

Patient's Name:

D.O.B

Informed Consent for Patients Desiring Breast Augmentation with or Following Mastopexy and Patients with Thin or Stretch-Prone Tissues.

I _____ have discussed with Dr. Mounir and fully understand and accept the following with regard to my desire for breast augmentation. I acknowledge that I fully understand each item listed below. I have had an opportunity to have all my questions answered, and I feel informed, and I accept each risk or tradeoff listed below as indicated by my initial(s) _____ beside each item. (Please place your initial in the blank at left, then initial each box beside each item below.)

r My tissues are prone to stretch. They stretched with the weight of my breast tissues alone, causing me to need mastopexy.

r As I get older, my breast skin will age, stretch, and become thinner even without an implant. The larger any breast, augmented or not, the worse it will look over time.

r Adding any implant to my breast adds weight and will produce further stretch and thinning of my tissues over time.

r The larger the implant, the greater the amount of stretch that will occur.

r Adding weight to the breast almost guarantees that it will look worse over time, with increased stretch and sagging. It is impossible to predict whether or when this will occur in any individual patient.

r Adding weight to my breast with an implant may cause me to need further surgery in the future, especially additional mastopexy that will incur additional costs, time off work, risks, and tradeoffs.

r Excessive tissue stretch can make me more likely to have surgical complications with problems healing if the tissues become very thin.

r As tissues thin, I will definitely be able to **feel** my implant, portions of the implant may be visible through my skin, and visible **rippling** or wrinkling may occur.

r If excessive stretch or complications occur (and this is unpredictable), it may become necessary to remove the implants, with probable compromise in the appearance of my breasts and probable visible scarring.

r I understand and accept all of these risks, limitations, and tradeoffs, and request that Dr. Mounir proceed with augmentation of my breasts. I have had an opportunity to have all of my questions answered to my satisfaction and am totally comfortable with my decision.

Date:

Time:

Patient: (Please print)

Witness: (Please print)

Patient: (Please sign)

Witness: (Please sign)