

The implants become hard to the touch due to the impact of internal pressure. The affected breast may be sore. Complaints are not always so pronounced, and the development of the symptoms may be halted. The condition then does not require any solution. Otherwise we recommend massages or a surgical procedure, which is not simple or without risk. This is the most commonly described complication upon breast augmentation. A ligament encapsulation – capsule – always forms around the breast implant. The ligament tissue is thus reacting naturally to the entry of a foreign body into the organism. Capsules thus form in all patients, and may be thin or thickened. Their formation varies according to the individual. In some cases constriction – contraction of the capsule around the implant may occur, which is accompanied by soreness, stiffness to hardening of the breast. This phenomenon may occur in one or both breasts. The reasons for why capsulation occurs are not clear to this day, and the formation of a capsule cannot be foreseen in advance.

Damage to nerves and blood vessels supplying the areola can lead to reduced sensitivity of the nipples in the postoperative period, which is usually spontaneously corrected over the course of time. This complication is more frequent in the case of incision at the edge of the areola.

Feeling of foreign body – the larger the implant, the more frequently there may be a feeling of a cold foreign body, which gradually attenuates over the course of time.

If a conservative approach, namely massage, does not help, it is necessary to indicate a postoperative revision. Repeated cases of contraction of the capsule around the implant and repeated cases of hardening of the breast have been described, in which case the only solution is to remove the implant.

Impaired healing of the scar – if the scars are under tension they may spread, in exceptional cases hypertrophic, pigmented and colloid scars may result.

Infection in the operation wound or the area surrounding the implant is a very rare complication, which is most often caused by live bacterial strains in the mammary glands. As a result it is necessary to ensure thorough personal hygiene in the postoperative period, including regular change of underwear. When identified sufficiently early the condition is usually easy to manage, in exceptional cases it is necessary to remove and reinsert the implant.

It is known that the formation of hypertrophic scars occurs most often in smokers. These conspicuous scars can be corrected after a time delay.

Seroma – this is the formation of fluid in the area of the implant immediately after the operation and later, which is manifested in tenderness and enlargement of the breast. Most frequently the cause is physical exertion too soon after the surgical procedure, or excessive sporting activity or injury.

Areolar necrosis is the death of part of the skin in the area of the nipple and below it. Necrosis must be surgically removed and the defect reconstructed.

The Client is obliged:

To inform the attending physician-surgeon of all diseases and allergies suffered from in the past or present, as well as medicaments used (primarily medicaments which have an influence on blood coagulation and bleeding).

Instructions after operation:

Regular checks after the procedure and thorough adherence to home postoperative care are a necessary and important part of a good course of healing.

After the operation the breasts are bound in bandages. The breast wounds are covered with a plaster, which is left for 14 days. A sterile gauze is affixed across the bandage. The next day after the operation, the doctor removes the drainage mechanisms, via which the remainder of the secretion is drained, from the breast. On the third day after the operation the patient removes the bandages, removes the gauze and treats the plaster on the wound with disinfectant, without removing the plaster. The breast is then again covered with sterile gauze and protected with an elastic bra without whalebones. It is necessary to wear this bra 24 hours per day for 30 days. After the operation the breasts can be showered on after 4 days. 14 days after the operation the doctor shall remove the gauze from the breast and remove the plaster from the wound. Patients who cannot personally attend the clinic for re-bandaging can remove the plaster from the wound themselves. The stitches are self absorbing and do not require removal. Afterwards it is possible to shower on the breasts, and 18 days after the operation we recommend a pressure massage of the scars. Pressure is applied to the scar with the finger for 30 seconds, then the finger moves to another area of the scar. These massages are performed several times a day after breast enlargement. The elastic bra is left for 4 weeks after the augmentation procedure, afterwards it is possible to wear any bra. In the first week after the breast enlargement procedure it is necessary to refrain from any physical exercise, afterwards light office work is permitted. Full physical exertion is not recommended until 4 weeks from the breast operation.

It is important to avoid sleeping on the side or the stomach for at least the first 14 days, to attend regular check-ups, and in the case of uncertainty to contact an operator without delay. Protect scars against sunlight for a period of 3 months. A sonographic examination of the breasts is recommended 1x per two years.

If you have any problems or inquiries after the procedure, please do not hesitate to contact us, only your attending physician can give you the best, specific advice.

For hospitalisation please bring the following:

- Results of preoperative examination, which must be no older than 14 days, without the submission of this examination patients cannot be accepted for operation
- Citizen's identification card and health insurance card
- Medicaments you take regularly – upon admission give these medicaments to the ward sister, you will be administered these medicaments in such a manner as not to impair the effect of the medicaments administered in connection with the operation
- Toothbrush, toothpaste, cosmetics you use
- You will receive everything else (food, drinks, clothing, footwear, dressing gown, towel etc.) from us
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Please abide by the following instructions before the procedure:

- Report to the clinic with unvarnished fingernails
- Ensure thorough personal hygiene the evening and morning before the operation
- On the expected day of discharge from the hospital ensure a lift home with a driver, if you are unable to do so we will arrange a taxi for you.

Please abide thoroughly by the instructions before general anaesthesia – see the anaesthetists' "Recommendations before general anaesthesia". In the case of any uncertainty or deviation in the results of the preoperative examination, the Clinic, by means of the attending physician or anaesthetist, reserves the right to withdraw from the procedure, which is aesthetic surgery, including on the day of the procedure. The procedure can be deferred, if possible, until the patient has sufficiently recovered.

Informed consent for operation:

I was sufficiently informed about my planned plastic surgery on my breasts, about the method of performance of the procedure, the type of anaesthesia, hospitalisation, course of healing, expected result and potential consequences, risks and other complications of the planned procedure, the postoperative regime and postoperative checks, as well as about the price of the procedure and further related healthcare and other functions by Dr..... during the course of the interview which took place on:, in which the doctor answered all my inquiries and I understood all the information provided to me. I have no further additional inquiries and I feel sufficiently informed. Following a sufficient period for consideration, I have decided voluntarily to undergo the planned procedure.

I have been familiarised with and agree to the necessary of preoperative examination according to the type of procedure.

For the purpose of the performance of the stated surgical procedure, **I agree to the proposed hospitalisation.**
From a medical perspective **I agree to the necessary measures**, requiring also a potential further procedure in the case of unexpected complications, the applicable financial cost of which I am able to pay.

At the same time I confirm that in the case of occurrence of unexpected complications requiring the immediate performance of further procedures necessary to save life or health, I agree to the performance of all such essential and immediate procedures necessary to save my life and health, and I also confirm that I agree to the administration of a blood transfusion. In the case that I do not have health insurance in the Czech Republic, I hereby consent from a medical perspective to the necessary measures in the case of unexpected complications such as further hospitalisation in a specialised department and also to full financial payment for this hospitalisation and any other procedures in connection therewith.

I agree / I do not agree that the following persons shall be informed about my condition of health (first name, surname, tel. contact, relationship to Client):

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I agree / I do not agree to the publication of the results of the procedure in the form of photographic documentation for presentation or teaching purposes:

- a) For the internal requirement of the Clinic
- b) Publication on website

The Client also provides explicit consent for the processing and storage of her personal details for the requirements of the Clinic. The Client and the Clinic explicitly arrange that all mutual legal relationships are governed by Czech law. The parties are obliged always to attempt to resolve any potential disputed issues by means of agreement. In the case that the parties fail to resolve these issues by means of agreement, the Client and the Clinic agree that any dispute resolved in court shall be conducted according to the Czech legal order and in a Czech court, with the proviso that the relevant court for the resolution of all disputes on the basis

PC Healthcare s.r.o.

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IČO: 19822634

Client's signature:

of this agreement or other contractual relationships between the Client and the Clinic is the locally appurtenant general court designated according to the registered seat of the Clinic.

Date:

Client's signature:

Doctor's signature: