



**ABSOLUTE**  
COSMETIC MEDICINE

## BREAST AUGMENTATION CHECKLIST

### PLEASE INITIAL IF UNDERSTOOD

Please be aware of the following -

We perform day Surgery in a licensed facility with deep sedation or general anaesthetic under the supervision of an excellent anaesthetist that does not leave unlike some cheaper clinics.

You MUST be picked up and supervised by an adult overnight.

The incision will be under the breast in the crease not the nipple or armpit.

Cancellation policy - 2 weeks minimum. If cancelled within a week you may lose your deposit and within 24 hours you may lose full payment.

Smoking must be ceased 2 weeks before the procedure takes place. Loss of the deposit or full fee may occur if non-compliant. A urine sample may be taken to confirm cessation.

Cost of the initial surgery does not include complication treatment and the need for a breast lift (this infrequently occurs)

INITIAL \_\_\_\_\_

### POST OP CARE

Carer to supervise overnight (including medication and answering calls)

Two weeks full rest or as per instructed

Patient must be careful for 2 - 6 weeks, no repetitive lifting over 2kg

No driving for 1 week

Must wear surgical bra for the first 6 weeks, then supportive bra always in the future

Dressings are free of charge. There will be an additional charge for medications

We do not use drains routinely

Attendance to all post operative appointments is compulsory

In most cases you will wake up numb and in a little discomfort

Wear TED stockings for 2 weeks post op

No long flights for 2 weeks post op

INITIAL \_\_\_\_\_



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What is your Height? \_\_\_\_\_ Weight? \_\_\_\_\_ Top size? \_\_\_\_\_

Is your weight stable? Y/N \_\_\_\_\_

What is your target weight? \_\_\_\_\_

Are you left or right handed? \_\_\_\_\_

Please list your hobbies, gym routine or work that involves the upper body?

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Do you have a partner or supportive family member? Name: \_\_\_\_\_

Do you have children? Y/N \_\_\_\_\_ Eldest \_\_\_\_\_ Youngest \_\_\_\_\_

Did you breastfeed? Y/N \_\_\_\_\_ If yes, for how long \_\_\_\_\_

Breast size when pregnant or breast feeding? Largest size \_\_\_\_\_ Smallest size \_\_\_\_\_

Breast Size now \_\_\_\_\_

Desired Cup size \_\_\_\_\_

Have you had a mammogram or ultrasound on your breasts? \_\_\_\_\_

If so, when and were their any abnormalities? \_\_\_\_\_

Do you have a personal or family history of breast/ovarian cancer? Y/N \_\_\_\_\_

Have you been in a hospital outside WA within the last 12 months? Y/N \_\_\_\_\_

Have you been in contact with any super bugs e.g. Golden Staph etc? Y/N \_\_\_\_\_

Do you smoke? Y/N \_\_\_\_\_ If so, how many per day? \_\_\_\_\_

Do you have any allergies? Y/N \_\_\_\_\_ If so, please list

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Have you previously had surgery? Y/N \_\_\_\_\_ If so, please list and any complications

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Do you bleed or bruise easily? Y/N \_\_\_\_\_