



ABSOLUTE
COSMETIC MEDICINE

AUGMENTATION MAMMAPLASTY (BREAST IMPLANTS) CONSENT FORM

ONLY SIGN IF YOU FULLY AGREE AND UNDERSTAND

PATIENTS NAME:

- 1) I authorise ('the Doctor') and his assistants to perform upon me the operation known as Augmentation Mammoplasty.
- 2) The nature and effects of the operation, the risks and complications involved, as well as alternative methods of treatment, have been fully explained to me by the Doctor and I understand them.

The following points, among others, have been specifically made clear:

While every attempt will be made to make each breast, including the nipple and the areola, as natural as possible, the objective cannot always be obtained. Exact size at the end of the procedure is not guaranteed.

INITIAL

Although having the breasts match is the surgical objective, perfect symmetry of nipples, areola and breasts cannot always be achieved.

Unfavourable reaction(s) to prescribed medications or anaesthesia can occur. These can include nausea, vomiting, allergic reactions with skin rash, itching, deep vein thrombosis (DVT), ie: clots in legs or lungs.

Bleeding or infection following breast operations may occur and may require additional procedure(s) for treatment. There may be additional costs for this and further investigation.

Swelling and bruising may take several weeks to disappear, several months are necessary for the breasts to assume their final shape. Sometimes there may be interruption of work and activities leading to financial loss.

Sensation to the breast, including the nipple and areola, may alter and may decrease permanently.

The scars are permanent. Infection and the need for removal is possible.

As far as is known, this operation does not influence the later development of breast cancer, although diagnosis could be affected. Lymphoma is also a risk of implants.

There may be a decreased likelihood of satisfactory breast feeding after Augmentation Mammoplasty.

The edges of the implant may be seen or felt due to thin tissues. Sagginess and bottoming out can occur.

Normal scar formation around the implant can cause rippling or may contract over time making the implant harder and occasionally causing an altered shape (capsular contracture).

Early and late onset of pain needing further investigation or treatment are unexpected and rare side effects.

Adjacent structure damage is possible such as nerve damage, vessel or lung injury.

I understand that the practice of medicine and surgery is not an exact science and that the reputable practitioners cannot guarantee results. No guarantee or assurance has been given by the Doctor or anyone else as to the results that may be obtained.

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Any of the above can lead to extra cost and inconvenience. I understand that this is not a Plastic Surgical procedure, but is considered a Cosmetic Surgical procedure.

Some of the complications of Augmentation Mammoplasty can cause the need for further surgery. Any re-operation may require an incision under the breast. Some of the complications can cause permanent deformity, unsightly and painful scarring and prolonged illness. Very rarely, some of the complications of any surgery can cause death. Furthermore, there are alternatives to this surgery available to you, such as merely accepting your present status.

I understand that the two sides of the human body are not the same and can never be made the same.

I will be a compliant, realistic and polite patient

I consent to the administration of anaesthetics by the Doctor or under the direction of the Doctor or Anaesthetist, and that side effects including death are possible.

I consent to detailed records being kept of the procedure which can be used in any future clinical review (This is a Federal Government Condition of the use of silicone implant).

I consent to being photographed before, during and after the treatment. I agree that these photographs become the property of Dr Murray and may be used for medical or educational purposes.

CONSENT SIGNATURE

I hereby state and acknowledge that I have read and understood the above information on Augmentation Mammoplasty outlining the risks, side effects and complications. I acknowledge that I have also received, read and understood the literature outlining my Rights and Responsibilities at Absolute Cosmetic Medicine. I feel that I have been fully informed and have had all my questions answered.

I agree to follow the instructions given to me by the Clinical Doctors to the best of my ability before, during and after my procedure and to notify them of any problems that may occur immediately, allowing them to manage these for me.

I release Dr Murray and all his staff from Medicolegal liability and claims.

I, _____ on ___/___/___ consent and agree to the procedure of Augmentation Mammoplasty being performed on myself by the Doctors at Absolute Cosmetic Medicine.

NAME: (Print) _____

SIGNATURE: _____

WITNESS NAME: (Print) _____

WITNESS SIGNATURE: _____

DOCTOR SIGNATURE: _____

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