INFORMED CONSENT – AUGMENTATION MAMMAPLASTY WITH LARGER IMPLANT
THAN RECOMMENDED BY DR.

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## **INFORMED CONSENT – AUGMENTATION MAMMAPLASTY WITH LARGER IMPLANT** THAN RECOMMENDED BY DR. \_\_\_\_\_

I,, have discussed wit	th Drand fully understand and accept the
following with regard to my desire for breast augmenta	tion using an implant larger than
Dr feels is optimal for my breast tissue ar	nd my body proportions.
I acknowledge that I fully understand each item listed b	pelow.
I have had an opportunity to have all my questions ans tradeoff listed below as indicated by my initial(s)blank at left, and then initial each box beside each	beside each item. (Please place your initials in the
As I get older, my breast skin will age, stretch and breast, augmented or not, the worse it will look over	become thinner even without an implant. The larger any er time due to skin stretching.
Adding any implant to my breast adds weight and values over time.	will produce stretch and irreversible thinning of my breast
$\hfill\Box$ The larger the implant, the greater the amount of b	reast tissue stretch that will occur.
Adding excess weight to the breast almost guarant and sagging. It is impossible to predict whether or	tees that it will look worse over time, with increased stretch when this will occur in any individual patient.
Adding weight to my breast with a large implant matericularly mastopexy (breast lift) with additional vork, risks, and tradeoffs if additional surgery is ne	isible scars and risks. I will incur additional costs, time off
Excessive breast tissue stretch from a large implar with healing problems if the tissues become very the	nt can make me more likely to have surgical complications nin.
As breast tissues thin, I will definitely be able to fee my skin and visible rippling or wrinkling may occur.	el my implant, portions of the implant may be visible through
•	s is unpredictable), it may even become necessary to arance of my breasts and probable visible scarring if breast are removed.
	feels are optimal for my tissues and body proportions, I and judgment and I accept full responsibility for every come or risk is known or unknown to me and to Dr
I understand and accept all of these risks, limitation proceed with larger than optimal implant augmenta my questions answered to my satisfaction, and am	tion of my breasts. I have had an opportunity to have all of
Signed thisday of the month of, 200_	·
Patient: (Please print)	Witness: (Please print)
Patient: (Please sign)	Witness: (Please sign)

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