

PATIENT INFORMATION LABEL

Breast Surgery Risks & Complications Consent

The following risks & complications have been discussed with the patient:

Significant, unavoidable / frequently occurring risks of surgery to the breast:

Bleeding <input type="checkbox"/>	Return to theatre <input type="checkbox"/>	Non-surgical site pain / tingling <input type="checkbox"/>
Haematoma <input type="checkbox"/>	Reduced sensation <input type="checkbox"/>	Nerve damage / weakness / neuroma <input type="checkbox"/>
Blood transfusion <input type="checkbox"/>	DVT / PE <input type="checkbox"/>	Lymphoedema <input type="checkbox"/>
Seroma <input type="checkbox"/>	Pain <input type="checkbox"/>	Anaphylaxis <input type="checkbox"/>
Infection <input type="checkbox"/>	Scarring <input type="checkbox"/>	Pressure injuries <input type="checkbox"/>
Wound breakdown <input type="checkbox"/>	Asymmetry <input type="checkbox"/>	
Skin necrosis <input type="checkbox"/>	Further surgery <input type="checkbox"/>	Patient signature

Significant, unavoidable / frequently occurring risks of breast reduction / mastopexy surgery:

Nipple loss <input type="checkbox"/>	Altered sensation <input type="checkbox"/>	Residual asymmetry <input type="checkbox"/>
Partial nipple loss <input type="checkbox"/>	Numbness <input type="checkbox"/>	Breast feeding <input type="checkbox"/>
		Patient signature

Significant, unavoidable / frequently occurring risks of breast reconstruction involving transfer of tissue:

<u>ALL FLAPS</u>	<u>DIEP / MS-TRAM</u>	<u>TUG / LUG / DUG:</u>
Total flap failure <input type="checkbox"/>	Hernia / bulge <input type="checkbox"/>	Nerve damage / weakness <input type="checkbox"/>
Partial flap failure <input type="checkbox"/>	Abdominal weakness <input type="checkbox"/>	
Numbness to donor site <input type="checkbox"/>	Mesh insertion <input type="checkbox"/>	<u>LD:</u>
Cephalic turndown / Vein graft <input type="checkbox"/>		Shoulder dysfunction <input type="checkbox"/>
Quilting <input type="checkbox"/>		Twitching <input type="checkbox"/>
		Patient signature

Significant, unavoidable or frequently occurring risks of breast reconstruction involving implants or tissue expanders:

Twitching <input type="checkbox"/>	Lifespan of implants <input type="checkbox"/>
Capsular contracture <input type="checkbox"/>	Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA – ALCL) <input type="checkbox"/>
Palpable edges / folds <input type="checkbox"/>	Breast Implant Associated Squamous Cell Carcinoma (BIA – SCC) <input type="checkbox"/>
Rotation / malposition <input type="checkbox"/>	Breast Implant Illness (BII) <input type="checkbox"/>
Rupture <input type="checkbox"/>	Rippling <input type="checkbox"/>
Infection resulting in loss <input type="checkbox"/>	
	Patient signature

Significant, unavoidable or frequently occurring risks of lipofilling to the breast:

Reabsorption of transferred fat <input type="checkbox"/>	Significant bruising/swelling of the donor harvest site <input type="checkbox"/>
May involve multiple procedures <input type="checkbox"/>	Numbness <input type="checkbox"/>
Oil cysts <input type="checkbox"/>	Hypothetical risk relating to adipose-derived stem cells and local recurrence <input type="checkbox"/>
Lumps / fat necrosis <input type="checkbox"/>	Diagnostic uncertainty / changes to breast architecture <input type="checkbox"/>
	Patient signature

Name (print):..... **Signature:**.....

Job Title:..... **Date:**.....