The British Association of Aesthetic Plastic Surgeons

BAPRAS British Association of Plastic Reconstructive and Aesthetic Surgeons

# Patient consent form for mastopexy surgery (breast uplift)

Part 2 of 3

This is an 'informed consent document'. It explains the risks of and alternatives to a breast uplift. **It is important that you read this information carefully and completely. Please initial each page** to show that you have read it. Also, sign the consent form at the end of this part 2 for the surgery you have agreed to. For more information on the surgery, see part 1. For information on care after a breast uplift, please see part 3.

## What is mastopexy surgery?

Mastopexy surgery, commonly known as a breast uplift, is an operation to lift and reshape the breasts, to make them look more youthful.

## What is the alternative treatment?

A simple alternative to a breast uplift is to wear padded bras. If you don't have too much loose skin and your breasts are not droopy, a breast enlargement using silicone implants may be a good option for you. If your breasts are droopy and too large for you, a breast reduction may give you the result you want.

Many women want a breast uplift when their families are complete, so if you are planning to have more children, you should consider delaying your surgery until after that. Although there is no risk of a breast uplift preventing you from getting pregnant in the future, and breast uplifts do not usually interfere with breastfeeding, being pregnant is likely to stretch the breast again and reduce the final result of the procedure. Most surgeons delay surgery for six to 12 months after breastfeeding has stopped, so the breast has had time to settle back to its original shape.

## What are the main risks and complications of a breast uplift?

As with all operations, there are risks involved in having a breast uplift. Although the risks are unlikely, it is important to weigh them up against the potential benefit of the surgery. Discuss each of them with your plastic surgeon to make sure you understand the potential complications and consequences.

### Complications associated with the surgery

- **Scars**
  There will be scars from the surgery. These will usually be red at first, then purple, and then fade to become paler over 12 to 18 months. Occasionally, scars may become wider, thicker, red or painful, and you may need to have surgery to correct them.



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- **Bleeding**
  Heavy bleeding is unusual but possible, and you may need a blood transfusion or another operation (or both) to stop the bleeding. Any bleeding usually happens immediately after, or soon after, surgery. Before the surgery your surgeon will discuss any medicines that increase your risk of bleeding, and it is important to control high blood pressure.

- **Infection**
  If you get an infection of the wound you may need antibiotics or another operation. This can affect the final result of the surgery. If you have discharge from your nipple, it is important to tell your surgeon about it before the operation, as this can increase the risk of infection.

- **Swelling, bruising and pain**
  There will be some swelling and bruising of the breasts after the operation, and this can take weeks to settle. There may be long-term pain, but this is uncommon.

- **Seroma**
  This is where fluid collects in the breast. That fluid may need to be drained by having a needle through the skin, or by having another operation. This can affect the final result of the surgery.

- **Healing problems**
  The edges of the wound can come apart, particularly at the ends of the scar. Usually this problem can be put right by dressing the wounds, but you may need more surgery to remove the tissue that hasn't healed. Smokers are more likely to have healing problems.

- **Extrusion**
  This is where deep stitches poke out through the skin. These can easily be removed.

- **Loss of blood supply to skin, fat, breast tissue or the nipple**
  Some areas of skin, fat, breast tissue or the nipple may die (called necrosis) if the blood supply has been lost during surgery. This may mean that you need another operation, which can affect the final result of the surgery.

  There may be lumpiness or an uneven surface in an area affected by necrosis. Occasionally, fat may harden, which may interfere with mammograms in the future.

- **Increased or reduced sensation**
  After the surgery, most patients will get some alteration in the sensation in their breasts, most commonly numbness near the scar and either increased or reduced sensation in the nipples. In



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rare cases, the change in sensation may be permanent. Rarely, reduced sensation can cause problems with breastfeeding.

- **Asymmetry**
  This is where the breasts are not symmetrical. There may be irregularities at the end of the scars. These may improve with time, or you may need a small operation to correct them.

- **Damage to deeper structures**
  Although rare, the surgery can damage deeper structures, including nerves, blood vessels, muscles and the lungs. This damage may be temporary or permanent.

- **Unsatisfactory result**
  Sometimes, patients are not satisfied with the result of their breast uplift. This may be to do with the look or feel of the breasts, or the shape of the breasts not meeting expectations. It is very important that you talk to your surgeon, before you have the surgery, about the size and shape you want, and whether this can be safely achieved with a good outcome.

