



Patient consent to investigation or treatment for:

Breast reduction- Part 2 of 3

*This is an informed consent document to explain the risks and alternative treatment to breast reduction 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 reduction surgery, please see parts 1 & 3.*

What is a breast reduction?

Breast reduction surgery removes fat, breast tissue and skin from one or both breasts to reduce the discomfort associated with large breasts or even out differences between the breasts. The skin of the breast is reduced and reshaped, and the nipple and areola moved to suit the shape of the new breast.

What is the alternative treatment?

If discomfort from having heavy breasts is an issue, patients should have tried wearing a professionally fitted bra before proceeding with surgery. The alternatives include life-style modification, or delaying surgery based on current concerns. For example, many women find that, after a breast reduction, they are unable to breastfeed. Having a breast reduction does not mean that you can't get pregnant, but if you are hoping to breastfeed after the operation, you may consider delaying your surgery until after that time. Most surgeons delay surgery for 6-12 months after breastfeeding for the breast to settle back to its original shape.

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

As with all operations, there are risks involved in breast reduction 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.** Heavy bleeding is unusual but possible, and may require a blood transfusion and/or another operation to stop the bleeding. It usually occurs immediately, or soon after surgery.



- Before the operation, your surgeon will discuss any medicines that increase your risk of bleeding, and it is important to control high blood pressure. Accumulations of blood (haematoma) cause swelling and discomfort and may require another operation to remove them.
- **Infection.** Infections of the wound may require antibiotics or another operation, and may negatively affect the result. If you have discharge from your nipple, it is important to tell your surgeon about it before the operation, as this can increase the risk of infection.
- **Swelling and pain.** There will be bruising and swelling of the breasts after the operation, which can take up to four weeks to settle. Sometimes back/neck pain that you had beforehand will not be relieved by the surgery. 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.
- **Delayed wound healing.** The edges of the wound can come apart, particularly at corners of the scar. This is usually resolved with dressings, but may require further surgery to remove the non-healed tissues. Smokers have a greater risk of wound healing complications.
- **Stitch problems.** Occasionally, deep stitches may poke out through the skin, which can easily be removed.
- **Loss of blood supply to skin/fat/breast tissue/nipple.** Some areas of skin, fat, breast, nipple or areolar tissue may die if the blood supply has been lost during surgery (necrosis). These areas usually settle over time but may require a later operation to adjust them, and may affect the final result. There may be lumpiness or an uneven surface in an area where this has occurred. Occasionally, fat may harden, which may interfere with mammograms in the future.
- **Increase/decrease in nipple sensation.** There may be an increase, decrease, or loss of sensation to the nipple, particularly if nipple graft techniques are used. Numbness may extend to the breast as well.
- **Loss of ability to breastfeed.** There may be the loss of the ability to breastfeed, particularly with larger breasts.
- **Asymmetry.** Symmetry between the two breasts cannot be guaranteed. There may be irregularities at the end of the scars which may improve with time, or require a small operation to correct them.
- **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.
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- **Unsatisfactory result.** Sometimes, patients are unsatisfied with the result of their breast reduction 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 or other circumstances unrelated to your surgery, such as an increase or decrease in weight. Further surgery or other treatments may be necessary to maintain the results of a breast reduction.
- **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:

The breast tissue removed in this operation is routinely sent to the laboratory for examination. Occasionally, a cancer is identified during this process. You will be informed and advised accordingly, should this be the case.

Further risks specific to patient or procedure:

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The following information leaflet has been provided:

BAPRAS/BAAPS Breast reduction 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 Reduction

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, seroma, delayed wound healing, extrusion of sutures, skin/fat/breast/nipple death, lumpiness, change in nipple sensation, loss of ability to breastfeed, asymmetry, failure to obtain expected result, 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

Interpreter name printed

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

Version 1.2



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