

## Information Protocol on Plastic Surgery of the Breast

Name:

First name:

Date of birth:

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This page should provide you with information, not worry you. It is only part of the information you will receive. The planned intervention will be discussed with you in person. Please ask about anything that is unclear or seems important, and don't hesitate to say if you would prefer not to know too much about the forthcoming procedure.

**Reasons for the procedure:** Absence of a breast or nipple after surgical breast cancer treatment or the presence of severely inconvenient, excessively large breasts or undesirable size differences.

**Various operative methods exist:** If you had a breast removed and you desire reconstruction, first a so-called expander must be inserted. An expander is a placeholder that can be filled with a sterile salt solution after surgery in several consultations so that the skin is stretched and breast volume is restored. Breast reduction or breast lifting may become necessary on the other side after expander placement. You can discuss this with your treating physician. After a few months, the expander is replaced with a silicone prosthesis in a second procedure, which is placed under the large pectoralis muscle. Finally, the nipple is reconstructed in a third operation. Again, there are different surgical methods. Your doctor will explain the procedure to you in detail.

**In the case of breast reduction or lifting,** it is necessary to accurately mark the incision location prior to surgery. The mark may not be removed before the operation. Your doctor will explain to you what scars will result from surgery before your operation.

**Risks and complications:** There may be increased bleeding after surgery, which may need to be surgically re-treated after surgery. As a rule, such increased bleeding stops without surgical treatment. Wound healing disorders may also occur. These are quite often observed in operations where the wound edges are under considerable tension. As a rule, these wound healing disorders heal easily in 2 weeks, and a second operation is rare. Another potential complication in breast reduction can be poor blood supply to the nipple, causing it to become very dark. In this case, a second operation may be necessary. In a few cases, increased scarring may occur.

**After the operation:** Every artificial product used in humans leads to a so-called foreign body reaction. A reaction of the surrounding tissue to a silicone prosthesis is possible. Over time, scar-like capsule tissue forms. A mild reaction is normal and occurs in three out of four women. In rare cases and after several years, calcification and painful hardening, so-called capsular fibrosis, may occur, which makes a treatment inevitable. Prostheses age and wear out. The lifespan of silicone prostheses are limited. There is a hypothetical risk that a silicone prosthesis may break and silicone may escape into the tissue. Breast implants must therefore be checked regularly. Silicone-related symptoms are very difficult to identify and prove to be silicone-related. Connections have not yet been unequivocally proven scientifically, though they are possible.

**Cost:** All plastic surgery is covered by health insurance companies for conditions subsequent to breast cancer surgery. For breast reduction, the respective health insurance company must issue a cost approval. If you have additional insurance: Has the cost coverage been verified?

**Your questions:**

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## Explanatory consultation

Interpreter:

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Proposed operation:

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Operation outline: (Operation method, skin incision, what is removed, reconstructed, etc., side indication left, right)

Notes of the doctor for the information interview (waiver of explanation with indication of the reason, individual risk-increasing circumstances: age, heart disease, obesity, etc.).

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Other treatment options:

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Date:

Time:

Duration of explanatory consultation:

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## Treatment order:

Dr. \_\_\_\_\_ has had an informative talk with me. I understood the explanations and was able to ask any questions I had. I received a copy of the interview protocol.

I agree with the proposed procedure, as well as with the changes and extensions discussed that may be required during the operation.

Place, date:

Patient:

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The text on the front page was discussed with the patient, the questions answered, and a copy of this explanation protocol was given to the patient.

Date, time:

Doctor:

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