Queensland Government

Reduction Mammoplasty Consent

Adult (18 years and over)

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

A. Does the patient have capacity?

☐ Yes ➔ ***GO TO** section B*

☐ No ➔ ***COMPLETE** section A*

You must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker in the following order: Category 1. Tribunal-appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.

Name of substitute decision-maker:

Category of substitute decision-maker:

B. Is an interpreter required?

If *yes*, the interpreter has:

☐ provided a sight translation of the informed consent form in person

☐ translated the informed consent form over the telephone

Name of interpreter:

Interpreter code: Language:

C. Patient/substitute decision-maker requests the following procedure(s)

Reduction mammoplasty

Side: ☐ Left ☐ Right

D. Risks specific to the patient in having a reduction mammoplasty

(Doctor/clinician to document additional risks not included in the patient information sheet):

E. Risks specific to the patient in *not* having a reduction mammoplasty

(Doctor/clinician to document specific risks in not having a reduction mammoplasty):

F. Alternative treatment options

(Doctor/clinician to document alternative treatment not included in the patient information sheet):

G. Information for the doctor/clinician

The information in this consent form is not intended to be a substitute for direct communication between the doctor/clinician and the patient/substitute decision-maker.

I have explained to the patient/substitute decision-maker the contents of this form and am of the opinion that the information has been understood.

Name of doctor/clinician:

Designation:

Signature: Date:

DO NOT WRITE IN THIS BINDING MARGIN

REDUCTION MAMMOPLASTY CONSENT

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Clinical check: 11/2020
Published: 11/2020
SW9399

Queensland Government

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URN:

Family name:

Given name(s):

Address:

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H. Patient/substitute decision-maker consent

I acknowledge that the doctor/clinician has explained:

- the "Reduction mammoplasty" patient information sheet
- the medical condition and proposed treatment, including the possibility of additional treatment
- the specific risks and benefits of the procedure
- the prognosis, and risks of not having the procedure
- alternative treatment options
- that there is no guarantee the procedure will improve the medical condition
- that the procedure may involve a blood transfusion
- that tissues/blood may be removed and used for diagnosis/management of the condition
- that if a life-threatening event occurs during surgery, I will be treated based on documented discussions (e.g. AHD or ARP [Acute Resuscitation Plan])
- that a doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure/treatment/investigation/examination; this may include a doctor/clinician undergoing further training under supervision
- that if the doctor/clinician wishes to record video, audio or images during the procedure where the recording is not required as part of the treatment (e.g. for training or research purposes), I will be asked to sign a separate consent form. If I choose not to consent, it will not adversely affect my access, outcome or rights to medical treatment in any way.

I was able to ask questions and raise concerns with the doctor/clinician.

I understand I have the right to change my mind regarding consent at any time, including after signing this form *(this should be in consultation with the doctor/clinician)*.

I/substitute decision-maker have received the following consent and patient information sheet(s):

☐ "Reduction mammoplasty"

☐ "About your anaesthetic"

☐ "Fresh blood and blood products transfusion"

On the basis of the above statements,

1) I/substitute decision-maker consent to having a reduction mammoplasty.

Name of patient/substitute decision-maker:

Signature: Date:

2) Student examination/procedure for professional training purposes:

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to patient/substitute decision-maker consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

I/substitute decision-maker consent to a clinical student(s) undergoing training to:

- observe examination(s)/procedure(s) ☐ Yes ☐ No
- assist with examination(s)/procedure(s) ☐ Yes ☐ No
- conduct examination(s)/procedure(s) ☐ Yes ☐ No

DO NOT WRITE IN THIS BINDING MARGIN

Reduction mammoplasty

Adult (18 years and over) | Informed consent: patient information

Queensland Government

A copy of this form should be given to the patient/substitute decision-maker to read carefully and allow time to ask any questions about the procedure. The consent form and patient information sheet should be included in the patient's medical record.

1. What is a reduction mammoplasty and how will it help me/the patient?

The aim of reduction mammoplasty is to reduce issues for women who have large breasts. For example, chronic back, neck and shoulder pain that requires pain medication, nerve pain, chronic skin irritations and rash under the breasts.

This procedure removes some breast tissue from either one or both breasts.

The breast, breast tissue and the skin will also be surgically re-fashioned, so that the nipple will be elevated and the shape of the breast improved.

The surgeon will mark a pattern of the surgery on the breast and surrounding skin immediately before the operation.

The operation will keep the patient in hospital for only a day or two, unless there are complications, in which case there may be a longer stay in hospital. It takes two to four weeks to heal.

Efforts will be taken to ensure that the breasts are made the same size and contour. Either the shape of the scar will involve a circle scar around the nipple, or an up/down scar passing below the nipple down to meet a curved cross-wise scar. This may be a long scar, which runs from near the middle of the chest in front to the outside of the breast near the armpit.

The cross-wise part of the scar is long following large reductions, and can usually be seen at each end on close inspection. The up/down usually fades and can be slightly stretched.

Patients who have had a reduction mammoplasty are advised not to breastfeed. Part of the breast tissue may be separated from the normal anatomy of the ducts and the nipple. This means milk output may be reduced.

In order to stop the nipple from dying, it may be essential to graft the attached nipple high up on the breast tissue. This will make breast feeding totally impossible. Often the tip of the nipple can take up to one month to heal after this specific operation.

There is no evidence that this operation will cause breast cancer. It may reduce the risks of cancer because breast tissue is actually removed. Once healed, normal breast examinations can be done. If anything, a smaller tumour would be easier to detect because of its relative size is bigger in a smaller breast.

Some patients have differing amounts of post-operative pain in each breast. There may be some tender spots, but these are usually temporary. Increasing or severe post-operative pain is usually a sign of complications and the surgeon should be notified immediately.

Symptom relief is the aim of this surgery. Symmetry between the two breasts may not be achievable, variations may occur in breast size and shape. If complications arise, further surgery may be required.

2. What are the risks?

There are risks and complications with this procedure. There may also be risks specific to each person's individual condition and circumstances. Please discuss these with the doctor/clinician and ensure they are written on the consent form before you sign it. Risks include but are not limited to the following:

Specific risks

- perfect symmetry between the two breasts cannot be guaranteed
- there will be significant and obvious scars in the early months after the surgery, which will reduce with time
- occasionally scars may become very thickened, red and painful. These can be disfiguring
- sensation of the nipple may be affected. This can range from being complete loss through to mild reduction in sensation
- breakdown in the wound edges, particularly near the junctions of the up/down and crosswise scars. This is treated with regular dressings until healed
- there may swelling and the healing of the wound may be slow. It may affect the intended result of the surgery
- infection, the wound may becomes red and/or painful after discharge. This can lead to delay or complete failure of the healing process This may need treatment with antibiotics and further surgery to drain the infection. This may have an adverse outcome on the results of the surgery
- bleeding, causing collection of blood under the skin and breast tissue. This may need further surgery. There will be swelling and healing of the wound may be slow. It may spoil the intended result of the surgery
- some of the breast tissue may die due to poor circulation, more likely in patients with very large breasts and patients with very poor circulation. The size and shape may be altered in order to maintain an adequate circulation
- inability to breastfeed due to re-positioning of the nipples.

General risks

- infection can occur, requiring antibiotics and further treatment
- bleeding could occur and may require a return to the operating room
- bleeding is more common if you have been taking blood thinning drugs, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric
- small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy
- increased risk in obese people and/or smokers of wound infection, chest infection, heart and lung complications, and thrombosis
- heart attack or stroke could occur due to the strain on the heart
- blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs
- death as a result of this procedure is possible.

This procedure will require an anaesthetic.

For more information about the anaesthetic and the risks involved, please refer to the anaesthetic information sheet that has been provided to you. Discuss any concerns with the doctor/clinician.

If you have not been given an anaesthetic information sheet, please ask for one.

What are the risks of not having a reduction mammoplasty?

There may be consequences if you choose not to have the proposed procedure/ treatment/investigation/examination. Please discuss these with the doctor/clinician.

If you choose not to have the procedure, you will not be required to sign a consent form.

If you have signed a consent form, you have the right to change your mind at any time prior to the procedure/treatment/ investigation/examination. Please contact the doctor/clinician to discuss.

3. Are there alternatives?

Making the decision to have a procedure requires the patient/substitute decision-maker to understand the options available. Please discuss any alternative treatment options with your doctor/clinician before signing the consent form.

4. What should I expect after the procedure?

Your healthcare team will talk to you about what to expect after your procedure and upon discharge from hospital.

5. Who will be performing the procedure?

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure/treatment/investigation/examination. This could be a doctor/clinician undergoing further training, however all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the procedure, please discuss with the doctor/clinician.

For the purpose of undertaking professional training in this teaching hospital, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to your consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way. You are under no obligation to consent to an examination(s) or a procedure(s) being undertaken by a clinical student(s) for training purposes.

6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website www.qld.gov.au/health/services/hospital-care/before-after where you can read about your healthcare rights.

You can also see a list of blood thinning medications at www.health.qld.gov.au/consent/bloodthinner.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.

7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your/the patient's medical condition, treatment options and proposed procedure/treatment/investigation/examination.

8. Contact us

In an emergency, call Triple Zero (000).

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.