



## Informed consent and instruction on plastic surgery procedure – breast reaugmentation using silicone implants

Gentlemen:

Social security number (passport number and date of birth for foreigners):

Residence:

Tel./e-mail

(hereinafter also "Client")

**Madam,**

We are glad that you chose Premier Clinic. The entire team of our clinic is ready to do everything to ensure that the operation turns out to your complete satisfaction. We hope that the combination of the most modern devices and procedures, the surgical skill of our doctors, the professionalism and dedication of our nurses will help turn your aesthetic or health problem into a happy result. We wish you a pleasant stay at our clinic.

### **Principle of operation:**

For breast augmentation, we use silicone implants, which are filled with a cohesive silicone gel intended for medical use. These implants are inserted through an incision on the edge of the areola or in the inframammary fold. Placement of the implant is chosen individually according to the patient's body constitution and anatomical conditions, either directly under the mammary gland or under the pectoralis major muscle. In this case, the existing breast implants will be replaced with revision of the bed.

**Proposed implant type and size:** .....

**Suggested surgical approach /incision/:** edge of the areola, inframammary groove

**Suggested placement of the implant:** under the gland under the muscle

**The operation is performed** under general anesthesia. First, we remove the existing implant from the original incision, followed by adjustment and inspection of the cavity for the new implant. In the event of the formation of a capsule, we will remove it, or, depending on the finding, the majority of it. In some cases, it is only possible to disrupt the capsule radially and this will result in its unfolding. Then we insert a new implant. We place negative pressure redon drains in the wound, which are removed on the second or third day, depending on the drainage of secretions. We sew up the wound with special absorbable stitches, so it is not necessary to remove them. The natural redness of fresh scars will disappear within approximately 2-3 months. To improve the healing of scars and their appearance, we recommend applying New gel plus.

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

**There is no surgical procedure that cannot have complications.**

Complications during the operation are very rare, but despite great caution and technically correct execution, complications may occur during the operation or in the postoperative period.

**Bleeding** can occur during the operation, but also in the postoperative period due to the necessary intervention in the blood vessels. Bleeding is stopped immediately using electrocoagulation, then light capillary bleeding is removed with vacuum drains. If the postoperative bleeding is more intense, it is necessary to proceed to a postoperative revision under general anesthesia.

**Capsule** (Latin case) means the formation of a strong fibrous cover around the implant. This is a complication that can occur at any time post-operatively. The fibrous sheath will begin to shrivel and thus deform the implant and the external shape of the

breast. Due to the external pressure, the implants are hard to the touch. The affected breast may be painful. Difficulties may not always be so pronounced and the development of symptoms may stop. Then the condition does not require resolution. Otherwise, massages or surgical solutions are recommended, which are not simple and without risk. This is the most described complication in breast augmentation. A fibrous cover - **a pocket - is always formed around** the breast implant. Thus, the fibrous tissue naturally reacts to the entry of a foreign body into the organism. Pockets are therefore formed in all patients and can be thin or thickened. Their work is individual. In some cases, there may even be a contraction - a contracture of the pocket around the implant, which is accompanied by pain, stiffness and even hardening of the breast. This phenomenon can occur in one or both breasts. The reasons why encapsulation occurs are still unclear and the formation of a capsule cannot be predicted in advance.

If the conservative procedure - massages - does not help, it is necessary to indicate an operative revision. Cases of pocket contraction around the implant are described, even repeatedly, and cases where breast stiffness may recur, in which case the only option is to remove the implant.

**Injury to the nerves and vessels** supplying the areola can lead to reduced nipple sensitivity in the postoperative period, which usually resolves spontaneously over time. This complication is more common when the incision is made at the edge of the areola. Seroma – this is the formation of fluid around the implant immediately after surgery and later, which is manifested by pain and breast enlargement. The most common cause is early physical strain after surgery or excessive sports activity or injury. Bruises around the surgical wound or on the breast spontaneously subside within a few weeks, their extent is individual.

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**Impairment of scar healing** – if scars are under tension, they may expand, exceptionally hypertrophic, pigmented and colloidal scars may also form. It is known that the formation of hypertrophic scars is more common in smokers. These noticeable scars can be corrected over time.

**Foreign body sensation** – the larger the implant, the more often a cold foreign body sensation may occur, which gradually disappears over time.

