INFORMED CONSENT FORM

Breast Augmentation with Silicone Implants

This draft supports, but does not replace, an in-person discussion with the surgeon. Do not sign until the individualized procedure plan and risks have been completed.

PATIENT AND PROCEDURE DETAILS

Full name: _____

Date of birth: _____

Patient / file number: _____

Counseling date: _____

Facility / place of surgery: _____

Proposed procedure, side and area: _____

Procedure overview

Augmentation places silicone gel-filled implants beneath breast tissue or in a plane related to the chest muscle. Incisions, implant volume, shape, surface and pocket location depend on anatomy and shared decisions.

Purpose and potential benefits

The aim is to increase breast volume or improve volume differences; perfect symmetry or a specific result cannot be guaranteed.

Alternatives

No surgery; external padding or prostheses; consideration of fat transfer or other implant options where appropriate.

Procedure-specific risks

Bleeding, hematoma, infection, poor healing, scars, altered sensation, possible breastfeeding difficulties, capsular contracture, implant displacement, visible edges or rippling, implant rupture (which may be silent), seroma, asymmetry and further surgery. Implants are not lifetime devices. Rare breast implant-associated anaplastic large cell lymphoma (BIA-ALCL), particularly associated with textured implants, and rare implant-capsule squamous cell carcinoma (BIA-SCC) and other tumors have been reported. Systemic symptoms attributed by some patients to implants also warrant assessment.

Postoperative care

Follow instructions on supportive garments, wound care and arm movement. Report new swelling, a lump, persistent pain or shape changes for breast and implant evaluation.

Questions for your surgeon

What are the implant brand, model, surface and identifiers? How will capsular contracture risk and long-term surveillance be managed?

General surgical and anesthesia risks

Any operation can involve bleeding, hematoma, infection, delayed healing, wound separation, scarring, pain, numbness, swelling, allergy or medication reactions, venous blood clots (DVT or pulmonary embolism), anesthesia-related complications and, rarely, life-threatening events. Individual risks vary with health status and procedure.

Personal factors affecting risk

Tell the surgeon about smoking/nicotine use, diabetes, high blood pressure, cardiac or lung conditions, previous operations, bleeding or clotting disorders, poor wound healing, possible pregnancy, prescribed medicines, hormones, supplements and allergies. Do not stop prescribed medications without medical advice.

Expectations, additional treatment and costs

Cosmetic outcomes are personal and subjective. Asymmetry, persistent scars, dissatisfaction or unexpected healing may require additional care or revision. Timing, feasibility, likely benefit and potential additional costs of revision must be discussed separately.

Recovery and warning signs

Attend follow-up appointments. Seek prompt care for fever, worsening redness, pus, increasing bleeding, uncontrolled pain, sudden shortness of breath, chest pain or new swelling of one leg. Procedure-specific emergency warning signs are described above.

Alternatives and right to decline

You may decline the proposed operation, obtain a second opinion and withdraw consent before the intervention begins. Declining elective cosmetic surgery usually means retaining the current appearance; functional concerns should be assessed separately.

Photographs and privacy

Clinical photographs and medical records needed for care must be handled under applicable health-data confidentiality rules. Educational, social media, advertising or other public use is NOT authorized by this surgical consent and requires separate explicit permission.

INDIVIDUALIZED PLAN AND RISK NOTES (TO BE COMPLETED BY SURGEON)

Incisions, technique, side and additional procedures: _____

_____

Relevant conditions / risks / allergies / medications: _____

_____

Anesthesia and estimated duration: _____

_____

PATIENT COUNSELING AND DECISION RECORD

The purpose, technique, reasonable alternatives, consequences of declining surgery, significant risks, expected recovery and emergency warning signs were explained to me in a language I understand. I could ask questions and seek another opinion. I understand that outcomes are not guaranteed and additional care or revision may be needed. I know I can withdraw my consent before the procedure begins.

[ ] I consent to the procedure individualized and explained above.

[ ] I decline the proposed procedure / defer my decision.

Patient printed name and signature: _____

Date / Time: _____

Counseling surgeon name and signature: _____

Date / Time: _____

Legal representative, relationship and signature (if applicable):

_____

Date / Time: _____

Interpreter name, language and signature (if applicable): _____

Date / Time: _____

DRAFT • Requires surgeon and legal review • Not approved for clinical use

INFORMED CONSENT FORM

Breast Lift (Mastopexy)

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Full name: _____

Date of birth: _____

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Counseling date: _____

Facility / place of surgery: _____

Proposed procedure, side and area: _____

Procedure overview

Mastopexy reshapes sagging breasts and repositions the nipple–areola complex. Excess skin may be removed and breast tissue reshaped; scar patterns depend on technique.

Purpose and potential benefits

It aims to improve breast position and contour, not necessarily volume. Aging, pregnancy and weight changes can alter the result.

Alternatives

No surgery, supportive bras when appropriate; separately discuss an implant or fat transfer when added volume is wanted.

Procedure-specific risks

Bleeding, infection, hematoma, seroma, wound separation, widened or conspicuous scars, asymmetry, contour changes, reduced or lost nipple–areola sensation, changes in ability to breastfeed; rarely compromised nipple–areola blood supply and tissue loss, fat necrosis and revision surgery.

Postoperative care

Follow dressing and bra instructions and avoid nicotine. Discoloration, pallor or severe pain of the nipple needs urgent assessment.

Questions for your surgeon

Where will scars be? What are my individual risks for breastfeeding and nipple sensation?

General surgical and anesthesia risks

Any operation can involve bleeding, hematoma, infection, delayed healing, wound separation, scarring, pain, numbness, swelling, allergy or medication reactions, venous blood clots (DVT or pulmonary embolism), anesthesia-related complications and, rarely, life-threatening events. Individual risks vary with health status and procedure.

Personal factors affecting risk

Tell the surgeon about smoking/nicotine use, diabetes, high blood pressure, cardiac or lung conditions, previous operations, bleeding or clotting disorders, poor wound healing, possible pregnancy, prescribed medicines, hormones, supplements and allergies. Do not stop prescribed medications without medical advice.

Expectations, additional treatment and costs

Cosmetic outcomes are personal and subjective. Asymmetry, persistent scars, dissatisfaction or unexpected healing may require additional care or revision. Timing, feasibility, likely benefit and potential additional costs of revision must be discussed separately.

Recovery and warning signs

Attend follow-up appointments. Seek prompt care for fever, worsening redness, pus, increasing bleeding, uncontrolled pain, sudden shortness of breath, chest pain or new swelling of one leg. Procedure-specific emergency warning signs are described above.

Alternatives and right to decline

You may decline the proposed operation, obtain a second opinion and withdraw consent before the intervention begins. Declining elective cosmetic surgery usually means retaining the current appearance; functional concerns should be assessed separately.

Photographs and privacy

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INDIVIDUALIZED PLAN AND RISK NOTES (TO BE COMPLETED BY SURGEON)

Incisions, technique, side and additional procedures: _____

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Relevant conditions / risks / allergies / medications: _____

_____

Anesthesia and estimated duration: _____

_____

PATIENT COUNSELING AND DECISION RECORD

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Patient printed name and signature: _____

Date / Time: _____

Counseling surgeon name and signature: _____

Date / Time: _____

Legal representative, relationship and signature (if applicable):

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Date / Time: _____

Interpreter name, language and signature (if applicable): _____

Date / Time: _____

DRAFT • Requires surgeon and legal review • Not approved for clinical use

INFORMED CONSENT FORM

Breast Reduction (Reduction Mammaplasty)

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PATIENT AND PROCEDURE DETAILS

Full name: _____

Date of birth: _____

Patient / file number: _____

Counseling date: _____

Facility / place of surgery: _____

Proposed procedure, side and area: _____

Procedure overview

Breast reduction removes excess breast skin, fat and glandular tissue to reduce breast weight and size. The nipple is repositioned; technique, expected resection volume and pathology testing should be discussed.

Purpose and potential benefits

The goal is relief of breast-related neck, back or shoulder symptoms and improved proportion; full symptom relief is not guaranteed.

Alternatives

No surgery; supportive garments, physiotherapy or symptom-directed conservative care.

Procedure-specific risks

Bleeding, infection, wound separation, delayed healing, permanent or widened scars, fat necrosis, asymmetry, under- or over-reduction, altered sensation, impact on breastfeeding; rarely loss of nipple–areola blood supply or tissue and further surgery. Pathology findings can prompt further investigations.

Postoperative care

Follow bra, wound and activity guidance. Seek urgent care for nipple color change or rapidly increasing one-sided swelling.

Questions for your surgeon

How much tissue is expected to be removed? Will the tissue be sent for pathology?

General surgical and anesthesia risks

Any operation can involve bleeding, hematoma, infection, delayed healing, wound separation, scarring, pain, numbness, swelling, allergy or medication reactions, venous blood clots (DVT or pulmonary embolism), anesthesia-related complications and, rarely, life-threatening events. Individual risks vary with health status and procedure.

Personal factors affecting risk

Tell the surgeon about smoking/nicotine use, diabetes, high blood pressure, cardiac or lung conditions, previous operations, bleeding or clotting disorders, poor wound healing, possible pregnancy, prescribed medicines, hormones, supplements and allergies. Do not stop prescribed medications without medical advice.

Expectations, additional treatment and costs

Cosmetic outcomes are personal and subjective. Asymmetry, persistent scars, dissatisfaction or unexpected healing may require additional care or revision. Timing, feasibility, likely benefit and potential additional costs of revision must be discussed separately.

Recovery and warning signs

Attend follow-up appointments. Seek prompt care for fever, worsening redness, pus, increasing bleeding, uncontrolled pain, sudden shortness of breath, chest pain or new swelling of one leg. Procedure-specific emergency warning signs are described above.

Alternatives and right to decline

You may decline the proposed operation, obtain a second opinion and withdraw consent before the intervention begins. Declining elective cosmetic surgery usually means retaining the current appearance; functional concerns should be assessed separately.

Photographs and privacy

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INDIVIDUALIZED PLAN AND RISK NOTES (TO BE COMPLETED BY SURGEON)

Incisions, technique, side and additional procedures: _____

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Relevant conditions / risks / allergies / medications: _____

_____

Anesthesia and estimated duration: _____

_____

PATIENT COUNSELING AND DECISION RECORD

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Date / Time: _____

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DRAFT • Requires surgeon and legal review • Not approved for clinical use

INFORMED CONSENT FORM

Breast Implant Removal (Explantation)

This draft supports, but does not replace, an in-person discussion with the surgeon. Do not sign until the individualized procedure plan and risks have been completed.

PATIENT AND PROCEDURE DETAILS

Full name: _____

Date of birth: _____

Patient / file number: _____

Counseling date: _____

Facility / place of surgery: _____

Proposed procedure, side and area: _____

Procedure overview

This procedure removes existing breast implants. Whether the surrounding capsule is retained, partially removed or completely removed depends on medical indications and safety. Simultaneous lift may not be appropriate in all patients.

Purpose and potential benefits

It aims to remove the device and evaluate associated problems; relief of pain or systemic symptoms is not guaranteed.

Alternatives

Observation, replacement in selected patients, limited capsule procedures; investigation of suspicious masses or fluid collections.

Procedure-specific risks

Bleeding, infection, seroma, breast deflation or shape changes, asymmetry, altered sensation, skin loss, scars, rarely injury to the chest wall or pleura; capsular surgery adds risks, and incomplete removal or another operation may be necessary. En-bloc removal is not indicated or safe for every patient.

Postoperative care

Follow wound and drain instructions. Sudden breathlessness, severe chest pain or worsening swelling need emergency care.

Questions for your surgeon

How much capsule will be removed, and why? Are pathology or implant tests planned?

General surgical and anesthesia risks

Any operation can involve bleeding, hematoma, infection, delayed healing, wound separation, scarring, pain, numbness, swelling, allergy or medication reactions, venous blood clots (DVT or pulmonary embolism), anesthesia-related complications and, rarely, life-threatening events. Individual risks vary with health status

and procedure.

Personal factors affecting risk

Tell the surgeon about smoking/nicotine use, diabetes, high blood pressure, cardiac or lung conditions, previous operations, bleeding or clotting disorders, poor wound healing, possible pregnancy, prescribed medicines, hormones, supplements and allergies. Do not stop prescribed medications without medical advice.

Expectations, additional treatment and costs

Cosmetic outcomes are personal and subjective. Asymmetry, persistent scars, dissatisfaction or unexpected healing may require additional care or revision. Timing, feasibility, likely benefit and potential additional costs of revision must be discussed separately.

Recovery and warning signs

Attend follow-up appointments. Seek prompt care for fever, worsening redness, pus, increasing bleeding, uncontrolled pain, sudden shortness of breath, chest pain or new swelling of one leg. Procedure-specific emergency warning signs are described above.

Alternatives and right to decline

You may decline the proposed operation, obtain a second opinion and withdraw consent before the intervention begins. Declining elective cosmetic surgery usually means retaining the current appearance; functional concerns should be assessed separately.

Photographs and privacy

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INDIVIDUALIZED PLAN AND RISK NOTES (TO BE COMPLETED BY SURGEON)

Incisions, technique, side and additional procedures: _____

_____

Relevant conditions / risks / allergies / medications: _____

_____

Anesthesia and estimated duration: _____

_____

PATIENT COUNSELING AND DECISION RECORD

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Patient printed name and signature: _____

Date / Time: _____

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Date / Time: _____

Legal representative, relationship and signature (if applicable):

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Date / Time: _____

Interpreter name, language and signature (if applicable): _____

Date / Time: _____

DRAFT • Requires surgeon and legal review • Not approved for clinical use

INFORMED CONSENT FORM

Tissue Expander Breast Reconstruction

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Full name: _____

Date of birth: _____

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Facility / place of surgery: _____

Proposed procedure, side and area: _____

Procedure overview

A temporary tissue expander is placed after mastectomy or tissue loss to gradually create a breast envelope. It may be filled over several visits and later exchanged for an implant or another reconstructive option.

Purpose and potential benefits

It prepares tissue for breast reconstruction; several surgeries may be needed and perfect matching to the other breast is not guaranteed.

Alternatives

No reconstruction, an external prosthesis, direct-to-implant reconstruction or autologous flap reconstruction in suitable patients.

Procedure-specific risks

Infection, bleeding, seroma, tissue ischemia or necrosis, wound breakdown, device puncture or deflation, malposition, pain or discomfort with filling, capsule firmness, device removal, increased complications with radiotherapy, asymmetry and further procedures.

Postoperative care

Attend filling and wound check appointments. Seek prompt review for increasing redness, fever, wound opening or device exposure.

Questions for your surgeon

How will surgery be coordinated with cancer treatment and radiotherapy? How many stages are anticipated?

General surgical and anesthesia risks

Any operation can involve bleeding, hematoma, infection, delayed healing, wound separation, scarring, pain, numbness, swelling, allergy or medication reactions, venous blood clots (DVT or pulmonary embolism), anesthesia-related complications and, rarely, life-threatening events. Individual risks vary with health status and procedure.

Personal factors affecting risk

Tell the surgeon about smoking/nicotine use, diabetes, high blood pressure, cardiac or lung conditions, previous operations, bleeding or clotting disorders, poor wound healing, possible pregnancy, prescribed medicines, hormones, supplements and allergies. Do not stop prescribed medications without medical advice.

Expectations, additional treatment and costs

Cosmetic outcomes are personal and subjective. Asymmetry, persistent scars, dissatisfaction or unexpected healing may require additional care or revision. Timing, feasibility, likely benefit and potential additional costs of revision must be discussed separately.

Recovery and warning signs

Attend follow-up appointments. Seek prompt care for fever, worsening redness, pus, increasing bleeding, uncontrolled pain, sudden shortness of breath, chest pain or new swelling of one leg. Procedure-specific emergency warning signs are described above.

Alternatives and right to decline

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INDIVIDUALIZED PLAN AND RISK NOTES (TO BE COMPLETED BY SURGEON)

Incisions, technique, side and additional procedures: _____

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Relevant conditions / risks / allergies / medications: _____

_____

Anesthesia and estimated duration: _____

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PATIENT COUNSELING AND DECISION RECORD

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Patient printed name and signature: _____

Date / Time: _____

Counseling surgeon name and signature: _____

Date / Time: _____

Legal representative, relationship and signature (if applicable):

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Date / Time: _____

Interpreter name, language and signature (if applicable): _____

Date / Time: _____

DRAFT • Requires surgeon and legal review • Not approved for clinical use

INFORMED CONSENT FORM

Capsulectomy and Breast Implant Replacement

This draft supports, but does not replace, an in-person discussion with the surgeon. Do not sign until the individualized procedure plan and risks have been completed.

PATIENT AND PROCEDURE DETAILS

Full name: _____

Date of birth: _____

Patient / file number: _____

Counseling date: _____

Facility / place of surgery: _____

Proposed procedure, side and area: _____

Procedure overview

This procedure removes an existing implant, removes some or all of its surrounding capsule when indicated, and places a new implant. Extent of capsule surgery, implant type and any pathological sampling are individualized.

Purpose and potential benefits

The aim is to address capsular contracture, implant damage or shape/position concerns; contracture may recur.

Alternatives

Observation, removal without replacement, limited capsule surgery or additional reshaping procedures.

Procedure-specific risks

Bleeding, hematoma, infection, seroma, chest-wall or pleural injury, implant displacement or rupture, lasting pain or numbness, tissue loss, conspicuous scars, asymmetry, recurrent capsular contracture and more surgery. Late fluid collections or capsule masses may require investigation for implant-associated malignancy.

Postoperative care

Follow drain, dressing and bra instructions. Report new masses, fluid buildup or one-sided swelling.

Questions for your surgeon

Will capsule removal be partial or complete? What is the new implant surface and follow-up plan?

General surgical and anesthesia risks

Any operation can involve bleeding, hematoma, infection, delayed healing, wound separation, scarring, pain, numbness, swelling, allergy or medication reactions, venous blood clots (DVT or pulmonary embolism), anesthesia-related complications and, rarely, life-threatening events. Individual risks vary with health status and procedure.

Personal factors affecting risk

Tell the surgeon about smoking/nicotine use, diabetes, high blood pressure, cardiac or lung conditions, previous operations, bleeding or clotting disorders, poor wound healing, possible pregnancy, prescribed medicines, hormones, supplements and allergies. Do not stop prescribed medications without medical advice.

Expectations, additional treatment and costs

Cosmetic outcomes are personal and subjective. Asymmetry, persistent scars, dissatisfaction or unexpected healing may require additional care or revision. Timing, feasibility, likely benefit and potential additional costs of revision must be discussed separately.

Recovery and warning signs

Attend follow-up appointments. Seek prompt care for fever, worsening redness, pus, increasing bleeding, uncontrolled pain, sudden shortness of breath, chest pain or new swelling of one leg. Procedure-specific emergency warning signs are described above.

Alternatives and right to decline

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Incisions, technique, side and additional procedures: _____

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Relevant conditions / risks / allergies / medications: _____

_____

Anesthesia and estimated duration: _____

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PATIENT COUNSELING AND DECISION RECORD

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[ ] I decline the proposed procedure / defer my decision.

Patient printed name and signature: _____

Date / Time: _____

Counseling surgeon name and signature: _____

Date / Time: _____

Legal representative, relationship and signature (if applicable):

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Date / Time: _____

Interpreter name, language and signature (if applicable): _____

Date / Time: _____

DRAFT • Requires surgeon and legal review • Not approved for clinical use