), through skin incisions located under the breasts (inframammary skin incisions), axillary, areolar, or belly button. Surgery will be performed with a combination of local anesthesia administered by your surgeon and intravenous sedation administered by an anesthesiologist.

The nature and effects of the operation, the risks, ramifications, complications involved, as well as alternative methods of treatment and their likely results, have been fully explained to me by the Doctor and/or his associates, and all of my questions have been answered to my satisfaction. I acknowledge that no guarantee has been made as to the results. I know that breast augmentation surgery should not be done if a woman is pregnant; I have no reason to suspect that I might be pregnant.

I have read, understood and initialed all of the information supplied to me in the attached forms entitled *Breast Augmentation Surgery Risks* and *Breast Augmentation: Frequently Asked Questions*. I have had sufficient opportunity to discuss these materials with the Doctor and/or his associates. I believe that I have adequate knowledge upon which to base an informed consent to the proposed treatment.

I agree to avoid activities which require much raising of the arms above the level of the head for ten (10) days after surgery. I agree not to drive for 72 hours after surgery. I agree to avoid all strenuous arm movements and activities for the first six (6) weeks after surgery. I agree to stop smoking for two (2) weeks after surgery.

I agree to allow the surgeon, associate surgeon, and staff to photograph or video me before, during and after the operation. The photographs, videos, tapes and digital media shall be the property of the surgeon and may be used for teaching, marketing, publication or scientific research purposes. If my surgery has been scheduled during a training course held by Drs. Marco A. Pelosi, I agree to allow physicians attending the training course to observe and/or participate in my surgery under the direct supervision of Drs. Marco A. Pelosi. I agree to routine pre-operative blood tests, including a test for HIV (AIDS). I request local anesthesia and any medications deemed necessary by the surgeon.

Breast augmentation surgery is associated with certain expected temporary side effects including soreness, inflammation, bruising, swelling, numbness, and minor irregularity of the skin. Some of these effects can take several months to resolve. Scars, pigment changes, or an irregularity that persists for more than six months may or may not be correctable by a second procedure. Any surgery may involve risks of more serious and unexpected problems including infection, pain, delayed wound healing, scarring, blood clots, excessive bleeding, hematoma, seroma (temporary accumulation of fluid under the skin), injury to other tissues, allergic or toxic reactions to drugs, and even death.

Breast augmentation surgery is associated with certain specific risks and complications which include dissatisfaction with the appearance of the implants, incorrect implant size, visible scar location, asymmetry (unequal breast size or shape), sagging or drooping over time (ptosis), breakage through the skin, wrinkling and rippling of the implant shell, capsular contracture (scarring around the implant shell which can squeeze the implant and lead to excessive firmness and possible pain), implant rupture, implant deflation over time (due to normal wear, injury, valve malfunction, breast manipulation, mammograms, or unknown reasons), numbness and/or sensory changes (temporary or permanent, which can interfere with comfort, sexuality and nursing), pain, infection (which may require removal of the implant if it is not controlled with antibiotics), hematoma, scars (which may become thickened, red, hypertrophic or keloid), interference with mammography (which may "hide" suspicious lesions), calcium deposits (which are benign, but may be confused on an X-ray with suspicious calcium deposits and require a biopsy), alteration in breast feeding, spontaneous temporary lactation after surgery. Implants will not last forever. The FDA currently estimates that implants will last about ten (10) years. Any of these problems noted above may require additional surgery, hospitalization, and time away from work. If this occurs, there will be additional costs for surgical fees, supplies, anesthesia, etc., depending upon the required operation. Complications of cosmetic surgery generally will not be covered by medical insurance.

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*Please initial each statement in the space provided to indicate that you understand that statement.*

\_\_\_\_\_ **What are the benefits of breast augmentation with implants?** This operation is performed to enhance or restore the size and shape of a woman's breasts. Breasts may be small because of lack of development or changes following pregnancy, weight loss or congenital abnormalities. Sometimes a woman's breasts are very asymmetric. This operation can improve a woman's self esteem and quality of life. Studies have shown over 90% of women are satisfied with their results. Currently, saline implants (silastic bags filled with salt water) are placed either behind the pectoral muscle and breast tissue or in front of the muscle. This is done through an incision 1 ½" to 2" long placed either under the breast, around the areola, or in the armpit.

\_\_\_\_\_ **What do breasts look like after augmentation mammoplasty?** Saline-filled prostheses are the best means now available to enlarge the breasts by surgery. However, the prospective patient should know that the final appearance, shape and texture are not exactly the same as normal breasts. The surgically enlarged breasts do not move in the same way as normal breasts. They tend to be more firm. The contours are usually somewhat different than normal breasts. In some patients, these discrepancies may be rather noticeable. Although every effort is made to place the implants symmetrically, complete symmetry is rarely achieved. Immediately after surgery, the breasts may appear swollen and firmer; the final shape and size is seen after several weeks. Please note that silicone gel implants are no longer available for elective new breast augmentations because of FDA restrictions.

\_\_\_\_\_ **Are the prostheses safe? Can they cause cancer?** To the best of our present knowledge, these prostheses are made of non-reactive, safe material. No one has had them in place for more than about 25 years at this time. Thus, there is no way to say positively that they won't cause trouble 20 years from now, but it is unlikely. The incidence of cancer in augmented breasts is the same as in normal breasts, actually less in some studies. Additionally, the incidence of collagen vascular disease is the same or less in studies of women with breast implants.

