

Breast Augmentation (enlargement)
Scheduled on 11/11/1111

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776 Northfield Avenue
West Orange, New Jersey

Breast Augmentation (enlargement)

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SURGICAL PROCEDURES

- BILATERAL SUBPECTORAL AUGMENTATION MAMMAPLASTY* (Enlargement of my breasts by insertion of saline-filled implants under my pectoral muscles.)

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PREPARING FOR SURGERY *

STARTING NOW

- **STOP SMOKING:** Smoking reduces circulation to the skin and impedes healing.
- **TAKE MULTIVITAMINS:** Start taking multivitamins daily to improve your general health once you have scheduled your surgery.
- **TAKE VITAMIN C:** Start taking 500 mg of Vitamin C twice daily to promote healing.
- **DO NOT TAKE ASPIRIN OR IBUPROFEN:** Stop taking medications containing aspirin or ibuprofen. Review the list of drugs containing aspirin and ibuprofen carefully. Such drugs can cause bleeding problems during and after surgery. Instead, use medications containing acetaminophen (such as Tylenol).
- **LIMIT VITAMIN E:** Limit your intake of Vitamin E to your multivitamin.
- **PRESCRIPTIONS:** You will be given prescriptions for medications the day of surgery unless prior arrangements are made to pick up prescriptions before your surgery date.

THE DAY BEFORE SURGERY

- **CONFIRM SURGERY TIME:** We will call you to confirm the time of your surgery a few days before your surgery date. If you are not going to be at home or can't be reached, please call us to confirm at 973-324-2300.
- **CLEANSING:** The night before surgery, shower and wash the surgical areas with an antibacterial soap.
- **EATING AND DRINKING:** Do not eat or drink anything after 12:00 midnight. This includes water.

THE MORNING OF SURGERY

- **SPECIAL INFORMATION:** Do not eat or drink anything! If you take a daily medication, you may take it with a sip of water in the early morning.
- **ORAL HYGIENE:** You may brush your teeth but do not swallow the water.
- **CLEANSING:** Shower and wash the surgical areas again with antibacterial soap.
- **MAKE-UP:** Please do not wear moisturizers, creams, lotions, or makeup.
- **CLOTHING:** Wear only comfortable, loose-fitting clothing that does not go over your head. Remove hairpins, wigs, and jewelry. Please do not bring valuables with you.
- **CHECK IN:** Arrival time is: _____

Report to Essex Surgical, LLC, 776 Northfield Avenue, West Orange on Surgery Date. Your arrival time is one hour earlier than your scheduled surgery time. Patients less than 18 years old must be accompanied by a parent or legal guardian.

Medications to Avoid Before and After Surgery

If you are taking any medications on this list, they should be discontinued 10-14 days prior to surgery and only Tylenol should be taken for pain. All other medications that you are currently taking must be specifically cleared by your doctor prior to surgery. It is absolutely necessary that all of your current medications be specifically cleared by your doctor and the nursing staff.

Aspirin Medications to Avoid

Acetylsalicylic Acid	Alka-Seltzer	Alka-Seltzer Plus
Alka-Seltzer products	Anacin	Anacin products
Argesic-SA	Arthritis Foundation products	Arthritis Pain Formula
Arthritis Products	Arthritis Strength Bufferin	ASA
Ascriptin Products	Aspergum	Axocal
Azolid	Bayer Products	BC Powder
Buffered Aspirin	Bufferin products	Buffers 11
Buffinol	Butazolidin	Cama Arthritis Pain Reliever
Carisoprodol Compound	Cheracol	Chlortrimeton Capsules
Cope Tablets	Coricidin	Darvon Compound-65
Darvon/ASA	Disalcid	Dolobid
Dristan	Duragesic	Easprin
Ecotrin products	Empirin products	Equagesic
Excedrin products	Fiorgen PF	Fiorinal products
Gelpirin	Genprin	Goody's Extra Strength Headache Powders
Kaodene	Lanorinal	Lortab ASA
Magan	Magnesium Salicylate	Magsal
Marnal	Mesalamine	Methocarbamol
Micrainin	Mobidia	Mobigesic
Momentum	Norgesic products	Oxycodone
Pabalate products	Pepto-Bismol	Percodan products
Phenaphen/Codeine #3	Pink Bismuth	Saleto products
Salicylate products	Sine-off	Sinutab
Sodol Compound	Soma Compound	Sulfasalazine
Supac	Suprax	Triaminicin
Trilisate	Tussanil DH	Tussirex products
Ursinus-Inlay	Vanquish	Wesprin
Willow Bark products	Zorprin	

