Informed Consent

Buttock Augmentation with Implants

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INSTRUCTIONS

This document is about informed consent. It will tell you about Buttock Augmentation with Implants surgery. It will outline the risks and treatment options.

It is important that you read the 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 you have talked about with your plastic surgeon.

GENERAL INFORMATION

This surgery is also called a "Brazilian Butt Lift." It increases the size and shape of the buttocks. The result is young, obvious, perky buttocks. It also gives a more sensual body shape.

ALTERNATIVE TREATMENTS

There are other forms of treatment. Going in for buttock augmentation surgery is your choice. You can choose to not have this surgery and go in for Buttock Augmentation by Fat Transfer**.** Other surgeries have their own risks and possible problems.

RISKS OF BUTTOCK AUGMENTATION WITH IMPLANTS SURGERY

Every surgery has risks. It is important that you understand the risks and the possible problems that can result from them. All procedures have limits. Choosing to have a surgery means comparing the risks and benefits. Most patients do not face problems, but you should talk about them with your plastic surgeon. Make sure you understand all possible outcomes of Buttock Augmentation with Implants.

SPECIFIC RISKS OF BUTTOCK AUGMENTATION WITH IMPLANTS SURGERY

Wound breakdown:

If the cuts the surgeon makes do not heal properly, they may open. This will uncover the tissues underneath and maybe the implant. You may need local wound care or another surgery to close the cut. If the open wound gets infected, the implant may need to be taken out or replaced. Tell your surgeon at once if you have any trouble with healing or if your wounds open.

Implant failure:

All implants fail over time. This happens if the silicone in the implant is pushed out, moved, or shrinks. The silicone is not toxic but can cause more scars on tissues. It can sometimes move to lymph nodes. Treatment may include taking out the implant—with or without putting in another. The surgeon may also remove any new scar tissue.

Implant shifting:

At times, an implant drops, turns, or shifts from its place. This can cause discomfort or make it look uneven. You may need more surgery to fix this.

Hardness around implant:

A capsule of scar tissue will form around the implant. This will shrink over time for some people. This may cause "hardness around the implant" (capsular contracture). It can squeeze, shift, or reshape the implant. The effect may be noticeable, ugly, uneven, or even painful. You may need surgery to divide or take out the capsule. We do not know the exact cause of this. This may happen again even after you fix it.

Anaplastic Large Cell Lymphoma:

Breast implant-associated anaplastic large cell lymphoma (BIA-ALCL) is an uncommon type of cancer. It may occur in the scar capsule of saline or silicone breast implants. The implants are mostly made of solid

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silicone in buttock augmentation. BIA-ALCL is linked to textured silicone implants. Scientists are studying how this disease may be linked with breast implants. Lymphoma can occur anywhere in the body.
The FDA has identified more than 573 cases of BIA-ALCL. Most BIA-ALCL patients have textured implants. However, researchers do not have exact data to identify risks of textured and non-textured implants. Current data estimates that lifetime risk of BIA-ALCL ranges from 1 in 2,207 to 1 in 86,029 in women with textured breast implants. Researchers are still studying BIA-ALCL risk. There is limited data for BIA-ALCL in buttock augmentation. This procedure is less common than breast implants. The breast usually swells about 8 to 10 years after the first breast implant operation with BIA-ALCL. Most cases were successfully treated by removing the implant and the scar around it. Some rare cases need chemotherapy and/or radiation therapy.

You should stay in touch with your surgeon after your breast or buttock implant operation. Seek medical care if you have symptoms such as pain, lumps, swelling, or unevenness. It is important to do regular breast self-exams. It is also important to follow your doctor's advice for care, like taking mammography, ultrasound, or MRI. If you have unusual test results or implant-related symptoms, you may need to pay for tests and/or procedures to properly assess and treat your condition. These tests and procedures could include getting breast fluid or tissue to run various tests, having surgery to remove the scar around the breast implant, removing implants, replacing implants, etc.

Pressure on your sciatic nerve:
The implant may stretch or press on other nerves. If it affects the sciatic nerve, you may have pain that travels down the leg. You may have to move or remove the implant to fix this problem.

Seroma:
A seroma occurs when fluid builds between the skin and the tissue after surgery, trauma, or heavy exercise. It is the most common problem in buttock augmentation with implants. You may see swelling or change in shape near the implant area. If this happens, you should know that you have a seroma. Tell your doctor at once. This should be fixed to avoid more problems. You may need more surgery to drain the fluid.

Infection:
Infection after surgery is rare. You may need more treatment like antibiotics, hospital visits, or surgery to fix this. It is important to tell your surgeon about your infections. Tell your doctor about your history of methicillin-resistant staphylococcus aureus infections, open wounds, recent lung infection, or pneumonia. You should also tell your doctor about nails that grow inside the toes, insect bites, tooth problems, or urinary infection. Infections in other parts of the body may lead to infection in the surgical area. Infections after surgery can result in scars. You may need more surgery to fix this.

Pain:
You will have pain after surgery. The pain intensity and duration may vary. You may want to talk to a pain therapy doctor after surgery if you are a chronic pain patient. The doctor can help you manage pain that will occur after surgery. In rare cases, people have ongoing (chronic) pain after surgery. This may happen if some nerves are stuck in the scar tissue after surgery (neuromas) or if you have tight scars.

Even if your nerves are not injured during surgery, the nerve endings may become too active when you heal. This can make the area sensitive or cause you pain. Massage and other treatment options can help with this pain. Make sure to talk about any pain with your surgeon.

Asymmetry:
It is common for your buttocks to vary in shape and size after surgery. This usually fixes itself in about six weeks after surgery.

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Scarring:
All surgeries leave scars. Some scars are seen more clearly than others. Wounds are likely to heal after surgery, but can leave long, visible scars that will not go away. Unusual scars may occur in the skin and in the tissues below. Scars may look bad and have a different color than your skin. The same scar may look different on the right and left side of your body. The stitches may leave a mark on your skin. These scars may be raised and red in the first few weeks or months. They usually fade over time. However, some patients can have "hypertrophic" or "keloid" scars. These scars can be clearly seen and felt. They may be red and may not go away. You may need more treatments like medication and/or surgery to fix this.

Hematoma:
After surgery, blood may collect outside the blood vessels and form a hematoma. This may happen due to disease or trauma. Injury or surgery may cause blood to leak from broken blood vessels. A hematoma is in liquid form. It moves in sacs and among tissues. It then turns into a solid before it is pulled into blood vessels.

Bruises:
The surgery may leave bruises. A bruise is a type of hematoma seen in tissue damaged by trauma. When this happens, blood leaks into the rest of the tissues. Bruises can be seen on the skin, tissue under the skin, in muscles, or on the bone.

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 and the doctor's assistants to do the **Buttock Augmentation with Implants.**
2. I got the information sheet on Buttock Augmentation with Implants.
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 provide any treatment that my doctor thinks 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. All my questions have been answered. I understand the surgery's 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 even 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 surgery. I also agree to any additional surgeries or treatment that is needed or helpful.
8. I agree to have parts of my body photographed or televised appropriately 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 those 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 THAT ARE 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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