

**Clinics** **1800-331-441**

Haifa - Beit Harofim 4 Ben Gurion st. Tel. 972-4-8550930 טל.  
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[www.drgovrin.co.il](http://www.drgovrin.co.il)

**מרפאות**

חיפה - בית הרופאים, שד' בן גוריון 4  
חיפה - רח' שארית הפליטה 13, דניה  
נהריה - רח' סוקולוב 21

## Consent form for breast-lift surgery – mastopexy.

The operation is a cosmetic one and includes lifting of the nipple and removal of surplus skin. Sometimes the operation can be done in conjunction with an insertion of the prostheses in order to increase the volume of the breasts.

The operation is performed under general anesthesia, and sometimes, under local anesthesia + deep sedation.

Name of the patient: \_\_\_\_\_ ID no.: \_\_\_\_\_

I hereby testify and confirm that I received a detailed oral explanation by Dr. \_\_\_\_\_ on breast-lift surgery \_\_\_\_\_ with/without the insertion of a prosthesis type \_\_\_\_\_ of a volume of \_\_\_\_\_

(hereinafter: "the main operation").

I was explained the anticipated outcome and the limited repair capacity of the operation.

I hereby testify and confirm that I was explained the post-operative side-effects after the main operation including pain and discomfort, nausea and vomiting, bleeding.

I was explained that in any event, scars will remain at the region of the incision/s. The shape of the residual scars depends on the type of my skin and its healing properties and in some cases, wide unseemly scars develop, or colloidal scars (red, prominent and itching).

Similarly, I was explained the main risks and complications including: bleeding, infection, alterations of the sensation of the nipples and their shape, likewise, in the skin that may be transient or permanent.

A sensation of lumps, a gap of the incision margins, necrosis of the skin and/or the areola and/or the nipple and/or of the deep tissues and asymmetry of the breasts. These complications may necessitate further treatments and operations.

I was explained the potential risks and complications in case of an implantation of a prostheses, including leakage or rupture of the prosthesis' envelope, as well as ejection or rejection that necessitate surgery for its removal, a hardening of the prosthesis' capsule and its shrinkage, and the ensuing discomfort and pain, and/or deformation of the breast/nipple, up to the need to remove the prosthesis.

I was explained, that so far it has not been unambiguously proven, that there is a link between the implantation of a prosthesis and the development of cancer, as well as a link with rheumatic and neurological phenomena associated with autoimmune diseases.

I was also explained that the operation may impair the capacity to detect tumors by breast examination, and there is a reasonable chance of losing the breast-feeding capability. I was also explained that the operation does not stop the natural sagging process of the breast, and it is known that alterations of the body weight, pregnancy, delivery and breast-feeding alter the shape of the breasts and may speed up their sagging.

I was explained that if prostheses are used, a regular routine follow-up will be necessary at least once a year.

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

I was explained that the operation is performed under local anesthesia and deep sedation, or under general anesthesia that will be explained by the anesthesiologist.

I was explained the potential risks and complications in case of implantation of prostheses, including leakage or rupture of the prosthesis' envelope, as well as ejection or rejection that necessitate surgery for its removal, hardening of the prosthesis' capsule and its shrinkage, and the ensuing

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discomfort and pain, and/or deformation of the breast/nipple, up to the need to remove the prosthesis. I was explained, that so far it has not been unambiguously proven, that there is a link between the implantation of a prosthesis and the development of cancer, as well as a link with rheumatic and neurological manifestations associated with autoimmune diseases.

I was also explained that the operation may impair the capacity to detect tumors by breast examination, and there is a reasonable chance of losing the breast-feeding capability. I was also explained that the operation does not stop the natural sagging process of the breast, and it is known that alterations of the body weight, pregnancy, delivery and breast-feeding alter the shape of the breasts and may speed up their sagging.

I was explained that if prostheses are used, a regular routine follow-up will be necessary at least once a year.

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

I was explained that the operation is performed under local anesthesia and deep sedation, or under general anesthesia that will be explained by the anesthesiologist.

I also hereby testify and confirm that it was explained and that I understand that a possibility exists that during the main operation, it may result in that it is necessary to extend its scope, to alter it or do any other or further life-saving or body harm- preventing procedures, including surgical procedures that are not foreseeable with certainty or fully now, but their meaning was explained to me. Thus, I also consent to this extension, alteration or performance of other or further procedures, including surgical procedures that, according to the surgeon's opinion, are vital or necessary during the main operation.

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

I received an explanation that medicine, and plastic surgery in particular, is not an exact science, and it is not possible to prevent completely complications and adverse effects. The surgeon undertakes to treat with dedication any complication or adverse effect. However, it was made clear to me that no pecuniary remuneration of any kind shall be awarded for a post-operative complication or adverse effect. Similarly, no pecuniary or other damage caused in relation to the treatment shall be covered, such as a loss of working days, a purchase of medicines, special trips, hospitalization, and/or any direct or indirect damage incurred in direct or indirect relation to the treatment I receive.

If it is decided after the recovery period, which is usually approximately a year, that a corrective operation is indicated, it will be performed with the consent of both sides and at the cost price.

I undertake to continue the routine follow-up with the surgeon or the attending physician, according to what they will determine, and notify in time any unforeseen change in the progress of healing.

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

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

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature of the patient/guardian the second time: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

I testify that I 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: \_\_\_\_\_