AMERICAN SOCIETY OF PLASTIC SURGEONS®

Informed Consent

Breast Augmentation
with a Larger Implant than Recommended by Dr. Thomas Jeneby MD

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ASPS Member Surgeon

Informed Consent – Breast Augmentation with a Larger Implant than Recommended by Dr. Thomas Jeneby MD

I, _____, have discussed with Dr. Thomas Jeneby MD my desire for surgery using an implant larger than what Dr. Thomas Jeneby MD feels is best for my breast tissue and body proportion.

I fully understand and accept each item below.

All my questions have been answered. I feel informed and accept each risk or tradeoff listed as indicated by my initial(s) _____ beside each item. **(Please place your initials in the blank at left, and then add your initial at the box beside each item below).**

As I get older, my breast skin will age, stretch, and become thin even without an implant. The larger the breast size, with or without an implant, the more likely it will look worse over time.

Adding an implant to my breast adds weight. This will result in stretching and thinning of my breast tissues over time, which cannot be reversed.

The larger the implant, the more stretching that will occur.

Adding more weight to the breast will make the skin stretch and sag. It will look worse over time. It is impossible to predict whether or when this will occur.

Using a large implant now may lead to me needing more surgery later. A breast lift may be needed, which will result in more visible scars. I will incur additional costs, time off from work, risks, and tradeoffs, if additional surgery is needed.

Excessive breast tissue stretch from a large implant may lead to healing problems if the tissues become very thin.

As breast tissues thin, I might be able to feel my implant. Parts of the implant may be seen through my skin. Folds or wrinkles may appear.

Excessive stretching may or may not happen. If it happens, the implants may need to be removed. A breast lift may be needed after implant removal. This may change the way my breasts look and lead to visible scarring.

When I request implants larger than Dr. Thomas Jeneby MD recommends, I am overruling his/her years of experience and judgment. I am responsible for every possible outcome or risk of my decision. This risk may be known or unknown to me and to Dr. Thomas Jeneby MD.

I understand and accept all these risks, limitations, and tradeoffs. I request that Dr. Thomas Jeneby MD proceed with the larger than ideal implant augmentation of my breasts. All of my questions have been answered to my satisfaction. I am completely comfortable with my decision.

Signed this _____day of the month of _____, 20_____ at _____ AM/PM.

_____ Patient: (Please print)

_____ Witness: (Please print)

_____ Patient: (Please sign)

_____ Witness: (Please sign)

_____ **Patient Initials**

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