Breast Augmentation Consent Form

INFORMED CONSENT FOR COSMETIC SURGERY – BREAST AUGMENTATION

IMPORTANT INFORMATION FOR THE PATIENT You have the right, as a patient, to be fully informed about your medical condition and the recommended surgical, medical, or diagnostic procedures. This information is provided so that you may make an informed decision about whether to proceed with surgery after understanding the associated risks, benefits, and alternatives. It is a legal requirement that before any surgical operation, the patient reads and signs a consent form. While most patients do not experience complications, you must be made aware of potential risks and hazards. This disclosure is not intended to alarm you, but to ensure that you are adequately informed so that you may give or withhold consent.

SURGEON AUTHORISATION

I voluntarily request the Doctor to act as my surgeon, together with such associates, technical assistants, and healthcare professionals as deemed necessary, to perform the following procedure: Breast Augmentation Surgery

NO GUARANTEE OF RESULTS

I understand that no warranty or guarantee has been made regarding the outcome of the procedure. While good results are expected, outcomes may not fully meet expectations or pre-established goals. I acknowledge that medicine and surgery are not exact sciences and that results cannot be guaranteed.

POTENTIAL FOR ADDITIONAL TREATMENT

I understand that complications or delayed recovery may occur, potentially requiring additional treatment or surgery and may result in financial loss due to delayed return to normal activities. If revision surgery is required for any reason, I understand that while the surgeon's fee may be waived, I will remain responsible for any anaesthetic or facility fees.

UNFORESEEN CONDITIONS

I understand that during surgery, the Doctor may discover conditions requiring additional or alternative procedures. I authorise the performance of such procedures as deemed necessary in professional judgment.

BLOOD PRODUCTS

Although extremely rare in cosmetic surgery, I consent to the use of blood and blood products if deemed medically necessary.

SCARRING

I understand that surgical incisions will result in visible scars. The location and nature of these scars have been explained to me. Scar maturation may take up to 18 months, and changes such as redness, lumpiness, or irregularities may occur during healing. Scar revision may be possible but does not guarantee invisibility.

GENERAL SURGICAL RISKS

I acknowledge the general risks associated with surgery, which may include:

General surgical risks

- [ ] Infection
- [ ] Swelling and bruising
- [ ] Bleeding
- [ ] Haematoma (blood collection)
- [ ] Seroma (fluid collection)
- [ ] Blood clots (rare)
- [ ] Allergic reactions

Preventative measures such as compression stockings, intra-operative compression devices, and early mobilisation are routinely used.

INCREASED RISK FACTORS

I understand that complications occur more frequently in patients who:

Increased risk factors

- [ ] Smoke
- [ ] Are obese
- [ ] Have chronic medical or lung conditions
- [ ] Have poorly controlled high blood pressure

Excess bleeding and delayed healing may occur in these circumstances.

ADDITIONAL GENERAL RISKS

Although uncommon, the following may occur:

Additional general risks

- [ ] Unsatisfactory cosmetic appearance
- [ ] Poor healing or skin loss (necrosis)
- [ ] Nerve damage with sensory changes
- [ ] Prolonged pain or discomfort
- [ ] Unattractive scarring

BREAST IMPLANT–SPECIFIC RISKS

General Risks

Breast implant general risks

- [ ] Infection
- [ ] Haematoma or seroma
- [ ] Changes in sensation
- [ ] Postoperative pain
- [ ] Delayed wound healing
- [ ] Rarely, implant extrusion

Specific Risks

Implant Rupture

Implants may rupture due to trauma, manufacturing defect, or normal wear over time. Modern cohesive silicone gel implants may rupture silently. Rupture requires surgical removal and possible replacement.

Capsular Contracture

Scar tissue may tighten around the implant (approx. 1% incidence), causing firmness, pain, or distortion and may require further surgery.

Mammography Interference

Breast implants may obscure mammographic imaging. Radiologists must be informed and experienced in implant-specific imaging techniques.

Calcification

Calcium deposits may form around the implant and may require specialist imaging to differentiate from breast cancer.

Wrinkling or Folding

Implants may develop wrinkles or folds, which may be visible or palpable. This is usually cosmetic.

Changes in Sensation

Temporary or permanent changes in nipple or breast sensation may occur. Nerve recovery can take up to 2 years.

Implant Extrusion

Very rarely, implants may become exposed through damaged tissue.

Cosmetic Dissatisfaction

Asymmetry, firmness, displacement, migration, contour irregularities, or palpable implants may occur.

Gel Diffusion

Trace silicone diffusion may occur and is considered clinically insignificant.

Autoimmune Disease and Cancer

There is no scientific evidence linking silicone implants to autoimmune disease or cancer. Rare associations exist with heavily textured implants and ALCL.

SELF-EXAMINATION

I understand the importance of regular breast self-examination and prompt reporting of abnormalities.

PREGNANCY & BREASTFEEDING

Pregnancy may alter breast shape and skin elasticity. Breast implants generally do not interfere with breastfeeding. Individual experiences may vary.

IMPLANT LIFESPAN

Implants are not lifetime devices. Revision or removal may be required, typically within 15–20 years.

SMOKING DISCLOSURE

Smoking significantly increases the risk of wound healing problems, infection, and bleeding. I understand smoking should be discontinued two weeks before and after surgery, though long-term risks remain.

ANAESTHESIA CONSENT

I understand that anaesthesia carries additional risks, including rare serious complications. These risks have been explained to me by the anaesthetist. I consent to the use of anaesthesia.

FEMALE PATIENTS ONLY

I confirm that I am not pregnant and understand that anaesthetic agents may harm a fetus.

PHOTOGRAPHY CONSENT

I authorise the Doctor to take clinical photographs for medical documentation and education, with my identity protected unless explicitly consented otherwise.

MEDICAL DISCLOSURE

I confirm that I have accurately disclosed my full medical history. I understand that withholding information may increase surgical risk.

POST-OPERATIVE COMPLIANCE

I agree to follow all pre- and post-operative instructions and to notify the Doctor of any complications.

GOVERNING LAW

Any dispute shall be governed by the governed by applicable local law, and proceedings shall take place in the country.

FINAL CONSENT

I confirm that:

- [ ] This procedure has been fully explained to me
- [ ] I have read and understood this document

- [ ] All questions have been answered to my satisfaction
- [ ] I voluntarily give informed consent

DO NOT SIGN UNLESS YOU FULLY UNDERSTAND THIS DOCUMENT

Implant size range *: _____

Additional Comments/Procedures

Patient Signature *

Patients First Name *: _____ **Patients Last Name *:** _____

Surgeon Signature *

Surgeons First Name *: _____ **Surgeons Last Name *:** _____