- **Change over time**
  The appearance of your breasts will change as a result of ageing, pregnancy or other circumstances not related to your surgery, such as putting on or losing weight. You may need further surgery or other treatments to maintain the results of the breast uplift.

- **Allergic reaction**
  Rarely, allergic reactions to tape, stitches or solutions have been reported. If you have an allergic reaction you may need extra treatment.

**Risks of anaesthetic**

- **Allergic reactions**
  You could have an allergic reaction to the anaesthetic.

- **Chest infection**
  There is a small risk of chest infection. The risk is higher if you smoke.

- **Blood clots**
  Blood clots can form in the leg (called a deep vein thrombosis or 'DVT'). These cause pain and swelling and need to be treated with blood-thinning medication. In rare cases, part of the clot breaks off and goes to the lungs (called a pulmonary embolus or 'PE'). The risk of this is higher if you smoke, are overweight or are taking the contraceptive pill.



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- **Heart attack or stroke**
  A heart attack or stroke could be caused by the strain surgery places on your heart. You will be assessed for the risk of this before your surgery.

- **Death**
  As with all surgery, it is possible to die as a result of the operation.

## Further risks specific to you or the procedure

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## It is important that you have all of your questions answered before signing the consent form on the next page.

**You can change your mind at any time, even after you have signed the consent form.**

**Disclaimer**
This document is designed to give you useful information. It is not advice on your specific needs and circumstances. It does not replace the need for you to have a thorough consultation, so you should get advice from a suitably qualified medical practitioner. We – The BAAPS and BAPRAS – have no liability for any decision you make about the surgery you decide to have.

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# Patient consent form – breast uplift (mastopexy)

(Affix identification label here)

Name:

Address:

Date of birth:

Hospital number:

NHS number:

Sex: Male [] Female []

Side of procedure: Left side [] Right side [] Both sides []

Further procedures that may become necessary:

……

Type of anaesthetic to be used:
General [] Regional [] Local [] Sedation only []

Consultant's name:

Has the procedure, alternative procedures and treatments and all associated risks (as well as any risks of not having this procedure) been explained to you? Yes [] No []

Have you been able to ask questions and raise concerns with the doctor? Yes [] No []

Have any questions you had been answered to your satisfaction? Yes [] No []

Do you understand the risks of the procedure and those specific to you (including scars, bleeding, infection, swelling, pain, seroma, healing problems, extrusion of stitches, loss of blood supply to skin, fat, breast tissue or the



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nipple, lumpiness, increased or reduced sensation, not being able to breastfeed, asymmetry, damage to other structures, unsatisfactory result, change over time, the need for a further operation)? Yes [] No []

Do you understand the risks of the anaesthetic and those specific to you (including allergic reaction, chest infection, DVT, PE, heart attack, stroke, death)? Yes [] No []

Do you agree to the following?

- Receiving a blood transfusion, if necessary, during or after the procedure Yes [] No []
- Tissue taken from you being used for research Yes [] No []
- Photos being taken for diagnosis and treatment Yes [] No []
- Anonymous photos being used for teaching Yes [] No []
- Medical students being in the operating theatre for the purposes of learning Yes [] No []

**Do you want to go ahead with the procedure? Yes [] No []**

Patient's signature:…… Date:……
Patient's name (in block capitals):……

**Surgeon**
Sign below to confirm that you have explained the information in this document to the patient and you believe that they understand it.
Doctor's signature:…… Date:……
Doctor's name (in block capitals):……
Phone number:……
Job title:……

**Anaesthetist**
Sign below to confirm that you have explained the information in this document to the patient and you believe that they understand it.
Anaesthetist's signature: …… Date:……
Anaesthetist's name (in block capitals):……
Phone number:……
Job title:……

**Interpreter**
Sign below to confirm that you have explained the information in this document to the patient and you believe that they understand it.
Interpreter's signature:…… Date:……
Interpreter's name (in block capitals):……

**Doctor's confirmation of consent** (to be signed on the day of surgery if this form was signed before then)
Sign below to confirm that you have made sure that the patient has no further questions and that they would still like to go ahead with the procedure.



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Doctor's signature:…… Date:……
Doctor's name (in block capitals):……
Phone number:……
Job title:……



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