



AMERICAN SOCIETY OF
PLASTIC SURGEONS®

Informed Consent

Pectoral (Chest) Implant
Implant Type and Size_____

INSTRUCTIONS

This is an informed consent document. It will help you learn more about pectoral (chest) implants. You will learn about the procedure and its potential risks. You will also learn about other treatments you might choose.

It is important that you read the whole document carefully. Please initial each page. Doing so means you have read the page. Then, if you agree with your plastic surgeon’s plan, please sign the consent form at the end. Signing the consent agreement means that you agree to the treatment that you have talked about with your plastic surgeon.

GENERAL INFORMATION

Chest augmentation surgery for men is done to enlarge the pectoral muscles in the chest.

This surgery should not be done in people with a low immune system (those receiving chemotherapy or drugs to lower the immune system) or in people with health problems that prevent blood clotting or wound healing. It should also not be done for those with low blood supply to the chest tissue due to previous surgery or radiation therapy treatments. This is because it may increase the chances of health problems and poor results.

Pectoral enhancement is done by placing an implant under the chest muscles. Surgical cuts are usually made in the armpit so that the scars are not easily visible. Chest implants come in many shapes and sizes. The selection and size of implants and the technique to place and position the implants will depend on your preferences, body structure, and the surgeon’s recommendation. The shape and size of the chest before the surgery will influence the treatment and final results. If each side of the chest is not the same size or shape before surgery, then may remain asymmetric after surgery.

Patients getting chest augmentation surgery must consider the following:

- Chest augmentation with implants may not be a one-time surgery.
- No type of implant will last forever. You may require another surgery to remove or change the implants.
- Changes that occur to the chest after surgery cannot be reversed. If the implants are later removed, your chest may not look acceptable.

ALTERNATIVE TREATMENTS

Chest augmentation is an elective surgery. In some cases, other body tissues such as fat may be transferred to make the pectoral muscles bigger. All treatments have risks.

INHERENT RISKS OF PECTORAL (CHEST) SURGERY

Every surgery has risks. It is important that you understand these risks. You must also understand the possible problems that can result from them. All procedures have limits. You must decide whether the possible benefits of having this surgery are better than the possible risks. Most patients do not have problems, but you should talk about each of these risks with your surgeon. Make sure you understand everything that might happen during and after a pectoral chest implant surgery.

Specific Risks of Pectoral (Chest) Implant Surgery

Implants

Like any medical object, chest implants can fail. Implants can break or shift. An implant may become damaged at the time of surgery. Damaged or broken implants cannot be repaired.

Capsular Contracture

Scar tissue is formed around the chest implant. It can tighten and make the chest firm and painful. It can also change the shape of the chest. There may be a lot of firmness right after surgery or years later. This kind of scarring is called symptomatic capsular contracture. We cannot predict if it will happen. However, its possibility increases with time. Scar tightening may occur on one side, both sides, or not at all. Surgery, changing the implant, or removing the implant may be needed to treat this. Capsular contracture may occur again even after surgeries to treat this condition.

Implant Extrusion/Tissue Necrosis

Several things may cause serious problems with your implants. If you don't have enough tissue over the implant, have problems healing, or get an infection, the implant may be visible through your skin. It is also possible for some or all of the implant to come out of your body. It's possible for your breast tissue to break down (necrosis). This is more likely if you've taken steroids or had chemotherapy or radiation treatment. Smoking and excessive use of heat or cold therapy can also cause problems. In some cases, the cuts your surgeon made may not heal normally. The tissue may weaken (atrophy). If the implant pushes through layers of skin, it might become visible at the surface of your chest. If your skin breaks down and the implant is exposed, you may need to have the implant removed. You may have permanent scars or other visible changes.

Skin Wrinkling and Rippling

The implant's edges may be visible or felt, especially in thin men.

Change in Nipple and Skin Sensation

Changes in nipple sensation are common after surgery. In most patients, normal sensation is back after several months. Partial or complete loss of nipple and skin sensation may occur in some cases. Changes in sensation may affect sexual response.

Calcification

Calcium may collect in the scar tissue surrounding the implant. This may cause pain and firmness.

Chest Wall Deformity

There may be a chest wall deformity after surgery. The problems caused by this are unknown.

Implant Displacement

An implant may turn, flip, or slide from its original place. This can cause discomfort. The shape of the chest may also change. Unusual ways of placing implants may increase the chances of the implant turning or moving. Another surgery may be needed to treat this problem.

Surface Contamination of Implants

Skin oil, lint from surgical drapes, or talc may be trapped on the surface of the implant when it is placed. The side effects of this are not known.

Unusual Activities and Occupations

Activities and occupations that can cause trauma to the chest may break or damage chest implants. They can also cause bleeding/seroma (fluid collection).

Bleeding

In rare cases, there may be bleeding during or after surgery. If bleeding occurs, you may need emergency treatment to drain the blood. Do not take aspirin or anti-inflammatory medications for ten days before surgery. Such medications may increase the chances of bleeding. Nonprescription "herbs" and dietary supplements can also increase the chances of bleeding. Hematomas can occur at any time following injury to the chest.

Seroma

Fluid may collect around the implant after surgery, trauma, or heavy exercise. Additional treatment may be needed to drain this fluid. Collection of fluid can cause infection, capsular contracture, or other problems.

Infection

Infection is rare after this type of surgery. However, infection can occur any time after inserting the chest implant. Acute or chronic infections may be difficult to diagnose. If infection occurs, treatments, such as using antibiotics, removing the implant, and another surgery, may be needed. Infections with the presence of an implant are more difficult to treat than infections in normal body tissues. If antibiotics do not cure the infection, the implant may have to be removed. After the infection is treated, a new implant can be placed again. Infection around an implant caused by a bacterial infection elsewhere in the body is rare. However, prophylactic antibiotics may be used for future dental or other surgical procedures. In rare cases, infections, including toxic shock syndrome, may cause death after implant surgery.

Skin Scarring

There may be excessive scarring. Scars may look ugly. The color of the scar may be different from the color of the skin around it. There may also be abnormal scars such as keloids and hypertrophic scars. These are very noticeable, raised, red scars that do not settle. More treatments including surgery may be needed for scarring.

Surgical Anesthesia

Both local and general anesthesia have risks. Health problems, injury, and even death are possible from all forms of surgical anesthesia or sedation.

Allergic Reactions

In rare cases, tape, suture materials, or topical substances may cause local allergies. There may be reactions to drugs used during surgery and prescription medicines. These reactions may require more treatment.

Thrombosed Veins

Thrombosed veins look like cords. These sometimes develop in the area of the chest and go away without medical or surgical treatment.

Pain

There may be pain after surgery. The intensity and duration of pain vary for patients. Factors such as implant size and surgical technique may affect pain levels. Some medications, such as narcotic pain medications and muscle relaxers are used to treat discomfort. These medications may be addictive. They should be used with caution to avoid addiction.

Long-term Results

The shape of the chest may change due to aging, weight loss or gain, or other reasons not related to chest augmentation.

Unsatisfactory Result

You may not be happy with the results of the surgery. There may be asymmetry in implant placement, shifts in the implants, nipple location, and unexpected changes in chest shape and size after surgery. The chest size may not be attractive. You may not be happy with the location of the scar. Another surgery may be needed to improve your results or remove the implants.

Removal/Replacement of Chest Implants

Revisions, removal, or changing of chest implants and the scar tissue would require surgery. These procedures can cause health problems. The chest may not look acceptable after removing the implant.

Capsule Procedures

Closed capsulotomy is the process of forcefully squeezing the fibrous capsule around a chest implant to stop scarring. This is not recommended as it may result in other health problems.

Death or Serious Injury

In rare cases, serious problems like stroke, heart attack, and even death have resulted from surgery.

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. This information should meet most people's needs.

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 particular case and current medical knowledge.

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 of each 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. Make sure to have all of your questions answered before signing the consent on the next page.

CONSENT for SURGERY/PROCEDURE or TREATMENT

1. I permit Dr. _____ and the doctor's assistants to perform any or all of the following operations for Pectoral (Chest) Implants.
2. I have received the information sheet on Pectoral (Chest) Implants Surgery.
3. I understand that, during the procedure, an unexpected situation may require a different medical procedure than the procedure listed above. I permit the doctor listed above, the assistants, and/or designees to provide any treatment(s) that my doctor thinks are needed or helpful. My permission includes all treatments that my doctor does not plan to do at the start of the procedure.
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 procedure. I have explained my goals. I understand which outcomes are realistic and which are not. All my questions have been answered. I understand the procedure's risks. I am aware of other risks and possible issues, benefits, and options. I understand and choose to have the procedure.
5. I agree to the anesthetics and medications 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 this procedure. I also agree to any additional surgeries or treatments that are needed or helpful.
8. I agree to have parts of my body photographed or televised appropriately before, during, and after the procedure 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 procedure. I understand that the doctor's charges may be 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 procedure is an option and that I can opt out of having the procedure.
13. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - a. THE ABOVE PROCEDURE OR TREATMENT TO BE PERFORMED
 - b. THERE MAY BE OTHER PROCEDURES OR TREATMENTS
 - c. THERE ARE RISKS TO THIS PROCEDURE OR TREATMENT

I CONSENT TO THE PROCEDURE OR TREATMENT AND THE ABOVE LISTED ITEMS (1-13).
I AM SATISFIED WITH THE EXPLANATION AND HAVE NO ADDITIONAL QUESTIONS.

Patient or Person Authorized to Sign for Patient

Date/Time

Witness

Date/Time