Consent Form- Bilateral Breasts Tissue Becker 25 Expanders Insertion first Stage for Correction of Breasts Asymmetry.

Surgical Incisions:

At or near the level of the fold or the presumptive fold where the Bra wire may sit. The symmetry of the incisions size or location cannot be guaranteed.

Pocket of insertion of Implants:

Under the breasts, above the muscle____, Under the Muscles____

The expanders prosthesis/prostheses (also referred to as the implant or tissue expander), used are of the Becker 25 Type dual purpose, Silicone and Saline inflatable prostheses, the Saline (salt and water), is the fluid used to inflate the expanders, as discussed in clinic and will occur over a period of weeks and varies from patient to patient. The initial inflation is whilst asleep during surgery and further inflations in clinic.

I_____; request and authorise: Ali Juma to perform a **Bilateral Breasts Becker 25 Tissue Expanders Insertion First Stage for Correction of Breasts Asymmetry. Another stage is likely to be warranted; however, in some patients they may opt not to progress to another stage.**

The nature and effects of the procedure, the risks, ramifications, complications involved, as well as alternative methods of treatment have been fully explained to me by Mr. Juma and I fully understand them. I have also been given the opportunity to ask questions for which the answers have been clear. During the two pre surgical consultations and appropriate cooling off period; I have been thoroughly and completely advised regarding the objectives of the procedure including further future interventions and surgeries including potential timings.

Because I understand that the practice of medicine and surgery is not an exact science and no results have been guaranteed. I acknowledge that imperfections might ensue and that the operative result may not live up to my expectations. I certify that no guarantees have been made by anyone regarding the procedure(s) I have requested and authorised. I understand that, in the case where significant imperfection may result, and if the patient, and the doctor determine the necessity of a secondary procedure, such revisions will have to be discussed on individual basis with the hospital and are likely to incur further hospital and anaesthetic costs.

It is important as was discussed that the surgery aim is reduce the asymmetry and contribute to improving any breasts tuberosity, however this cannot be guaranteed and further treatments are very likely to be required to improve the breasts in the future as was discussed.

I understand that the possible adverse effects may include bleeding, infection, Keloid/hypertrophic scarring, skin contour irregularities, seroma, continued asymmetry, more visible asymmetry, implant height mismatch, surgical shock, deep vein thrombosis, pulmonary complications and in rare occasions life threatening complication, allergic reaction and anaesthesia related complications can occur had been discussed and understood. Infection maybe recurrent and may lead to implant extrusion/loss.

Local vein thrombosis may occur in the vicinity of the breasts, which may warrant treatment. I also fully understand that neither the breast cup nor the cleavage size could be guaranteed. Numbness of the breasts and nipples is expected after this surgery, however in the majority of cases this is likely to return to the pre-operative level. On occasions the numbness may persist. Hyper sensitivity of the nipples may occur; this, in the majority of cases, is a self-limiting process that may last up to 2-3 months.

Using local anaesthetic injections during the procedure will initially control pain. Pain control on the ward, and at home with painkillers, however please refrain from using products like Aspirin, Brufen, Voltoral, Ponstan (Mefenamic Acid), or similar tables, a group known as NSAID.

Silicone implants/expanders other related risks and potential complications; The commonest is capsular contracture a process in which “scar” tissue on the inside of the breast/s forms a firm to hard reaction which maybe painful and as such warrants further surgery, depending on the severity this may also alter the shape of the breasts affected. Silicone implants although are made to a very high standard are not made to last for life; hence they may on occasions leak leading to the possible formation of painful lumps known as silicone granulomas.

The longer the prostheses/implants have been in the more likely that they may form a capsular contracture or leak. The saline content of the expander implant may also leak. The life expectancy of the implant/prosthesis varies from individual to another. The first stage may be all that is required in some patients as the result is acceptable to the patient. The ports can then be removed separately, under a local anaesthetic. Chronic swelling and pain may also occur in some patients.

There is a very rare risk of BI-ALCL, which was recently reported. The life expectancy of the implants is in the region of 10 years; however, that is only an estimate and they may last for a shorter period of time. Another condition known as Breasts implants induced illness BII can occur and may cause non-specific symptoms. These symptoms may be inflammatory in origin. Other more recently reported risks is that of squamous cell carcinoma (BI-SCC), of the breasts/capsules warranting removal of both with further treatments.

The screening of the breasts with mammograms can be still be performed, however, they will have to alter the views and exercise care whilst doing the test, there is also a 33% reduction in the pick up of the test.

The breast tissue is likely to thin with time and age, and as a result this will lead to the formation of ripples/ knuckles of the implants/expanders that not only felt but also seen. If an infection is severe then this may lead to the loss of the implant/s. The breasts are also likely to alter in shape and nipples position will change with time leading to further droop of the breasts, this change is influenced by the weight of the implants. These issues were discussed at the time of consultation. These changes could lead to further surgery which is not covered by the neither the hospital nor the surgeon.

The port of the implants may rotate or flip, which can result in an exploration under local anaesthetic to adjust it back into position; on rare occasions it may even require a general anaesthetic. The post sites may become infected and lead to further surgery including the removal of the expander/s. The ports may also cause discomfort and or irritation under the bra. Also in the case that the implants are under the muscle there may occur ridging of the muscle which my warrant a further surgical release.

I understand the importance of pre-treatment and post-treatment instructions and that the failure to comply with these instructions may increase the possibility of complications.

I recognise that during the course of the operation unforeseen conditions may necessitate additional or different procedures other than those above. I therefore further authorise and request the above named surgeon, to perform the procedures that are in his professional judgment necessary and desirable.

I also understand in the case I have given permission and the photographs are on the Internet, be it a website, Google search engine or similar, social media or publications be it scientific or promotional in the majority the photographs in some instances cannot be removed from circulation. I also understand and agree that if I decide to withdraw consent for the use of my photographs from use on the Internet that I will do so by written request and allow for a reasonable time for these photographs to be removed if and when possible.

I agree to have photographs taken YES___, No___

I agree to allow the use of these photographs for:

Scientific publication and presentations, Yes___, No___

Informative talks, Yes___, No___,

Internet publications Yes___, No___

Social Media Yes___, No___

I agree to have video recordings taken Yes____, No___

I agree to allow the use of these videos for:

Scientific publication and presentations, Yes___, No___

Informative talks, Yes___, No___,

Internet publications Yes___, No___

Social Media, Yes____, No____

I certify that I have read the above authorisation, that the explanations referred to therein were made to my satisfaction, and that I fully understand such explanations and the above authorisation.

Patient's name: _____

Signed Patient: _____ Date: _____

Surgeon: _____ Date _____