Informed Consent

Nipple Reconstruction Surgery

©2020 American Society of Plastic Surgeons®. Purchasers of the *Informed Consent Resource* are given a limited license to modify documents contained herein and reproduce the modified version for use in the Purchaser's own practice only. The American Society of Plastic Surgeons® does not authorize the use of these documents for purposes of any research or study. All other rights are reserved by the American Society of Plastic Surgeons®. Purchasers may not sell or allow any other party to use any version of the *Informed Consent Resource,* any of the documents contained herein or any modified version of such documents.

INSTRUCTIONS

This document is about informed consent. It will tell you about nipple reconstruction surgery. It will outline its 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

Nipple reconstruction restores the nipple and areola after they have been lost due to injury, breast cancer, or other conditions. Surgeons have different methods for reconstructing the nipple and the areola. These are skin grafts from other parts of the body, breast skin that is shaped into a nipple, or tissue from the other nipple and areola. Other techniques like tattooing may be used to add color to the tissue if needed.

Nipple reconstruction can be done alone or with breast reconstruction.

OTHER TREATMENTS

Nipple reconstruction is not needed medically. Other treatment options are not having the surgery and using nipple-areolar prostheses.

RISKS OF NIPPLE RECONSTRUCTION SURGERY

All surgeries have some risk. It is important that you know these risks. You must also understand other issues that might come up during or after surgery. Every procedure has its limits. Choosing to have 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 know all possible outcomes of nipple reconstruction surgery.

SPECIFIC RISKS OF NIPPLE RECONSTRUCTION SURGERY

Scars:

All surgeries leave scars. Some are easier to see than others. You can expect your wound to heal. Unusual scars may occur in the skin and deeper tissues. You may have a scar where the nipple was reconstructed and a scar at the donor site. Scars may look bad and be a different color than your skin. Parts of the same scar may look different. Scars may look different on the right and left side of your body. The stitches may leave a mark on your skin. Some scars can be fixed with surgery or another treatment. Scars may be itchy or painful for a very long time.

Skin Grafts:

Skin grafts are used in some types of nipple reconstruction. You may have a leftover scar on the part of your body where the graft was taken from. It could also heal badly or be an unusual color. Some patients have had long-term itching or pain. The skin graft can become unusable if you get an infection or from other causes. Your surgeon may need to get another skin graft.

Hair Growth:

Skin grafts used in nipple reconstruction may contain hair follicles. Unwanted hair may grow where the nipple was reconstructed. You may need another treatment to remove the hair follicles.

Tattoos:

If you need to get a tattoo as a separate procedure, the color and texture may not match that of your other nipple and areola. Tattoos may fade or change over time. You may need another procedure to fix it.

 _____ **Patient Initials**

©2020 American Society of Plastic Surgeons®

This form is for reference purposes only. It is a general guideline and not a statement of standard of care. Rather, this form should be edited and amended to reflect policy requirements of your practice site(s), CMS and Joint Commission requirements, if applicable, and legal requirements of your individual states. The ASPS does not certify that this form, or any modified version of this form, meets the requirements to obtain informed consent for this procedure in the jurisdiction of your practice.

Change in Nipple Sensation:

Nipple reconstruction cannot bring back normal feeling to the breast or nipple. Many patients feel less or no sensation where they had the surgery. Having less or no feeling in the nipple skin may not get better.

Skin Contour Irregularities:

Uneven shapes may occur. The reconstructed nipple position and shape will not look the same as it does on your other breast. You may have leftover uneven spots in the skin at the end of the cuts (called "dog ears"). Skin folds happen where there is extra skin. This may get better with time. It can also be fixed with surgery.

Breast Implant Damage:

Your breast implant can get damaged during nipple reconstruction surgery. If the implant gets damaged or breaks, you will need surgery to replace or remove it. If you suspect damage to your implant, an ultrasound or MRI may be needed to determine the status of the implant. More costs may come with this.

Damage to Opposite Nipple:

Some types of nipple reconstruction use tissue from your other nipple. The donor nipple can get damaged. It may not feel, react, or work the same as before.

Breast Disease:

Medical research has not found more risk of breast disease or breast cancer or its return in women who have reconstructive breast surgery. A person who has had breast cancer or has family members with breast 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 have mammography. Seek medical care if you find a lump. If a lump is found before or during breast surgery, you may need more tests and treatment. These 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.

_____ **Patient Initials**

©2020 American Society of Plastic Surgeons®

This form is for reference purposes only. It is a general guideline and not a statement of standard of care. Rather, this form should be edited and amended to reflect policy requirements of your practice site(s), CMS and Joint Commission requirements, if applicable, and legal requirements of your individual states. The ASPS does not certify that this form, or any modified version of this form, meets the requirements to obtain informed consent for this procedure in the jurisdiction of your practice.

CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Thomas Jeneby MD and the doctor's assistants to do the procedure **Nipple Reconstruction Surgery.**
2. I got the information sheet on Nipple Reconstruction Surgery.
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 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 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

©2020 American Society of Plastic Surgeons®