Ibuprofen Medications to Avoid

Acular (ophthalmic)

Medications to Avoid Before and After Surgery

Aleve	Advil	Advil products
Anaprox products	Alleve	Anadynos
Clinoril	Ansaid	Aspirin
Etodolac	Dimetapp Sinus	Dristan Sinus
Genpril	Feldene	Fiorinal
Indocin products	Ibuprin	Ibuprofen
Medomen	Indomethacin products	Ketoprofen
Nalfon products	Midol products	Motrin products
Naprox X	Naprelan	Naprosyn products
Ocufen (ophthalmic)	Naproxen	Nuprin
Oxaprozin	Orudis products	Oruvail
Profenal	Piroxicam	Ponstel
Sulindac	Relafen	Sine-Aid products
Voltaren	Tolectin products	Tolmetin

Other Medications to Avoid

4-Way Cold Tabs	4-Way w/ Codeine	Accutrim
Actifed	Arthritis Bufferin	BC Tablets
Childrens Advil	Clinoril C	Contac
Coumadin	Emagrin	Flagyl
Flexeril	Four Way Cold Tablet	Heparin
Lovenox injection	Persantine	Prednisone
Ru-Tuss	Tenuate	Tenuate Dospan
Vibramycin	Vitamin E	Warfarin

Herbal Medications to Avoid

Fish Oil	Ginkgo Biloba	Ginseng
St. John's Wort		

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GOING TO OUR OPERATING ROOM*

THE OPERATING SUITE

- Going to the operating room is not a normal experience for most of us. Dr. Peck and all of the professional staff caring for you recognize the natural anxiety with which most patients approach this step in the process of achieving their goals. We believe a description of the surgery experience will be helpful.
- Your surgery will be performed here at Essex Surgical, LLC in our state-of-the-art operating suite. Specialists using modern equipment and techniques will attend to you. The team includes a board-certified anesthesiologist, a trained operating room technician and a registered nurse in charge of the operating room.
- When you arrive at Essex Surgical, LLC, you will be escorted to the surgery suite. You will be asked to change into a gown and robe and will be given foot covers. Dr. Peck and the anesthesiologist will meet with you before you enter the operating suite. This is the time for final surgical planning; it is also when we will do basic preparation or draw on your skin as needed. There will be time for last minute questions.
- Once you enter the operating room, the staff will do everything they can to make you feel secure. You will feel comfortable on our deeply padded operating table, and the nurse or the anesthesiologist will start an intravenous drip in your arm. At the same time, to ensure your safety, our staff will connect you to monitoring devices. Medicines that will make you drowsy will flow through the tubing into a vein in your arm.

THE RECOVERY ROOM

- When your surgery has been completed and your dressings are in place, you will be moved to the recovery room. You will be connected to monitoring equipment constantly. During this period, a fully trained recovery room nurse will take care of you and remain with you at all times. The registered nurses in the recovery room are specially certified for advanced cardiac life support. The recovery room is equipped just like one in a hospital, and that is one of the reasons Essex Surgical, LLC is fully accredited.
- Your stay in the recovery room will last from 1 to 4 hours, depending on how soon you are ready to leave. Most patients are fully awake within 30-60 minutes after surgery but may not remember much about their stay in the recovery room.

POST SURGERY ARRANGEMENTS

- *AT HOME: You must arrange for someone to bring you to and drive you home from the surgery center. Either a family member, or a friend must remain with you the first night after surgery because you will have been sedated.*

POSTOPERATIVE CARE - OUTPATIENT SURGERY *

YOUR FIRST 48 HOURS

- **VERY IMPORTANT:** If you have excessive bleeding or pain, call the office at (973) 324-2300, day or night.
- **YOUR FIRST 24 HOURS:** You must have someone drive you home and someone should stay with you overnight.
- **DRESSINGS:** *Do not remove them unless instructed to do so.*
- **ACTIVITY:** Take it easy and pamper yourself. Try to avoid any straining. You may go to the bathroom, sit and watch TV, etc., but **NO MATTER HOW GOOD YOU FEEL, DO NOT CLEAN THE HOUSE, REARRANGE THE ATTIC, ETC.!** We do not want you to bleed and cause any more swelling and bruising than is unavoidable.
- **ICE PACKS:** Cold or ice packs help to reduce swelling, bruising, and pain. Use frozen peas in the package or crush ice cubes and put the ice into a zip-lock bag. This should help, not hurt. Remember the rule with ice packs; twenty minutes on twenty minutes off. If the ice feels too uncomfortable, don't use it as often.
- **DIET:** If you have any postoperative nausea, carbonated sodas and dry crackers may settle the stomach. If nausea is severe, use the suppository. If you feel normal, start with liquids and bland foods, and if those are well tolerated, progress to a regular diet.
- **SMOKING:** Smoking reduces capillary flow in your skin. We advise you not to smoke at all during the first 10 days after surgery.
- **ALCOHOL:** Alcohol dilates the blood vessels and could increase postoperative bleeding. Please do not drink until you have stopped taking the prescription pain pills, as the combination of pain pills and alcohol can be dangerous.
- **DRIVING:** Please don't drive for at least 2 days after general anesthesia or intravenous sedation or while taking prescription pain pills.
- **POST OPERATIVE APPOINTMENTS:** It is very important that you follow the schedule of appointments we establish after surgery.

SPECIFIC POST OPERATIVE INSTRUCTIONS

SUBPECTORAL AUGMENTATION MAMMAPLASTY (BREAST ENLARGEMENT)

- **POSITION:** During the first week, attempt to sleep on your back instead of on your side. We want your implants to stay in a perfect position during the initial healing process. This is not a "life and death" issue, however. If you cannot sleep on your back, sleep in another comfortable position.

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- **ACTIVITY:** Avoid heavy lifting and straining for two weeks minimum. You may however do normal activities as long as these activities cause no pain or discomfort. Let your body tell you what you can or can not do.
- **DRESSINGS:** The sports bra acts as a "dressing," holding the breasts and implants in perfect position. Try to keep the bra "even." If the bra feels too tight or hurts, switch immediately to any bra that feels comfortable. A bra that is too tight can cause ulceration of the skin -- **YOU MUST NOT LET THIS HAPPEN!** We want you to wear a bra at all times for 2 weeks. After 2 weeks, you may sleep without the bra. You should not go braless during the day for 4-6 weeks after surgery. It is probably more comfortable not to wear an underwire bra.
- **SHOWERING AND BATHING:** You may shower the day after surgery. Let the water hit your back. If you prefer to bathe, do not allow the incision lines to soak for more than a few minutes in the bath water. Leave the adhesive strips (steri-strips) on your skin. Replace the bra after you bathe.
- **SUTURES:** Dr. Peck will remove the sutures below your skin 5-7 days after surgery.
- **EXPOSURE TO SUNLIGHT:** Scars take at least one year to fade completely. During this time, you must protect them from the sun. Even through a bathing suit, a good deal of sunlight can reach the skin and cause damage. Wear a sunscreen with a skin-protection factor (SPF) of at least 15 at all times when in the sunshine. Be extremely careful if areas of your breast skin have reduced sensitivity.
- **EXERCISE:** You may take gentle walks within a few days. Do not return to aerobic exercise for 3 weeks.
- **DRIVING:** You may drive when driving does not cause pain. This usually occurs in 4-6 days if you have a car with power steering.

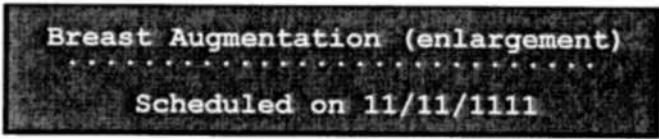
LONGER TERM POSTOPERATIVE INSTRUCTIONS *

- **ACTIVITY/SPORTS:** We want you to avoid straining or any aerobic activity for at least 3 weeks after surgery. This is to avoid bleeding, bruising, and swelling. Do not resume strenuous exercise for 4 to 6 weeks. Dr. Peck will give you clearance to increase your activities according to the progress of your recovery.
- **DRIVING:** You may resume driving when you feel you are able, but wait at least 24 hours after surgery. Keep in mind that you must have full use of your reflexes. Do not drive while taking pain medication!
- **SEXUAL ACTIVITY:** You may enjoy sexual activity as your body allows with the following restriction: please reread Activity/Sports above and apply the same concept to sex.
- **SUN EXPOSURE:** If fresh scars are exposed to the sun, they will tend to become darker and take longer to fade. Sunscreen can help. Take extra care and precautions if the area operated on is slightly numb -- you might not "feel" a sunburn developing!

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- WORK: Follow whatever plan you and Dr. Peck have agreed upon.



AS YOU HEAL*

FAMILY & FRIENDS

- Support from family and friends is very helpful, but because they may not understand what constitutes a normal postoperative course, their comments may unintentionally create emotional turmoil for you. We will tell you honestly how you are doing and what we expect your result to be. Please trust in our knowledge and experience when we discuss your progress with you.

Although plastic surgery has certainly "come out of the closet" in the past decade, your friends may still be reluctant to bring up and discuss what they believe is a private matter. Patients occasionally feel upset that "no one noticed" or "said anything." If you feel comfortable discussing your surgical experience, do so openly. When people ask how you are, respond by saying, "I feel wonderful. I just had cosmetic surgery and I'm recovering." This lets people know that they may talk freely with you. Often when patients are open, they find that their friends and acquaintances are very interested in discussing the subject.

DEPRESSION

- Quite frequently patients experience a brief period of "let-down" or depression after cosmetic surgery. Some may subconsciously have expected to feel and look better "instantly," even though they rationally understand that this will not be the case. Patients commonly question their decision to have surgery during the first few days after surgery. As the healing occurs, these thoughts usually disappear quickly. If you feel depressed, understanding that this is a "natural" phase of the healing process may help you to cope with this emotional state.

HEALING

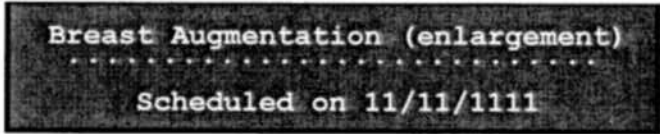
- Everyone has the capacity to heal themselves to one degree or another. Clearly this ability is variable and depends upon a number of factors such as your genetic background, your overall state of health and lifestyle (exercise, diet, smoking, drinking, etc.). Many people believe the surgeon "heals" the patient. No one person can make another heal. Dr. Peck can facilitate (but not accelerate) the healing process. Your cooperation and close attention is extremely important and in your best interest.
- FOLLOWING INSTRUCTIONS: Another major factor in the course of healing is whether you follow the instructions given by Dr. Peck verbally and in this booklet. Such guidelines are designed to promote the healing process and to prevent the occurrence of anything which may interfere with recovery. It is imperative that you recognize that you are a partner in this process and have a responsibility to follow instructions carefully. The instructions, based on broad experience, are designed to give you the best opportunity for healing without delay or surprise.
- COMPLICATIONS: Unexpected occurrences are very infrequent. When they occur, it is seldom a consequence of malpractice. It is far more likely to be a result of the variable healing capacity or the patient's failure to follow instructions. Rest assured, we will assist you in any way possible with regard to such events. Should the unexpected occur, it is in your best interest to ally yourself with Dr. Peck and the staff. We will support you through any difficulties and assist you in reaching your goal.

SPECIFIC AS YOU HEAL INFORMATION

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**SUBPECTORAL
AUGMENTATION
MAMMAPLASTY
(BREAST
ENLARGEMENT)**

- **ACTIVITIES:** It is important that you not engage in strenuous activities in the first 3 weeks after surgery. Aerobic exercise will raise your blood pressure, which could cause late bleeding and harm your result. If your job keeps you sedentary, you may return to work when you feel comfortable, several days after surgery. Once you begin exercising again, start gently and let your body tell you what it can tolerate. Don't rush!!
- **HEALING OF SENSORY NERVES:** Regeneration of the sensory nerves is accompanied by tingling, burning, or shooting pains, which will disappear with time and are nothing to be alarmed about. If, however, this is accompanied by swelling or redness, infection, or bleeding, then you will need to see Dr. Peck at the office.
- **ASYMMETRY:** It is quite common for the two breasts to heal differently. One may swell more, one may feel more uncomfortable, or the shapes may differ initially. After complete healing, they should look remarkably similar and natural. Patience is required, but if you are concerned, ask questions of Dr. Peck or the nursing staff.
- **"SLOSHING" SENSATION:** You may hear and feel "sloshing" in your breast after surgery. This is not the implant! It is the air that is trapped in the space around the implant and the natural fluid that accumulates after an operation. It will all be absorbed by the body within a few weeks.
- **SHINY SKIN:** The skin of your breasts may become shiny. This is a result of the swelling that occurs after surgery. Within a few weeks, the edema and swelling will subside and the skin will look more normal.
- **SENSITIVITY:** As the nerves regenerate, the nipples commonly become hypersensitive. This will subside with time. You may find that gentle massaging helps.



FINANCIAL POLICIES

- As patients approach surgery, they frequently need information about the various payment options and have questions about their potential insurance benefits. We hope the following information will be helpful.
- Our financial coordinators are readily available to meet with you personally to provide the specific information you desire. They specialize in this area and will use their expertise to help you obtain the maximum benefits from your policy.

PAYMENT OPTIONS

- Payment for cosmetic plastic surgery is due, in full, two weeks prior to surgery. We provide a number of payment options which may be used individually or combined according to your wishes.

CASH OR CHECK: Personal check, cashier's check, or cash.

CREDIT CARDS: Visa and Master Card.

INSURANCE COVERAGE

- The benefits paid by insurance companies for plastic surgery vary greatly from carrier to carrier and plan to plan. Therefore, we make every effort to determine in advance if insurance coverage exists. We know you realize that you are ultimately responsible for the full payment of your account, but we have found that our knowledge and experience can be an important factor in assisting you to collect your maximum benefits.
- Please discuss all arrangements regarding payment of your account with us.

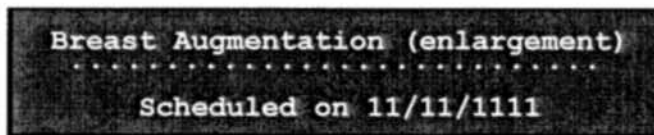
CANCELLATION POLICY

- We understand that a situation may arise that could force you to postpone your surgery. Please understand that such changes affect not only your surgeon but other patients as well. Dr. Peck's time, as well as that of the operating room staff, is a precious commodity, and we request your courtesy and concern.

If you need to cancel your surgery after your preoperative visit but more than 10 business days before surgery, you are entitled to a full refund. Should you find it necessary to cancel your surgery 10 business days or less before surgery, the following policy will apply.

We may refund your payment except for \$500.00.

- If you have any questions or need assistance with financial matters, please ask .. <None> to help you.



GENERAL SURGICAL RISKS *

ABOUT RISKS

- We want you to understand fully the risks involved in surgery so that you can make an informed decision. Although complications are infrequent, all surgeries have some degree of risk. All of us at The Peck Center For Plastic Surgery will use our expertise and knowledge to avoid complications in so far as we are able. If a complication does occur, we will use those same skills in an attempt to solve the problem quickly. The importance of having a highly qualified medical team and the use of a certified facility cannot be overestimated.
- In general, the least serious problems occur more often and the more serious problems occur rarely. If a complication does arise, you, Dr. Peck, and the nursing staff will need to cooperate in order to resolve the problem. Most complications involve an extension of the recovery period rather than any permanent effect on your final result.

NORMAL SYMPTOMS

- **SWELLING AND BRUISING:** Moderate swelling and bruising are normal after any surgery. Severe swelling and bruising may indicate bleeding or possible infection.
- **DISCOMFORT AND PAIN:** Mild to moderate discomfort or pain is normal after any surgery. If the pain becomes severe and is not relieved by pain medication, please call us at (973) 324-2300.
- **CRUSTING ALONG THE INCISION LINES:** We usually treat this with antibiotic ointment.
- **NUMBNESS:** Small sensory nerves to the skin surface are occasionally cut when the incision is made or interrupted by undermining of the skin during surgery. The sensation in those areas gradually returns--usually within 2 or 3 months as the nerve endings heal spontaneously.
- **ITCHING:** Itching and occasional small shooting electrical sensations within the skin frequently occur as the nerve endings heal. Ice, skin moisturizers, and massages are frequently helpful. These symptoms are common during the recovery period.
- **REDNESS OF SCARS:** All new scars are red, dark pink, or purple. Scars on the face usually fade within 3 to 6 months. Scars on the breasts or body may take a year or longer to fade completely.

COMMON RISKS

- **HEMATOMA:** Small collections of blood under the skin are usually allowed to absorb spontaneously. Larger hematomas may require aspiration, drainage, or even surgical removal to achieve the best result.
- **INFLAMMATION AND INFECTION:** A superficial infection may require antibiotic ointment. Deeper infections are treated with antibiotics. Development of an abscess usually requires drainage.

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- **THICK, WIDE, OR DEPRESSED SCARS:** Abnormal scars may occur even though we have used the most modern plastic surgery techniques. Injection of steroids into the scars, placement of silicone sheeting onto the scars, or further surgery to correct the scars is occasionally necessary. Some areas on the body scar more than others, and some people scar more than others do. Your own history of scarring should give you some indication of what you can expect.
- **WOUND SEPARATION OR DELAYED HEALING:** Any incision, during the healing phase, may separate or heal unusually slow for a number of reasons. These include inflammation, infection, wound tension, decreased circulation, smoking or excess external pressure. If delayed healing occurs, the final outcome is usually not significantly affected, but secondary revision of the scar may be indicated.
- **SENSITIVITY OR ALLERGY TO DRESSINGS OR TAPE:** Occasionally, allergic or sensitivity reactions may occur from soaps, ointments, tape or sutures used during or after surgery. Such problems are unusual and are usually mild and easily treated. In extremely rare circumstances, allergic reactions can be severe and require aggressive treatment or even hospitalization.
- **INCREASED RISKS FOR SMOKERS:** Smokers have a greater chance of skin loss and poor healing because of decreased skin circulation. (See Preparing for Surgery)
- **INJURY TO DEEPER STRUCTURES:** Blood vessels, nerves and muscles may be injured during surgery. The incidence of such injuries is rare.
- If they are severe, any of the problems mentioned under Common Risks may significantly delay healing or necessitate further surgical procedures.
- Medical complications such as pulmonary embolism, severe allergic reactions to medications, cardiac arrhythmias, heart attack, and hyperthermia are rare but serious and life-threatening problems. Having a board-certified anesthesiologist present at your surgery reduces these risks as much as possible. (Failure to disclose all pertinent medical data before surgery may cause serious problems for you and for the medical team during surgery.)

**RARER
COMPLICATIONS**

- All Plastic Surgery treatments and operations are performed to improve a condition, a problem or appearance. While the procedures are performed with a very high probability of success, disappointments occur and results are not always acceptable to patients or the surgeon. Secondary procedures or treatments may be indicated. Rarely, problems may occur that are permanent.
- **POOR RESULTS:** Asymmetry, unhappiness with the result, poor healing, etc. may occur. Minimal differences are usually acceptable. Larger differences frequently require revisional surgery.

**UNSATISFACTORY
RESULT & NEED FOR
REVISIONAL
SURGERY**

SPECIFIC SURGICAL RISKS

**SUBPECTORAL
AUGMENTATION
MAMMAPLASTY
(BREAST
ENLARGEMENT)**

- **CAPSULAR CONTRACTION:** Capsular contraction is the most common "complication" or side effect of breast implant surgery. During surgery, a pocket is created for the implant that is somewhat larger than the implant itself. During healing, a fibrous membrane called a capsule forms around the implant. Under ideal circumstances, the pocket maintains its original dimensions and the implant "rests" inside, remaining soft and natural. For reasons still largely unknown, however, the scar capsule shrinks or contracts in some women and squeezes the implant, resulting in various degrees of firmness. This contraction can occur soon after surgery or many years later and can appear in one or both breasts. Current theories suggest that a low grade infection may "trigger" some contraction.

Capsular contraction is not a "health" risk, but it can detract from the quality of the result and cause discomfort, pain, or distortion of the breast contour. In cases of minor contraction, we usually will not suggest surgical correction. Cases of very firm contraction may require surgical intervention. Rarely, if the contraction cannot be eliminated, the occasional patient may choose to have the implants permanently removed.

- **HEMATOMA:** Some postoperative bleeding into the pocket containing the breast implant occurs in 2-3% of women. If the bleeding is minimal, the body will absorb it with time. Marked swelling will probably require surgical removal of the blood.
- **INFECTION:** Postoperative infection is uncommon, but possible. We reduce this to a minimum by giving intravenous antibiotics during surgery and oral antibiotics after surgery. Most infections are mild and resolve without incident. If a serious infection develops, the implant will probably need to be removed, and cannot be safely replaced for at least 2 months after healing.
- **LOSS OF SENSATION TO SKIN OR NIPPLES:** Nerves that supply skin or nipple sensation may be cut or damaged while the pocket or space for the implant is being created. Although this does not happen routinely, it can happen no matter how carefully the surgery is performed. If sensory loss occurs, the nerves slowly recover over a period of 1-2 years in about 85% of cases.
- **EXPOSURE OR EXTRUSION OF IMPLANT:** Thin skin, inadequate tissue coverage, capsule formation, infection or severe wrinkling may all contribute to the erosion of an implant through the skin or scar. Should this very rare complication occur, implant removal would probably be indicated (at least temporarily).
- **WRINKLING:** With the use of textured implants, visible wrinkling under the skin has been more noticeable. Occasionally, the edge of the implant can be felt. These problems are usually mild and require no treatment. Experience has shown that the wrinkles frequently improve or even disappear within a year. (See Subpectoral Placement below.)
- **ASYMMETRY:** If your breasts had slightly different shapes before surgery, they may remain slightly different after surgery. Rarely, in spite of careful attention to detail, the dissected pockets may end up slightly different in shape or height. If this becomes a problem after healing, you may later need a small adjustment procedure.

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- **SUBPECTORAL PLACEMENT OF THE IMPLANT (UNDER THE MUSCLE):** If you and Dr. Peck have decided to place the implants under the pectoralis muscle, a unique set of risks apply. During contraction of the muscle, the implants will temporarily be flattened and/or pulled upward. Occasionally, the implants may "ride" higher than their original position because of the muscular contraction. Implants were originally placed under the muscle to reduce the frequency of capsular contraction. With the use of textured implants, the frequency of capsular contraction appears to be the same as when the implants are placed above the muscle. Implants are usually placed under the muscle in thin, small-breasted women to provide more "cover" over the implant. Placing the implants under the muscle may reduce visible wrinkling.
- **DEFLATION:** If for any reason the valve or implant covering fails, the saline will leak and be excreted by your body. This causes no medical harm, but the implant will need to be replaced in a secondary procedure. The rate of saline-implant leakage is quoted at about 1-2% over many years.
- **LOSS OF SKIN, BREAST TISSUE, OR NIPPLE:** This is an extremely rare complication of breast enlargement. It usually develops from an infection that has gotten out of control and results in the death of the involved tissues. This very rare complication will usually involve only small areas that will eventually heal with good wound care. Secondary surgery is a remote possibility.
- **INTERFERENCE WITH BREAST FEEDING:** Many women with breast implants have nursed their babies successfully. Nevertheless, any breast surgery can theoretically interfere with your ability to breast feed.
- **CALCIUM DEPOSITS IN THE TISSUE AROUND THE IMPLANT:** In some patients, a thin layer of calcium will develop within the scar capsule surrounding the implant. This usually occurs several or more years after the implant has been inserted. In these patients, the added density of the scar may reduce the detectability of lesions close to the scar on mammograms. Breast cancers may still be visible and detectable when specialized techniques are used.
- **BREAST CANCER:** There is no evidence linking implants and breast cancer. The only clinical studies available show that the prevalence of breast cancer in women with implants is the same or even slightly lower than that in women without breast implants! Furthermore, two studies have shown, to date, that the stage of breast cancer detection in women with implants appears to be identical to that found in the overall population.
- **INTERFERENCE WITH MAMMOGRAPHY:** You should alert the technician to the fact that you have implants. Special techniques will be used and extra views may be needed in order to see as much of the breast tissue as possible. Even under the most ideal circumstances, some breast tissue may remain unseen and a suspicious lesion missed. Because the breast is compressed during mammography, it is possible, but rare, for an implant to rupture.

Breast Augmentation (enlargement)

Scheduled on 11/11/1111

- **SYNMASTIA (LOSS OF CLEAVAGE):** This is a very unusual problem that can develop after normal augmentation either above or below the muscle. The skin over the lower sternum (breastbone) pulls away from the bone, and normal cleavage is reduced or eliminated. In its more serious form, the pockets on either side merge to form a single pocket. In the more minor form, the pockets remain separate, but the skin tents upward. Reduced fibrous or elastic "strength" in the subcutaneous tissues may be contributory but is difficult to predict. If the problem develops, correction will require secondary surgery.
- **IMMUNE DISORDERS:** Some women have claimed that silicone gel prostheses have contributed to or stimulated connective tissue disorders such as systemic lupus erythematosus, scleroderma, rheumatoid arthritis etc. Other complaints involving the nervous system, skin and immune systems have been reported. Reports claiming a causal relationship between silicone gel and such symptoms have been published in the medical literature and widely reported in the press. To the present time, no such relationship has been established scientifically. Gel implants are not available for routine use because of the concerns of the Food and Drug Agency. The saline (salt water) used to fill saline implants is harmless and is excreted in the urine should the implant leak or rupture.
- **PRESENCE OF SILICONE RUBBER:** Saline-filled implants are made of silicone rubber. Although silicone rubber has not been implicated in any diseases, and has been used in many types of implants, its use is under investigation.
- **Breast augmentation is an elective procedure.** Enlargement of the breast with fat transfer is not an acceptable procedure. Chest wall muscle exercises may be minimally helpful.

