



**CONSENT FORM
FOR
BREAST RECONSTRUCTION –
IMPLANT (STAGE 2)**

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

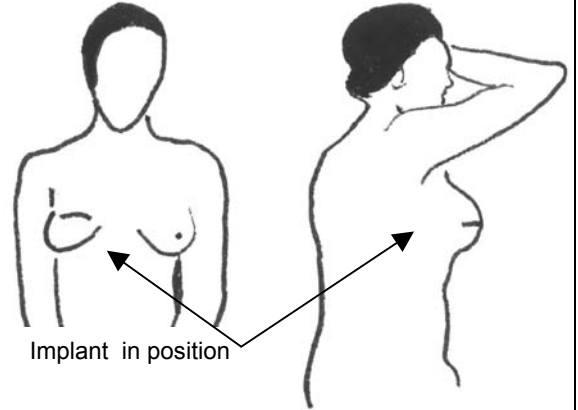
PROPOSED TREATMENT

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

This is the second stage, when the permanent implant is inserted. Your doctor will discuss with you the choice of a saline or silicone filling in the implant.

Under a general anaesthetic, the incision is reopened and the expander removed. The new implant, closely matching the oposite side, is placed in the tissue space created and the wound is closed.

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.
- I may develop a fluid collection under the wound, which may need to be drained.
- My wound may become infected, with redness, swelling and discharge. I may need antibiotics to treat this.
- I am likely to have some discomfort at first 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.
- The operated side may not match the un-operated side perfectly, although the final result cannot be assessed for some months as the tissues heal and settle.
- As with any other foreign material in the body, my implant may become infected and I may then have to have the implant removed to clear the infection.
- My body will respond to the implant by laying down scar tissue as a capsule. Rarely, this may be excessive and be painful, with a distorted breast shape (capsular contracture), requiring removal and replacement. This can occur up to three years after surgery.
- My implant may eventually wear out and require removal and replacement.
- If in future, I need treatment such as radiotherapy, it may affect the cosmetic result of this operation.

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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.....

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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)