**Infection** in the surgical wound or around the implant is a very rare complication, which is most often caused by live bacterial strains in the skin glands. Therefore, consistent personal hygiene, including changing personal linen, is necessary in the postoperative period. If caught early, it is usually easy to manage, exceptionally it is necessary to remove the implant and re-insert it after the infection has healed.

**Before the operation, the patient must:**

Inform the attending physician-operator about all past and present illnesses, allergies and medications (especially medications that affect blood clotting and bleeding).

**How to behave after the procedure:**

Regular check-ups after the procedure and strict adherence to home postoperative care are part of it and are therefore important for a good healing process.

Showering is possible from the 3rd postoperative day. Avoid sports and increased physical exertion in the first month after surgery, especially that which puts a strain on the upper limbs. After the operation, you will receive a special firm elastic bra, which must be worn 24 hours a day - even at night - for the first month.

Avoid sleeping on your side or stomach for at least the first 14 days. Attend regular inspections, in case of uncertainty contact the operator immediately. Protect the scars from sunlight for 3 months. A sonographic breast examination is recommended once every two years. We carry out the examination at our clinic.

If you have any problems or questions after the procedure, do not hesitate to contact us immediately, only your treating doctor will give you the best targeted advice.

**Please bring:**

- The results of the pre-operative examination, which must not be older than 14 days, without presenting this examination you cannot be accepted for surgery

- Identity card and health insurance card
- Medications that you normally take - hand these medications to the inpatient nurse upon admission and they will be administered to you in such a way that they do not impair the effect of the medications administered in connection with the operation
- Toothbrush, toothpaste, cosmetics you use
- Everything else (food, drinks, clothes, change of shoes, bathrobe, towel, etc.) will be provided by us

**Please follow these instructions before the procedure:**

- Arrive with unpainted fingernails
- Shorten at least one nail (index or middle finger) on the non-dominant hand
- Perform thorough personal hygiene in the evening and in the morning before the procedure
- On the expected day of release, arrange a ride with an escort, if this is not within your power, we will arrange a taxi ride for you.

**Please strictly follow the instructions before general anesthesia - see "Recommendations before general anesthesia" from anesthesiologists. In case of any ambiguity or deviation in the result of the pre-operative examination, both the operating doctor and the anesthetist reserve the right to withdraw from the procedure, which is for aesthetic reasons, even on the day of the procedure. Performance can be delayed, if possible, until the client's medical compensation.**

**Informed consent to surgery:**

About my planned breast plastic surgery, about the method of performing the procedure, type of anesthesia, hospitalization, course of healing, expected result and possible complications, as well as about the price of the procedure and other procedures related to the procedure, MUDr. .... during the interview on: ..... sufficiently informed and answered all the questions I asked. I have no additional questions and I feel sufficiently informed. Voluntarily and after a sufficient period for reflection, I decided to undergo the planned procedure.

**I have been informed and I agree, depending on the type of procedure, with the necessity of a pre-operative examination.**

In order to perform the mentioned operation, I agree to the proposed hospitalization.

From a medical point of view, **I agree to the necessary measures requiring additional surgery** in the event of unexpected complications, the eventual financial payment of which I am able and ready to pay.

**At the same time, I confirm that in the event of unexpected complications**, requiring the immediate execution of other procedures necessary to save life or health, I agree to the execution of all other necessary and urgent procedures necessary to save my life and health, I also confirm that I agree to any submission blood transfusion. In the event that I do not have health insurance in the Czech Republic, I hereby agree from a medical point of view to the necessary measures in case of unexpected complications, such as, for example, further hospitalization in a specialized department and also to the full financial reimbursement of this hospitalization and other related procedures.

**I agree/I do not agree** to the following persons being informed about my state of health (name, surname, phone number, contact, relationship to the patient):

.....

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

- a) for internal use
- b) publication on the website

At the same time, the client gives his express consent to the processing and storage of his personal data for the needs of the Clinic. The Client and the Clinic expressly agree that all mutual legal relations are governed by Czech law. The participants undertake that they will always try to resolve any disputed matters by agreement. In the event that the contracting parties fail to resolve these matters by agreement, the Client and the Clinic agree that in the event of a dispute resolved by a court, the application of the Czech legal order and the jurisdiction of the Czech courts will be the competent court to resolve all disputes arising on the basis

**Client's signature:**

of this agreement or other contractual relationships between The client and the Clinic are the locally competent general court, determined according to the seat of the Clinic.

Date:

Client's signature:

Doctor's signature: