



Patient consent to investigation or treatment for:

Breast augmentation/enlargement - Part 2 of 3

*This is an informed consent document to explain the risks and alternative treatment to breast augmentation surgery. **It is important that you read this information carefully and completely. Please initial each page,** indicating that you have read it, and sign the consent form for surgery as proposed by your plastic surgeon and agreed by you. For pre- and post-operative information on breast augmentation surgery, please see parts 1 & 3.*

What is a breast augmentation?

Breast augmentation is enlargement of the breast, usually by inserting an implant beneath the breast tissue.

What is the alternative treatment?

The only alternative surgical technique to enlarge the breast is lipofilling. Here, fat is removed by liposuction from another area of the body such as the hips or thighs and injected into the breast area. Because only a relatively small amount of fat can be injected at once, and some of the fat is reabsorbed into the body, patients will require multiple episodes to bring about a permanent enlargement.

Your own fat is the only substance that can be safely injected into the breast. Other materials have been tried, and then withdrawn from use. Do not allow anyone to inject anything other than your own fat into your breasts.

What are the serious and commonly occurring risks and complications of breast augmentation surgery?

As with all operations, there are risks involved in breast augmentation surgery. Although unlikely to occur, it is important to weigh up these risks against the potential benefit of the surgery. Discuss each of them with your plastic surgeon to make sure you understand the potential complications and consequences.

Risks of surgery:

- **Scars.** There will be scars from the surgery, which will usually initially be red, then purple, and then fade to white over 12-18 months. Occasionally scars may become widened, thickened, red or painful and may require surgical correction.
- **Bleeding.** Bleeding around the implant (haematoma) is unusual but possible, and may require another operation to stop the bleeding. It usually occurs immediately, or soon after surgery.



- Before the surgery your surgeon will discuss any medicines that increase your risk of bleeding, and it is important to control high blood pressure.
- **Infection.** Infections of the wound or around the implant may require antibiotics or another operation to remove the implant. It is normal to wait at least 3-6 months for the infection to clear before a new implant is inserted.
- **Swelling and pain.** There will be bruising and swelling of the breasts after the operation, which can take weeks to settle. Long-term pain may infrequently occur.
- **Seroma.** Fluid can collect within the breast cavity, which is called a seroma. This may require drainage or another operation, and can affect the final result.
- **Capsular contracture.** It is normal to form a scar or capsule around the implant, which usually feels soft and looks natural. In about 10% of patients, the scar contracts around the implant and feels firm. They can feel tender and look abnormal, and may require an operation to remove them and exchange the implant. By 10 years about 10-30% of women will have had a re-operation, and adverse capsular contracture is the most common reason for this.
- **Visible/palpable implants.** Slim patients may be able to see/feel the edges of the implant. With time, ripples or folds may be visible/palpable. Very occasionally, teardrop implants can rotate behind the breast. Usually these can be gently pushed back into position but if persistent, a re-operation may be required.
- **Implant failure.** Occasionally implants can leak, though normally it is contained within the capsule and does not cause a problem. If there is a change in the size, shape or consistency of the breast as a result, a further operation may be required to exchange the implant for a new one.
- **Extrusion.** Occasionally, deep stitches may poke out through the skin, which can easily be removed.
- **Increase/decrease in sensation.** Most patients will get some alteration in the sensation in their breasts post-operatively, most commonly numbness near the scar and oversensitivity of the nipples. Loss of sensation to the nipple, though rare may be permanent.
- **Asymmetry.** Symmetry between the two breasts cannot be guaranteed.
- **Damage to deeper structures.** Although rare, there is the potential for damage to deeper structures, including nerves, blood vessels, muscles and lungs during this operation. This damage may be temporary or permanent.
- **Unsatisfactory result.** Sometimes, patients are unsatisfied with the result of their breast augmentation surgery. This may be to do with the look or feel of the breasts, or you may be disappointed if the breast shape does not reach your expectations. It is very important that you



discuss thoroughly with your surgeon beforehand the size of breasts you wish for, and whether this can be safely achieved with a good aesthetic outcome.

- **Change over time.** Changes in breast appearance may occur as a result of aging, pregnancy or other circumstances unrelated to your surgery, such as an increase/decrease in weight. Further surgery or other treatments may be necessary to maintain the results of a breast augmentation.
- **Allergic reaction.** Rarely, local allergies to tape, stitches or solutions have been reported. Allergic reactions may require additional treatment.

Risks of anaesthetic:

- **Allergic reactions** may occur to drugs used during surgery.
- **Chest infection.** There is a small risk of chest infection, which is higher amongst people who smoke.
- **DVT/PE.** Blood clots can form in the leg (called a deep vein thrombosis/DVT) causing pain and swelling, requiring blood-thinning medications. In rare cases, part of the clot may break off and go to the lungs (called a pulmonary embolus/PE). This risk is increased in patients taking the oral contraceptive pill.
- **Heart attack or stroke** may occur due to the strain on the heart and you will be assessed before your surgery for your fitness for an operation.
- **Death** as a result of this procedure is possible.

Further information:

Breast implants do not make it any more difficult to examine your breasts for lumps. They do, however, interfere with mammograms (X-rays of the breast looking for signs of a breast cancer). Mammograms are used as a screening test in the UK from the age of 50 years. If you are called for a screening mammogram you need to tell the mammography service you have breast implants. They may scan you at a different centre and take special views. The more of your total breast volume that consists of implant the greater the problem with mammography. Sometimes a different kind of scan (magnetic resonance imaging/MRI) is preferred to conventional X-ray for patients with breast implants. You can discuss this with your surgeon.

Breast augmentation does not usually interfere in breast-feeding, and there is no evidence that any silicone is found in breast milk.

Most implants will need replacing at some point, usually after 10 years, for one of the problems above. For this reason, anyone having a breast augmentation should be prepared personally and financially to have surgery again at some point in the future, although routine implant exchange is not recommended.

Further risks specific to patient or procedure:



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The following information leaflet has been provided:

BAPRAS/BAAPS breast augmentation pre- and post-operative information leaflets [*codes*]:.....

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.

You have the right to change my mind at any time, including after you have signed this consent form.

DISCLAIMER:

This document is designed to supply useful information but is not to be regarded as advice specific to any particular case. It does not replace the need for a thorough consultation and all prospective patients should seek the advice of a suitably qualified medical practitioner. The BAAPS and BAPRAS accept no liability for any decision taken by the reader in respect of the treatment they decide to undertake.

Date of review: **August 2020** (produced August 2015)



Patient consent:

(Affix identification label here)

Breast augmentation/enlargement

Name:

Address:

Side of procedure: Left Right Bilateral

Date of birth:

Further procedures that may become necessary:

Hospital number:

NHS number:

M F

Anaesthetic: General Regional Local Sedation

Consultant: Special requirements:

I acknowledge that the medical condition and the proposed procedures, other procedure/treatment options and their associated risks, and the risks of not having this procedure have been explained to me. I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. These have been answered to my satisfaction.

I understand the risks of the procedure and those specific to me, including: Scars, bleeding, infection, swelling, pain, adverse capsular contracture, visible/palpable implants, implant failure, extrusion of sutures, increase/decrease in sensation, asymmetry, damage to vessels/nerves/lung, unsatisfactory result, change over time, need for a future procedure

I understand the risks of the anaesthetic and those specific to me, including: Allergic reaction, chest infection, DVT/PE, heart attack, stroke, death

I consent to:

- Blood transfusion, if required during or after the procedure Y N
- The use of tissue not needed for diagnosis or treatment being used for research Y N
- The use of photography for diagnosis and treatment Y N
- The use of anonymised photographs for teaching Y N
- The presence of students in theatre for the purposes of medical education Y N

Patient: On the basis of the above statements, I request to proceed with the procedure.

Patient signature Date

Patient name printed

Surgeon: I have explained the above information to the patient and believe that they understand it.

Doctor signature Date

Doctor name printed Contact Designation

Anaesthetist: I have explained the above information to the patient and believe that they understand it

Doctor signature Date

Doctor name printed Contact Designation

Interpreter: I have explained the above information to the patient and believe that they understand it.

Interpreter signature Date

Please bring this form with you on the day of surgery.

Copies of this form in English, other languages and large print, and further information available at: [BAPRAS/BAAPS link]

Patient initials



Interpreter name printed

Confirmation of consent (to be completed on the day of surgery, if form has been signed in advance):

I have confirmed that the patient has no further questions and would like to proceed with the procedure.

Doctor signature Date

Doctor name printed Contact Designation