

The Association of Plastic & Reconstructive Surgeons of Southern Africa

AUTHORISATION FOR AUGMENTATION MAMMOPLASTY

INTRODUCTION:

- 1 I authorise Dr Dower and his assistant to perform an operation on me for increasing the size of my breasts.
- 2 The nature and effects of the operation, as well as the risks and complications involved, have been fully explained to me by Dr Dower and Tunderstand them.
- 3 Augmentation mammoplasty is an elective surgical procedure. Alternative methods of treatment, such as external prosthesis or padding etc. are available.
- 4 The following points, among others, have been specifically made clear:
 - a) Breast implants, like other medical devices can fail. Damaged or deflated implants require replacement or removal.
 - b) The breasts may become firm (capsule formation and contracture). This condition is not predictable, may be permanent, and may cause pain and discomfort requiring further surgery.
 - c) In some patients the margin of the implants can be felt. Visible and palpable wrinkling of implants can occur. Some wrinkling is normal and expected.
 - d) Current medical information indicates that the material implanted in the body does not cause malignancy in human subjects.
 - e) The incision will heal with a scar that will be permanent
 - f) Post-operative bleeding or infection may occur around the implant, thus requiring another operation(s). Infection might necessitate the temporary removal of the implant.
- g) There is a possibility that the body may not tolerate the implants, thereby necessitating their removal in a small percentage of cases.
- h) Numbness or hypersensitivity of the nipple, areolar or breasts may occur following the operation. After several months, most patients have normal sensation.



- i) Breastfeeding Many women with breast implants have successfully fed their babies.
- j) Breast implants may make mammography more difficult. Ultra-sound, specialised mammography and MRI studies may be required if inadequate mammography views are obtained.
- k) No guarantee has been given concerning size and shape of breasts. Good results are expected, not guaranteed.
- 5 I authorise Dr Dower to perform any other procedure that he may deem desirable in attempting to improve the condition stated in paragraph 1, or any unhealthy or unforeseen condition that may be encountered during the operation.
- 6 I consent to the administration of anaesthetics by a suitably qualified doctor.
- 7 The practice of medicine and surgery is not an exact science. I, therefore, understand that no guarantee or assurance can be given by Dr Dower as to the results that may be obtained.
- 8 The two sides of the human body are not the same and can never be made the same.
- 9 I have authorised Dr Dower to take clinical photographs. Such photographs remain the property of Dr Dower.
- 10 I am not known to be allergic to anything except:
- 11 According to scientific studies, women with breast implants, in general, are not at an increased risk of auto-immune connective tissue diseases. There is, however, always the possibility of unknown risks associated with any medical device.
- 12 In the event of a contractual dispute, or any other cause of action, litigation shall ONLY be instituted in a court of the Republic of South Africa
- 13 Additional Surgery: Should complications occur; additional surgery or treatment may be necessary. Additional costs would then be incurred and would be the patient's responsibility.
- 14 Although the majority of women do not experience the abovementioned complications, you should discuss any concerns with your surgeon. Clinical data suggests that most women will be satisfied with their implants.

I certify that I have read the above authorisation, that the explanations referred to therein were made to my satisfaction, and that I fully understand such explanations and the above authorisation.

Patient:	Witness:
Print name	Print name
Signature	Signature
Date	Date