

Dr. James B. Lowe – Plastic Surgery
BREAST RECONSTRUCTION SURGERY INFORMATION SHEET AND
INFORMED CONSENT

Instructions

This is an informed consent document that has been prepared to assist your plastic surgeon to inform you concerning breast reconstruction surgery, its risks, and alternative treatment.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your plastic surgeon.

INTRODUCTION

Breast reconstruction surgery is an operation frequently performed by plastic surgeons. Breast reconstruction is either “immediate” or “delayed.” Most breast reconstruction is immediate or started on the day of your breast cancer operation. Breast reconstruction may need to be delayed if the margins are not clear or if radiation treatment is planned. In some cases patients may elect to delay the reconstruction for personal reasons. Breast reconstruction is something you want not something you absolutely need. If the risk or potential complications are too much for you at this point, delaying the operation may be the right choice.

A reconstructed breast is never as good as the original breast. It is a process that requires a minimum of three stages to achieve an optimal result. The first stage always involves creating a breast mound and subsequent stages involve refinement of the mound, nipple creation, and symmetry procedures. Future stages may be delayed by adjuvant treatments such as chemotherapy or radiation. Wound problems related to breast reconstruction may delay these adjuvant treatments in some cases.

Typically, mastectomy or breast cancer operation involves removal of the breast tissue, node testing, and nipple removal. A mastectomy is similar to removing the orange from an orange peel. The peel or the skin of your breast is left behind but the tissue beneath is removed. The remaining skin is very thin and unhealthy in most cases. The first stage of breast reconstruction is limited by the quality of the overlying skin and the options available for reconstruction.

Reconstruction of one breast is far less complex and offers more options than the reconstruction of both breasts. The three main ways a plastic surgeon creates a breast is with an implant or tissue expander, an implant with back muscle (Lat. Flap with implant), or abdominal tissue (TRAM Flap). Each of these procedures has different indications and risks, and each approach can be modified in a number of ways. The patient’s age, weight, anatomy, previous surgeries, and health history often determine the procedure that is best for them.

Breast implant reconstruction alone is the Chevy Cavalier of breast reconstruction. It does not require a lot of time at the first stage but is fraught with complications in most cases. It provides bulk but is not considered very attractive due to visibility and palpability of the implant under very thin skin. The Lat. Flap with implant is the Cadillac of breast reconstruction, the first stage takes 3 hours and the hospital stay is 2-3 days. The results are excellent but an implant is required in most cases. The TRAM flap is the Rolls Royce of breast reconstruction. It can take 4-8 hours to perform on the first stage and the hospital stay averages 4-6 days. The TRAM can provide a natural appearing breast derived from fat from your abdominal wall.

The type of cancer operation and your cancer management is up to you and your cancer surgeon. The reconstructive procedures should be chosen only after a consultation with your plastic surgeon. Remember that there are a variety of approaches to breast reconstruction and you may want to seek a second opinion. Sometimes another consultation with Dr. Lowe is required to decide on the reconstructive option that is best for you. It is important to develop a trusting and honest relationship with your plastic surgeon because of the significant risk and time required to complete the task.

ALTERNATIVE TREATMENT

Alternative forms of management consist of not undergoing breast reconstruction surgery. These procedures are performed in an attempt to recreate a breast but will not provide functional improvements or extend life. Risks and potential complications associated with alternative forms of treatment can be discussed with Dr. Lowe as well.

RISKS OF BREAST RECONSTRUCTION SURGERY

With any type of activity there is inherent risk. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of the risk that you have questions about with your plastic surgeon to make sure you understand the consequences of the breast reconstruction you choose.

Bleeding – It is possible, though unusual, that you may have problems with bleeding during or after surgery. Should postoperative bleeding occur, it may require emergency treatment to stop the bleeding or a trip back to the operating room. Certain breast reconstruction procedures such as TRAM Flaps may require blood thinners that increase the chance of bleeding. If you are already anemic or experience blood loss that threatens your health, you may need a blood transfusion. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this contributes to a greater risk of bleeding. Hypertension (high blood pressure) that is not under good medical control may cause bleeding during or after surgery. Accumulations of blood under the skin may delay healing and cause scarring.

Blood clots / deep vein thrombosis – Breast reconstruction operations are usually not short procedures. Although any operations can be associated with a blood clot in the legs, it is more likely following more lengthy operations. It is important to note that birth control pills and other medications can increase your risk of this problem. After surgery patients must make every effort to be active and ambulate while in the hospital and at home after surgery. Deep vein thrombosis can be a potentially life threatening complication that may require further medical care.

Fluid collections – Fluid collections can form in the period following breast reconstruction. These collections are called seromas and may be prevented by the use of compression dressings or drains. If the patient develops a fluid collection it may require multiple tapping, medical treatment, a new drain, or a trip back to the operating room. Seromas are associated with breast implants and Lat. Flap reconstructions.

Infection – Infection is unusual following breast reconstruction, but it is more common in some types of procedures. An implant placed beneath the skin following mastectomy is prone to infection particularly following radiation. The Lat. Flap can protect the implant from infection, and the TRAM flap does not require an implant. Should an infection occur, additional treatment including antibiotics may be necessary. If an implant becomes infected it will need to be removed for a period of time until the infection fully resolves.

Scarring – Although good wound healing after a surgical procedure is expected, abnormal scars may occur both within the skin and deeper tissues. Scars may be unattractive and of a different color than surrounding skin. There is the possibility of visible marks from sutures. Additional treatments including surgery may be needed to treat scarring. The Lat. Flap will leave a scar on your back and the TRAM will leave a scar on your abdomen.

Skin compromise – Certain breast cancer operations are associated with significant skin undermining or injury. Breast skin is evaluated in the operating room and sick skin is often removed by the plastic surgeon when indicated. In some cases, skin compromise will not become apparent until after surgery. Skin death on the breast or the flap may require local wound care or a trip back to the operating room. Skin separation may be the result of skin death, tension, or infection. Certain areas of the body are more prone to this problem than others (i.e. belly button, lower abdomen, breast skin).

Damage to deeper structures – Deeper structures such as nerves, blood vessels, and muscles may be damaged during the course of surgery. The potential for this to occur varies with the type of breast reconstruction. Injury to deeper structures may be temporary or permanent.

Unsatisfactory result – There is the possibility of an unsatisfactory result from breast reconstruction. The surgery may result in unacceptable visible or tactile deformity, loss of function, or structural malposition. You may be disappointed that the results of surgery do not meet your expectations and additional surgery may be necessary in these cases.

Numbness – There is the potential for permanent numbness following breast reconstruction procedures. The occurrence of this is not predictable on the breast skin itself but always occurs on the flaps used to fill the defect. As nerves recover they may become hypersensitive or even painful.

Chronic pain – Chronic pain may occur infrequently after breast reconstruction procedures.

Asymmetry – The human body is normally asymmetrical. It is impossible to achieve absolute symmetry with breast reconstruction. Dr. Lowe will do his best to achieve as much symmetry as possible during surgery. Some reconstructive procedures allow for better symmetry than others. For instance, if a breast implant is used to reconstruct your breast, it is very hard to match the opposite breast without another implant. Also, it is difficult to create a large or droopy breast, and a breast reduction or breast lift is often required on the opposite breast.

Skin irregularity – Skin irregularities, bumps, and areas of stiffness usually occur after breast reconstruction procedures. Most of these areas resolve with time but some irregularities may be permanent or require revision.

Allergic reactions – In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may occur to drugs and prescription medicines. Allergic reactions may require additional treatment.

Delayed healing – Wound disruption or delayed healing is possible. Some areas of the abdomen may not heal normally and may take a long time to heal. These areas may require frequent dressing changes or further surgery to remove the non-healed tissue.

Long term effects/ functional alterations – The breast that was removed or operated on will never be as good as it was prior to surgery. However, most women are glad they underwent breast reconstruction and would do it again. To make a pretty breast the plastic surgeon must “rob from Peter to pay Paul.” A breast implant does not require donor tissue, but it is prone to infection, palpability, and deformation.

When the Lat. Flap (back muscle) with implant is used the implant is protected appears more natural. Slight weakness in the shoulder will result from harvesting the back muscle. When the TRAM flap (abdominal muscle and fat) is used the abdominal wall is weakened and mesh is required to reconstruct the defect. This TRAM results in noticeable weakness in the lower abdomen with asymmetry and bulge.

Prosthetics / implants – Anytime prosthetic material such as mesh or an implant is used it can become infected. If prosthetic material gets infected it must be removed. Implants do not last forever and need to be exchanged every 10 years in some cases. Implants can rupture or fail requiring exchange. Gel breast implants are filled with silicone jelly and or saline breast implants are filled with salt water. If you elect to have gel implants placed you will need to participate in a research protocol to track the device because safety concerns.

Need for revision – Certain breast reconstruction procedures are more likely to require revision surgery. Patient undergoing implantation or tissue expansion require the greatest amount of revision surgery. Patients undergoing TRAM reconstruction often require more revision surgery because of the abdominal scar. In some cases, it may be impossible to completely correct a complication.

Recovery - Changes may occur after breast reconstruction procedures that may limit a patient's function. Patients may recover at different rates following breast reconstruction surgery, but the more surgery you have done the more difficult the recovery. Typically, patients who undergo breast implantation go home the day after surgery with little functional limitation. Patients who undergo the Lat. Flap with implant typically require will require a 3-4 week recovery. It is far more difficult to recover from a TRAM flap and recovery averages 5-6 week recovery. The subsequent staged procedures usually require a very limited recovery.

Surgical anesthesia – General anesthesia involves risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation. If you are over 45 years of age, have a known medical condition, or you are in any way concerned about your health a pre-operative evaluation from your primary care physician or cardiologist is recommended prior to surgery.

HEALTH INSURANCE

Almost all insurance plans cover breast reconstructive procedures from start to finish. Please, carefully review your health insurance subscriber-information pamphlet and discuss any questions with Dr. Lowe.

ADDITIONAL SURGERY NECESSARY

There are many variable conditions in addition to risks and potential surgical complications that may influence the long term result from breast reconstruction surgery. The significant complications associated with breast reconstruction occur infrequently. However, almost one in four patients who undergo breast reconstruction will experience some complication. Other complications and risks can occur but are more uncommon. Should complications occur, additional surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. Infrequently, it is necessary to perform additional surgery to improve your results.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). This informed –consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Dr. Lowe may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the consent below.

CONSENT FOR SURGERY/PROCEDURE or TREATMENT

1. I hereby authorize Dr. Lowe and such assistants as may be selected to perform the following procedure or treatment.

I have received the following information sheet:

INFORMED CONSENT FOR BREAST RECONSTRUCTION SURGERY

2. I recognize that during the course of the operations and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I, therefore, authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
9. **IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:**
- A. The above treatment or procedure to be undertaken.
 - B. There may be alternative procedures or methods of treatment.
 - C. There are risks to the procedure or treatment proposed including those listed above.
 - D. I have read, understood, and have had the opportunity to ask questions concerning the above, as well as the Informed Consent Breast Reconstruction Surgery information sheet.
 - E. I am satisfied with the explanation.

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9).

Patient or Person Authorized To Sign for Patient.

Date

Witness