



**CONSENT FORM
FOR
BREAST RECONSTRUCTION –
IMPLANT (STAGE 1)**

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

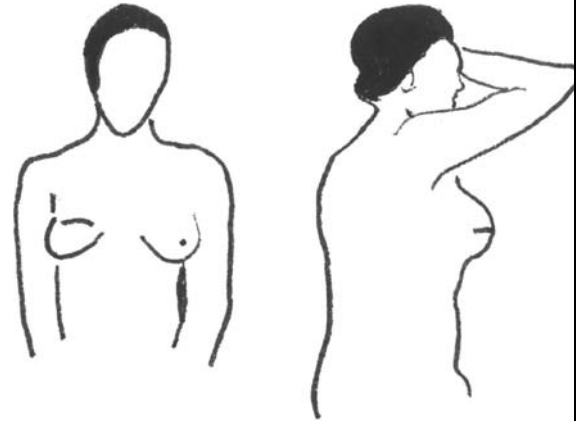
PROPOSED TREATMENT

The doctor has explained that I, (*name of patient*)
am having a mastectomy on theside and have requested a **breast reconstruction using an implant.**

This means using a saline implant to restore the shape of a breast that has been removed. This is a quality of life, elective, procedure. You do not need it to live a normal life span.

The implant will lie underneath the chest muscles. The procedure is done in two stages. This is the first stage, when the tissues are gradually stretched, before the permanent implant is inserted.

Under a general anaesthetic, an incision is made following the line of the mastectomy. A pocket is fashioned to receive an expandable bag with a valve, which will be gradually inflated using salt water over the next few months. The wound is closed in layers. One or more thin plastic tubes may be left in place temporarily to reduce any fluid collections.



RISKS

These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your plastic surgeon if you have any general or specific concerns.

I understand there are risks associated with any **anaesthetic** (see separate *Anaesthetic Consent Form*). I may have side effects from any of the drugs used. The commoner side effects include light-headedness, nausea, skin rash and constipation.

I understand the procedure has the following **specific risks and limitations**:

- I will have a scar or scars around the breast and this/ these may itch while healing.
- My wound may become infected, with redness, swelling and discharge. I may need antibiotics to treat this.
- I may develop a fluid collection under the wound and this may need to be drained.
- I am likely to have some discomfort on moving the arm on the operated side. This will improve with time, but I must continue to exercise the arm as instructed to reduce the risk of a stiff shoulder.
- There is likely to be a difference in feeling between the two sides and I may have some numbness or tingling in my arm. This should improve over the some months.
- The implant may extrude. If this occurs the wound is likely to become infected.
- As with any other foreign material in the body, even if the wound heals normally, my implant may become infected and I may then have to have the implant removed to clear the infection.
- When the tissue expander is inflated, I may find my breast area feels tight and hard for a day or two afterwards, but should settle quickly.

INDIVIDUAL RISKS

I understand the following are possible significant **risks and complications specific to my individual circumstances**, that I have considered in deciding to have this operation:

.....
.....

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DECLARATION BY PATIENT

- I acknowledge the plastic surgeon has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with the surgeon any significant risks and complications **specific to my individual circumstances** that I have considered in deciding to have this operation.
- I agree to **any other additional procedures** considered necessary in the judgement of my plastic surgeon during this operation.
- I agree to the disposal by the hospital authorities of any tissues that may be removed during the procedure. I understand that some tissues or samples may be kept as part of my hospital records.
- I understand that a doctor other than the specialist plastic surgeon may perform the procedure.
- I have been given no guarantee that the operation will be successful.
- I have received a copy of this form to take home with me.
- If a needlestick/sharps injury occurs to staff during any operation I give my permission for blood to be taken and tested for HIV and other blood borne disorders. I understand I will be advised and counselled as soon as practicable after the operation if this has been necessary.

Signature of patient

Date

If the patient is an adult and unable to give consent, a proxy form must be completed and attached

DECLARATION BY DOCTOR

- I declare that I have explained the nature and consequences of the operation to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor's signature

Doctor's name
(please print)

Date

INTERPRETER'S DECLARATION - I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor

Interpreter's
signature

Date

Interpreter's name
(please print)