

BREAST ENLARGEMENT (AUGMENTATION)

Information and medical history for patients for preparation of the required pre-procedure interview with the doctor

Clinic / Doctor:



Patient data:

englisch

Enlargement of breast right left
including insertion replacement of a (silicone gel-filled) implant
via the inframammary fold areola armpit
 behind in front of the pectoral muscle

including breast lift (mastopexia)
 Capsula removal (capsulectomy)
 additional/other procedure: _____

Scheduled date of procedure: _____

Dear patient,

a breast augmentation procedure has been scheduled 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

Through insertion of an implant, the breast can be enlarged. Usually, silicone implants are used for this purpose nowadays. There are various implant shapes (e.g. anatomically formed drop-shaped, round) and implant surfaces (textured, smooth). The implants contain silicone gel of the latest generation, bearing a significantly reduced risk of leakage. However, the silicone implants still remain a permanent foreign object.

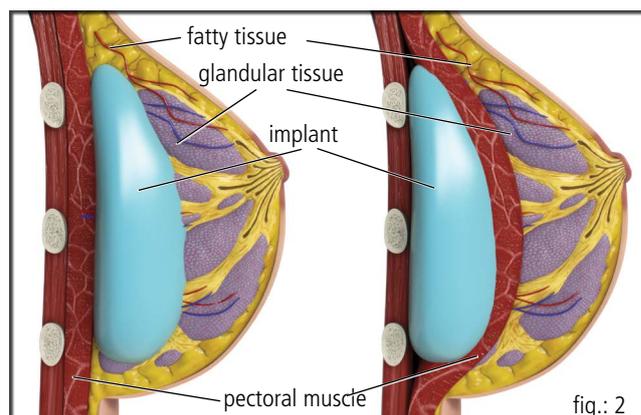
If the patient's breasts are sagging, a breast lift can be carried out during the same surgical procedure. There is no guarantee, however, that the result will be permanent. Your breasts may start sagging again over the course of your lifetime due to natural ageing and the skin flaccidity it involves.



It may be medically necessary to correct the size and shape of the breast. If, however, there is a purely aesthetic desire for surgical breast correction, health insurers usually do not cover the costs for the operation nor any costs for possible additional treatment. You should get professional advice regarding this matter and take out insurance to cover possible additional costs if need be. Also, a certificate to prove an inability to work as a result of aesthetic breast augmentation cannot be issued. For this reason, it is advisable that you plan a leave of absence (at least one to two weeks) after surgery.

COURSE OF OPERATION

Prior to the operation, several consultations will usually take place between you and your doctor in order to determine the approximate size and shape of the implant. Also, the access path (via the inframammary fold, areola, armpit) will be determined prior to surgery (s. fig. 1) and will be kept as unobtrusive and small as possible. The surgeon may mark your chest shortly before the operation, in particular if a breast lift is to be carried out during the same procedure which can be accompanied by additional scars. The operation will be carried out under general anaesthesia, regarding which you will be informed separately. First of all, the operation area is sterilised and covered. The surgeon will then prepare the so-called implant site via the previously determined access path. The implant can be inserted in front of or behind the greater pectoral muscle (s. fig. 2).



At the end of the procedure, a stabilising breast bandage will be applied or a special customised support bra put on. In most cases, at least one surgical drain will be inserted on each side to collect and drain post-surgical wound fluids and any blood which may still seep from the wounds. The drains will then be removed a few days after surgery.

PROSPECTS OF SUCCESS

This procedure usually results in improvements regarding the size, shape and firmness of the breast. During the first few days or weeks after the operation, swelling and bruising may occur. The final result of the treatment can be assessed after three to six months at the earliest. Sensitivity of the nipples may be altered after surgery, but this usually disappears after a few weeks. Scars will definitely remain after surgery.

We cannot guarantee that the treatment will be successful. The existing condition may also become worse. Perfect symmetry is difficult to achieve, especially if the breasts were asymmetrical to begin with. Despite the procedure having been carried out properly, you may not be happy with the cosmetic end result. If the implant is not situated in the perfect position, the nipples may end up pointing too far upward or downward. Additional measures or surgery may be required. The end result of the treatment will also change over time in accordance with the durability of the implant and the natural ageing process involving growing flaccidity of the skin. The implant may also have to be replaced at some point.

The body will form an enclosure around the implant so as to protect itself from the foreign object. This so-called **capsule** can harden and contract (capsule fibrosis or even capsule contraction, double bubble sign), leading to a deformation of the breast which may even cause pain. In some cases, the capsule can be felt through the skin like a shell. To what extent and after which period of time this capsule fibrosis will manifest varies from case to case. Especially in very slender women, the implant will be visible (sometimes also including fold formation).

Smoking, significant fluctuations in weight, hormonal factors such as a pregnancy or nursing can also have a negative influence on the result of the operation.

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. After breast augmentation, you should still undergo breast cancer prevention examinations on a regular basis.

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, paralyses or kidney failure requiring dialyses.

Inflammation (infections, purulence, abscesses) can usually be treated with antibiotics. In some cases, surgical treatment including removal of the implant may be necessary. The operation result can then become worse 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.

Severe bleeding is usually recognised immediately and can be treated accordingly. If bleeding persists, additional surgery may become necessary. Should severe blood loss occur, the use of donor blood/blood components (**transfusion**) may be required in exceptional cases. 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.

If additional or subsequent surgery is carried out in connection with the implant, it may result in prolonged wound drainage (**seroma**).

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 rarely occur.

The procedure may lead to **injury of the ribcage** resulting in air entering into the chest and pushing aside the lungs (pneumothorax). In order to remove the air and improve breathing, a surgical drain may then have to be inserted.

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.

In very rare cases, a **superficial vein inflammation** in the breast (Mondor's disease) can occur. This may then result in permanent hardening alongside the veins.

There may be **impaired blood circulation**, leading to tissue death (necrosis) in individual cases.

As with any surgical procedure, **blood clots (thromboses)** may form, causing obstruction of a blood vessel (embolism). Blood clots may also travel to other parts of the body and block the vessels of other organs (**embolism**). 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.

Capsule fibrosis or **capsule contracture** can be cosmetically undesirable, but also painful. The capsule tissue will then often have to be removed in surgery or the implant will have to be removed or replaced.

The implant may shift, for instance, **turning of the implant** may occur. This is particularly obvious with drop-shaped implants. Due to the implant being in close proximity to the greater pectoral muscle, it may move or go out of shape momentarily when the arms are moved. Depending on the size of the implant, a **foreign body sensation/cold feeling** can occur.

Generally speaking, there is always a possibility of an **implant rupture, tear** or other defect. However, leaking is no longer possible since special silicone gel is used nowadays. Minor amounts of silicone may still end up in the body's circulation system and accumulate, for example in the lymph nodes (referred to as siliconoma), which increases the risk of **malignant lymphoma** (so-called anaplastic large-cell lymphoma).

Any **examination of the breast** will be **more difficult** after breast augmentation. Palpitation and X-ray examination of the breast (mammography) can be less conclusive because of the implant. Additional ultrasound examination or an MRI may then have to be carried out in that event.

Particularly if a breast lift was performed during the same procedure or if access was gained via the areola, impairment or even **loss of the ability to nurse** may occur. The areolae may lose their round shape due to scar formation and the **nipple** may be temporarily or permanently **inverted** or **sensitive to touch**.

The **sensitivity** of other parts of the breast may also be **impaired** due to small nerves in the skin having been severed.

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 (intense snoring with breathing interruptions), vocal cord/diaphragm paralysis.

Erkrankung der Atemwege/Lungen? Asthma, chronische Bronchitis, Lungenentzündung, Lungenemphysem, Schlafapnoe (starkes Schnarchen mit Atemaussetzern), Stimmband-Zwerchfelllähmung.

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), Nierenentzündung.

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, Persönlichkeitsstörung)?

Does cancer run in the family, especially breast cancer? yes no

Gibt es in der Familie Krebserkrankungen, insbesondere Brustkrebs?

Any other acute or chronic diseases / illnesses? yes no

Nicht aufgeführte akute oder chronische Erkrankungen?

Please describe: _____

Bitte kurz beschreiben:
