

Clinics

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מרפאות

חיפה - בית הרופאים, שד' בן גוריון 4

חיפה - רח' שארית הפליטה 13, דניה

נהריה - רח' סוקולוב 21

Consent form for breast-enlargement surgery with silicon gel implants

Breast-enlargement surgery is a cosmetic operation (and sometimes a part of breast reconstruction).

The enlargement is performed by the insertion of a silicon implant containing silicon gel.

The operation is performed under sedation and local anesthesia or under general anesthesia.

Name of the patient: _____ ID no. _____

I the undersigned request that Dr. _____ perform on me breast-enlargement surgery/ reconstruction of the right / left breast/ both breasts with silicon implants.

I hereby testify that I have received from the surgeon a detailed oral explanation on the anticipated outcome and its limitations, on the calculated risks and the alternative treatment options under the given circumstances including the prospects and risks involved in this operation. It was also explained that there is no accurate data regarding the life-span of the implant, and the ratio of spontaneous rupture of the envelope. It was explained that in case of a rupture or injury, the need for additional surgery for replacement of the implant may arise.

I consent to receive local or general anesthesia according to the discretion of the attending physicians, and I testify that it was explained regarding the calculated risks involved in any type of anesthesia.

I testify that it was explained, and I understand that it is not possible to foresee precisely the final outcome of the operation. Since people are not identical regarding the anatomic structure and properties of their tissues, the response to the operation and scar formation may vary from one patient to another. I am aware that in any case, scars are left at the site of the insertion of the implants, and part of the population tends to develop wide unseemly or colloidal scars liable to cause sensitivity, itching, discomfort, and an unaesthetic appearance. Different response by different people may also occur following the insertion of different implants, such as: silicon gel or following the intake of medicines. Since it is a question of factors over which the surgeon has no complete control, the surgical outcome may vary from one to another. Thus, I understand that my response also to the operation and the aforementioned complications are not precisely foreseeable; therefore, I testify that I was given no warranty or pledge regarding the surgery I am going to undergo.

I understand that in every operation, adverse complications may occur, such as: infection, that necessitates aggressive antibiotic therapy, and in case of failure of the treatment, it will be necessary to remove the infected implant, or to open the sutures, severe pain, discomfort, permanent erection of the nipples, and alterations of the sensation of the nipples and the whole breast, asymmetry of the breasts, as well as perforation of the chest and lungs, that may end in death. Similarly, other complications are possible.

I testify that I am aware that there is the problem of shrinking of the capsule – that is, the formation of hard connective tissue around the implant, that may cause pain and deformation of the implant, and occasionally, without the possibility of correcting it with additional surgery, in which the implant is replaced and the hard capsule is excised.

I am aware that this hardening is a physiologic response of the organism to the implantation of a foreign body, and is not itself risky.

I am also aware of the fact that there is microscopic leakage of silicon gel via the wall of the implant's envelope. I am aware that concerns were raised regarding the link between silicon and the development of various types of cancer, and rheumatic or immunity diseases; however, until now it has not been scientifically proved that such a link exists.

It has also been made clear to me that the insertion of the implant impairs to some extent the capability of detection of breast tumors, mainly by mammography.

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I am aware that extreme alterations of weight, pregnancy, delivery and breast feeding alter the shape of the breast and may cause sagging of the breasts. Similarly, I have been explained the nature of breast-lift surgery, I understand that it involves additional scars; thus, I am not willing to undergo it. I am aware that the choice of the size of the implant is final and changing the size after ending the operation involves another operation. I testify that I reviewed the various types and sizes of implants, and consent to the insertion of the implant of the size of my choice, with the assistance of the surgeon. I have been also explained that anatomic implants may rotate, and this is not avoidable beforehand. I am aware and was it was explained that the nature of the silicon of the implant which will be inserted in my body has been made according to the best know-how and professional skill presently available, but it cannot absolutely assure the absence of phenomena in the future.

I am aware that the results of the operation will not be maintained for a lifetime, and the ongoing process of sagging of the breasts will continue.

I am hereby giving my consent for the performing of local anesthesia with or without intra- venous injection of sedative medicines after I was explained the risks and the complications of local anesthesia, including an allergic reaction of various degrees to anesthetic substances, the potential complications of the use of sedative medicines, that may cause, infrequently, respiratory disturbances and disturbances of the cardiac activity, particularly in heart patients and patients with respiratory disorders.

I hereby give my consent to the performing of the main operation.

I was explained that sometimes the operation is performed under local anesthesia and deep sedation. I was explained that general anesthesia is administered by an anesthesiologist.

Similarly, I hereby testify and declare that it was explained, and I understand that there is a possibility that in the course of the main operation, to extend its scope, to alter it or take other or additional life-saving or damage-preventing actions, including unforeseeable surgical actions now with certainty or in full, but their meaning was made clear to me. Accordingly, I also consent to the said extension, alteration or performance of other or additional procedures, including surgical procedures that in the surgeon's opinion are vital or necessary during the main operation.

I consent to the taking of pictures before and after the treatment for scientific purposes, documentation, and follow-up.

I was explained that medicine and plastic surgery in particular is not an exact science, and that it is not possible to prevent entirely complications and adverse results. The surgeon undertakes treat with dedication any complication or adverse effect. However, it was made clear to me that no pecuniary remuneration shall be given for a complication or adverse outcome after the treatment. Similarly, no pecuniary or other damage shall be covered in connection with the treatment, such as a loss of working days, purchasing of medicines, special trips, a hospitalization, and/or any direct or indirect damage incurred in a direct or indirect connection with the treatment I am going to undergo.

If it is decided after a recovery period that usually lasts about a year, that corrective surgery is required, it shall be performed with the consent of both parties and at the cost price.

I undertake to continue with a periodic follow-up with the surgeon or the attending physician as determined, and notify on time of any unforeseen change in the course of treatment.

I testify that I have had the time to peruse it and receive another opinion of my choice.

Signature of the patient/guardian on the day of the first receipt of the form: _____

Date: _____ Time: _____

Signature of the patient/guardian for the second time: _____

Date: _____ Time: _____

I hereby testify that I have explained to the patient/guardian all the aforesaid in the necessary detail and that the signature was put after I was satisfied that my explanation was fully understood.

Stamp and signature of the physician _____ Date: _____ Time: _____