

**INFORMED CONSENT – SUBCUTANEOUS MASTECTOMY (GYNECOMASTIA)
WITH POSSIBLE ASPIRATION LIPECTOMY**

INSTRUCTIONS

This is an informed-consent document that has been prepared to help your plastic surgeon inform you concerning Subcutaneous Mastectomy (gynecomastia) surgery, its risk, and alternative treatment.

GENERAL INFORMATION

I understand that an incision will be made around the lower one half of the nipple and others may be required depending on the amount of tissue to be removed. The abnormal breast tissue will be cut away from the skin and fat on one side and from the chest wall on the other side.

RISK OF SUBCUTANEOUS MASTECTOMY (GYNECOMASTIA)

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risk involved with Gynecomastia. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand the risk, potential complications and consequences of gynecomastia.

Permanent scars- will be present. However, they usually can be hidden where they are inconspicuous. The amount of scarring depends on how well healing occurs. Scars can possibly spread, become "heaped-up" and or red, necessitating revision.

Hematoma- due to infusion of blood within the tissues may occur. This may delay healing.

Numbness- could occur. This numbness is usually temporary, but could persist. The sensation of the breast, nipple and areola may be less than normal.

Loss of the areola or nipple – could occur due to inadequate blood supply and/or infection.

Secondary surgery – using different incisions may be necessary.

Asymmetry – may occur. The breast may not be symmetrical.

If an aspiration lipectomy is performed at the same time I am aware that:

Contour deformity (waviness), irregular furrows, skin dimpling or "cottage cheese" texture may be present. Some or all of which may improve over a period of months; however, I understand that this may be permanent.

Asymmetry – may be present. This is usually the case pre-operatively.

Seroma- (collection of clear fluid) and or hematoma (collection of blood) could occur. These will have to be removed by aspiration. They could delay healing.

Pigmentation could occur.

Skin loss – Skin loss is rare after surgery. Additional treatments including surgery may be necessary.

Allergic reactions – In rare cases, local allergies to tape, suture materials, or topical preparations have been reported. Systemic reactions which are more serious may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Other – You may be disappointed with the results of surgery. Infrequently, it is necessary to perform additional surgery to improve your results.

Surgical anesthesia – Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations. Please carefully review your health insurance subscriber information pamphlet.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies, anesthesia, laboratory test, and possible outpatients hospital charges. Additions cost may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revisional surgery would also be your responsibly.

DISCLAMER

Informed consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risk and alternative forms of treatment. The informed consent process attempts to defined principles of risk disclosure that should generally meet the needs of most patient in most circumstances.

However, informed consent documents should not be considered all inclusive in defining other methods of care and risk encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

ARBITRATION. Any and all disputes, claims or controversies arising between the parties shall be submitted for binding arbitration for final resolution. The laws governing any such arbitration shall be that of the state of Michigan, and any and all costs incident to the said arbitration shall be equally borne between the parties.

CONSENT FOR SURGERY/ PROCEDURE or TREATMENT

1. I hereby authorize DR. _____ and such assistants as may be selected to perform the following procedure or treatment:

SUBCUTANEOUS MASTECTOMY (GYNECOMASTIA) WITH POSSIBLE LIPECTOMY

I have received the following information sheet:

INFORMED-CONSENT SUBCUTANEOUS MASTECTOMY (GYNECOMASTIA) WITH POSSIBLE LIPECTOMY

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
9. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9). I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____

Witness