

Informed consent to the surgical procedure of Breast Reduction - Mastopexy

This form give information concerning the features and risk linked with the surgical procedure of **Breast Reduction and Mastopexy**. Please read carefully the following and discuss with the surgeon any aspect or unclear word; then sign this document after the understanding of all informations and procedures.

A hypertrophy or a sagging, ptotic, not well shaped breast can be brought to a pleasant aspect and shape by a surgical procedure.

The **Breast Reduction** is the surgical procedure to reduce the breast volume.

Mastopexy is the surgical procedure to lift and reshape the ptotic breast.

The residual scar will be peri-areolar and/or vertical, or in inverted T/L shaped, according to the surgical technique used.

The stretch marks will be reduced, according to the skin excess excision and because of the skin tension effect.

The surgical procedure can be performed under general anesthesia or under local with general sedation. Risks are involved with the administration of anesthesia.

Hospital stay, the use of drains, stitches removal, frequency of dressing and controls can vary, depending on individual cases. Sometimes the scars need surgical revision, depending not only by the surgical procedure but by the biological individual response as well.

Before Breast Reduction-Mastopexy

- Inform the surgeon about the drugs you are taking.
- Stop taking drugs containing acetylsalicylic acid.
- Stop smoking or reduce it at least one week before surgery.
- Provide somebody helping you in the post surgical period.
- Provide a new size bra to wear immediately after surgery.
- Do not eat or drink from midnight before surgery.

After breast Reduction-Mastopexy

- Don't drive for one week at least.
- For seven days wear the bra prescribed by the surgeon without removing it.
- Do not smoke at all for 2-3 days.
- Don't do large movements with the arms and don't lift or hold big weight for 2 weeks at least.
- Do not start sexual activity before one week from surgery.
- Don't sleep in a prone position for one month.
- Do not do sport or gymnastics for one month.
- Do not expose the body to the sun or intense heat for one month.
- Do not have a shower before the sutures are completely close and dry.

During the post operative period, if any problem concerning the surgical procedure, call your surgeon without hesitation.

Consent to the surgical procedure of Breast Reduction-Mastopexy

I here named

Date

Name _____

Family name _____

Declare that I have read and understood the above document of consent to **breast reduction-mastopexy**, explained to me by the surgeon in all particular elements. In particular I understand that:

- After the surgical procedure I will have residual scars for which can be necessary a revision surgery. For major hypertrophy or ptosis in some cases can be necessary an adjunctive surgical procedure.
- Scar quality is not only depending by the surgical procedure, but by the biological individual response as well.
- During the post operative period can be present edema and moderate pain, which will dissolve during the healing process.
- After surgery I will have edema and ecchymosis which will dissolve during the healing process.
- The skin and nipple-areola sensitivity can be altered for a while, permanently in rare cases.
- The breast reduction-mastopexy does not give problems for breast-feeding yet in some cases it can be altered.
- The breast reduction-mastopexy, like all surgical procedures, can give complications in some cases: blood collection, serum collection, infection or tissue necrosis, which can prolong the healing process and can give alteration the cosmetic result.

I authorize

The Dr./Prof. _____

And his collaborators to perform on me the surgical procedure of

I know that I will be under **general anesthesia or general sedation**

I authorize

The Dr./Prof. _____

And his collaborators to modify, if necessary, the planned techniques, during the procedure and during the post operative period.