



STEPHAN

SURGICAL ARTS

Breast Augmentation Patient Education and Surgical Consent

Background Information

Breast implants have been used since the 1960's to enhance the size and shape of the female breast. The first silicone implant was created in 1961 and the first saline implant in 1964. Both types of implants have been modified significantly since. Silicone was initially used more due to the natural feel of the material but was temporarily banned in 1992 due to concerns of implant leakage, rupture, and potential carcinogenesis. This was later reversed in 2006 due to a substantial amount of research showing advances in implant manufacturing lessened these risks. Academic literature supports that current smooth breast implants (silicone or saline) do not cause breast cancer. There is an extremely loose association between the use of textured implants (which we do not use) and lymphoma. The safety of smooth silicone and saline implants has been supported by numerous studies, employing many thousands of patients, over approximately the last 15 years.

Currently, breast implants are categorized based upon three main factors – shape (projection/round/anatomic), filler material (saline/silicone), and shell texture (smooth or textured). All implants come in a variety of sizes. We do not use anatomic (“tear-drop” shaped) implants due to the possibility of rotation in the pocket, and the fact that the round implants provide a beautiful appearance without this risk of rotation. The round implants that we use come in a variety of dimensions so that we may select the perfect implant for the patient's chest width and desired look. We offer both saline and silicone breast implants but believe that silicone implants provide a much more pleasing result regarding aesthetics, feel, and reduced risk of needing revision surgery due to rippling (which is more common with saline implants). As previously stated, we do not use textured implants.

Breast augmentation is also categorized based upon the type of incision used and the location of implant placement relative to the pectoralis muscles. The primary types of incisions/dissections used are periareolar, inframammary, transaxillary, and transumbilical breast augmentation. We primarily use the periareolar and inframammary approaches as they are extremely safe and less likely to incur complications. Regarding

placement, the implant is placed beneath the pectoralis muscles, in front of the pectoralis muscles, or partly beneath the pectoralis muscles. Placement beneath or partly beneath the muscles generally provides a more natural look, but this may vary with the individual patient's situation and will be discussed further during the consultation.

The Breast Augmentation Process

Patients wishing to have breast augmentation performed are counseled regarding the different types of implants, shapes and sizes of the implants, and the different types of incisions. Implant sizing occurs in a relaxed environment during your consultation and preoperative visits so that you may pick the perfect implant for your body shape and your desired appearance. Dr. Stephan meets with patients just prior to the operation as well to ensure that all questions have been addressed.

The operation itself starts by placing the patient under general anesthesia administered by our Board-Certified Anesthesiologist. This is an extremely safe, and comfortable, way to perform the operation. Antibiotics are provided, and the patient's skin is cleansed. The type of incision that was discussed during the preoperative planning visits is made, and the pocket for the implant is carefully created. Breast sizers are placed within the pockets to ensure symmetry. The sizers are removed, and the pocket is further irrigated with antibiotic solution. The implants are then placed within the pocket in sterile fashion, and symmetry is ensured once again. Afterwards, the breast tissue and skin are reapproximated in three layers with dissolvable sutures under the skin. Sterile dressings and a supportive bra are placed.

The patient is then allowed to recover under the watchful eyes of the surgeon, anesthesiologist, and nursing staff. After the patient is comfortable and postoperative instructions are reviewed with the patient and caregiver (see below for additional information), you will most likely be allowed to recover in the comfort of your home.

The Ideal Candidate for Breast Augmentation

The ideal candidate for breast augmentation without a breast lift is the informed individual who desires breast enhancement and has little to no breast ptosis (sagging of the breasts). If ptosis exists, a breast lift (with or without breast implants) may be recommended. Additional qualities that may make you a better patient for straight-forward breast augmentation versus another procedure will be discussed in detail during your consultation.

Commonly Asked Questions

Will there be a scar?

Any time that an incision is placed on the skin, a scar will form. However, we take great precautions to minimize and hide scarring. During the operation we use specific suturing techniques, types of suture, and dressings that

take the tension off the incisions, and thus minimize any scarring. The dressings are kept in place for a specific amount of time, particular postoperative instructions are given, and products are later used to further minimize scarring. The periareolar scar normally heals extremely well, fading away to almost nothing by 6 months after the operation. The inframammary incision still heals very well, but not quite as well as the periareolar incisions.

Will I be able to breast feed after breast augmentation?

Having breast implants placed should not affect your ability to breast feed, although it is theoretically possible. The type of dissection and handling of the breast tissue that we use is designed to preserve the milk ducts, and therefore, have no affect on your ability to breast feed.

Can the implants break? How would I know if it did?

A tremendous amount of force is required to fracture the silicone breast implants that we use. These silicone implants have soft and flexible, but extremely strong, shells surrounding the silicone. In addition, it is unlikely that the silicone would leave the shell even if it was fractured. Short of repeat surgery for diagnostic purposes (not recommended), the only ways to determine for certain if the silicone implant has fractured is to perform an ultrasound or MRI of the implants. An MRI is much more sensitive than an ultrasound.

A significant amount of force is also required to rupture a saline implant. If this were to happen, the breast would deflate and repeat surgery would be needed to restore the aesthetic appearance of the breast.

Can I still get mammograms after breast implants are placed?

Yes. It is recommended that you proceed with regular mammograms after having breast augmentation.

Do I need MRI's after surgery?

The FDA also recommends regular screening MRI examinations starting 3 years after breast augmentation surgery and then every 2 years thereafter. This is to rule-out a "silent rupture". This is where there is a small fracture in the wall of the implant, but it is unnoticeable. These recommendations may change over time.

Will breast implants cause cancer?

Literature based on numerous studies involving thousands of patients supports that breast augmentation does not cause breast cancer. However, breast implants also have not been shown to prevent cancer either. We advise that females should adhere to the breast screening guidelines published by the U.S. Preventive Services Task Force or the guidelines by a breast cancer specialist, regardless if they have breast implants or not. Of note- literature supports a loose association between the use of textured implants and lymphoma. We do not use textured implants.

What type of breast implant looks and feels most natural?

Both our patients and patients involved in academic studies generally believe that silicone implants look and feel more natural than saline implants.

Will my nipple lose sensation?

The types of incisions that we use for breast augmentation are designed to preserve the nerves that supply the nipple. However, there still is a very small chance of losing nipple sensation. Most of our patients experience stable nipple sensation, or sometimes temporarily enhanced nipple sensation (possibly due to the forward pressure of the underlying implant).

Will I have drains after the surgery?

We almost never use drains for breast augmentation.

Will sutures need to be removed after surgery?

Normally, all sutures are placed under the skin and do not need to be removed after the surgery.

How long will I be out of work?

Individuals who undergo breast augmentation normally return to work in 2 weeks. This depends on the type of work that the individual performs.

How long before I can exercise?

Please take multiple short walks (i.e. around the house) as soon as you feel steady on your feet the night after surgery. This is imperative for the recovery process. However, please try to not break into a sweat until the steri-strips have been removed. You will then be instructed to slowly increase your activity level. Don't lift anything heavier than 10 lbs for the first four weeks. You may return to light cardiovascular exercise once the steri-strips are removed. You will likely be cleared for full activity without any restrictions by 6 weeks after surgery. This will be further discussed during your postoperative appointments.

When can I shower?

Unless instructed otherwise, you may shower 2 days after surgery. This provides time for your skin to start to heal prior to showering. Until your steri-strips are removed, you should pat the steri-strips dry and then use a blow dryer on the steri-strips after showering. Please do your best to keep the steri-strips in place for 2 weeks.

When can I drive a car?

You may drive a car when you are no longer taking narcotic pain medications or muscle relaxants and are able to realistically react fast enough to stop the car if a child ran out in front of you. This usually takes 4-5 days after the surgery. Do not take unnecessary risks.

My chest feels tight after surgery. Will I hurt something if I move?

No, you should not hurt any structure if you move. There will be three layers of sutures in different layers of tissue under your skin. These sutures are very strong. However, do not push your limits and please adhere to the postoperative instructions.

Do I need to wear a bra after breast augmentation?

Yes. In general, you should wear the surgical bra for at least 2 weeks after surgery around the clock. At that point, you may be cleared to wear a tight-fitting sports bra for another 4 weeks. Typically, patients are cleared to return to their normal bra-wearing habits after 6 weeks postoperatively. Please note that this may change with your individual situation. Also, breast augmentation does not stop the aging process, which may result in sagging of the breasts at a later age. We still recommend that you continue to support your breasts with a bra even after you are cleared to go without a bra from a surgical recovery standpoint.

Is this operation performed under general anesthesia?

Yes, this operation is performed under general anesthesia. This is a safe and comfortable way to perform most operations. General anesthesia is statistically safer than walking across the street, driving your car, or riding in an airplane. Anesthesia is only provided by Board-Certified Anesthesiologists in our practice. This sets our organization apart from many others.

How long does the operation take?

This varies from patient to patient. However, the operation normally takes 1-2 hours to complete.

Does someone have to stay with me after surgery?

Yes. A family member/friend must stay with you for at least the first 24 hours after surgery. If this is an issue, please alert our practice 1-2 weeks prior to your operation, and we will arrange for in-home nursing care. This would incur an extra expense for the nurse's services.

Should I use Vitamin E on my incisions?

Please do not use Vitamin E (or topical anti-infective agents such as Neosporin) on your incisions. Please use silicone-based scar gel when instructed to do so (as discussed below).

Will I need my implants replaced in the future?

According to the FDA (for all breast implants used across the country): "Breast implants are not lifetime devices. The longer a woman has implants, the more likely it is that she will need to have surgery to remove or replace them." The newer generation implants (the ones that we use) have a very low failure/complication rate.

Preoperative Instructions

Smoking

If you smoke, you must stop before surgery. The academic studies regarding how long you should stop smoking prior to cosmetic surgery vary. However, we recommend that you stop smoking for at least 2 weeks before surgery. We reserve the right to cancel the surgery if you continue to smoke and we feel that your smoking may put your surgical result at risk. You also should not smoke during the postoperative period (for at least 6 weeks after surgery), as this may also have serious adverse effects on your ability to heal. Other forms of nicotine (patches, gum, etc) are not acceptable alternatives (as the nicotine in all of these have the similar negative effects).

So, you do not think that we are being harsh:

Nicotine causes vasoconstriction, which is where the small blood vessels clamp down and decrease blood flow to certain areas. This is especially so for the skin. When cosmetic surgery is performed, the skin and tissue deep to the skin are rearranged and the blood flow to these areas may then depend on very small blood vessels (until your body makes more blood vessels over the course of months). If you smoke and undergo cosmetic surgery, you will clamp down these very small blood vessels and will have a much, much higher chance of infection, not healing properly, and even having parts of your skin die and become necrotic. We want all our patients to be very happy with their results and will not risk these complications of smoking.

Medications/Drugs**NSAIDs**

Stop taking any over-the-counter medications that may thin your blood at least one week before your surgery. These include aspirin or any of the nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen, Advil, Motrin, Aleve, Midol Extended Relief, Midol Liquid Gels, naproxen, etc. These medications impair the function of your platelets and may make you bleed more during the operation or form a hematoma postoperatively. If you have ongoing pain and feel that you need pain relief medication, please speak with your primary care physician regarding potential safe substitutes.

Alcohol

Do not drink alcoholic beverages for at least three days before surgery.

Prescribed Blood Thinners

If you take a prescribed blood thinner (Plavix, Coumadin, Xarelto, etc) you must speak with the physician prescribing this medication regarding if it is safe to stop for cosmetic surgery. The risk of excessive bleeding and hematoma formation with performing cosmetic surgery on an individual taking any of these medications is too great and will not be performed. You must speak with the physician prescribing this type of medication before stopping it as the risk of stopping the medication may be extremely high as well.

Herbal Supplements

People often do not realize that many herbal supplements thin the blood and may cause significant bleeding during surgery or postoperatively. The supplements that increase the risk of bleeding, and should be discontinued for 1 week before surgery, include, but may not be limited to:

- Gingko biloba
- Garlic (capsules, or foods with excessive garlic)
- Ginseng
- Fish oil
- Dong quai
- Feverfew

If you take Ephedra, you must stop this one week before surgery as this medication increases your risk of adverse cardiovascular events. Talk with your prescribing physician regarding stopping this medication prior to doing so.

Illicit drugs

We are medical professionals bound by HIPPA which is an act that protects patients' information, and we will never disclose your information to another party without your knowledge and written consent. Therefore, please inform us if you use any illicit drugs including, but not limited to marijuana, cocaine, heroin, etc. We ask these questions solely for your safety.

Vitamin E and Zinc

Excess Vitamin E and Zinc may impair your immune system, injure organs, and interact with antibiotics that will be prescribed. Please avoid high doses of these medications 1 week before surgery and for 6 weeks after surgery.

Preoperative Testing

Please have your bloodwork, mammogram, chest x-ray, EKG, etc performed as ordered by our practice. Not everyone will need all these tests. Please have the tests that you were asked to do completed at least 10 days before your operation. This provides us time to review your results and make any adjustments as needed.

Medications to take

Arnica: Take 1 Arnica capsule twice a day, starting 2 days prior to your operation. This medication may be taken on an empty stomach and with other medications. Arnica helps with bruising and wound healing. Arnica in its diluted form (any form that may be bought over the counter or in our practice) is generally considered very safe.

Vitamin C: Take 1000mg of Vitamin C twice a day, starting 1 week prior to surgery. Continue to take this dose for 1 week after surgery as well. Vitamin C helps with wound healing by generating collagen and improving your immune system. It is rare to have any side effects at this dose; however, the most common side effect is diarrhea. If you have diarrhea with this medication, first decrease the dose to 500cc twice a day, and stop it altogether if the symptoms persist.

Multivitamins: Take 1 multivitamin twice a day, starting 1 week prior to surgery. Continue to take this dose for 1 week after surgery and then take 1 multivitamin daily for at least 6 weeks postop.

You will be prescribed other medications by our practice. Please take them as directed.

Showering before surgery

Starting two days before surgery, shower twice a day with Hibiclens (avoid your eyes). This antiseptic wash may be found at a local pharmacy or supermarket. You may, but do not need to, use Hibiclens after surgery.

The day before surgery

Shower with Hibiclens and take your medications as described above. Unless instructed otherwise by the Anesthesiologist or our office staff, do not eat or drink anything after midnight. We recommend eating a decently large meal for dinner that night and drink water/Power Aid/Gatorade just before midnight.

The day of surgery

Take your medications as prescribed with a small sip of water in the morning. Shower with Hibiclens in the morning and do not apply any makeup, lotions, creams, mascara, deodorant, body spray, etc. ...don't put anything on your body or face after showering. Wear comfortable clothes that do not need to be pulled on/off over your head. Most female patients wear comfortable pants and a loose-fitting sweatshirt that zips completely down the front. Please do not wear any jewelry.

Please arrive at the time instructed and have a seat in the Stephan Surgical Arts waiting room. For female patients, please refrain (if possible) from using the restroom at that time as a urine pregnancy test may need to be acquired. You will be greeted by a staff member or the nurse, and our nurse will walk with you to our preoperative waiting room. If family members/friends are with you, they are welcome to come with you to the preoperative waiting room. Once in this room, our nurse will review your medical history, take your vital signs, and start an intravenous line. Our Anesthesiologist will also speak with you at that time. Dr. Stephan will meet you there as well and mark the surgical sites.

From there, you will be directed into the operating room, given general anesthesia, and the next thing that you will know is waking up in the recovery room under the care of your nurse and Anesthesiologist. Family members/friends will accompany you in the recovery room, Dr. Stephan will answer any additional questions,

and your medications will be reviewed. Once you are comfortable, you will be accompanied to your family member's or friend's vehicle for you ride home. Patients typically stay in the recovery room for 30-60 minutes.

The night after surgery

A friend/family member must accompany you for the first 24 hours after surgery. Please take your medications as directed. You will be provided Dr. Stephan's cell phone number in case you have any questions and you will have an appointment arranged for 1-4 days postoperatively. You will be sore around the surgical site(s), but you need to start taking multiple short walks as soon as you feel steady on your feet. This is imperative for your recovery. Please do not remove the surgical bra until instructed to do so. You should start with bland food and liquids, and slowly advance your diet as tolerated back to your normal diet. Sleep on your back and propped up in a bed or recliner.

General Postoperative Course/Guidelines (These may vary with your individual situation)

- The first follow up appointment is 1-4 days after surgery; this will vary with the individual patient and surgery.
- You will also have follow up appointments scheduled for approximately 1 week, 2 weeks, 6 weeks, and 10 weeks after surgery.
- The prescribed pain medications and muscle relaxants may cause constipation. We recommend taking over-the-counter Colace (use as directed on the bottle) if you are taking the prescribed narcotic pain medication. If you experience constipation and are already taking Colace, take Milk of Magnesia (as directed on the bottle). Walking also helps to relieve constipation.
- Do not drink alcoholic beverages for at least the first 48 hours after surgery. Also, do not drink alcohol if you are taking the prescribed pain medication or muscle relaxant.
- Keep the surgical bra in place until your first postoperative appointment or first shower, whichever comes first.
- Start showering on postoperative day 2 unless instructed to do otherwise. Take your surgical bra off with the help of another person and then sit down for 2-3 minutes before getting into the shower. This is to keep you from becoming lightheaded. Until we remove the paper tapes in the clinic, shower with your back to the water, and let soapy water fall over your breasts. Avoid scrubbing the paper tapes as we would like these to remain in place for approximately 2 weeks. After showering, pat the paper tapes dry carefully, and then dry them with a blow dryer on the cool setting. Be careful to not burn your skin. Put your surgical bra back on after drying off with the help of your caregiver.
- Keep the surgical bra on 24 hours a day (except when showering) for at least the first 2 weeks. This will be discussed further during your postoperative appointments.
- You should avoid exercising to the point that you break a sweat until the paper tapes are removed in our clinic. Please do take multiple short walks (i.e. around the house) daily; this is important for the healing process.
- Once your paper tapes are removed, you will likely be asked to use silicone-based scar gel. You may use an over-the-counter scar gel; however, we have a prescription-strength scar gel in our clinic that works extremely well.
- You should use scar gel twice a day for at least 3 months after surgery.
- Keep your incisions out of the sun for at least 6 months and minimize sunlight exposure to the incision(s) for 12 months. If you would like to go out in the sun after the paper tapes are removed and before 12 months postoperatively, place scar gel on the incisions and then cover the incision/scar gel with sunscreen (at least

SPF 50). Reapply the sunscreen often. Sunlight can make the incisions turn into dark scars. Also, if you experience any bruising after the operation, do not expose the bruise to sunlight.

- If you experience significant bleeding (more than minimal bleeding through the bandages), uncontrolled pain, or other concerns/problems, please call Dr. Stephan's office (813-549-6299). You will also be provided Dr. Stephan's cell phone number should you experience any issues after business hours.

Surgical Consent – Breast Augmentation

The purpose of this informed consent form is to provide written information regarding the risks, benefits and alternatives of the procedure named above. This material serves as a supplement to the discussion you have with your doctor/healthcare provider. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask your doctor/healthcare professional prior to signing the consent form.

Alternative Treatments

Breast augmentation is a cosmetic operation, and therefore, an alternative is to not have the procedure performed at all. A surgical alternative may include mastopexy (with or without breast augmentation) for appropriate candidates. The nuances of these operations are discussed during your consultation when applicable.

Risks of Breast Augmentation Surgery

No surgery or procedure is without risk. The risk of an adverse event is small, but not zero. Also, every procedure has its limitations. Although most patients do not experience complications, you should discuss these with your surgeon in order to make certain that you understand the risks, limitations, and possible consequences of breast augmentation surgery.

General surgical risks include, but are not limited to:

- 1) **Bleeding and Bruising:** It is possible, although unusual, to experience a bleeding episode during or after surgery. Serious bleeding is very rare. Should postoperative bleeding occur it may require emergency treatment to drain the accumulated blood and/or have a blood transfusion. Aspirin, anti-inflammatory medications, platelet inhibitors, anticoagulants, Vitamin E, ginkgo biloba, alcohol, and other herbs or homeopathic remedies may contribute to a greater risk of bleeding/bruising. Do not take these for seven days before surgery. If you are prescribed any blood thinning medications, you must speak with the physician who prescribed the medication prior to stopping it. Again, do not stop these medications before speaking with your prescribing physician.
- 2) **Infection:** Infection is unusual with breast augmentation. Should infection occur, additional treatment (including antibiotics and possibly additional surgery) may be necessary.

- 3) Asymmetry: Measures are taken to provide a symmetric result. However, asymmetries are possible. Factors such as skin tone, fatty deposits, bony prominences, and muscle tone may contribute to asymmetry as well.
- 4) Pain: Any procedure or surgery may cause pain. This is normally short-lived. It is very unusual to experience chronic pain from this operation; however, it is possible for a nerve to become entrapped in scar tissue and cause chronic pain. This may require additional procedures and/or operations to correct.
- 5) Changes in Skin/Nipple Sensation: It is possible to experience either increased or decreased sensation of the skin/nipple after this operation. It is exceptionally rare for these changes to be permanent, but it is possible.
- 6) Scarring of the Skin: Excessive scarring is uncommon. However, in some cases, abnormal scarring may result. These scars may be raised and a different color of the surrounding skin. Additional treatments (i.e. injections, surgery, etc) may be required to correct excessive scarring.
- 7) Allergic Reactions: Rarely, local allergies to tape, adhesives, suture material, or other topical preparations have been reported. Systemic (body-wide) allergic reactions may occur due to drugs used during or after the operation. Allergic reactions may require additional treatment and possibly hospitalization.
- 8) Delayed or Poor Wound Healing: Wound disruption and delayed healing are rare, but both are possible. Rarely, areas of the breast may not heal well, and the skin could die. This would require medical and surgical treatment, and result in a longer than expected recovery time. **Smokers have a much higher risk of skin loss and wound healing complications.** We reserve the right to cancel surgery if a patient does not quit all forms of tobacco for at least 2 weeks before the operation. Dr. Stephan and his staff are not responsible (or liable) for poor postoperative wound healing if the patient smokes just before or after surgery.
- 9) Fat Necrosis: It is rare, but possible for fatty tissue deep to the skin to die. This may produce areas of firmness and irregularities. Fat necrosis may also later become visible on mammography due to calcifications, prompting the surgeon/radiologist at that time to perform additional procedures.
- 10) "Spitting Sutures": Although uncommon, the dissolvable sutures placed under the skin may come to the surface of the skin. This may require removal of the suture. This is unlikely to affect overall healing.
- 11) Injury to the Lung: It is exceptionally rare, although reported in literature, that the lung could be injured during breast augmentation. If this were to happen, further surgical procedures and hospitalization may be necessary.
- 12) Long-Term Effects: Subsequent alterations in breast contour may occur because of weight loss or gain, aging, pregnancy, or other life events. This may lead the individual to seek additional breast surgery.
- 13) Unsatisfactory Results: Uncommonly, patients may be disappointed with the results of their operation. This may require additional procedures or operations to correct.
- 14) Pulmonary Complications: Rarely, pulmonary complications may result from blood clots or partial collapse of the lungs after general anesthesia. If these complications occur, additional treatment and possibly hospitalization may be required. Pulmonary emboli (blood clots that break off and travel to the lungs) can be life-threatening, and fatal in rare circumstances.

- 15) Seroma: Infrequently, fluid collections occur between the skin and underlying structures. If this occurs, additional procedures may be necessary to drain the fluid. Drainage of this fluid inherently carries the risk of causing an infected fluid collection, which in turn, may require additional medical and/or surgical treatment.
- 16) Surgical Anesthesia: Both local and general anesthesia carry risks of complications, injury, or even death. This is extremely rare. At Stephan Surgical Arts we only use Board-Certified Anesthesiologists for anesthesia administration.

Implant-specific risks include, but are not limited to:

- 1) Implant Rupture/Fracture: The current implants are well made and rarely fail; however, this is still possible. Rupture of a silicone implant may or may not be noticeable. The rupture may be contained within the capsule or escape beyond this layer and travel to other parts of the breast or distant tissue. Damaged implants cannot be repaired and will need to be surgically removed. A magnetic resonance imaging (MRI) study is advised to evaluate the possibility of silicone implant rupture/fracture, yet it may not be 100% accurate.
- 2) Capsular Contracture: Scar tissue may form around the breast implant, which may tighten and make the breast firm, rounded, and possibly painful. This may occur shortly after surgery, or years later. The incidence of capsular contracture can be expected to increase over time. Capsular contracture may occur on both sides, one side, or not at all. It is more common to have capsular contracture with implants placed in front of the chest muscle layer than behind the muscle. Should capsular contracture occur, surgery for implant removal (and replacement) may be required. There is a higher risk of capsular contracture if you already required surgery to treat a previous capsular contracture. Capsular contracture is also more common with revision breast augmentation versus primary breast augmentation. If you feel any hardening or abnormal rounding of your breasts after breast augmentation, speak with your surgeon immediately.
- 3) Implant Extrusion/Tissue Necrosis: Lack of adequate tissue coverage (i.e. due to infection or tissue necrosis) may result in exposure and extrusion of the implant through the skin. The risk of tissue breakdown (necrosis) increases with the use of steroid medications, chemotherapy, radiation to the breast tissue, tobacco, excessive heat or cold therapy, or microwave diathermy. If the implant becomes exposed, it will need to be surgically removed.
- 4) Skin Wrinkling/Rippling: Skin wrinkling ("rippling") is more common with saline implants than the more cohesive silicone implants. However, visible and/or palpable wrinkling of the skin is possible with all breast implants. Excessive rippling may require revision surgery.
- 5) Calcification: Calcium may deposit in scar tissue surrounding the breast implant. This may result in a firmness, pain, and may be visible on mammography. Calcium deposits due to this benign scarring must be differentiated from calcium deposits due to breast cancer and may require additional procedures to determine the nature of the calcium deposits.
- 6) Chest Wall Irregularities: Breast implants have been reported (rarely) to cause chest wall irregularities. Irregularities of the skin ("dog ears") are also possible and may improve with time or require surgical revision.
- 7) Implant Displacement and Tissue Stretching: Migration, rotation, and displacement of a previously placed breast implant is possible (although rare). This may be accompanied by

discomfort and/or distortion of the breast/breast skin. Additional surgery may be required to correct this problem.

- 8) Surface Contamination of Implants: Oil from the patient's skin or lint from the surgical drapes may be deposited on the surface of the implant. This is unlikely given normal surgical precautions but has been reported in literature. The consequences of this are unknown.
- 9) Silicone Gel Bleed: Over time, extremely small amounts of silicone gel and the minute amounts of platinum within the gel may pass through the shell layer of the implant. Literature supports that the extremely low levels of gel bleed are of no clinical significance.
- 10) There is a very loose association between breast implants and anaplastic large cell lymphoma. This appears to be more common with textured implants.
- 11) Risks related to mammography: Breast implants may make mammography more difficult to detect breast cancer. This may occur with any type of breast implant, regardless of the type of implant or where it is placed (above or below the muscle). If there is difficulty reading the mammogram, a breast MRI will likely need to be performed. Implant rupture has been reported with mammography.
- 12) Unknown Risks: There is the possibility of unknown risks associated with silicone and saline breast implants.

Medications

As stated above: Aspirin, anti-inflammatory medications, platelet inhibitors, anticoagulants, Vitamin E, ginkgo biloba, alcohol, and other herbs or homeopathic remedies may contribute to a greater risk of bleeding/bruising. Stop these medications 7 days prior to your surgery. However, never stop a prescribed medication without first speaking with your prescribing physician. Stopping a prescribed blood thinner (i.e. Plavix, Coumadin, etc) without your prescribing physician's knowledge and consent may increase your risk of heart attack, stroke, or even death.

Pregnancy and Neurologic Diseases

Pregnant women and those with neurologic disease(s) should not undergo cosmetic operations.

Mental Health Disorders and Cosmetic Surgery/Procedures

All patients seeking to undergo elective procedures and/or surgery should have realistic expectations and be of sound judgment. Please discuss any history of significant emotional depression or mental health disorders with your provider before any elective procedure or surgery.

Financial Responsibilities

The cost of surgery involves several charges for the services provided. The total includes surgical practice fees, the costs of anesthesia, surgical supplies, operating room staff reimbursement, laboratory results, follow-up appointments, etc. Additional costs may occur should complications develop from surgery. We make every effort to help you achieve the results that you seek. However, this is a cosmetic operation and is non-refundable.

Consent for Surgery

- 1) I hereby authorize Dr. Bradley Stephan, M.D. and such assistants as selected by Dr. Stephan to perform the following procedure: **Breast Augmentation**
- 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 involve 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) 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
- 7) I understand and agree that all services rendered will be charged directly to me, and I am personally responsible for payment. I further agree, in the event of non-payment, to bear the cost of collection, and/or court costs and reasonable legal fees, should they be required.