Informed Consent

Fat Transfer, Grafts, and Injections - Breast

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INSTRUCTIONS

This is a document to help teach you about Fat Transfer, Grafts, and Injections to the Breast, the risks, and other treatments.

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 that you have talked about with your plastic surgeon.

GENERAL INFORMATION

In fat transfer surgery, fat from an area that does not need it (usually the thighs or abdomen) is moved to an area that has lost tissue due to aging, accident, surgery, or other causes. The surgeon may start by shooting a fluid into the donor sites (areas the fat will come from) to lessen bruising and pain. Then the fat is taken, usually through a small hole by liposuction (drawing it out in a cannula). The surgeon may instead cut it out through an incision. The fat may then be washed, filtered, and separated. It is then put into the desired area (the receiving site) through a smaller cannula or a needle, or through an incision or hole. Since the transferred fat can shrink, your surgeon may put in some extra to get the right result. More fat may be needed later to keep the same shape. Local or general anesthesia is used, depending on how much fat you need.

FAT TRANSFER TO THE BREASTS

Fat transfer can help remold breasts after cancer treatment, change shape, and enlarge breasts. Its long-term impacts are not all known, but there are some concerns as to breast cancer detection. Since the transferred fat may become firm and cause lumps, you may need radiology exams, like a mammogram, to confirm that the lumps are not due to cancer. Also, the firmness may make it harder to examine your breasts. Abnormal findings may require a biopsy. There is no reason to believe that fat transfer may cause breast cancer.

Cosmetic fat transfer may require added surgery to reach the breast size you want. The surgeon can inject a small amount of fat at each surgery to keep the breast in shape. Sometimes adjuvant devices (Brava) will help in this process.

OTHER TREATMENTS

Treatment does not always need surgery. You can opt to not have surgery. You can go in for injections that can improve tissue volume. These injections use hyaluronic acid and polylactic acid. You can also go in for man-made implants or flaps to transfer fat. All treatments have their own risks and possible problems.

RISKS OF FAT TRANSFER PROCEDURES

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 fat transfer procedures.

SPECIFIC RISKS OF FAT TRANSFER TO THE BREAST PROCEDURES

Change in Appearance:

Commonly, the transferred fat shrinks a little over time and then becomes stable. You may need more treatments to keep the effect you want. Rarely, if you have a large weight gain, the transferred fat may swell up and ruin the effect. You need to understand that one treatment may not be enough. Talk to your surgeon about the costs of repeat treatments.

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Firmness and Lumps:
Most transferred fat feels natural, but some or all of it could get firm, hard, or lumpy. If some fat does not survive the transfer and dies (necrosis), this can cause firmness and pain. Cysts may also form at the receiving site. You may need surgery to fix such conditions.

Fat Necrosis:
This can occur after surgery. The fat tissue may die making your skin feel lumpy. This can improve by a massage. Fat death can make the skin swell and form red masses with oily fluid. This should be drained. These areas can get infected. You may need to visit a clinic or go in for more surgery to fix it.

Damage to Structures:
There can be damage to local structures of the donor site, like vessels and nerves (in any body area). It may also affect the bowel, bladder, abdominal organs, or chest.

Mammography and Other Imaging changes:
You may see changes in mammograms and ultrasounds after surgery. Though most changes do not result in cancer, you may be asked to go in for more tests.

Fat Correction:
This surgery may not give you the result you want. The correction needed may be less or more. This will depend on the case. If the fat moved is less, you may be needing another fat transfer procedure to add fat. If it is more, you will need more surgery like liposuction to remove fat.

Asymmetry:
Fat transfer may cause one side of your body to look different from the other. This may happen due to skin tone, fatty deposits, muscle tone, and other factors. You may not get exact symmetry after fat transfer.

Long-Term Effects:
You may see changes in the shape or look of the area where the fat was removed or placed. This may occur due to aging, weight change, or other factors.

Combined Procedures:
Fat transfer is safe to combine with other surgeries like breast augmentation, breast correction surgery, and breast reconstruction. Other surgeries may include fat transfer, such as facelifts, abdominoplasty, liposuction, treatment of open wounds, scleroderma, ulcers, and scars.

Seroma:
Fluid may build between the skin and the tissues under it after surgery. Swelling of the receiving area or a shape change in the healing period should alert you that you may have a seroma. In that case, tell your surgeon. You may need procedures to drain the fluid.

Donor Sites:
Fat transfer is a good way of removing fat. You may have problems with liposuction at the donor site. Folds or wrinkles can appear. Some patients do not have enough donor sites. Often, these are patients who have had an earlier liposuction.

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Accidental Intra-Arterial Injection:

In rare cases, fat may get into arteries. This can block blood flow. This may cause skin to die or limit blood flow to the eye, leading to loss of vision. The risks and outcomes of such accidents are unknown and may or may not happen.

Major Problems:

Serious problems with this surgery are rare. Examples are fat embolism (a piece of fat in the blood travels to the lungs, heart, or brain, which can be fatal), stroke, meningitis (swelling in the brain), major infection, poor vision or blindness, or death.

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 procedure **Fat Transfer, Grafts, and Injections – Breast.**
2. I got the information sheet on Fat Transfer, Grafts, and Injections – Breast.
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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