

PATIENT NAME: _____ AGE: _____ CHART NO: _____

It is my goal to provide you with some information about your desired procedure prior to our consultation. Please take the time to read this information and feel free to ask any questions during your face to face consultation. Additional information is available in the office and on our websites.

www.ocplasticsurgeons.com
www.doctordaneshmand.com
www.bakersfieldplasticsurgery.com

Dr. Daneshmand

Breast Augmentation Consultation

GENERAL

- ▼ Totally / purely elective surgery
- ▼ Long consultation
- ▼ Realistic expectation / full disclosure
- ▼ Key to success

DIAGNOSIS/CONDITION

MAMMARY HYPOPLASIA
(SMALL BREAST)

- ▼ **Developmental:** Failure to develop desired fullness and size
- ▼ **Unilateral:** One breast smaller than the other
- ▼ **Involuntional:** Loss of size / fullness following pregnancy or significant weight loss

WHY CONSIDER BREAST ENLARGEMENT?

For yourself ONLY. Not for or because of anyone else.

- ▼ **PRACTICAL REASONS**
More proportional, clothing fits better, more options and choices in clothing
- ▼ **PSYCHOLOGICAL REASONS**
Confidence, femininity, self esteem, self image, enhanced sense of adequacy

GOALS

- ▼ Create more normal proportions
- ▼ Satisfy psychological needs
- ▼ Maintain normal softness, sensitivity and function
- ▼ Re-establish size and contour if the size / fullness changed due to pregnancy or weight loss

LIMITATIONS

- ▼ Cannot stimulate normal breast tissue to increase in size
- ▼ Cannot create younger skin or eliminate "stretch marks"
- ▼ Is sagging severe, cannot eliminate with implants alone (lift needed)
- ▼ Cannot solve personal problems
- ▼ Cannot eliminate asymmetries such as differences in breast shape or position, rib cage irregularities, or nipple / areola size

Patient Initials: _____

GOALS MAY ONLY BE PARTIALLY MET

ALTERNATIVES

- ▼ Leave everything as it is (adverse consequences?)
 - ▼ Exercise
-

SURGICAL OPTIONS

- ▼ Medications
 - ▼ Surgery
 - ✓ Tissue from somewhere else in the body (autologous transfer)
 - ✓ Synthetic implant
 - ✓ Silicone injection (not recommended - has been done in the past)
 - ✓ Silicone implant
 - ✓ Gel (silicone envelope filled with saline - same as IV solution)
 - ✓ Combination / double lumen (gel implant surrounded by saline or visa versa)
 - ✓ Smooth or textured implant
 - ✓ Implant placement - in front of the muscle or under the muscle
-

BREAST CANCER AND AUGMENTATION MAMMAPLASTY

- ▼ No evidence that the incidence of breast cancer is increased or decreased
 - ▼ Physical examinations not affected
 - ▼ Implants are placed behind the breast tissue **NOT** in the breast tissue
 - ▼ In mammograms of women's with implants, parts of the breast tissue cannot be seen due to the implant. Special mammograms may be required. These mammograms require a radiologist experienced in reading mammograms of patients with implants
 - ▼ Mammograms for patients with implants may be more expensive than routine mammograms
 - ▼ Silicone (as well as many other materials commonly used in human surgery) have been found to cause a very unusual cancer (fibrosarcoma) in laboratory rats, this is not breast cancer. This phenomenon appears to be unique to rats, not humans
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SURGICAL TECHNIQUES, ANESTHESIA, FACILITY & RECOVERY

- ▼ Local anesthesia and sedation vs. general anesthesia
 - ▼ Surgery center vs. hospital
 - ▼ Outpatient vs. hospitalization
 - ▼ Restrictions / return to normal activities
 - ▼ Incisions, dressings
 - ▼ Massage (with smooth wall implants)
-

TRADE OFFS

USUALLY TEMPORARY

- ▼ Discomfort (pain / sensitivity)
 - ▼ Discoloration / swelling
 - ▼ Numbness
 - ▼ Tightness / relaxation
 - ▼ Lumps / irregularities
 - ▼ Restricted activity
-

PERMANENT

- ▼ Scars
 - ▼ Tendency toward firmness if normal contracture occurs
 - ▼ Life long need for follow-up and replacement of implants since they don't last forever
-

Patient Initials: _____

RISK / COMPLICATIONS

- ▼ Bleeding / blood collection**
- ▼ Infection
- ▼ Sensory changes (numbness)
- ▼ Asymmetry
- ▼ Implant failure / need of replacement
- ▼ Silicone gel bleed
- ▼ Benign tumors / granulomas from gel
- ▼ Deflation inflatable
- ▼ Wrinkling / irregularity
- ▼ Thinning or overlaying tissue
- ▼ Inability to breastfeed
- ▼ Severe tightening of scar tissue producing marked firmness and or discomfort
- ▼ Stretch marks
- ▼ Calcifications in scar tissue
- ▼ Lymph node enlargement
- ▼ Immune response (may occur in an extremely small and peculiarly small group of patients)
- ▼ Arthritis fever
- ▼ Malaise, etc. would create suspicion
- ▼ Deep venous thrombosis
- ▼ Pulmonary embolism
- ▼ Future surgery needed in most patients

LIKELIHOOD OF SUCCESS

- ▼ Usually very good
- ▼ But long term development of abnormal firmness can reduce "Natural" feel and effect contour
- ▼ Less than 1% of patients have ever asked to have implants removed

EVEN THOUGH ...

Even though the risks and complications cited above occur infrequently, they are the ones that are peculiar to this operation or of greatest concern. Other complications and risks can occur but are even more uncommon. The risks of surgery are comparable to the risks you take everyday when driving or riding in an automobile.

ANY AND ALL OF THE RISKS AND COMPLICATIONS CAN RESULT IN

- ▼ Additional surgery
- ▼ Hospitalization
- ▼ Time off work
- ▼ Expense to you

INSURANCE

Insurance usually does not cover this procedure. Treatment of complications may or may not be covered by insurance. On occasion, surgical revision may be indicated following the original surgery.

If planned or performed within one (1) year after the original surgery, and if insurance does not cover these revisions, there will be a small charge by the surgeon, anesthesia department and OR facility.

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NO GUARANTEE

The practice of medicine and surgery is not an exact science. Although good results are expected, there cannot be any guarantee or warranty, expressed or implied, by anyone as to the results that may be obtained.

**** If a smoker** – Must be off cigarettes for **SIX (6)** weeks before surgery and remain off cigarettes for **SIX (6)** weeks after surgery. Much greater risk for scarring, poor healing, hair loss and skin loss in smokers.

**** Must be off all aspirin containing products** for two (2) weeks before surgery and for two (2) weeks after surgery. (Check all medications with us. Some medications such as Motrin and Advil may also affect clotting.)

QUESTIONS

If there is any item or items on this consultation sheet that you do not understand, mark it and call the office. An explanation or additional information will be provided. Share the information we provide to you with interested family members or friends. I will be happy to meet with them if you wish. All questions and uncertainties should be answered and clarified prior to your surgery. A WELL INFORMED PATIENT IS A HAPPY PATIENT!

DATE: _____ Copied and provided to patient by: _____

A copy of this consultation was provided to me: _____

(Patient's signature)

Patient Initials: _____