\_\_\_\_\_ **What kind of anesthetic is used?** A local anesthetic with sedation is commonly used when the implant is placed over the pectoral muscle. A local anesthetic either alone or in combination with sedatives, or general anesthesia, is used when the implant is placed under the pectoral muscle.

\_\_\_\_\_ **What are my limitations in activity post-operatively?** You should plan to avoid activities which require much raising of the arms above the level of the head for 10 days after surgery. With great care, you can drive about 3 days after surgery. Patients can usually return to work in a few days unless their occupation requires particularly strenuous movements and lifting. In such cases, 2-3 weeks should be allowed. Intense physical activity should be avoided for six (6) weeks after surgery.

\_\_\_\_\_ **COSMETIC COMPLICATIONS:** You may not be satisfied with the appearance of your implant(s). Incorrect implant size, inappropriate scar location or appearance, and misplacement of implants may interfere with a satisfactory appearance. Asymmetry (unequal breast size or shape) may occur. The implanted breast may sag or droop (ptosis) over time, much like a natural breast. Very rarely the implant may change position or break through the skin, particularly if you have very thin breast tissue covering it. This is more common with saline implant(s).

\_\_\_\_\_ **BLEEDING:** When blood collects beneath the skin, it causes excessive discoloration. Sometimes lumps which last many months may occur. If blood collection is discovered, it is usually removed by taking out a few stitches and squeezing the clot out, or inserting a needle and aspirating it. If bleeding continues, it is sometimes necessary to return to the operating room to stitch the bleeding vessels. This risk increases in people who take aspirin or who bruise easily. Let your doctor know if this is the case. Do not use aspirin or aspirin-containing products for two weeks before and two weeks after surgery. (See Medication Precautions for Surgery Patients sheet).

\_\_\_\_\_ **WRINKLING AND RIPPLING:** Some wrinkling of the implant shell is normal and expected. If your breast tissue is very thin, these wrinkles can show up as visible ripples, especially when you lean forward without wearing a brassiere. The wrinkling can also produce little corners on the implants that can sometimes be felt with your finger if the breast tissue is very thin.

\_\_\_\_\_ **CAPSULAR CONTRACTURE:** The scar tissue that forms around the implant can tighten and squeeze the implant as a natural response to a foreign object implanted in the body. This firmness can range from slight to very firm. The firmest ones can cause varying degrees of discomfort or pain. Capsular contracture can occur on one breast or both. Implants under the muscle may result in less contracture.

\_\_\_\_\_ **RUPTURE/DEFLATION:** Breast implants may not last a lifetime. The silastic shell can break due to normal wear over time, injury, valve malfunction, breast manipulation (mammograms), or unknown reasons. The usual sign is loss of breast size over days or weeks. The saline (salt water) will be absorbed by the body without any harm. Surgical replacement will be needed to restore the breast size. Replacement will involve additional costs.

\_\_\_\_\_ **NUMBNESS:** Sensory changes are expected to some degree immediately after surgery but loss of nipple and breast sensation may be permanent. Increased sensitivity is less common but does occur. These changes can interfere with comfort, sexuality and nursing (lactation).

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\_\_\_\_\_ **PAIN:** Can be related to the surgery itself or a later response to problems such as tight capsule formation.

\_\_\_\_\_ **INFECTION:** May require removal of the implant if it is not controlled with antibiotics. Consideration should be given to taking prophylactic antibiotics with dental work or other surgeries. If an implant is removed, replacement may be delayed for three months.

\_\_\_\_\_ **HEMATOMA:** May require surgery to remove the collection of blood. Sudden swelling of the breast after surgery should be immediately reported to the doctor.

\_\_\_\_\_ **SCARS:** Generally do well with all breast incisions. However, healing is unpredictable and occasionally patients may form thickened or red hypertrophic/keloid scars. Additional surgery may be required. Wound healing complications are higher in smokers therefore, you must stop smoking at least 2 weeks before and 2 weeks following surgery.

\_\_\_\_\_ **INTERFERENCE WITH MAMMOGRAPHY:** An implant can interfere with the detection of early breast cancer because it may "hide" suspicious lesions in the breast during an X-ray exam. It is especially important for women who are at high risk of developing breast cancer to consider this before having implants. Additional views are required for routine mammography in patients with implants. Mammography is more effective with implants under the muscle.

\_\_\_\_\_ **CALCIUM DEPOSITS:** Can develop in the breast tissue at any time after surgery. These are benign but may be confused on an X-ray with breast cancer calcium deposits and require a biopsy.

\_\_\_\_\_ **ALTERATION IN BREAST FEEDING:** For women who have not had children, this surgery may alter your ability to nurture children in the future. Spontaneous lactation may occur after this surgery but is usually self-limited.

\_\_\_\_\_ **LIFETIME OF IMPLANT:** Implants will not last forever. The FDA currently estimates implants will last about 10 years. This is an estimate. The FDA has not reviewed all the data about saline implants (1994).

\_\_\_\_\_ **UNKNOWN RISKS:** In addition to these known risks, there are unanswered questions about saline-filled breast implants. For example, questions have been raised about whether these devices might cause autoimmune diseases such as lupus, scleroderma and rheumatoid arthritis in some women, or whether they might increase the risk of cancer. There is no scientific evidence at present that women with either silicone gel-filled or saline-filled breast implants have increased risk of these diseases, but the possibility cannot be ruled out.

Patient Signature	/ /	Witness Signature	/ /	Surgeon Signature	/ /
	Date		Date		Date