Consent Form- Bilateral Breast Enlargement.

Surgical Incisions:

At or in the vicinity of the fold where the Bra wire may sit, this is the option agreed on following discussion of the choice available.

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 Enlargement.** 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.

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 I 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, however it does carry extra charges and does not include the cost of the implants. I was given the option to do nothing. I am also aware when combining surgery the risks and potential complications are likely to be higher.

I understand that the possible adverse effects may include bleeding, infection, Keloid/hypertrophic scarring, skin contour irregularities, seroma, asymmetry, visible implant height mismatch, surgical shock, deep vein thrombosis, pulmonary complications, including punctured lungs, and in rare occasions other 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 could be guaranteed. Any predisposing nipple areolas abnormalities can become more visible and can become more stretched. Any stretch marks can worsen and also in some patients stretch marks can occur following the surgery. In some patients they may develop bruising and swelling not only in the breasts but also in flanks and tummy. Hypersensitivity of the nipples can occur but is likely to self-limited. Loss of sensation is more likely to the nipples, which may become permanent in some patients.

If asymmetry is already present then at best this may show improvement, however, there are limitation as to how much this will be, which was discussed in clinic. In addition if tubular breasts are present prior to the surgery, then this condition may show some improvement with implants; however, it may take 1-2 years prior to these changes becoming final; this was discussed in clinic. Less commonly this condition may become more visible. The implants can flip, bottom out, or displace sideways or upwards warranting further surgery, which can have an added cost.

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 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. Rarely in some patients the pain can become chronic, and can be neuropathic in nature.

Silicone implants 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 they have been in the more likely that they may form a capsular contracture or leak.

There is rare risk of BI-ALCL, which was more recently reported, and this is will warrant further surgery, including removal of the breast implants, the capsules of breasts and breast tissue in addition to medical treatment. 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. Other reported rare complication includes a condition BIA-SCC, which will warrant surgical and medical treatments and can have serious consequences as it is in the case of BI-ALCL.

Non-specific symptoms may also occur and warrant removal of both implants, these can include inflammatory conditions, this condition is known as breast implants induced illness, BII.

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 equality of height of the implants cannot be guaranteed to be the same on both sides nor the symmetry of both breasts can be guaranteed, both of these have been 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 and worsening of any predisposing laxity of tissue and skin. This can cause failure between the soft tissue and the implants position leading to visible poor cosmetic look. These changes could lead to further surgery and can include breasts uplift, which is not covered by the neither the hospital nor the surgeon. These issues were all discussed at the time of consultations.

COVID-19 potential risks and complications including those relating to the surgery were also discussed and a separate consent is provided for this purpose.

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.

When this operation is performed with patients with other pre-existing medical conditions the potential risks and complications are higher and more likely to occur, this is also likely when combined with other surgery.

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.

Surgical drains will be used, which are likely to be removed the next day after the surgery, however, in some patients these may stay longer and their removal is dictated clinically. The drains exist wound may cause a leak for few days following the surgery. The drains exist site may cause pain, which can become chronic.

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.

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

Patient: _____

Signed: _____

Date: _____

Surgeon: _____ _____

Signed: _____

Date _____