

DR. VICTOR URZOLA

PLASTIC AND RECONSTRUCTIVE SURGERY
LASER CENTER

GENERAL INFORMATION AND INFORMED CONSENT FOR THE FLAP PROCEDURE AFTER EXPLANTATION

Patient	
Id Number	
Date of birth	Month Day Year
E- mail	
Phone Number	
Procedimiento	GENERAL INFORMATION AND INFORMED CONSENT FOR THE FLAP PROCEDURE AFTER EXPLANTATION

Flap surgery is a technique in plastic and reconstructive surgery where any type of tissue is lifted from a donor site and moved to a recipient site with an intact blood supply. This is distinct from a graft, which does not have an intact blood supply and therefore relies on growth of new blood vessels. In this case a portion of fat tissue obtained from the upper abdominal fat is used to help increase the volume of the lower pole of the breast. The size of the flap will depend on the amount of tissue that can be obtained from the upper abdominal region and the volume increase obtained is directly proportional to the flap size. It is much more stable than a graft, because it is never deprived from its own vascularization, so it doesn't suffer from lack of oxygen flow.

This flap was an idea that I developed trying to improve the aesthetic outcomes of patients suffering from breast implant illness. It is the result of the combination of several techniques that I learned during my training in Italy, France and New Jersey and involves the application of several reconstructive surgery principles. This flap DOES NOT INVOLVE A MESH OR PERMANENT SUTURES OF ANY TYPE. Although bottoming out is a risk of this procedure I have perfected a way to keep the flap in place by using only absorbable sutures strategically placed, this sutures are then replaced by the normal scarring between two surgical surfaces as time goes by

To accomplish a good aesthetic outcome in breast surgery it is mandatory to have the following three conditions:

1. Symmetry: the more symmetric breasts are to each other the better they look, regardless of size. Applying surgical techniques based on the Fibonacci principle the possibility of obtaining more symmetrical breast increases significantly.

Initials PATIENT _____

Initials Dr. URZOLA _____

It is important to clarify that breast will always be a little different from each other and this depends on the size of the base of the breast, which can NOT be modified by surgeons.

2. Shape: the shape of a breast can also be mathematically determined. Ideally the distance from of the promontorium of the sternum (upper portion of the sternum) to the areola and the distance from the lower pole the areola to the infra-mammary sulcus should keep a proportion of $2/3 : 1/3$. This means if the first distance should was 18 cm the second distance should be 6 cm or any other proportion. The closer we are able to be to these measurements the better shape is obtained.
3. Volume: Size is the third piece of the puzzle. This is the main problem with BII patients, because if we don't have enough volume, obviously we are limited in the aesthetic outcome that can be obtained. The flap is an effort to try to resolve this problem.

The incisions used to do this procedure are the same incisions needed to do a breast lift, the first cases that I performed with this new technique required a longer scar and I developed two new technical modifications to allow shorter horizontal scars and a much better vascularization of the flap. Each case has to be analyzed individually to determine the best alternative to place these incisions.

As with every surgery there is a period of time for the tissues to settle down and for them to start to feel normal. At the beginning the zone of the flap will feel harder than the rest of the tissues, this is due to congestion of the lymphatic fluid. The lymphatic vessels will take around 6 to 8 month to fully re- canalize tissues and it is until after this period of time that the tissues will start to feel softer.

The viability of this flap is very good. Since it is vascularized tissue it has a much better chance to survive than fat transfers and long term results tend to be better and more stable in time. It is very important for patients to understand that like with every other surgical procedure, there is a possibility that the results that don't meet the expectations of the patient and although infrequent complications can arise.

The skin of the upper abdomen that is on top of the area where the flap is sculpted will be thinner, but it works very well because optically it will help make a better transition between the abdomen and the new infra mammary sulcus.

It is very important for patients to know that this is an effort to try to resolve a complex problem and that as a surgeon my main interest is to try to implement every safety precaution possible to keep my patients safe and help them in the best possible way. This technique was developed with the only purpose to try to help patients obtain a better result for the serious deformities generated after explanation surgery.

The results are conditioned by the existing tissues available, results might vary from patient to patient and by no means guarantee an aesthetic outcome; on the contrary it is important to remember that this is a reconstructive surgery oriented to help patients heal from breast implant illness.

Not all patients qualify for this flap. The flap should only be performed when necessary and it does not affect future fat transplantation.

My priority when treating breast implant illness is to perform an excellent enbloc explantation making sure that the pockets are clean of capsule and pro-inflammatory tissues.

I HAVE READ THE INFORMATION OF THE FLAP USED BY DOCTOR URZOLA TO TRY TO IMPORVE MY AESTHETIC OUTCOME AFTER THE EXPLANTATION SURGERY I HAVE REQUESTED.

I UNDERSTAND THAT THIS IS AN EFFORT TO TRY TO IMPROVE MY AESTHETIC OUTCOME, BUT THAT RESULTS CAN'T BE GUARANTEED BY DOCTOR URZOLA.

I UNDERSTAND THAT THERE ARE RISKS INHERENT TO ANY SURGICAL PROCEDURE THAT COULD BE, BUT ARE NOT LIMMITED TO: SEROMAS, HEMATOMAS, INFECTIONS, DEHISENCES, POOR SCARING, BOTTOM OUT DEFORMITY, THE POSSIBILITY TO NEED OF REVISIONS.

After reading this information I request doctor Urzola to perform the flap procedure to try to improve my aesthetic outcome and I am aware of the limitations posed by this type of reconstructive procedure.

CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. _____ and such assistants as may be selected to perform the following procedure or treatment:

_____.

I have received the following information sheet:

INFORMED CONSENT FOR FLAP PROCEDURE AFTER EXPLANTATION

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

Initials **PATIENT** _____

Initials **Dr. URZOLA** _____

- 5. I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided the pictures do not reveal my identity.
- 6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
- 7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
- 8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical- device registration if applicable.

9.IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED
 SIGN A OR B.

A. I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS
 (1- 9). I HAVE BEEN ASKED IF I WANT A MORE DETAILED EXPLANATION, BUT I AM SATISFIED WITH THE EXPLANATION, AND DO NOT WANT MORE INFORMATION.

B. I CONSENT TO THE TREATMENT OR PROCEDURE AND ABOVE LISTED ITEMS (1- 9). REQUESTED AND RECEIVED, IN SUBSTANTIAL DETAIL, FURTHER EXPLANATION OF THE PROCEDURE OR TREATMENT, OTHER ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT AND INFORMATION ABOUT THE MATERIAL RISKS OF THE PROCEDURE OR TREATMENT.

PATIENT

DR. URZOLA

SIGNATURE

SIGNATURE

NAME

NAME: VICTOR URZOLA HERRERA

ID NUMBER

ID NUMBER: 109660360

Initials PATIENT

Initials Dr. URZOLA