Consent Form- Bilateral Breast Uplift (mastopexy) with Augmentation with small reduction (side of small reduction see below) for Correction of Breast Asymmetry.

Surgical Incisions:

The scars are around the areola and vertically down to the fold near the bra wire. A transverse scar will be warranted, this would have been discussed in clinic prior to the surgery, however, intraoperatively in some patients this may not be implemented.

Small Reduction:

Left: _____ Right:_____

Pocket of insertion of Implants:

Under the breasts, above the muscle____, Under the Muscles____

Silicone Implants:

Shaped_____, Round_____.

Textured: ____, Smooth: _____

I_____; request and authorise: Ali Juma to perform a **Bilateral Breasts mastopexy with Augmentation with small reduction (side of reduction see above) for Correction of Breasts Asymmetry.** 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, with the appropriate cooling off period; I have also been thoroughly and completely been advised regarding the objectives of the procedure. The types and manufacturers of the implants were discussed prior to the surgery.

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 a significant imperfection results, and I, the patient, and the doctor determine the necessity of a secondary/revisional procedure, such revisions will have to be discussed individually with the hospital; however, they are likely to incur further costs. Any revision does not include the cost of the implants, hence, any implants needing replacement or supplementary procedure warranted will also incur a separate cost.

I understand that the possible adverse effects may include bleeding leading to a collection of blood warranting a return to theatre, infection of variable severity, Keloid/hypertrophic scarring which will mar the cosmetic outcome and are symptomatic i.e. painful, itchy and in case of keloid scarring would be significantly sized, this risk increases in darker colour skin patients, scar colour mismatch to adjacent skin, skin contour irregularities, seroma, visible and continued asymmetry, which may be more visible in some patients, including nipple height mismatch, implants height mismatch. Other potential complications are surgical shock, deep vein thrombosis, and pulmonary complications. In rare occasions life threatening complication, allergic reaction and anaesthesia related complications could occur and should be discussed and understood. Chronic pain in either or both breasts can occur in some patients. Seroma, chronic seroma, delayed seroma can also occur.

Local vein thrombosis may occur in the vicinity of the breasts, which may warrant treatment. Implant height mismatch can also occur. If the blood supply of the nipple areola is suspected to be compromised due to the insertion of implants then these will be put at a later date.

Other risk and potential complications include the loss of the skin of the nipple areola complex, and/or the skin envelope elsewhere. This will mean a longer recovery period with repeat dressings and possibly further surgical interventions; in addition painful lumps may appear after surgery known as fat necrosis. This latter process in a large number of patients is self-limiting but may take a number of months to resolve. Fullness in the breasts in the cleavage area and/or the outer aspect may, on rare occasions, need to be adjusted if not resolved after nearly one year. Significant swelling is expected after this surgery, which will take up to three months to settle, but in some individuals it may take much longer. This has been explained to me and I understand the explanation fully. If the implants are under the muscles in some patients the implant/s may rise to higher level and may warrant surgical adjustment at a later date.

Silicone 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. Another risk of sub-muscular/dual plane implants insertion pockets can lead to displacing the breast implants laterally towards the armpit and thus may lead to further surgery.

A rare risk of BI-ALCL and BIA-SCC have been reported. BI-ALCL is commoner with textured implants, and less common with smooth implants, which was discussed during the consultations. 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 they have been in the more likely that they may form a capsular contracture or leak. The life expectancy of the implants maybe in the region of 10 years; however, this is only an estimate, hence, they may last a much shorter time or even longer. Another condition known as breast implants illness (BII), which includes non-specific symptoms may also occur. On occasions also early seroma or delayed seroma can occur and may become chronic in some patients. Chronic pain can also occur.

Having breast implants reduces the sensitivity of screening outcomes of mammograms; and this was discussed in clinic including its implications and possible other options. In some patients a delayed seroma/fluid collection may occur, which will warrant investigation at an added cost. This fluid collection may recur and becomes persistent. The choice of implants was discussed in clinic.

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 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. In some patients pain following surgery may become chronic.

The side of the small reduction has the same risks of the mastopexy as list already and symmerty cannot be achieved, however, the objective as was discussed prior to the surgery is make the breasts to look less visibly asymmetrical. If the small reduction is deemed unnecessary during the operation then it will net be performed.

Following this surgery you will lose the sensation to the nipples areolas and the breast and this may not recover. Breast-feeding following this surgery may not be possible. The scars could stretch and may warrant surgical scar revision, this will have hospital costs and if performed under a general anaesthetic, then anaesthetic costs will be incurred, however, there will be no surgical costs.

When this surgery is combined with other surgeries like a tummy tuck the risks for both surgery and complications are likely to be higher and the recovery period is longer than if the surgeries were carried out at different times. Other treatments like radiofrequency were also discussed to add improvement to the outcomes and improvement of the skin.

In the case were the implants that had been used are shaped, tear drops; there is a small chance that they rotate to a certain extent that correctional surgery may be needed. 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. In the case tuberosity/tubular breasts exist they may continue and in some cases the nipples/areolas may become more obvious.

I also fully understand that neither the breast cup nor the cleavage size could be guaranteed. The longevity of the results can in no way be guaranteed and later breasts implants maybe warrant replacement, this would have also been discussed in the preoperative discussions. You will still need to wear a bra.

Numbness of the breasts skin and nipples is expected after this surgery, in some cases they may return to the nipples. Breast-feeding is unlikely to happen after this procedure. 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.

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 also understand that the combined procedure planned today has a higher risk and potential complications than either of the individual procedures listed in the title of this consent and I accept this risk.

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.

Photographs will be taken of the region of treatment, before and after the surgery, on occasions also during the treatment. I give my permission for these photographs to be used for the purposes of professional publications, training, educational or sales purposes. If I do not agree to being photographed, it will in no way affect my present or future care.. In the case I wish to withdraw consent for exhibiting the photographs, I will do so in writing and allow a reasonable time for this to be actioned. However, I am aware and understand that if the photographs are used in social media and/or the Internet removing them may not be 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___

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___

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

Patient Name: _____

Signed: _____

Surgeon: _____

Signed: _____

Date: _____