

Clinic / Doctor:



Patient data:

englisch

- Breast reduction surgery (reduction mammoplasty)
 Breast lift (mastopexia)
 Suture around the areola + vertical + horizontal (inverted T)
 left breast right breast
- additional/other procedure: _____
 Scheduled date of procedure: _____

Dear patient,

breast reduction/lift is planned in your case. This form will serve to prepare you for your pre-procedure interview with the doctor. During the interview, the doctor will explain to you what the scheduled procedure involves and inform you of any related risks. The doctor will answer all of your questions in order to reduce any fears or concerns you may have. You may then consent to the procedure suggested to you. Your doctor will provide you with a copy of the completed and signed form after the interview.

REASONS FOR SURGERY

If a woman's breasts are too large or sagging, it can cause her significant problems in everyday life. The weight of breasts which are too large can result in incorrect posture and problems with the spine. It can also constitute a strain on the shoulders. Here, bra straps can leave clearly visible strangulation marks. Every physical activity is impaired by the size of the breasts. The size and/or sagging of the breasts inevitably leads to skin irritation or even recurrent infections in the area where they rest on the ribcage or even stomach. Some patients' breasts are of different sizes. Surgery can then serve to achieve symmetry.

These reasons can constitute medical indications for correcting the size and/or sagging of the breasts. If in your case the medical finding is not significant, you may still want corrective surgery for aesthetic reasons. In that event, your health insurance company is unlikely to cover the costs for surgery. You should get professional advice regarding this matter and take out insurance to cover possible additional costs if need be.

COURSE OF OPERATION

In order to be able to plan the course of the operation, the breasts are usually examined prior to surgical intervention through palpitation or imaging methods (such as X-ray or ultrasound). If altered breast tissue is discovered during the examination, further examinations (for instance including a biopsy) or other breast surgery may be required before the breast lift/reduction can take place as planned. Your doctor will let you know if further measures are planned in your case.

Prior to surgery, the surgeon will measure the breasts and mark them. These markings serve as an aid in order to achieve a result which is as symmetrical as possible and as desired.

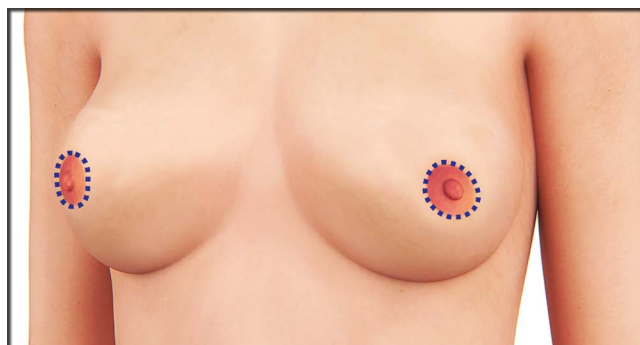


fig. 1: nipple incision

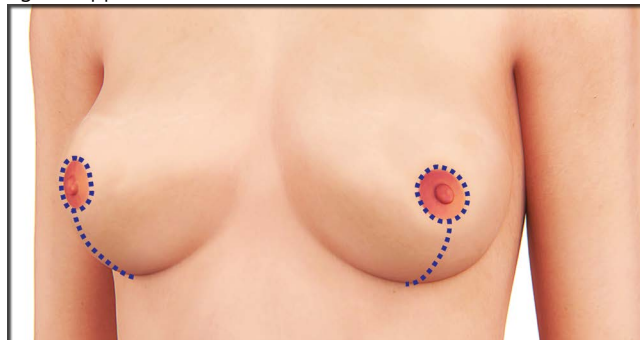


fig. 2: vertical incision

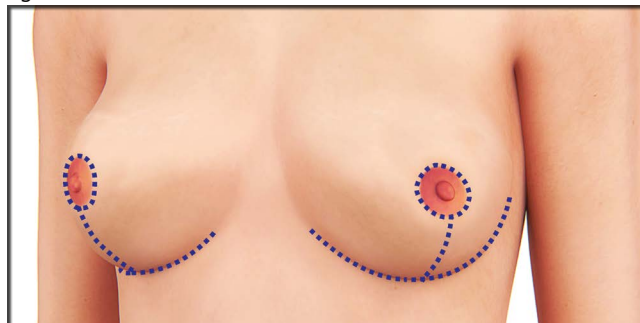


fig. 3: inverted T incision

The operation will be carried out under general anaesthesia, regarding which you will be informed separately. The incision will usually be made around the areola. How the incision is made depends on the amount of skin, glandular and fatty tissue to be removed. The areolae can also be reduced in size and thus be adjusted to the size and form of the breast achieved. This may even suffice if only a minor lift is needed. In most cases, however, a vertical incision will also have to be made from the lower edge of the areola to the inframammary fold (referred to as “bridge”). The i-shaped scar line (minimal scar technique) is often extended by making an incision in the inframammary fold, leading to what is referred to as an inverted T incision. In extremely rare cases where the size of the breasts is very large, it will be necessary to remove the nipples including the areolae and transplant them as a free graft after the breast reduction and lift has been carried out.

At the end of the procedure, a stabilising breast bandage will be applied or a special customised support bra put on. Thin plastic tubes, so-called drains, are inserted into the wound in order to remove fluids from the wound.

PROSPECTS OF SUCCESS

Usually, this type of procedure will reduce the patient's symptoms significantly. During the first few days or weeks after the operation, swelling and bruising may occur. The nipples and breasts may feel numb temporarily. The final result of the treatment can be assessed after six months at the earliest.

We cannot guarantee that the treatment will be successful. Despite the procedure having been carried out properly, you may not be happy with the end result. The existing condition may also become worse. Follow-up surgery may be required. The end result of the treatment will also change over time in accordance with the natural ageing process involving growing flaccidity of the skin. To what extent and after which period of time the symptoms reoccur varies from case to case. Your actions can also have an effect on the long-term result (e.g. smoking, significant fluctuations in weight, hormonal factors such as during a pregnancy or nursing).

DIRECTIONS FOR PREPARATION AND AFTERCARE

Please follow the instructions of the doctor and of the nursing personnel closely. Unless specifically instructed otherwise, please adhere to the following guidelines:

Preparation:

Medication: Please inform your doctor of any medication you take or inject on a regular basis (in particular any anticoagulant agents such as Aspirin® [ASS], Marcumar®, Heparin, Plavix®, Ticlopidin, Clopidogrel, Eliquis®, Lixiana®, Xarelto®, Pradaxa® and metformin-containing antidiabetic medicines, so-called biguanides) or have taken irregularly over the course of the past eight days prior to the procedure (for instance pain killers such as Ibuprofen, Paracetamol). This includes any over-the-counter medication and herbal remedies (such as St. John's wort and Wobenzym). Your doctor will let you know if and for how long you should stop taking your medication.

Important documents/IDs: Please present any medical IDs you might have, such as an allergy ID, to your doctor prior to the procedure.

Aftercare:

The surgical wound will sometimes cause **pain** during the first few days after surgery, which can be treated easily with medication. Temporary numbness in the immediate surgical area may also occur.

It has been proven that smoking contributes to **wound healing disorders**. Therefore, you should refrain from smoking for at least two weeks before and after surgery.

Once the sutures have healed, the remaining **scars** can be treated with salves. Ask your doctor which salves he/she would recommend.

Often, absorbable **suture materials** will be used, meaning that removal of the sutures will not be necessary.

Your doctor will let you know the period of time during which you should refrain from extensive **physical exertion**, for how long you need to wear the customised bra and when you can take showers, bathe or swim again.

Direct **exposure to the sun** should be avoided for at least six months after surgery.

With regard to additional guidelines regarding e.g. taking medication, please follow the instructions of your doctor closely.

Please inform your doctor immediately should **excessive pain/feelings of tension, ongoing bleeding (into the drains), worsening circulatory problems or a fever occur**. These symptoms must be examined immediately.

RISKS, POSSIBLE COMPLICATIONS AND SIDE EFFECTS

It is well known that **any medical procedure is accompanied by certain risks**. If complications occur, they may sometimes require additional treatment or surgery and, in extreme cases, can sometimes even be **life-threatening** or lead to permanent damage – even after some time. Please understand that, for legal reasons, any possible risks associated with this procedure must be listed, even if some of these only occur in exceptional cases. During the interview, your doctor will inform you of any risks specific to your case.

Allergic reactions, for instance to medication or latex, can lead to skin rash, itching, swelling, nausea and coughing. Severe reactions such as shortness of breath, spasms, tachycardia or **life-threatening circulatory shock** are rare. They may then result in permanent organ damage, such as brain damage, paralysis or kidney failure requiring dialysis.

Inflammation (infections, purulence, abscesses) can usually be treated with antibiotics. In some cases, surgical treatment will be necessary. Infections can lead to a less favourable treatment result permanently. In extreme and exceptional cases, an infection that has spread beyond control can lead to **life-threatening blood poisoning** (toxaemia).

