



AMERICAN SOCIETY OF
PLASTIC SURGEONS®

Informed Consent

Nipple Tattooing

INSTRUCTIONS

This is an informed consent document. It will help you learn more about nipple tattooing. 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

Nipple tattooing is a type of surgical procedure. In this procedure, a nipple is tattooed on the skin by adding color and shading. The goal is to make the nipple look three-dimensional and realistic. Nipple tattoos are similar to regular tattoos because they are permanent.

ALTERNATIVE TREATMENTS

Nipple tattooing is an elective procedure. You can choose not to have it. Other forms of nipple tattooing are temporary tattoos, mastectomy/art tattoos, surgical nipple reconstruction, and nipple prosthetics. All treatments have risks.

INHERENT RISKS OF NIPPLE TATTOOING

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 nipple tattooing.

Specific Risks of Nipple Tattooing

Bleeding

There may be some bleeding during or after surgery, although it is rare. You may need emergency treatment if there is bleeding. 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.

Infection

Infection rarely occurs after surgery. However, if it occurs, treatment with antibiotics or additional surgery may be needed.

Asymmetry

As human bodies are not symmetric (identical on both sides), the nipples may not look symmetric after the procedure.

Need for Revision

Many things could affect the results of your procedure. You may need to have more treatments to get the results that you want. In the future, you may want to make more changes to how your body looks or functions for various reasons. These reasons may include the effects of aging, sun exposure, weight loss, weight gain, pregnancy, and menopause. It could also include other situations unrelated to the surgery.

Unsatisfactory Appearance

While the goal of this procedure is to improve your appearance, you may not be happy with the results. As surgery is not an exact science, the results cannot be predicted. Thus, more procedures may be required.

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 Nipple Tattooing.
2. I have received the information sheet on Nipple Tattooing.
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 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 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