FEEL BEAUTIFUL
STEVE LAVERSON, MD

# BREAST AUGMENTATION SAN DIEGO (SILICONE) CONSENT

**BREAST AUGMENTATION WITH SILICONE GEL IMPLANTS**

**INSTRUCTIONS**

**It is required by law that you be fully informed about risks and alternatives of surgery before proceeding with any operation. It is Dr. Laverson's responsibility to provide this information for you. It is your responsibility to become familiar with this information and to consider it when deciding whether or not to proceed with breast augmentation. Read each paragraph completely. If there is anything you do not understand or words you don't know, ask Dr. Laverson to explain. Surgery is not an exact science. Because it is impossible to predict your outcome precisely in advance of the procedure, you should understand possible complications of breast augmentation with silicone gel implants. Your signature at the end confirms that you understand this information, and you want to have breast augmentation with silicone gel implants.**

**GENERAL INFORMATION**

Augmentation mammaplasty is a surgical procedure performed to enlarge the breasts for a number of reasons:

- To enhance the figure of a woman who for personal reasons feels that her breast size is too small.
- To correct a loss in breast volume after pregnancy.
- To balance breast size, when there exists a significant difference between the size of the breasts.
- To restore breast shape after partial or total loss of the breast(s) for various conditions.
- To replace existing breast implants for cosmetic or reconstructive reasons.

Breast implant surgery should not be performed on women with untreated breast cancer or pre-malignant breast disorders, active infection anywhere in the body, or on women who are currently pregnant or nursing. Individuals with a weakened immune system (currently receiving chemotherapy or drugs to suppress the immune system), conditions that interfere with blood clotting or wound healing, or have reduced blood supply to the breast tissue from prior surgery or radiation therapy treatments may be at greater risk for complications and a poor surgical outcome. According to the United States Food and Drug Administration, a woman should be at least 18 years of age for cosmetic breast augmentation.

Breast enlargement is accomplished by inserting a synthetic implant (prosthesis) either behind the breast gland or partially under the chest muscles. Incisions are made so the resulting scars will be as inconspicuous as possible. These scars will either be on the bottom of the breast, around the lower part of the areola, or in the armpit. Implants are manufactured in a variety of shapes, sizes, and with either smooth or textured surfaces. Implant selection and size, along with surgical approach for inserting and positioning breast implants depends on your preferences and Dr. Laverson's recommendation. The shape and size of your breasts prior to surgery will influence the recommended approach and your final results. If the breasts are not the same size or shape before surgery, it is unlikely that they will be symmetric afterward.

If your breasts are sagging or drooping, additional surgical procedures (breast lift) may be indicated to reposition the nipple and areola upward, remove some loose skin, and improve breast shape.

Patients undergoing augmentation mammaplasty surgery must consider the following:

- Breast augmentation with silicone gel-filled implants may not be a one-time surgery.
- Breast implants of any type are not considered lifetime devices. They cannot be expected to last forever. You will likely require future surgery for implant replacement or removal.
- Changes that occur to the breasts following augmentation or reconstruction with implants are not reversible. There may be an unacceptable appearance to the breast if you later choose to have breast implants removed.

**ALTERNATIVE TREATMENTS**

Augmentation mammaplasty with silicone gel filled implants is an elective surgical operation. Alternative treatment is not undergoing the surgical procedure or use of external breast prostheses or padding, saline-filled implants, or the transfer of other body tissues to enlarge/rebuild breast size. Risks and potential complications are also associated with alternative treatments.

**RISKS OF AUGMENTATION MAMMAPLASTY SURGERY**

Every surgical procedure involves risk and the potential for unanticipated complications. If complications were predictable, they would never happen. The very nature of complications of surgery is that they are often unpredictable. The best we can hope for is to understand the most likely complications, try our absolute best to avoid them, and manage them expeditiously and successfully when they do occur. It is also important that you understand limitations of the breast augmentation procedure and the implants.

Additional information about breast implants may be found at www.breastimplantsafety.org, from Allergan (the implant manufacturer), and from the United States Food and Drug Administration.

Your choice to undergo any elective surgical procedure should be based on a comparison of known risks to expected benefit. Although most patients do not experience complications, you should discuss each of the most common problems with Dr. Laverson to make sure you understand all possible consequences of breast augmentation. Problems associated with breast augmentation can be inherent to the implants themselves and/or complications of the surgical procedure. While every patient experiences her own unique outcome which is unpredictable in advance, clinical data suggests that most women will be satisfied with the results of breast augmentation despite problems inherent with the surgery.

**Inherent Risks of Silicone Gel Filled Breast Implants**

**Implants**– Breast implants, similar to other medical devices, can fail. When a silicone gel-filled implant ruptures, the gel material is usually contained within the scar tissue surrounding the implant (intracapsular rupture). In some cases, the gel may escape beyond the capsule layer and go into the breast tissue itself (extracapsular rupture and gel migration). Rupture of a breast implant may or may not produce local firmness in the breast. Rupture can occur as a result of an injury, from no apparent cause (silent rupture), or during mammography. It is possible to damage an implant at the time of surgery or perforate an implant during needle biopsy or aspiration of a breast cyst. Damaged or

broken implants cannot be repaired. Ruptured or damaged implants require replacement or removal. Breast implants can wear out, they are not guaranteed to last a lifetime and future surgery may be required to replace one or both implants. An MRI (magnetic resonance imaging) study may be necessary to evaluate the possibility of implant rupture, yet it may not be 100% accurate in diagnosing implant integrity.

**Capsular Contracture**– Scar tissue, which forms internally around the breast implant, can tighten and make the breast round, firm, and possibly painful. Excessive firmness of the breasts can occur soon after surgery or years later. The occurrence of symptomatic capsular contracture is not predictable. The incidence of symptomatic capsular contracture can be expected to increase over time. Capsular contracture may occur on one side, both sides or not at all. It may be more common with implant placement in front of the chest muscle layer. Treating capsular contracture may require surgery, implant replacement, or implant removal. **Capsular contracture may reoccur after surgical procedures to treat this condition.**

**Implant Extrusion / Tissue Necrosis**– Lack of adequate tissue coverage or infection may result in exposure and extrusion of the implant through the skin. Tissue breakdown (necrosis) has been reported with the use of steroid drugs, after chemotherapy/radiation to breast tissue, due to smoking, microwave diathermy, and excessive heat or cold therapy. In some cases, incision sites fail to heal normally. An implant may become visible at the surface of the breast as a result of the device pushing though layers of skin. If tissue breakdown occurs and the implant becomes exposed, implant removal may be necessary. Permanent scar deformity may occur.

**Skin Wrinkling and Rippling**– Visible and palpable wrinkling (Wrinkling that can be seen and felt) of implants and breast skin can occur. Some wrinkling is normal and expected with silicone gel-filled breast implants. This is more pronounced in thin patients and patients with small breasts. Wrinkling may be easier to see or feel with textured surface implants. Palpable wrinkling and/or folds may be confused with breast tumors. Questionable cases must be investigated.

**Calcification**– Calcium deposits can form in the scar tissue surrounding the implant and may cause pain, firmness, and be visible on mammography. These deposits must be identified as different from calcium deposits that are a sign of breast cancer. Should this occur, additional surgery may be necessary to remove and examine calcifications.

**Chest Wall Irregularities**– Chest wall irregularities have been reported secondary to the use of tissue expanders and breast implants. Residual skin irregularities at the ends of the incisions or "dog ears" are always a possibility when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.

**Implant Displacement and Tissue Stretching**– Displacement, rotation, or migration of a breast implant may occur from its initial placement and can be accompanied by discomfort and/or distortion in breast shape (visible rippling of the skin). Unusual techniques of implant placement may increase the risk of displacement or migration. Additional surgery may be necessary to attempt to correct this problem. It may not be possible to resolve this problem once it has occurred.

**Surface Contamination of Implants**– Skin oil, lint from surgical drapes, or talc may become deposited on the surface of the implant at the time of insertion. The consequences of this are unknown.

**Unusual Activities and Occupations**– Activities and occupations that have the potential for trauma to the breast could potentially break or damage breast implants or cause bleeding/seroma.

**Silicone Gel Bleed**– Over time, small amounts of silicone gel material can pass through the shell layer of the implant and coat the outside of the implant. This may contribute to capsular contracture.

**Inherent Risk of Breast Augmentation Procedure**

**Bleeding**– It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or blood transfusion. Intra-operative blood transfusion may also be required. Hematoma may contribute to capsular contracture, infection or other problems. **Do not take any aspirin or anti-inflammatory medications for ten days before or after surgery, as this may increase the risk of bleeding.** Non-prescription "herbs" and dietary supplements can increase the risk of bleeding. Hematoma can occur at any time following injury to the breast. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and HIV (AIDS). Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

**Seroma**– Fluid may accumulate around the implant following surgery, trauma or vigorous exercise. Additional treatment may be necessary to drain fluid accumulation around breast implants. This may contribute to infection, capsular contracture, or other problems.

**Infection**– Although infection is unusual after this type of surgery, it may appear in the immediate post-operative period or at any time following the insertion of a breast implant. Subacute or chronic infections may be difficult to diagnose. Should an infection occur, treatment including antibiotics, removal of the implant, and additional surgery will likely be necessary. Infections with the presence of a breast implant are harder to treat than infections in normal body tissues. If an infection does not respond to antibiotics, the breast implant must be removed. After the infection completely resolves, a waiting period of several months is required before a new breast implant can be inserted. It is rare, but possible, that an infection develops around an implant from a bacterial infection elsewhere in the body. Preventive antibiotics may be considered for dental or other surgical procedures in patients with breast implants. In extremely rare instances, life-threatening infections, including toxic shock syndrome have happened after breast implant surgery. Individuals with ongoing infection in their body or seriously weakened immune system should not have breast augmentation.

**Scarring**– All surgery leaves scars, some more visible than others. Excessive scarring is uncommon. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is the possibility ofvisible marks in the skin from sutures. In some cases, scars may require surgical revision or treatment.

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

**Allergic Reactions**– In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

**Thrombosed Veins**– Thrombosed veins, which resemble cords, occasionally develop in the area of the breast and usually resolve without medical or surgical treatment.

**Pain**– You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after breast implant surgery. Pain may be the result of improper implant size, placement, surgical technique, capsular contracture, or sensory nerve entrapment or injury. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue or due to tissue stretching.

**Skin Discoloration / Swelling**– Some bruising and swelling normally occurs after breast augmentation. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

**Sutures**– Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation.

**Asymmetry**– Some breast asymmetry naturally occurs in most women. Differences in terms of breast and nipple shape, size, or symmetry may also occur after surgery. Additional surgery may be necessary to attempt improvement of asymmetry after a breast augmentation.

**Change in Nipple and Skin Sensation**– You will likely experience diminution or complete loss of sensitivity of your nipples and the skin of your breast following breast augmentation. Sensation may or may not return with the passage of time. Partial or complete temporary or permanent loss of nipple and skin sensation may occur. This may affect sexual response or the ability to breast feed a baby.

**Damage to Deeper Structures**– There is potential for injury to deeper structures including nerves, blood vessels, muscles, and lungs (pneumothorax) during breast augmentation. Injury to deeper structures may be temporary or permanent.

**Delayed Healing**– Wound disruption or delayed wound healing is possible. Some areas of the breast skin or nipple region may not heal normally and may take a long time to heal. Areas of skin or nipple tissue may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have decreased blood supply to breast tissue from past surgery or radiation therapy may be at increased risk for wound healing problems and poor surgical outcome. **Smokers have a greater risk of skin loss and wound healing complications.**

**Heart and Lung Complications**– Pulmonary (lung) complications may occur from blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary emboli can be life-threatening or fatal. Inactivity and other conditions may increase the incidence of blood clots traveling to the lungs causing a major blood clot that may result in death. Disclose to Dr. Laverson any past history of swelling in your legs or blood clots that may increase this risk. Cardiac (heart) complications are a risk with any surgery and anesthesia, even in patients without symptoms. Should any of these complications occur, you may require hospitalization and additional treatment. If you experience shortness of breath, chest pain, or unusual heart beats after surgery, seek medical attention immediately.

**Shock-** In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are truly rare, infections or excessive fluid loss can lead to severe illness and even death. If shock occurs, hospitalization and additional intensive and/or prolonged treatment will be necessary.

**Additional Advisories Regarding Breast Implant Surgery**

**Breast Disease**– Current medical information does not demonstrate an increased risk of breast cancer in women who have breast implant surgery for either cosmetic or reconstructive purposes. Individuals with a personal history or family history of breast cancer may be at higher risk of developing breast cancer than a woman with no family history of this disease. It is recommended that all women perform periodic self-examination of their breasts, have mammography according to American Cancer Society guidelines, and seek professional care should a breast lump be detected. Care must be exercised during breast biopsy procedures to avoid damaging the breast implant.

**Mammography**– Breast implants may make mammography difficult and may obscure the detection of breast cancer. Any breast implant can impair the detection of breast cancer, regardless of the type of implant or where it is placed in relation to the breast. Implant rupture can occur from breast compression during mammography. Inform your mammography technologist of the presence of breast implants so that appropriate mammogram studies may be obtained. Patients with capsular contracture may find mammogram techniques painful and the difficulty of breast imaging will increase with the extent of contracture. Ultrasound, specialized mammography and MRI studies may be of benefit to evaluate breast lumps and the condition of the implant(s). Because more x-ray views are necessary with specialized mammography techniques, women with breast implants will receive more radiation than women without implants who receive a normal exam. However, the benefit of the mammogram in finding cancer outweighs the risk of additional x-rays. Patients may wish to undergo a preoperative mammogram and another one after implantation to establish a baseline view of their breast tissue. You may be advised to undergo a MRI study in the future to verify the condition of your breast implants inside your body.

**Second-Generation Effects**– A review of published medical literature regarding the potential damaging effect on children born of mothers with breast implants is insufficient to draw definitive conclusions that this represents a problem.

**Breast Feeding**– Breast milk is the best food for babies. Many women with breast implants have successfully breast fed their babies. It is not known if there are increased risks in nursing for a woman with breast implants. A study measuring elemental silicon (a component of silicone) in human breast milk did not indicate higher levels from women with silicone-filled gel implants when compared to women without implants. Cow's milk contains higher levels of elemental silicon as compared to human milk. Implant placement techniques that involve incisions through the nipple and areola locations may reduce the ability to successfully breast feed. If a woman has undergone a mastectomy, it is unlikely that she would be able to breast feed a baby on the side where the breast was removed.

**Long-Term Results**– Subsequent alterations in breast shape will occur as the result of aging, weight loss, weight gain, pregnancy, menopause, or other circumstances notrelated to breast augmentation. Breast sagging will normally develop or increase with the passage of time.

**Unsatisfactory Result**– Although good results are expected, there is no guarantee or warranty expressed or implied, of your satisfaction. You may be disappointed with the results of surgery. Asymmetry in implant placement, displacement, nipple location, unanticipated breast shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Breast size may be incorrect. Unsatisfactory surgical scar location may occur. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. It may be necessary to perform additional surgery to improve your results, change implant size or remove and not replace implants.

**Removal / Replacement of Breast Implants**– Future revision, removal, or replacement of breast implants and surrounding scar tissue envelope involves surgical procedures with risks and possible complications. There may be an unacceptable appearance of the breasts following removal of the implant.

**Capsule Squeeze Procedures**– Closed capsulotomy, the process of forcefully squeezing the fibrous capsule around a breast implant to break up scarring is not recommended. This may result in rupture of the breast implant, gel migration, bleeding, or other complications.

**Immune System Diseases and Unknown Risks**– A small number of women with breast implants have reported symptoms similar to those of known diseases of the immune system, such as systemic lupus erythematosis, rheumatoid arthritis, scleroderma, and other arthritis-like conditions. To date, after several large epidemiological studies of women with and without implants, there is no scientific evidence that women with either saline-filled or silicone gel-filled breast implants have an increased risk of these diseases. These diseases appear no more common in women with implants than those women without implants. The effect of breast implants in individuals with pre-existing immune system and connective-tissue disorders is unknown. There is the possibility of unknown risks associated with silicone breast implants and tissue expanders.

**Breast and Nipple Piercing Procedures**– Individuals with breast implants seeking to undergo body piercing procedures to the breast region must consider the possibility that an infection could develop anytime following this procedure. Should an infection occur, it is possible that it could spread to the breast implant space. Treatment including antibiotics, possible removal of the implant, or additional surgery may be necessary. Infections with the presence of a breast implant are harder to treat than infections in normal body tissues. If an infection does not respond to antibiotics, the breast implant may have to be removed. Individuals who currently wear body-piercing jewelry in the breast region are advised that a breast infection could develop.

**Interference with Sentinel Lymph Node Mapping Procedures**–Breast augmentation procedures (periareolar or transmammary) that involve cutting through breast tissue, similar to a breast biopsy in order to place breast implants, can potentially interfere with diagnostic procedures to determine lymph node drainage of breast tissue to stage breast cancer. If this is a concern, individuals considering breast augmentation by these approaches may elect to consider another surgical approach (inframammary or standard periareolar).

**Large Volume Breast Augmentation**– Patients who request disproportionately large breast size must consider that such a choice places them at risk for a less than optimal long-term outcome and the need for re-operation and additional expenses. The placement of large breast implants that exceed the normal dimensions of the breast produces irreversible tissue thinning, implant drop out, visible/palpable rippling and/or wrinkling of the breast, and diminished nipple sensation.

**Mental Health Disorders and Elective Surgery**– It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

**Breast Implant Technology / Technologic Improvements in Breast Implants**– The technology of breast implant design, development and manufacture will continue to progress and improve. Newer or future generations of implants may be better in some way from those currently available.

**Female Patient Information**– It is important to inform Dr. Laverson if you use birth control pills, estrogen replacement, or if you suspect that you are pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

**Medications**– There are potential adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Check with your physician about any drug interactions that may exist with medications that you are already taking. If you have an adverse reaction, stop the drugs immediately and call Dr. Laverson for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after surgery, realize that they can affect your thought process and coordination. Do not drive, do not operate complex equipment, do not make any important decisions, and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

**Smoking, Second-hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray)**

Patients who are currently smoking, use tobacco products, or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications of skin dying and delayed healing. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a lower risk of this type of complication. Please indicate your current status regarding these items below:

Completely stop all smoking for **at least** 6 weeks (preferably longer) before surgery and until Dr. Laverson states it is safe to resume, if desired.

**ADDITIONAL SURGERY NECESSARY (Re-operations)**

It is unknown how your breast tissue will respond to implants or how wound healing will occur after surgery. Secondary surgery may be necessary at some unknown time in the future to replace your breast implants or to improve your cosmetic result. You may elect to or be advised to have your breast implants removed and not replaced in the future. Should complications occur, additional surgery or other treatments may be necessary. Although complications occur infrequently, the risks cited above are particularly associated with breast augmentation surgery. Other complications can occur but are even less common. The practice of medicine and surgery is not an exact science. Although good results are expected, there is absolutely no expressed or implied guarantee or warranty of a satisfactory result. In some situations, it may not be possible to achieve optimal results with a single surgical procedure.

**PATIENT COMPLIANCE**

Follow all physician instructions carefully; This is essential for a good outcome. Healing is a gradual process (weeks to months). Surgical incisions should not be subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity must be restricted. Protective dressings and drains should not be removed unless instructed by Dr. Laverson. Successful recovery depends on how the surgery is performed, but also on your care and activity during the days and weeks after the procedure when your body is healing and your tissues are repairing. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation around implants and the need for return to surgery. It is wise to refrain from sexual and strenuous physical activities after surgery until Dr. Laverson states it is safe (Usually several weeks). Participate in follow-up care, return for aftercare, and promote your recovery by resting and allowing your body to heal after surgery.

**REGULATORY MATTERS**

According to United States Food and Drug Administration regulations, you must comply with the submission of personal information to a device registry before surgery and afterwards.

**HEALTH INSURANCE**

Health insurance companies exclude coverage for cosmetic surgical operations such as breast augmentation and complications that might occur from surgery. Some carriers have excluded breast diseases in patients who have breast implants. Please carefully review your health insurance contract. Most insurance plans exclude coverage for secondary or revision surgery due to complications of cosmetic surgery.

**FINANCIAL RESPONSIBILITIES**

The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of implants, anesthesia, post-operative garment(s), and outpatient surgery center charges. If surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. The fees charged for this procedure do not include future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional expenses may be incurred if complications develop from the surgery. Secondary surgery or revision surgery will also be your responsibility. You may be advised some time in the future to have a MRI (magnetic resonance imaging) scan to determine the condition of your breast implants. You would be responsible for future costs of such imaging studies. **In signing the consent for this surgery/procedure, you acknowledge that you have been informed about the most common associated risks and consequences. When you sign, you are also accepting responsibility for the clinical decisions that were made (implant size, positioning, surgical approach) along with the financial costs of all future treatments.**

**DISCLAIMER**

Informed consent documents are used to communicate information about proposed surgical treatment and to disclose risks and alternatives for treatment, including no surgery. The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, this documents should not be considered all inclusive in defining other methods of care and risks encountered. Dr. Laverson may provide you with additional or different information that is based on all the facts in your particular case and the current 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 of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

**It is important that you read the above information carefully and have all of your questions answered before signing the consent below.**

**CONSENT FOR SURGERY / PROCEDURE or TREATMENT**

1. I hereby authorize Dr. Steve Laversonand such assistants as may be selected to perform the following procedure or treatment:

**AUGMENTATION MAMMAPLASTY**

I have received, reviewed, and understand all of the eight pages of above information.

2. During the course of the operation, unforeseen conditions may necessitate changes in the surgical plan. Dr. Laverson is authorized to perform such procedures that are in the exercise of his best professional judgment necessary, desirable, and in my own best interest. The authority granted under this paragraph shall include all conditions that require treatment and are not known at the commencement of surgery.

3. I consent to the administration of such anesthetics considered necessary or advisable. All forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.

4. Nobody has guaranteed or indicated to me that I will be satisfied with the results of this procedure.

5. I consent to be photographed before and after 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. I consent to the disposal of any tissue, medical devices or body parts that may be removed.

7. Although the possibility is extremely unlikely, I consent to the utilization of blood products should they be deemed necessary by Dr. Laverson, and I am aware that there are potential significant risks to my health with their utilization.

9. I authorize the release of my Social Security number and other personally identifying data to appropriate agencies for legal reporting and medical-device registration.

10. I understand that the surgeons' fees are separate from the anesthesia and surgery center charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure may be required.

11. I realize that not having the operation is an option.

12. 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 (1-12). I AM SATISFIED WITH THE EXPLANATION.

_____

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____