Informed Consent

Breast Reconstruction with Latissimus Muscle Flap

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INSTRUCTIONS

This document is about informed consent. It will tell you about breast reconstruction using the latissimus muscle flap. It will also outline the risks and other treatment options.

It is important that you read this whole document carefully. Please initial each page. Doing so means you have read the page. Signing the consent agreement means that you agree to the surgery that you have talked about with your plastic surgeon.

GENERAL INFORMATION

Surgeons have many ways to do a breast reconstruction. Most mastectomy patients can have breast reconstruction. This can be done soon after the breast is removed or later. It works best for women who have eliminated breast cancer by a mastectomy. There are good reasons for putting off breast reconstruction. Some surgeons may tell their patients to wait until their cancer treatment is over or until the disease staging has finished. Other patients may need to have more complex breast reconstruction procedures. Surgeons may advise women who smoke or who have other health issues, like obesity or high blood pressure, to put off having surgery. Learning about your options for breast reconstruction can help you prepare for a mastectomy and have a more positive outlook.

Breast reconstruction does not change the natural history of breast cancer. It does not interfere with other forms of cancer treatment like chemotherapy or radiation. However, breast cancer treatment can affect how breast reconstruction is done and its results.

The latissimus dorsi is a back muscle. Breast reconstruction with the latissimus muscle moves the back muscle, skin, and fat to the chest to reconstruct a breast. The muscle flap has its own blood supply. That helps nourish the tissue that has been moved to the chest. Surgeons have different ways to do the latissimus muscle flap breast reconstruction. That includes microvascular surgery, which attaches the flap to the chest. In some cases, your plastic surgeon may insert a breast implant under the muscle flap to help the breast mound stick out. Many patients do not have enough soft tissue over the muscle to get the breast to project without an implant. It depends on the patient's body frame and breast size.

Muscle flap techniques of breast reconstruction are useful if

- There is not enough chest tissue for breast reconstruction with implants or expanders
- You have had radiation on your chest after a mastectomy
- The patient is concerned about breast implants. You may need implants to make the breasts look similar
- Failure of earlier breast reconstruction

Reasons to not consider the latissimus muscle flap breast reconstruction procedure include

- A patient who is medically or psychologically unsuitable for breast reconstruction
- A patient whose latissimus muscle or blood supply was injured in a prior surgery or treatment

Note: You will need a separate consent form for the use of breast implants in addition to breast reconstruction with latissimus muscle flap. Also, review the Breast Implant Surgery Checklist.

OTHER TREATMENTS

Latissimus muscle flap breast reconstruction is not the only treatment. Other options include external breast prostheses or padding, breast reconstruction with tissue expansion, or using other body tissue for breast reconstruction. These surgeries have their own risks and problems.

RISKS OF BREAST RECONSTRUCTION WITH LATISSIMUS MUSCLE FLAP SURGERY

Every surgery has risks. It is important that you understand the risks of breast reconstruction with a latissimus muscle flap and for getting a breast implant. If the surgeon does a latissimus flap surgery without a breast implant, the risks that come with breast implants do not apply. Choosing to have surgery means comparing

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the risks and benefits. Most patients do not have any problems, but you should talk about them with your plastic surgeon. Make sure you understand all possible outcomes of the breast reconstruction with a latissimus muscle flap.

SPECIFIC RISKS OF BREAST RECONSTRUCTION WITH LATISSIMUS MUSCLE FLAP SURGERY

Seroma:
Sometimes fluid can build in the back, under the arm, or in the chest after a latissimus muscle flap breast reconstruction. You may need another surgery to drain this fluid. You may need to have the fluid drained until the seroma goes away. It is rare, but you may require surgery.

Change in Skin Sensation:
Breast reconstruction cannot bring back normal feeling to your breast or nipple. You will not have the same sense of touch in the skin that is moved with the muscle flap. Your skin may feel numb on the back where the latissimus muscle was located.

Slow Healing and Loss of Flap:
The wound may open and could heal very slowly. Some parts of the chest or the latissimus muscle flap tissue may die. You may need to change the bandage often. You may need more surgery to remove the dead tissue. Some areas of the chest or the latissimus flap skin may heal abnormally or slowly. That can happen when there is less blood flow to tissue before the surgery or if you have had radiation. Smokers are at a higher risk of losing skin and having problems with wounds healing. Secondhand smoke can also result in problems with wound healing.

Microvascular Surgery:
If an artery or vein gets blocked where the surgeon is attaching the flap, it may not be usable. If there are no adverse effects, you may be put on aspirin for at least one month after the surgery. Your blood flow through the vessels is watched carefully after the surgery. If you have a block, then you may need urgent surgery to remove it and restart blood flow in the tissue flap. In rare cases, it may not work. That means the flap tissue may die and would need to be removed completely. You and your surgeon can talk about other reconstructive options at that point.

Fat Necrosis:
The fat in the flap may die. This may make part of the flap firm. You may need another surgery to remove the dead fat. The shape of the flap may be uneven because of the dead fat.

Firmness:
Your breasts can get too firm after surgery. That is due to scarring inside the chest or around the breast implant if one is used. This may or may not happen. You may need another surgery to fix it. Getting radiation on the chest after breast reconstruction with a latissimus muscle flap may result in too much firmness or other long-term problems.

Breast Implants:
The risks that come with breast implants are stated in another informed consent form.

Implant Exposure:
If you do not have enough tissue to cover the breast implant, it may become visible or push through the skin. This is possible if the latissimus muscle flap is used. If the tissue breakdowns and you can see the breast implant, it usually needs to be removed. You may not be able to get a new implant at the same time. The wound may need to heal without an implant before your breast reconstruction can be completed.

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Asymmetry:

In most cases, the left and right breasts do not look the same. Differences in breast and nipple shape, size, or symmetry may occur after surgery. You may need another surgery to fix the asymmetry after a breast reconstruction with latissimus muscle flap.

Loss of Latissimus Muscle Function:

You can expect to lose normal function in the latissimus muscle after it has been moved to the chest. You may have weakness when you move your shoulder and upper arm.

Unsatisfactory Result:

You may not like the results of the breast reconstruction surgery. You may have asymmetry in terms of where the muscle flap is placed or in breast shape and size. You may not like how the flap is placed or where the scar is. You may need another surgery to improve your results. Any type of breast reconstruction can fail due to problems with the mastectomy or chemotherapy/radiation. These breast cancer treatments are not related to the latissimus muscle flap surgery. The unwanted results may NOT improve with more surgeries.

Breast Disease:

There is no evidence of risk of breast disease, breast cancer, or return of cancer in women who have had reconstructive breast surgery. Those with a history of breast cancer or family history of cancer may be at more risk of getting breast cancer. The American Cancer Society guidelines say all women should do regular breast self-exams and a mammography. You should seek medical care if you think you have found a lump. If a lump is found before or during breast surgery, you may need more tests and treatment, which have their own costs.

DISCLAIMER

Informed consent documents give you information about a surgery you are considering. These documents explain the risks of that surgery. They also discuss other treatment options, including not having surgery. However, informed consent documents can't cover everything. Your plastic surgeon may give you more or different information. This may be based on the facts of your case.

Informed consent documents are not meant to define or serve as the standard of medical care. Standards of medical care are determined based on the facts involved in an individual case. They may change with advances in science and technology. They can also change with the way doctors practice medicine.

It is important that you read the above information carefully and get all your questions answered before signing the consent agreement on the next page.

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CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Thomas Jeneby MD and the doctor's assistants to do the procedure **Breast Reconstruction with Latissimus Muscle Flap.**
2. I got the information sheet on Breast Reconstruction with Latissimus Muscle Flap.
3. I understand that, during the surgery, an unexpected situation may require a different medical procedure than the surgery listed above. I permit the doctor listed above, the assistants and/or designees to do any treatment that my doctor thinks it is needed or helpful. My permission includes all treatments that my doctor does not plan to do at the start of the surgery.
4. I understand what my surgeon can and cannot do. I understand that no warranties or guarantees have been hinted at or stated outright about the outcome of the surgery. I have explained my goals. I understand which outcomes are realistic and which are not realistic. All my questions have been answered. I understand the surgery's built-in risks. I am aware of other risks and possible issues, benefits, and options. I understand and choose to have the surgery.
5. I agree to the anesthetics that are needed or helpful. I understand that all types of anesthesia have risks and may result in complications, injury, and sometimes death.
6. I am aware of the serious risks to my health when blood products are used. I agree to my doctor using them if my doctor, assistants, and/or designees think they are needed or helpful.
7. I agree to the disposal of any tissue, medical devices, or body parts taken out during or after the planned surgery or any other operation that is needed or helpful.
8. I agree to have the right parts of my body photographed or televised before, during, and after the surgery for medical, scientific, or educational reasons, if the pictures do not reveal my identity.
9. For medical education, I agree that onlookers can be in the operating room.
10. I permit my Social Security Number to be given to the right agencies for legal reasons and medical device registration, when necessary.
11. I agree to the charges for this surgery. I understand that the doctor's charges are separate from the charges for the hospital and the anesthesia. I understand that there may be more charges if more procedures or treatments are needed or helpful. I agree to the charges, if any.
12. I understand that not having the surgery is an option and that I can opt-out of having the surgery.
13. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
    a. THE ABOVE SURGERY TO BE PERFORMED
    b. THERE MAY BE OTHER SURGERIES OR TREATMENT OPTIONS
    c. THERE ARE RISKS TO THE SURGERY

I CONSENT TO THE SURGERY AND THE ITEMS LISTED ABOVE (1-13).
I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS.

_____

Patient or Person Authorized to Sign for Patient Date/Time

_____

Witness Date/Time

_____ Patient Initials

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