ALTERNATIVES

ANESTHESIA & OTHER INFORMATION

GENERAL ANESTHESIA

- When general anesthesia is used, you will be sound asleep and under the care of your anesthesiologist throughout the operation. Once you are settled on the operating table, you will be connected to several monitors and an intravenous catheter. A quick-acting sedative will be given through the intravenous tubing after you have breathed pure oxygen for a few minutes. Once you fall asleep, your anesthesiologist will usually slip an endotracheal tube through your mouth into your windpipe to guarantee that your breathing is unimpeded. An anesthetic gas that you will breathe and other medications that will be given through the intravenous catheter will keep you asleep and pain free.

- Many patients have an instinctive fear of general anesthesia. Extremely sensitive monitors used during surgery have greatly reduced the risks of anesthesia. A minute change in the oxygen level in your blood, in the amount of carbon dioxide you breathe out, in the percentage of anesthetic gas being administered, in your heart rate, or in your blood pressure would be reported immediately. Most complications of anesthesia in the past have occurred because of "simple" problems that were not recognized quickly enough. The sophisticated monitoring now used makes recognition and treatment of problems with anesthesia almost immediate.

- The anesthesiologist spends all of his or her time during the procedure ensuring your safety. Any significant changes in blood pressure, heart rate, or other vital functions are treated immediately.

- The current level of sophistication of anesthesia monitoring equipment makes general anesthesia much safer than in the past. The anesthesia and monitoring equipment is routinely maintained and is of the same quality as the equipment in any major hospital. Your anesthesiologist will discuss the specific risks of general anesthesia with you before your surgery.

OTHER RISKS *

- We have outlined the common and not-so-common risks of surgery in general. The specific risks and complications of each surgical procedure have been explained elsewhere in this preoperative packet. We have not discussed every possible problem that may occur, and you cannot assume that a problem will not occur simply because it is not discussed here.

- I acknowledge that the risks and complications of the surgery I am to undergo have been explained and discussed with me in detail by Dr. Peck and by the nursing staff. I have been given the opportunity to ask questions and any concerns I had about my surgery have been explained to me. My signature here attests to my understanding and satisfaction with the answers I have been given.

Signature: _____ Date: _____

Preoperative Nurse Signature: _____

CONSENT FOR SURGERY

I, Breast Augmentation (enlargement), desire George Peck, M.D., F.A.C.S. and such assistants as may be assigned by him/her, to perform the elective procedure(s) of:

- **BILATERAL SUBPECTORAL AUGMENTATION MAMMAPLASTY*** (Enlargement of my breasts by insertion of saline-filled implants under my pectoral muscles.)

The nature and purpose of the operation(s), possible alternative methods of treatment, including no treatment/surgery, risks and possible complications have been fully explained to me by George Peck, M.D., F.A.C.S. during my preoperative consultation. I understand that this operation is not an emergency nor is it medically necessary to improve or protect my physical health. I have been advised that all surgery involves general risks, including but not limited to bleeding, infection, nerve or tissue damage and, rarely, cardiac arrest, death, or other serious bodily injury. I acknowledge that no guarantees or assurances have been made as to the results that may be obtained.

I understand that anesthesia will be given and that it, too, carries risks. I consent to the administration of anesthesia by either George Peck, M.D., F.A.C.S. or a qualified anesthesiologist and to the use of such anesthetics as he/she may deem advisable.

It has been explained to me that during the course of the operation unforeseen conditions may be revealed that necessitate an extension of the original procedure, and I hereby authorize my doctor and/or such assistants as may be selected by him/her to perform such procedures as are necessary and desirable, including but not limited to the services of pathologists, radiologists, or a laboratory. The authority granted in this paragraph shall extend to remedying conditions that are not known to my doctor at the time the operation commences.

I understand that if computer generated documents were used in my planning that it was used merely for the purpose of illustration and discussion. I certify my understanding that there is not a warranty, expressed or implied as to my final appearance by the use of such electronically altered images.

I understand that photography is important in planning and evaluating surgery, and I give permission for photographs to be taken before, during and after my surgery for the purposes of documentation only.

I agree to keep my doctor informed of any change in my permanent address so that he/she can inform me of any important new findings relating to my surgery. I further agree to cooperate with him/her in my aftercare until I am discharged from his/her care.

In signing this consent, I hereby certify that I understand the risks, benefits, and alternatives to my procedure(s) and that I have discussed them with George Peck, M.D., F.A.C.S..

Please do not give your permission or sign this consent form if you have any questions regarding your procedure(s). Please advise a staff member of these questions or concerns so that arrangements can be made for George Peck, M.D., F.A.C.S. to discuss them with you.

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Signature: _____

Date: _____

Witness: _____

Relationship: _____