

Informed Consent for Patients Desiring Removal of Breast Implants and Breast Lift (Mastopexy)

I _____ have discussed with Dr. Abel Mounir and fully understand and accept the following with regard to my desire for breast additional breast surgery (please initial here _____ and initial each line below to indicate your complete understanding and acceptance of each item):

_____ I initially requested Dr. Abel Mounir to perform breast augmentation on me, and advised him during my followup visit with him that I think he did a good job and that I am now wearing the bra cup size I requested prior to my augmentation, but now I feel that my breasts are too large and I advised Dr. Mounir that I am self-conscious and want my breasts to be smaller and lifted.

_____ I request that Dr. Abel Mounir remove my current breast implants.

_____ I understand that when my current implants are removed, I may have a large amount of empty skin envelope, and that my breasts will be empty in the upper portion and markedly sagging in the lower portion, similar or worse in appearance compared to before I had my breast implants placed.

_____ I specifically request that Dr. Abel Mounir perform a breast lift operation (mastopexy) on my breasts after removing my breast implants.

_____ I am fully aware and understand that the reason my breasts sagged in the first place is because my skin will not support the weight of my own breast tissue. Even without the additional weight of a breast implant, I understand that as I get older, my skin will stretch further just with the weight of my own breast tissue, and that a breast lift operation only partially improves the appearance of my breasts for a period of time that Dr. Abel Mounir cannot predict.

_____ Dr. Abel Mounir has advised me that following any type of mastopexy, even if no implant is placed, the skin in the lower breast will stretch, and I will never be able to maintain fullness in my upper breast, with or without an implant. If an implant is added (even a small implant), I understand that I am accelerating the rate and amount of stretching that may occur.

_____ Dr. Abel Mounir has advised me, and I fully understand and accept that I will definitely have risks and tradeoffs associated with breast lift, including visible scars on my breasts (the quality of which the surgeon cannot predict), possible partial or total loss of sensation in any area of the breast, possible loss of the ability to nurse, the fact that my breasts and nipple positions will never be equal on both sides, emptiness in the upper breasts that can occur at any time with stretching of the lower breast skin, and all other potential risks and complications listed on Dr. Abel Mounir's operative consent forms.

_____ Dr. Abel Mounir strongly emphasized to me that I might not be happy with the tradeoffs of mastopexy, and that I might not like my breast appearance following mastopexy any more than I like my breast appearance now. Nevertheless, I request that Dr. Abel Mounir proceed and perform a mastopexy on my breasts.

_____ I do not want Dr. Abel Mounir to place any breast implant in my breast at the time he performs my mastopexy.

_____ I fully understand and accept that I might NOT be happy with my breast size, shape, nipple position, or symmetry (matching of the two sides) following mastopexy, but I am choosing to proceed and am certain that I want my current implants removed and my breasts lifted.

_____ In the event that for any reason I am not happy with my breasts following mastopexy, I will leave the decision about whether to perform any revision surgery or additional surgery on my breasts entirely with Dr. Abel Mounir's judgment.

I completely understand and accept all of these risks, limitations, and tradeoffs of breast lifting and removal of my implants, and request that Dr. Abel Mounir proceed with implant removal and breast lift surgery. I have had an opportunity to have all of my questions answered to my satisfaction, and am totally comfortable with my decision.

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

Patient: (Please print)

Witness: (Please print)

Patient: (Please sign)

Witness: (Please sign)