

DATE:
HOSPITAL:
PATIENT:
FULL NAME:
DATE OF BIRTH:
ADDRESS:

CONSENT FOR BREAST AUGMENTATION

You have the right, as our patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I voluntarily request Dr. Mounir as my surgeon, and such associates, technical assistants and other health care providers as they may deem necessary, to treat my condition which has been explained to me as:

Inadequate size of my breasts (Hypomastia)

I understand that the following surgical, medical, and/or diagnostic procedures are planned for me and I voluntarily consent and authorize these procedures:

**Augmentation mammoplasty or the so-called
breast enlargement by placing a silicone breast implant**

I understand that Dr. Mounir may discover other or different conditions, which require additional or different procedures than those planned. I authorize Dr. Mounir, and such associates, technical assistants and other health care providers to perform such other procedures, which are advisable in their professional judgement. I understand that no warranty or guarantee has been made to me regarding result or cure.

Just as there may be disadvantages in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, and even death. I also realize that the following risks and hazards may occur in connection with this particular procedure:

• **Prior to deciding on breast implant surgery, botox or any implanted device women should have a HLA blood test through their Medical Practitioner to determine if they are HLA-B27 positive, and will, therefore, reject the implants.**

- Postoperative infection necessitating removal of your implant for at least 3 months
- Postoperative bleeding that may require drainage or reoperation
- Prostheses will make mammograms more difficult to read (risk of implant rupture)
- Pain or discomfort
- The life of a breast implant is not known, Removal or replacement of any implanted device may be required.
- Loss of skin over breasts (Skin necrosis)
- Breast feeding: A report by the Institute of Internal Medicine and International Specialty, University of Catania states 'Breast-feeding by women with silicone implants **should NOT** be recommended for possible autoimmune disorders in the children
- Mal-placement of the implant leading to unsatisfactory cosmetic outcome including double fold, double bubble, bottoming out and water-fall effect deformity.
- Increased risk of capsular contracture necessitating further surgery.
- The Increased risk of auto immune system cancer (ALCL) more associated with textured implants.
- The Silicon is NOT the same as Silicone with an 'e'.
- Unsatisfactory cosmetic result due to asymmetry. Breast implants will only give you a bigger version of your breasts.
- Unnatural look. Placing silicone implants in your breasts will produce an unnatural cosmetic outcome and you may be disappointed.

Please initial each of the paragraphs below you have read and understood

.....I have read completely the information booklet on augmentation mammoplasty. I understand all of the information contained in the patient guide, and have had an opportunity to discuss and ask questions about this information.

..... I have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved, and I believe that I have sufficient information to give this informed consent. I understand that this is an elective cosmetic procedure and is not reimbursable by Third Party payers.

.....During consultations we have discussed and you have consented to a range of implants, which have been selected for use during your planned operation. If, during your operation, any circumstance arises that renders the implants selected unsuitable, you consent to me, in my capacity as your surgeon, selecting an alternative implant size and or profile relative to the presentation of your breast to use at the time of operation. This is for the sole purpose of giving you the best aesthetic outcome.

.....I confirm that I have been given the opportunity to try different sizes implant with a Dr Mounir (BRA-test) and I decided to proceed with my breast enhancement procedure using silicone implants:

Please circle below to confirm your choice:

- Implant size range selected: between.....and
- Nature of the implant: Textured / Smooth
- Shape of the implant: Anatomical / Round
- If needed because my breast asymmetry, then I would like to have if possible the following implants sizes:
 - Right breast: Left breast:

.....I hereby give permission to Dr. Mounir to take clinical photographs with the understanding that such photographs will remain the property of Dr. Mounir. If in Dr. Mounir' judgement, education, medical research, or surgical knowledge may be benefitted by their use, then these photographs or related information may be published and republished in professional journals or medical books, or used for education or any other purpose which Dr. Mounir may deem proper. It is specifically understood that in any such publications or use, **I shall not be identified.**

I certify this form has been fully explained to me on my pre-operative assessment with the nurse.

I have read it or have had it read to me, that the blank spaces have been filled in, and that I understand its contents.

Signed this ____ day of the month of _____, 20 ____

In the presence of the witness listed below.

Patient's translator

Name (Please print) and Signature

Date:

ID number: