

Breast Reduction Consultation (Detailed)

Salutation: _____ First Name: _____
 Last Name: _____ Date of Birth: _____ dd / mm / yyyy
 Date of consultation: _____ dd / mm / yyyy

BACKGROUND

Initial referral date *: _____ dd / mm / yyyy Referral received *: _____ dd / mm / yyyy
 Appointment date *: _____ dd / mm / yyyy

Source of referral *

- You have been referred to me by your GP.
 You have referred yourself for discussion of surgery.
 You have been referred to me by another consultant

Previous consultations *

- This was the first consultation that you have had in relation to this surgery.
 You have already had a consultation about this surgery with This was your second pre-op appointment with me.

Referral details (per referral letter, if applicable) *

Referral details (per pre-appointment questionnaire) *

BACKGROUND MEDICAL HISTORY

Medical/ surgical history *

Previous GA *

- Yes, uneventful No Yes, associated with side effects (nausea)
 Yes, associated with side effects (reaction to medication)

Previous LA *

- Yes, uneventful No Yes, associated with side effects, see medical history

Personal or family history of clotting or bleeding disorder *

- No Personal history, see medical history Family history, see details below

History of scoliosis or other spine issue *

- No Yes, see medical history above

Lesion: Fitzpatrick skin type *

- I Pale white skin, blue/ green eyes, blonde/ red hair. Always burns, does not tan.
 II Fair skin, blue eyes. Burns easily, tans minimally
 III Darker white skin. Tans after initial burn
 IV Light brown skin. Burns minimally, tans easily

scar history

- previous surgical/ traumatic scars, no hypertrophy/ keloid
- previous surgical/ traumatic scars, evidence of hypertrophy/ keloid
- no previous scars for comparison

notes re scar history

Current medications & OTC medications *

Allergies *

- NKDA
- no history of adverse reaction to sticky plaster, latex, metal
- history of allergy/ adverse reaction

Details of allergy/ adverse reaction *

Smoking/ nicotine use *

Exercise *

BREAST HEALTH HISTORY

Personal history of benign breast disease *

- No Yes

Personal history of breast cancer *

- No Yes

Previous breast surgery? *

- No Yes

Family history of breast cancer *

- No Yes

Previous breast imaging *

- No Yes

Details of personal/ family breast history/ results of previous imaging *

age at which breasts started to develop: _____ age at menarche: _____

age at first concerns *: _____

Pregnancies *

- None and none planned
- None and planning in next year
- None and planning in more distant future
- Previous pregnancy, finished family
- Previous pregnancy, unsure if finished family
- Previous pregnancy, planning more children
- Not applicable for this patient

Breastfeeding *

- Has breastfed
- Has not breastfed
- Plans to breastfeed in the future
- Does not plan to breastfeed in the future
- Unsure re future breastfeeding
- Not applicable for this patient

Details of children and duration of breastfeeding

Current bra size *: _____ **Desired breast size *:** _____

breast size stable?

- No
- Yes

Previous max size *: _____

weight stable? *

- Yes
- No

how long at current weight? *: _____

Plans to gain or lose weight?

- Yes
- No

Limitations of bra cup sizing system explained

- Yes
- No
- not applicable

Importance of steady weight explained

- Yes
- No

Contemplating surgery *

- since teenage years
- since pregnancy/ breastfeeding
- since menopause
- Other

actively contemplating/ researching surgery *

Expectations/ goals for surgery *

Musculoskeletal pain/ discomfort impacting *

- neck
- upper back
- lower back
- shoulders
- This pain requires the regular use of prescription analgesia.
- This pain has not required the regular use of prescription analgesia.
- This pain is managed through other/ additional means (e.g. physio/ massage, etc.)
- Nil

Breast pain *

- which is cyclical in nature (such pain is unlikely to be relieved by surgery as it relates mostly to your hormone levels)
- which is constant in nature (if related to the weight of the breasts, such pain might be relieved by surgery)
- Nil

Symptoms related to bras/ clothing *

- shoulder divots from bra straps
- difficulty finding clothes/ bras to fit
- requirement to wear two bras at time
- chafing/ discomfort from bras
- requirement to wear different sizes on the top and bottom
- Nil

Skin symptoms *

- chafing/ discomfort/ cuts from bras
- intertrigo/ fungal infections
- heat rashes
- skin tags
- Nil

Impact on exercise *

- limitation of ability to exercise
- change in exercise habits
- unable to do impact exercise
- nil

Avoidant behaviours *

- mirrors
- social situations
- public changing rooms
- swimming
- nil

Other physical symptoms/ concerns *

- consciousness of weight of breasts
- asymmetry (right larger than left)
- asymmetry (left larger than right)
- droopiness
- size of areolas
- nil

Other social/ psychological concerns *

- self-consciousness
- unwanted attention
- negative impact on relationships
- nil

EXAMINATION

Breast examination (see also separate diagram)

Notes on clinical examination

Surgical plan

- Pedicle: superomedial
- Pedicle: other (see below)
- Skin: inverted T
- Skin: vertical scar
- Liposuction

Additional details of surgical plan (if applicable)

DISCUSSION OF NATURE AND EXTENT OF SURGERY

Preparation and recovery

- Warned to stop OCP, Aspirin, NSAIDs, Vitamins and Fish Oils etc
- Requirement to inform us of any changes to medical or social history, including new referrals or issues arising, even if she does not feel relevant.
- Importance of informing of any changes to medications etc. if different from date of today's consultation
- Time off work
- Time off exercise
- Time off driving: advised check with motor insurer
- No long haul travel for 6 weeks before and after
- Bruising & swelling
- Need to wear support bra
- Time to final result
- No guarantee of final cup size
- Risk of breast cancer is not increased or decreased by having this surgery
- Future breast screening: advise inform healthcare professionals procedure has been done
- Future breast screening: scarring from this surgery may give rise to concerning findings on imaging and prompt further investigations including biopsies
- Future breast screening: should attend all screening appointments
- If applicable: may limit ability to future breastfeed

Discussion of potential complications from surgery:

- advised that this is a brief discussion and that the detailed information pack and procedure request form contain more information. Advised it is required that she review both documents in advance of next appt & note any queries for discussion then
- bleeding/ haematoma/ return to theatre/ transfusion
- Infection: most will be minor but tiny risk of severe infection exists
- Sensory disturbance: temporary or permanent increase or decrease in nipple sensation
- Scars - including risk hypertrophy/ keloid
- Possibility of further surgery/ scar revision/ dog ear etc
- Slow healing and tissue necrosis, including nipple loss, fat necrosis, & skin grafts
- DVT & PE
- Asymmetry of volume, shape, nipple position. Not all pre-existing asymmetries can be corrected by this operation.
- No guarantee of relief from symptoms, including pain
- Possibility of new pain which may become chronic
- For self-pay patients - additional costs associated with complications which are not covered by insurance or procedure fees

CONSULTATION OUTCOME

Next steps

- Add to W/L for surgery "ready to go"
- Discharge: do not add to W/L
- Needs to attend nurse appointment to check BMI before being added to W/L
- Requires further appointment before being added to W/L
- Requires insurance prior approval before being added to W/L
- Other

For insurance approval: VHI

- n/a
- A bra cup size of F or greater
- A body mass index of 27.5 or less
- Upper back/ neck pain x 3/12, requiring daily use prescription painkillers x 1/12
- advised re 60 days approval & potential need for follow-up appointments as consequence of same

For insurance approval: ILH

- n/a
- A bra cup size of F or greater
- A body mass index of 27 or less
- Upper back/ neck pain x 3/12, requiring daily use prescription painkillers x 1/12
- The presence of skin rashes/ irritation

For insurance approval: Laya

- n/a
- BMI < 27.5; and
- Excised breast weight of 500 grams and upwards; and
- Member is physically healthy; and
- Bra cup size \geq F; and
- Have some or all of the following signs and symptoms as documented by the Surgeon despite at least a 3-month trial of therapeutic measures (Analgesia, Physiotherapy, supports etc.):
 - Emotionally and socially bothered by having large breasts
 - Breast size limits physical activity
 - Has regular indentations from bra straps that support heavy, pendulous breasts
 - Breasts hang low and has stretched skin
 - Enlarged areolas caused by stretched skin; and
 - Low self-esteem and depression
 - Back, neck and shoulder pain caused by the weight of breasts
 - Has skin irritation, intertrigo, beneath the breast crease
 - Nipples rest below the breast crease when breasts are unsupported
 - Member has severe breast hypertrophy, documented by high-quality frontal-view and side-view colour photographs which are held by the surgeon to document the pathology and can be reviewed on request
 - permission given to share photographs with Laya on request
- Women 50 years of age or older are required to have a mammogram that was negative for cancer performed within the two years prior to the date of the planned breast reduction;
- permission declined to share photographs with Laya on request
- difficulty in confirming 500g will be removed from each breast explained: should insurer decline to pay claim on this basis, patient will become liable for all fees

Procedure

- SP BBR inverted T
- SP BBR vertical scar
- Insured BBR inverted T
- Insured BBR vertical scar

Duration

Location

- GAIP 1 night Beacon Hospital
- Other

Documents required

- Patient letter
- GP letter
- Insurance approval letter
- Add W/L email to patient
- Radiology request
- Other

Notes on consultation outcome above**ICD 11 codes: physical complaints ***

- | | |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> GB22 hypertrophy of breast: Heavy and/ or enlarged breasts | <input type="checkbox"/> GD23.3 atrophy of breast: loss of breast volume |
| <input type="checkbox"/> LB60 breast aplasia GD23.3: congenital breast volume deficiency | <input type="checkbox"/> LB62 supernumerary breast: accessory breast tissue |
| <input type="checkbox"/> LB6Z structural developmental anomalies of the breast (asymmetry or tuberous breasts) | <input type="checkbox"/> LB6Y other specified structural developmental anomalies of the breast: nipple inversion |
| <input type="checkbox"/> EA60Z fungal infection of the skin | <input type="checkbox"/> MG86.20 chronic primary musculoskeletal pain |
| <input type="checkbox"/> PK9B.2 mechanical complications of breast implant: capsular contracture | |

ICD 11 codes: psychological complaints

- MB28.9 low self esteem
- 6E40 psychological or behavioural factors affecting disorders or diseases classified elsewhere (see above)
- MB27.3 disturbance of body image
- 6B21 body dysmorphic disorder