

AUTHORISATION FOR BREAST REDUCTION

Patient's Name

INTRODUCTION:

This informed-consent document helps your plastic surgeon inform you about your proposed surgery, its risks, and alternative treatments.

It is important that you read this information carefully and have all your questions answered.

- 1 I authorise Dr and his assistant(s) to perform on me (or my _____) an operation known as breast reduction.
- 2 The nature and effects of this operation and the risks and complications have been explained and understood.
- 3 Among other points, the following has been made specifically clear:
 - a) The scars are permanent.
 - b) The likelihood of breast-feeding after this operation is decreased.
 - c) Having the breasts match is the surgical objective. However perfect symmetry of nipples, areolae and breasts cannot be achieved.
 - d) Complications after reduction mammoplasty are similar to those after any surgical procedure i.e. bleeding, infection and wound breakdown may occur and may require additional procedure(s) for treatment.
 - e) As far as now known, this operation is not known to influence the later development of cancer.
 - f) Swelling and bruising take a few weeks to disappear and several months are necessary for the breasts to assume their eventual shape. With time and gravity, the breast(s) may sag again.
 - g) Sensation to the breasts (including nipple and areola) is usually altered and may be permanently decreased. (This includes the nipple and areola)

- h) There is a possibility that the blood supply to one or both nipples and areolae and skin of the breasts may become impaired, and death of tissue may result. This complication may require later reconstruction.
- 4 I authorise Dr to perform any other procedure that he may deem desirable in attempting to improve the condition stated in paragraph 1 above or any unhealthy or unforeseen condition that may be encountered during the operation.
- 5 I consent to the administration of anaesthetics by a suitably qualified doctor.
- 6 The practice of medicine and surgery is not an exact science. I therefore, understand that no guarantee or assurance can be given by Dras to the results that may be obtained. Even reputable practitioners cannot guarantee results.
- 7 The two sides of the human body are not the same and can never be made the same.
- 8 I have authorised Dr to take clinical photographs. Such photographs remain the property of Dr
- 9 I am not known to be allergic to anything except:
- _____
- _____
- 10 In the event of a contractual dispute, or any other cause of action, litigation shall **ONLY** be instituted in a court of the Republic of South Africa.
- 11 Additional costs may occur should complications result from surgery. The patient will be liable for all such additional costs.

I certify that I have read the above authorisation, that the explanations referred to therein were made to my satisfaction, and that I fully understand such explanations and the above authorisation.

Signed _____
(Patient or person authorised to consent for patient)

Witness _____

Date _____