

DR. VICTOR URZOLA

PLASTIC AND RECONSTRUCTIVE SURGERY
LASER CENTER

INFORMED-CONSENT- EXTRACTION OR REPLACEMENT OF BREAST IMPLANTS

Patient	
Id Number	
Date of birth	Month Day Year
E-mail	
Phone Number	
Procedimiento	EXTRACTION OR REPLACEMENT OF BREAST IMPLANTS

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you about augmentation mammoplasty, its risks, and alternative treatments. It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your plastic surgeon.

Indications

GENERAL INFORMATION. The breast implant removal has been placed for cosmetic reasons or reconstructive surgery. The breast implant removal may be performed as a single surgical procedure or combined with additional surgical procedures, for example:

- Simple breast implant removal without removing the capsular tissue around the implant.
- Removing the tissue surrounding the breast implant (capsulectomy / capsulectomía)
- Removing the silicone gel that has escaped the breast tissue (extra capsular outside the Capsule) of silicone gel implants (breast biopsy)
- Breast lift (mastopexy after breast implant removal and / or capsule)
- Enbloc breast resection, which consist in the removal of both capsule surrounding the breast implant and the implant itself.

Implants that are damaged or broken can not be repaired; extraction is recommended or surgical replacement. There are options concerning general versus local anesthesia for breast implant removal. There are both risks and complications associated with this operation. Surgery Risks All surgical procedures carry some risk and it is important that you understand the risks and possible complications involved in the surgery to remove the implant (s) breast.

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In addition, all procedures have limitations. The choice of a person to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although most women do not experience these complications, you should discuss each of them with your plastic surgeon to ensure the understanding of the risks, possible consequences, limitations and consequences of breast implant removal.

Bleeding: You may experience a bleeding episode during or after surgery. People who undergo an extraction of capsular tissue or breast biopsy to remove the silicone gel (if applicable) are at increased risk of bleeding than simple removal surgery breast implant. Should bleeding occur after the surgery, it may require emergency treatment to drain accumulated blood or blood transfusion. You may also need blood transfusion that are required during surgery. Bruises can contribute to scarring, infection or other problems. Do not take aspirin or anti-inflammatory during the ten days before and after surgery, as these may increase the risk of bleeding. The "herbal" OTC and dietary supplements can increase the risk of bleeding during surgery. Hematoma can occur at any time after injury or trauma to the breast area. If needed transfusions to treat loss of blood, the risk of blood borne as hepatitis and HIV (AIDS) infection. Heparins are used to prevent blood clots in veins this can produce bleeding and decreased blood platelets.

Infection: Infection is unusual after surgery. Should an infection occur, treatment including antibiotics, hospitalization, or additional surgery may be necessary. **Hardness:** excessive hardness of the breast can occur after surgery for breast implant removal (with or without capsulotomy / capsulectomy) due to internal scarring. This is not predictable. Additional treatment may be necessary, including surgery.

Scarring: All surgery leaves scars, some more visible than others. Although good wound healing is expected after a surgical procedure, it may be abnormal scars in the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases, scars may require surgical revision or treatment. Scars resulting from breast implant removal may complicate future breast surgery.

Saggy skin: It may occur in the skin folds of the visible and palpable breast. This may require additional surgery to assert sagging skin after surgery for breast implant removal. **Seroma:** The tissue fluid can accumulate in the space where the breast implant is located. It may be necessary further treatment or surgery to remove this fluid and withdrawing the seroma cavity.

Rupture of breast implant: As with any man-made object implanted in the human body, there may be a fault in the device. An implant may rupture, resulting in the release of silicone gel implant. The implants can also rupture during the extraction process. If the implant ruptures, you may be unable to remove all of the silicone gel that has escaped. It may be impossible to completely remove all material sheath textured breast implants. Calcification can occur around the implants and can require removal of scar tissue surrounding the implant (capsulotomy / capsulectomy). It may not be possible to completely remove the scar tissue that forms around a breast implant, implant parts, calcifications or silicone gel. Additional surgery may be required in the future.

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Slow healing and tissue necrosis: It may be a disruption or delayed wound healing. Some areas of the breast skin or nipple may not heal normally and may take a long time to heal. Some areas of necrosis of skin or nipple tissue may occur. Tissue death (necrosis) can potentially occur when surgery is performed to remove implants, capsular tissue and procedures to firm the skin and raise the nipples (mastopexy). Necrosis have also been reported with the use of steroid drugs, after chemotherapy / radiation to breast tissue due to smoking, shortwave diathermy therapy and excessive heat or cold. This may require frequent dressing changes or further surgery to remove scar tissue. People with a decrease in blood supply to the breast tissue due to previous surgery or radiation therapy may be at increased risk for wound healing and poor surgical outcome. Smokers are at greater risk of skin loss and complications in wound healing.

Injury to deeper structures: There is the potential for injury to deeper structures including nerves, blood vessels, muscles and lungs (pneumothorax) during this surgical procedure. The possibility of this happening varies with the type of procedure being performed. Damage to deeper structures may be temporary or permanent.

ALTERNATIVE TREATMENT Alternative forms for non-surgical treatment are not possible to undergo breast implant removal or other procedures to replace, relocate or correct situations in which patients choose to continue with breast implants. Risks and potential complications are associated with alternative surgical forms of treatment.

Smoking, smoke exposure by third parties, nicotine products (patch, gum, nasal spray): Patients that currently smoke, use snuff products or nicotine products (patch, gum or nasal spray) are at increased risk of significant surgical complications of skin dying and delayed healing. People exposed to smoke ingested by third parties also have the potential risk for similar complications attributable to nicotine exposure. In addition, smoking can have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. People who are not exposed to snuff smoke or nicotine-containing products have a significantly lower risk of this complication. It is important to refrain from smoking at least 6 weeks before surgery and until your physician states it is safe to return, if desired.

Mammography: It is important to continue to undergo regular mammography studies and regular breast self-exams. In the event that a package having a mammogram or a breast self, contact your doctor is detected. Psychological changes and / or appearance: It is possible that after the removal of a breast implant you experience a significant negative effect on their physical appearance, including significant loss of breast volume, distortion and wrinkling of the skin. Its appearance may be worse than before surgery for the placement of breast implants. There is the possibility of severe psychological disorders, including depression. It is possible that you or your partner losing interest in sex. Health disorders that are considered caused by breast implants: There is currently insufficient evidence to say that removal of the implant (s) and breast capsule (s) will alter the course or prevent autoimmune disorders or otherwise considered caused by breast implants. It is possible that the removal of breast implants do not report a benefit or improvement to your health.

Breast Disease: Current medical information does not show an increased risk of disease or breast cancer in women who undergo breast implant surgery for cosmetic or reconstructive purposes.

Breast disease can occur independently of breast implants and surgical procedures to remove them. Women with breast cancer family or personal history may have an increased risk of breast cancer than a woman with no family history of the disease. It is recommended that all women of periodic breast self-examination is carried out, a mammogram as directed by your gynecologist and seek professional help if it detects a lump in the breast. Interference with the procedures of sentinel lymph node mapping: The breast surgery procedures involving cutting through the breast tissue and breast biopsy, can potentially interfere with diagnostic procedures to determine draining lymph node tissue breast to breast cancer.

Breastfeeding after breast implant removal: If there is an increased risk for breast-feeding for a woman who has undergone breast implant removal is unknown. If a woman has undergone a mastectomy, you cannot nurse a baby with the side where the long-term mama.

Outcome after surgery: There may be further changes in the shape of the breasts as a result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause and other circumstances not related to surgery breast implant removal. Usually you can submit falling breasts.

NEED FOR ADDITIONAL SURGERYthereis many variable conditions that may influence the long-term outcome of surgery removal of a breast implant. How the breast tissue can respond to implant removal or how the wound will heal after the surgery are known. Secondary surgery may be necessary at some point in the future to improve the outcome of surgery for removal of a breast implant. If complications occur, additional surgery may be needed or other treatments. Even though risks and complications occur infrequently, the risks cited are particularly associated with surgery for breast implant removal. Other complications and risks can occur but are even less frequent. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no express or implied warranty on the results that can be obtained. In some situations, it may not be possible to achieve optimal results with a single surgical procedure.

Risk disclosure that should generally meet the needs of most patients in most circumstances. However, informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information, which is based on all the facts in your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.

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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 EXTRACTION OR REPLACEMENT OF
BREAST IMPLANTS

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.

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.

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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

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