



Affix Patient Label

Patient Name:

DOB:

Informed Consent: Mastopexy or Breast Lift

This information is given to you so that you can make an informed decision about having **Mastopexy or (breast lift)**.

Reason and Purpose of the Procedure

Breast lift or Mastopexy is a surgical procedure to raise and reshape sagging breast tissue. When skin loses its elasticity, the breast tissue loses shape and sags. Based on severity, you and your surgeon will decide which surgical technique to use. Surgical incisions are made and skin is removed to reshape the breast. The nipple-areola is repositioned.

Benefits of this Procedure

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Increase firmness.
- Raise and reshape sagging breast.

Risks of Procedure

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

General Risks of Procedure

- **Small areas of the lungs may collapse.** This would increase the risk of infection. This may need antibiotics and breathing treatments.
- **Clots may form in the legs, with pain and swelling.** These are called DVTs or deep vein thrombosis. Rarely, part of the clot may break off and go to the lungs. This can be fatal.
- **A strain on the heart or a stroke may occur.**
- **Bleeding may occur.** If bleeding is excessive, you may need a transfusion. You may also need to have blood drained.
- **Reaction to the anesthetic may occur.** The most common reactions are nausea and vomiting. In rare cases, death may occur.
- **Infection.** That may require antibiotics or additional surgery.

Risks of this procedure

- **Change in nipple and skin sensation.** Loss of nipple sensation may occur in one or both nipples. This may be permanent.
- **Nipple or skin hyperpigmentation or discoloration.** This may be permanent.
- **Skin scarring.** This may require more surgery or treatment. This may be permanent.
- **Excessive firmness.** Breasts can become too firm. This may require biopsy or more surgery.
- **Delayed healing.** This may require frequent dressing changes or more surgery to remove non-healed tissue.

- **Asymmetry.** Your breasts will be different sizes. You may need more surgery to correct this.
- **Change in breast shape with change in weight after surgery.** This may require additional surgery and may incur additional risk.
- **Allergic reactions to medication given, tape, suture or topical preparation may occur.** Treatment could be required.
- **Obesity** is linked to an increased risk of infections. It can also lead to heart and lung complications, clot formation, skin loss, implant loss or wound healing delays .

Risks Associated with Smoking

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications, clot formation, skin loss, or wound healing delays.

I do not use nicotine products: ___ Yes or ___ No; Last used nicotine on: _____

Patient Signature _____ Date: _____ Time: _____

Alternative Treatments

- Wear supportive undergarments to lift sagging breasts.
- Do nothing. You can decide not to have the procedure.

Other choices

If you choose not to have this treatment

- A reduction mammoplasty (surgical removal of breast tissue) may be considered.

General Information

- During this procedure, the doctor may need to perform more or necessary procedures than I agreed to.
- During the procedure the doctor may need to do tests or treatment.
- Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.
- Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.
- Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.

By signing this form I agree

- I have read this form or had it explained to me in words I can understand.
 - I understand its contents.
 - I have had time to speak with the doctor. My questions have been answered.
 - I want to have this procedure: **Mastopexy or Breast Lift**
- _____
- I understand that other doctors, including medical residents or other staff may help with surgery. The tasks will be based on their skill level. My doctor will supervise them.

Provider: This patient may require a type and screen or type and cross prior to surgery. If so, please obtain consent for blood/products.

Patient Signature _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian

Interpreter's Statement: I have translated this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian.

Interpreter: _____ Date _____ Time _____

Interpreter (if applicable)

For Provider Use ONLY:

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Provider signature: _____ Date: _____ Time: _____

Teach Back

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Patient shows understanding by stating in his or her own words:

____ Reason(s) for the treatment/procedure: Breast reshaping.

____ Area(s) of the body that will be affected: Breast.

____ Benefit(s) of the procedure: Improved breast shape.

____ Risk(s) of the procedure: Bleeding, scarring, infection and death.

____ Alternative(s) to the procedure: No surgery.

OR

____ Patient elects not to proceed: _____ Date: _____ Time: _____

(patient signature)

Validated/Witness: _____ Date: _____ Time: _____