

## Informed consent and instructions for aesthetic surgery procedure Breast reduction/reshaping

Client:

Birth registration number:

Address:

**Dear Madam/Sir,**

We are very pleased that you have chosen our clinic. Our team will do its best to ensure that the results of your surgery will be to your satisfaction.

We hope that the combination of the state-of-the-art technology and operating skills of our surgeons and the professionalism and commitment of our nurses will help you transform your aesthetic or health problem into a perfect outcome. We wish you a pleasant stay at our clinic.

### **Principle of the operation:**

During her lifetime, a woman experiences noticeable changes in the shape and size of her breasts. At different life stages, a disproportion may occur between the size of the mammary glands and amount of the skin, resulting in sagging breasts. The best time for a surgical change in the shape and size of the breasts is when you no longer plan to have children.

### **What happens during the surgery:**

The procedure is performed under general anaesthesia. Before the procedure, we will first precisely measure the future size and shape of the breasts and draw an incision line on the skin. In the first stage of the surgery, the excess skin is removed. We remove only the superficial portion of the skin, as the deeper structures are important for maintaining blood supply, especially around the areola. If necessary, we proceed with the reduction and adjustment of the mammary gland to achieve the desired size. At the end of the operation, we place vacuum drains under the mammary gland to drain postoperative haemorrhages and secretions, and suture the breast skin in several layers. The scars are treated with adhesive bandages and the chest is covered by a large dressing. In most cases, the scars after breast reshaping are situated around the areolas, perpendicular to the breast crease and in the breast crease, forming an anchor shape. Over time, scars become fine and subtle, but they are always visible after the procedure. Their quality and the resulting effect is individual.

On the next day after surgery, we perform dressing changes and, if necessary, remove the drains. You should stay at rest and come for regular check-ups during the first few days after the surgery. After this procedure, the patient should wear a special firm postoperative bra. If no complications occur, you can resume your usual activities in about 7-10 days. Full physical exertion is possible after 1-2 months. Active sports usually after 3 months.

### **Possible complications after the procedure**

**No surgical procedure is completely free from the risk of complications.**

Complications during the surgery are very rare, but despite great care and correct surgical technique, complications may occur during the surgery or in the postoperative period. **Bleeding** may occur during the operation, but also during the postoperative period due to the necessary intervention in blood vessels during the surgery. Bleeding is stopped immediately by electrocoagulation, and subsequently mild capillary bleeding is drained by the vacuum drains; if the postoperative bleeding is heavier, it is necessary to proceed to revision surgery under general anaesthesia. **Bruising** around the operative wound spontaneously resolves within a few weeks, and its extent is individual.

**Impaired scar healing** - under increased stress, the scars can be enlarged, and very rarely hypertrophic, pigmented and keloid scars may occur. Over time, the shape of the breast may change due to the formation of "internal" scars.

**Infection** in the operative wound is rare and is most commonly caused by live bacterial strains in the skin glands; if treated early, infection does not interfere with the outcome of surgery. Therefore, thorough personal hygiene is required in the postoperative period, including frequent changes of personal clothing.

**Reduced nipple sensitivity.** Disruption of the nerve supply around the areola may result in reduced sensitivity of the nipples and certain areas of the breast skin. Some of the developed sensitivity changes may return to normal over time.

**Necrosis of certain tissue areas** due to reduced blood flow is very rare after surgery, with an increased risk in smokers. Dead skin in the area of the nipple and below it. Necrosis must be surgically removed and the defect reconstructed.

**The patient is required to:**

Inform the treating doctor/surgeon about any past or current diseases, allergies and used medications (in particular medicines that affect blood clotting and bleeding).

**How to behave after surgery:**

Regular checks after the procedure and strict adherence to the postoperative home care are an important part of the healing process and are therefore essential for proper healing.

Showering is allowed as of postoperative day 3, but baths should be avoided! Avoid excessive physical exertion in the first month after the surgery, especially any activities that result in a burden on the upper extremities; sport activities are not allowed for at least the first 3 months after the surgery, according to the postoperative course.

After the surgery, you will receive special compression garments that should be worn 24 hours a day, day-and night, for at least for 6 weeks, as recommended by your doctor. Avoid sleeping on your side or on your stomach for at least the first three (3) weeks. Come for regular check-ups; contact your surgeon immediately if you are not sure or have any problems. Protect your scars from exposure to sunlight for 3-4 months, using sunscreen with SPF 30 and above. To improve the healing of scars and their appearance, apply silicone tapes.

If you have any problems after the procedure or if you have any questions, please don't hesitate to contact us immediately. Your treating doctor is the only one who can provide you with specific recommendations.

**Please bring the following for your hospitalization:**

- results of the preoperative examination, which must not be older than 14 days; you cannot be admitted for surgery without showing this examination

identity card and proof of health insurance

- **any medicines that you normally take; please give these medicines to the bed-side nurse during the admission. They will be administered to you in a way that does not interfere with the effects of the drugs administered in connection with the surgery**

- toothbrush, cosmetic and hygiene products that you use

- everything else (food, beverages, clothes, slippers, bathrobe, towel, etc.) will be provided by us

**Please adhere to the following instructions before the procedure:**

- come with unpolished fingernails and toenails

- shorten at least one nail (index or middle finger) on the non-dominant hand.

- in the evening and morning before the procedure, please perform thorough personal hygiene, and gently remove any hair from the area to be treated

- arrange for your own transportation with an accompanying person on the expected date of discharge; if this is not possible, we will call a taxi for you

**Please strictly follow the instructions prior to the general anaesthesia; see "Recommendations prior to general anaesthesia". In the event of any uncertainty or deviations in the results of preoperative examinations, the operating surgeon and the anaesthetist reserve the right to withdraw from the procedure, which has been scheduled for aesthetic indications, even on the day of surgery. The procedure can be postponed, if possible, until the client's health improves.**

**Informed consent for the operation:**

During our interview, the treating doctor informed me about my planned breast reshaping surgery, the methods used to carry out the procedure, the type of anaesthesia, hospitalization, the course of the healing process, the expected results and possible complications, as well as about the costs of the procedure and other activities related thereto, and answered all my questions to my satisfaction. I do not have any additional questions and I feel well informed. I have decided voluntarily and after careful consideration to undergo the planned procedure.

**I have been informed about and give my consent to the preoperative examination, according to the type of surgery.**

**I give my consent to the proposed hospitalization, for the purpose of said surgical procedure.**

From the medical point of view, **I consent to the necessary precautions** requiring any additional procedures in the event of unexpected complications, and I am able to pay for them.

**At the same time, I confirm that in the event of unexpected complications** requiring immediate interventions necessary to save my life or health, I consent to any other necessary and urgent treatments being performed to save my life and health, and I also certify that I consent to the potential administration of blood transfusions.

In the event I do not have health insurance in the Czech Republic, I hereby consent from a medical point of view to the necessary measures in the case of unexpected complications, such as another hospitalization in a specialized department, and also to the full financial reimbursement of hospitalization and other procedures related thereto.

**I do / do not consent** to the following persons being informed about my health  
(name, surname, telephone, relationship to the patient):

.....

I, the undersigned, hereby authorize the surgeon:

to perform breast reshaping surgery

**I do / do not consent** to the publishing of the results in the form of photo documentation for

- a) internal needs
- b) publishing on the website

Date:

Client's signature:

Doctor's signature: