



INFORMED CONSENT; REDUCTION MAMMAPLASTY

INSTRUCTIONS

This is an informed consent document that has been prepared to help Dr. Barood inform you about reduction mammoplasty surgery, its risks, and alternative treatments.

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 Dr. Barood.

GENERAL INFORMATION

Women who have large breasts may experience a variety of problems from the weight and size of their breasts, such as back, neck, and shoulder pain, and skin irritation. Breast reduction is usually performed for relief of these symptoms rather than to enhance the appearance of the breasts. The best candidates are those who are mature enough to understand the procedure and have realistic expectations about the results. There are a variety of different surgical techniques used to reduce and reshape the female breast. There are both risks and complications associated with reduction mammoplasty surgery.

ALTERNATIVE TREATMENT

Reduction mammoplasty is an elective surgical operation. Alternative treatment would consist of not undergoing the surgical procedure, physical therapy to treat pain complaints, or wearing undergarments to support large breasts. In selected patients, liposuction has been used to reduce the size of large breasts. Risks and potential complications are associated with alternative surgical forms of treatment.

RISKS of REDUCTION MAMMAPLASTY SURGERY

Every surgical procedure involves a certain amount of risk. It is important that you understand the risks involved with reduction mammoplasty. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of women do not experience the following complications, you should discuss each of them with Dr. Barood to make sure you understand the risks, potential complications and consequences of breast reduction.

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 blood transfusion. Do not take any aspirin or 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 surgical bleeding.

Infection- An infection is quite unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.

Change in Nipple and Skin Sensation- You may experience a change in the sensitivity of the nipples and the skin of your breast. Permanent loss of nipple sensation can occur after a reduction mammoplasty in one or both nipples. Nipple sensation may be lost if nipple graft techniques are used for breast reduction.

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Skin Scarring- All surgical incisions produce scarring. The quality of these scars is unpredictable. Abnormal scars may occur within the skin and deeper tissue. In some cases, scars may require surgical revision or other treatments.

Unsatisfactory Result- There is the possibility of a poor result from the reduction mammoplasty surgery. You may be disappointed with the size and shape of your breasts. Asymmetry in nipple location, unanticipated breast shape and size may occur after surgery. Breast size may be incorrect. Unsatisfactory surgical scar location may occur. It may be necessary to perform additional surgery to improve your results.

Pain- A breast reduction may not improve complaints of musculoskeletal pain in the neck, back, and shoulders. Abnormal scarring in skin and the deeper tissues of the breast may produce pain.

Firmness- Excessive firmness of the breast can occur after surgery due to internal scarring or fat necrosis. The occurrence of this is not predictable. If an area of fat necrosis or scarring appears, this may require biopsy or additional surgical treatment.

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. It is even possible to have loss of skin or nipple tissue. This may require frequent dressing changes or further surgery to remove the non-healed tissue.

Smokers have a greater risk of skin loss and wound healing complications.

Asymmetry- Some breast asymmetry naturally occurs in most women. Differences in breast and nipple shape, size, or symmetry may also occur after surgery. Additional surgery may be necessary to revise asymmetry after a reduction mammoplasty.

Breast Disease- Breast disease and breast cancer can occur independently of breast reduction surgery. It is recommended that all women perform periodic self examination of their breasts, have mammography according to American Cancer Society guidelines, and to seek professional care should a breast lump be detected.

Breast Feeding- Although some women have been able to breast feed after breast reduction, in general this is not predictable. If you are planning to breast feed following breast reduction, it is important that you discuss this with Dr. Baroody prior to undergoing reduction mammoplasty.

Allergic Reactions- In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

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

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ADDITIONAL SURGERY NECESSARY

There are many variable conditions that may influence the long term result of reduction mammoplasty. Secondary surgery may be necessary to perform additional tightening or repositioning of the breasts. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with breast reduction surgery. Other complications and risks can occur but are even more uncommon. 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.

HEALTH INSURANCE

Depending on your particular health insurance plan, breast reduction surgery may be considered a covered benefit. There may be additional requirements in terms of the amount of breast tissue to be removed and duration of physical problems caused by large breasts. Breast reductions involving removal of small amounts of tissue may not be covered by your insurance. Please review your health insurance subscriber-information pamphlet, call your insurance company, and discuss this further with Dr. Baroody. Many insurance plans exclude coverage for secondary or revisionary surgery.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies, laboratory tests, blood bank, anesthesia, and hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revisionary surgery would also be your responsibility.

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). 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. Dr. Baroody may provide you with additional or different information which is based on all the facts in your particular case and the 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.

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CONSENT FOR SURGERY PROCEDURE or TREATMENT

1. I hereby authorize Dr. Baroody and such assistants as may be selected to perform the following procedure or treatment:

BREAST REDUCTION SURGERY

I have received the following information sheets:

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2. 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.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involves risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing or televising of 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. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
9. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9). I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____

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Breast Reduction Before Surgery Instructions:

Medications

- No Aspirin at least 3 weeks before surgery
- Notify physician of all medications you are taking including over-the-counter and herbal supplements
- Bring your daily medication with you on the day of your surgery

Diet

- Nothing to eat or drink after midnight, the night prior to your surgery

Tobacco/Alcohol

- Absolutely no tobacco (including “the patch”) or being around anyone who is smoking for 2 months prior to surgery
- If you smoke prior to surgery, the procedure will be CANCELLED
- No alcohol for 2 days prior to surgery

Attire

- Do not wear any makeup, contact lenses, nail polish, or jewelry to surgery
- Purchase 2 soft sports bras in the anticipated cup size without underwires
 - Bring one of these bras to surgery with you.
 - You may be given an elastic wrap garment instead
- Leave jewelry and other personal valuables at home

Activity

- Plan to have someone stay with you for the first 24 hours after your surgery
- Plan for a driver after surgery. If you do not have someone to drive you home your surgery will be CANCELLED
- Become educated about breast massage beginning 2 weeks after the surgery

Notify the office if you have any of the following symptoms within 2 weeks of your surgery:
FEVER, COUGH, COLD, NAUSEA, VOMITING, DIARRHEA, OR RASH

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Before you stop taking any prescribed drugs, you must receive clearance from the prescribed physician. Please notify our office immediately if you do not receive clearance to stop taking your prescribed medications.

The following drugs could cause life-threatening problems with surgery. If you are on these medications you must discuss these with your doctor. Patients who take these drugs may require laboratory tests and a consultation with their physician to determine when they may safely undergo a surgical procedure.

- ❖ Coumadin
- ❖ Elmiron-IC
- ❖ Fragmin, Lovanox and other low Molecular Weight Heparin Drugs
- ❖ Methotrexate
- ❖ Plavix
- ❖ Persantin

Patients on Aspirin, Coumadin, or Aggrenox regimen should consult their ordering physician for instructions.

All herbal or dietary supplements should be stopped 2 weeks prior to surgery. **This includes vitamins, and anti-oxidant supplements, as well as consumption of any form of Green Tea.**

FAILURE TO ADHERE TO THE ABOVE MAY RESULT IN THE CANCELLATION OF YOUR SURGERY.

There are several categories of additional medications that must not be taken in the 2 weeks prior to surgery. A listing of these drugs is attached. You are not to take any of these products listed. Tylenol is fine.

Authorization

I have disclosed all of the medications, supplements and herbal remedies I take on a regular or incidental basis to Dr. Baroody. I understand that I am required to refrain from taking any of the above and below listed medications in the days prior to surgery. Should I take any of the medications, supplements or herbal remedies I am instructed to avoid, it is my obligation to notify my physician immediately. I fully understand that my surgery may have to be rescheduled or postponed in the event that I have not complied with these medication restrictions listed.

I also understand that it is my responsibility to obtain clearance from the prescribing physician before I stop taking any of my regularly prescribed medications.

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Medications, Vitamins, and Supplements to Avoid

Aspirin and Aspirin containing medications include, but are not limited to the following:

Alka Seltzer	Darvon Compound	Palbalate
Alka Seltzer Plus	Darvon Compound 65	Palbalate SF
Anacin	Don's Pills	PAC
Apac Tablets	Dristan	Pamprin
APC Tablets	Easprin	Percodan
Arthritis pain reliever	Ecotrin	Percodan Demi
Arthropan	Emprin Compound	Propox Compound
Aspirin Tablets USP	Emprin Compound #3	Robixisal
ASA	Equagesic	Salflex
ASA plus codeine	Excedrin	Sine Off
Acriptin	Fiorinal	Sodium Salicylate
Asperbuf	Fiorinal #3	Soma Compound
Aspergum	4 Way Cold Tab	Saint Joseph
Axotoal	Liquiprin	Supac
Azdpme	Lortab ASA	Synalgos
BAC	Magnaprin	Synalgos DC
Bayer Aspirin	Measurin	Salwin Compound
BC Powder	Mediprine	Trilistate
Bufferin	Midol	Trigesic
Butalbital Compound	Momentum	Ursinus Tabs
Cama inlay-tabs	Mono-gesic	Vanquish
Carisprodal Compound	Norgesic	Zorprin
Congesprin	Norgesic Forte	Plavix
Cope	Norwich	Coumadin
Coricidin-D	Orphengesic	
Damason	Orphengesic Forte	

Anti-Inflammatory and Anti-Inflammatory containing medications include, but are not limited to the following:

Aches n Pain	Haltran	Naproxen
Advil	Ibuprofen	Nuprin
Aleve	Ibu-tab	Orudis
Anaprox	Ifen	Ovuvail
Ansaïd	Indocin	Pediaprophén
Butazoladin	Indomethocin	Phenylbutazone
Cataflam	Meclomen	Panstel
Clinoril	Medipren	Rufen
Co-Advil	Motrin	Tolectin
Daypro	Motrin IB	Toradol
Dolobid	Nalfon	Trendar
Fledene	Naproxyn	Voltaren

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PLASTIC SURGERY
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Additional medications to avoid include but are not limited to the following:

Alloe
Barberry
Bilberry
Cardomon
Don Quai
Chlortrimeton
Clinoril
Elavil
Echinacea
Fatty Acids
Fever Feu
Fish Oil
Garlic
Ginkgo
Ginger
Ginseng
Hawthorne
Kava-Kava

Licorice
Parsley Seed
Saffron
Tansy
Tumeric
Valerian
Vitamin C 250 gms / day
Vitamin A
Vitamin E
Willow Bark
Endep
Etiafon
Flagyl
Flexoril
Imitrex
Lioresal
Mysteclin

Nicobid
Oraflex
Pamelor
Parnate
Phendimetrazine
Phentermine
Ru-Tuss
St. John's Wart
Surmontil
Tagamet
Tenuate Dospan
Tetracycline
Triavil
Vibramycin
Yohimbe
Zomax

I have read and understand all of the above instructions. I understand that following these instructions is solely my responsibility. I understand that it is also my responsibility to ask Dr. Baroody and his staff any questions I have related to these instructions or about my procedure, health, and healing.

Patient or Person Authorized
to Sign for the Patient _____ Date: _____

Witness Signature _____ Date: _____

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Breast Reduction After Surgery Instructions:

Medications

- Do not take medications on an empty stomach; you may become nauseated
- Use prescribed pain medication for pain control
- No Aspirin or any medication containing Aspirin

Diet

- Begin with sips of liquids and gradually progress to a regular diet as tolerated

Tobacco

- No smoking and being around anyone who is smoking for 2 months

Attire/Dressings

- Remove bulky dressing the day after surgery
- Do not remove steri-strips over the incisions. They may become wet in the shower; Simply pat the stickers dry
- Continue to wear the soft sports bra or elastic wrap garment for 2-3 weeks removing only to shower
- DO NOT WEAR UNDERWIRE BRAS
- Do not apply heat (heating pad, hot water bottle, etc.) to your chest

Skin Care

- Avoid direct sun exposure to incision site for 1 year
- No tanning beds for at least 1 year

Activity/Work

- Rest at home for 24 hours
- No heavy lifting (greater than 10 pounds) and no strenuous exercise (aerobics, stretching, vacuuming, laundry, etc.) are permitted for 3 weeks
- Do not sleep or lie on your breasts for 2-4 weeks
- Shower the morning after your surgery
- Leave the steri-strips and tape in place and simply pat dry when they become wet
- Return to work in 5-7 days depending on post-operative physician examination
- Drive in 4-5 days provided you are not taking prescribed pain medication

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Breast Reduction

What to Expect

You will have some swelling and bruising post-operatively. The degree varies with every individual and usually resolves within 4-6 weeks.

It is not uncommon to feel emotional after surgery. This is usually related to the immediate discomfort and anxiety over the appearance of swelling and bruising, and limitation of activity and socializing. These feelings will disappear as your appearance improves and you return to your usual daily activities.

Notify the office immediately if you develop: : FEVER OVER 100F, SEVERE PAIN NOT RELIEVED WITH PAIN MEDICATION AND REST, INCREASED SWELLING OR BLEEDING (ESPECIALLY IN ONE BREAST AND NOT THE OTHER), MARKED DISCOLORATION OF THE NIPPLE AREA, NAUSEA OR VOMITING.

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