Bruising (haematomata), including discolouration of the skin, and **post-procedure bleeding** may sometimes occur and may lead to firm and painful swelling. In most cases, they disappear after a few days or weeks without treatment; however, they may lead to wound healing disorder. This may require follow-up surgery.

Bleeding can usually be stopped immediately during the operation. Should severe blood loss occur, the use of donor blood/blood components (**transfusion**) may be required. This can lead to transmission of diseases, such as hepatitis in very rare cases (causing dangerous inflammation of the liver), HIV in extremely rare cases (causing AIDS), BSE (causing a form of Creutzfeldt-Jakob disease) or also of other dangerous – even unknown – diseases.

Scars are always a visible consequence of any operation. In how far the scar will change over time is different in every case. It is usually red and hard in the beginning, but will become softer and paler with time. With patients predisposed to delayed wound healing or **wound healing disorder**, cosmetically undesirable scarring and abnormal proliferation of scar tissue (keloids) may occur.

Damage to the skin, soft tissue or nerves - for instance through injections, bruising, syringe abscess, disinfectants or despite proper positioning - rarely occurs. Numbness, paralysis and pain may then result. They are usually temporary. Permanent nerve damage, tissue death or scarring due to improper positioning rarely occur.

If during surgery, the **lymph channels** and/or lymph nodes are damaged, it may result in temporary or permanent impairment of the lymphatic flow/lymphoedema.

There may be **impaired blood circulation**, leading to tissue death (necrosis) in individual cases. Transplanted tissue (e.g. nipples) can be rejected by the body and die. Especially if the breasts were originally very large, fatty tissue may die (melting).

Sometimes **blood clots (thromboses)** may form, causing obstruction of a blood vessel (**embolism**). Such blood clots may then travel to other parts of the body and block the vessels of other organs. This may then lead to e.g. **stroke, kidney failure**

requiring dialysis or lung embolism and result in permanent damage. If anticoagulant agents are administered to prevent formation of blood clots, the risk of bleeding or post-procedure bleeding is increased. If Heparin is administered, it may lead to a severe immune response (HIT) involving clotting of the platelets (thrombocytes) and obstruction of veins and of arteries.

Despite due care being exercised in planning and executing the procedure, **asymmetry of the breasts** may result.

The operation can lead to a loss of **the ability to nurse**. The sensitivity of the nipples or other parts of the breast may also be permanently impaired due to small nerves in the skin having been severed.

The areola may lose their **natural shape** as a result of the scar line and the nipple may be temporarily or permanently inverted or sensitive to touch.

Questions about Your Medical History

Please fill in the following questionnaire carefully before your information talk. **Please tick the applicable box!** It goes without saying that your information will be treated confidentially. The information you provide will help the physician to better assess the risks in your particular case, to advise you on the complications that could occur, and to take any steps needed to prevent complications and side effects.

Information about medications:

Do you regularly require blood thinning medications (anticoagulants) or have you taken any or have any been injected during the past 8 days? yes no

Aspirin® (ASS), Clopidogrel, Eliquis®, Heparin, Marcumar®, Plavix®, Pradaxa®, Efient®, Brilique®, Ticlopidin, Xarelto®, Iscover®.

Angaben zur Medikamenteneinnahme: Werden regelmäßig blutgerinnungshemmende Mittel benötigt oder wurden in der letzten Zeit (bis vor 8 Tagen) solche eingenommen/gespritzt? Aspirin® (ASS), Clopidogrel, Eliquis®, Heparin, Marcumar®, Plavix®, Pradaxa®, Efient®, Brilique®, Ticlopidin, Xarelto®, Iscover®.

Any other: _____

Sonstiges:

When was the last dose taken? _____

Wann war die letzte Einnahme?

Do you take any other medications? yes no

Werden andere Medikamente eingenommen?

If so, which ones: _____

Wenn ja, bitte auflisten:

(Please include non-prescription medications, herbal and other natural remedies, vitamins, etc.) (Auch rezeptfreie Medikamente, natürliche oder pflanzliche Heilmittel, Vitamine, etc.)

Have you ever had surgery on the breast? yes no

Wurden Sie schon einmal an der Brust operiert?

Are you pregnant? not certain yes no

Sind Sie schwanger?

nicht sicher

Are you currently breast feeding a baby? yes no

Stillen Sie?

Do you smoke? yes no

If so, what and how much daily: _____

Rauchen Sie? Wenn ja, was und wie viel täglich:

Do you have or have you ever had any of the following diseases: Liegen oder lagen nachstehende Erkrankungen vor:

Blood diseases / blood clotting disorders? yes no

Increased bleeding tendency (e.g. frequent nose bleeds, increased post-operative bleeding, increased bleeding from minor injuries or after dentist treatment, stronger or longer menstrual bleeding), tendency to bruise (frequent bruising possibly for no particular reason).

Bluterkrankung/Blutgerinnungsstörung? Erhöhte Blutungsneigung (z.B. häufiges Nasenbluten, verstärkte Nachblutung nach Operationen, bei kleinen Verletzungen oder Zahnarztbehandlung, verstärkte oder verlängerte Regelblutung), Neigung zu Blutergüssen (häufig blaue Flecken auch ohne besonderen Anlass).

Do you have any blood relatives with signs of blood disease / clotting disorders? yes no

Gibt es bei Blutsverwandten Hinweise auf Bluterkrankungen/Blutgerinnungsstörungen?

Blood clot (thrombus) / blood vessel occlusion (embolism)? yes no

Blutgerinnsel (Thrombose)/Gefäßverschluss (Embolie)?

Allergies / Oversensitivity? yes no

Medications, foods, contrast media, iodine, sticking plaster, latex (e.g. rubber gloves, balloons), pollen (grass, trees), anaesthetics, metals (itching caused by metal spectacles frames, jewellery, jeans buttons).

Allergie/Überempfindlichkeit? Medikamente, Lebensmittel, Kontrastmittel, Jod, Pflaster, Latex (z.B. Gummihandschuhe, Luftballon), Pollen (Gräser, Bäume), Betäubungsmittel, Metalle (z. B. Juckreiz durch Metallbrillengestell, Modeschmuck oder Hosennieten).

Any other: _____

Sonstiges:

Diseases of the respiratory tract (breathing passages) or lungs?

 yes no

Asthma, chronic bronchitis, inflammation of the lungs, emphysema, sleep apnoea (heavy snoring), vocal cord/diaphragm paralysis.

Erkrankung der Atemwege/Lungen? Asthma, chronische Bronchitis, Lungentzündung, Lungenemphysem, Schlafapnoe (starkes Schnärchen), Stimmband-Zwerchfellähmung.

Any other: _____

Sonstiges:

Metabolic diseases?

 yes no

Diabetes (sugar sickness), Gout.

Stoffwechsel-Erkrankungen? Diabetes (Zuckerkrankheit), Gicht.

Any other: _____

Sonstiges:

Thyroid diseases?

 yes no

Underactive thyroid, overactive thyroid.

Schilddrüsenerkrankungen? Unterfunktion, Überfunktion.

Any other: _____

Sonstiges:

Kidney diseases?

 yes no

kidney insufficiency, kidney inflammation.

Nierenerkrankungen? Nierenfunktionsstörung (Niereninsuffizienz), Nierentzündung.

Any other: _____

Sonstiges:

Communicable (contagious) diseases?

 yes no

Hepatitis, tuberculosis, HIV.

Infektionskrankheiten? Hepatitis, Tuberkulose, HIV.

Any other: _____

Sonstiges:

Predisposition to impaired wound healing, abscesses, fistulas, excessive scar formation (keloids)?

 yes no

Neigung zu Wundheilungsstörungen, Abszessen, Fisteln, starker Narben-Bildung (Keloide)?

Emotional conditions (for example depression, personality disorder)?

 yes no

Psychische Erkrankungen (z. B. Depression, Persönlichkeitsstörungen)?

Any other acute or chronic diseases / illnesses?

 yes no

Nicht aufgeführte akute oder chronische Erkrankungen?

Please describe: _____

Bitte kurz beschreiben:



Medical documentation for the informative interview

Ärztl. Dokumentation zum Aufklärungsgespräch

To be completed by the doctor Wird vom Arzt ausgefüllt

Über folgende Themen (z. B. mögliche Komplikationen, die sich aus den spezifischen Risiken beim Patienten ergeben können, nähere Informationen zu den Alternativmethoden, Erfolgsaussichten) habe ich den Patienten im Gespräch näher aufgeklärt:

- Breast reduction surgery (reduction mammoplasty)
- Breast lift (mastopexia)
- Suture around the areola + vertical + horizontal (inverted T)
- left breast right breast
- additional/other procedure: _____

Capability to give wilful consent:

Fähigkeit der eigenständigen Einwilligung:

- The patient is **capable of making a decision** on the recommended procedure on his/her own and giving his/her consent for the procedure.
Der/Die Patient/in besitzt die Fähigkeit, eine **eigenständige Entscheidung** über die empfohlenen Maßnahme zu treffen und seine/ihre Einwilligung in den Eingriff zu erteilen.
- The patient is represented by a **custodian** with a custodian's card which states that he/she is also responsible for the patient's healthcare, or by a trusted person with a healthcare proxy. The child is represented by a parent/both **parents** or a legal guardian. These persons are capable of making a decision in the best interest of the patient/the child.
Die Patientin/Der Patient wird von einem **Betreuer** mit einem die Gesundheitspflege umfassenden Betreuerausweis oder einer Vertrauensperson mit einer Vorsorgevollmacht bzw. das Kind von seinen **Eltern**/einem Elternteil oder einem Vormund vertreten. Diese sind in der Lage, eine Entscheidung im Sinne des Patienten/des Kindes zu treffen.
- Custodian's card healthcare proxy advance healthcare directive has been submitted.
 Betreuerausweis Vorsorgevollmacht Patientenverfügung liegt vor.

Place, date, time [Ort, Datum, Uhrzeit]

Doctor's signature [Unterschrift der Ärztin/des Arztes]

Patient's refusal **Ablehnung**

The doctor _____ has provided me with detailed information regarding the procedure at hand and has also pointed out the disadvantages of rejecting it. I have understood the information provided to me and reject the procedure suggested to me.
Die Ärztin/der Arzt hat mich umfassend über die vorgeschlagene Maßnahme und über die sich aus meiner Ablehnung ergebenden Nachteile aufgeklärt. Ich habe die diesbezügliche Aufklärung verstanden und lehne die mir vorgeschlagene Maßnahme ab.

Place, date, time [Ort, Datum, Uhrzeit]

Refusal of the patient / parent(s)* / legal guardian(s) / witness, if any
(Ablehnung Patient / Eltern* / Betreuer / Vormund / ggf. des Kindes / ggf. des Zeugen)

DECLARATION OF CONSENT

Einwilligungserklärung

Please tick the appropriate boxes and confirm your statement with your signature below:

- I hereby confirm that I have understood all sections of this form.** I have read the entire form (5 pages). During the pre-procedure interview with the doctor _____, I received detailed information regarding the course of the scheduled procedure, the risks, complications and side effects associated with it as they apply to my particular case as well as the advantages and disadvantages of any alternative methods. **Ich bestätige hiermit, dass ich alle Bestandteile der Patientenaufklärung verstanden habe.** Diesen Aufklärungsbogen (5 Seiten) habe ich vollständig gelesen. Im Aufklärungsgespräch mit der Ärztin/dem Arzt wurde ich über den Ablauf der geplanten Maßnahme, deren Risiken, Komplikationen und Nebenwirkungen in meinem speziellen Fall und über die Vor- und Nachteile der Alternativmethoden umfassend informiert.

I hereby confirm that I do not have any additional questions and do not need more time for consideration. I consent to the procedure proposed. I have answered the questions regarding my medical history (anamnesis) fully to the best of my knowledge.

Ich versichere, dass ich keine weiteren Fragen habe und keine zusätzliche Bedenkzeit benötige. Ich stimme der vorgeschlagenen Maßnahme zu. Die Fragen zu meiner Krankengeschichte (Anamnese) habe ich nach bestem Wissen vollständig beantwortet.

My consent also applies to any necessary additional measures as well as to any required changes or additions to the procedure. Meine Einwilligung bezieht sich auch auf alle notwendigen Neben- und Folgemaßnahmen, sowie auf erforderliche Änderungen oder Erweiterungen des Maßnahme.

I confirm that I am capable of following the instructions given to me by my doctor.

Ich versichere, dass ich in der Lage bin, die ärztlichen Verhaltenshinweise zu befolgen.

- I agree that my copy of this explanatory form may be sent to the following e-mail address: Ich bin damit einverstanden, dass meine Kopie dieses Aufklärungsbogens an folgende E-Mail-Adresse gesendet wird:

e-mail address [E-Mail-Adresse]

Place, Date, Time [Ort, Datum, Uhrzeit]

Signature of the patient / parent(s)* / legal guardian(s) [Unterschrift Patientin / Patient / Eltern / Betreuer]

Copy/kopie:

- received/erhalten
 waived/verzichtet

Signature Copy received/waived
Kopieerhalt-/verzichtet

*If only one parent signs, then by so doing this parent declares that he/she has sole rights of custody or is acting with the consent of the other parent.

