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Breast Reduction Consent Form

General Risks

All operations have some inherent risk due to the administration of drugs and the induction of sedation or anaesthesia.

Risks that are involved in having an operation include (but are not limited to): -

Post-operative pneumonia and areas of lung collapse

When you are asleep, or anaesthetised, you breathe more shallowly than normal. This can allow some areas of your lungs to partially collapse. If these areas are not inflated again soon after you wake up, this can lead to a pneumonia or lung infection. Smokers are at a higher risk than non-smokers as the waste products from cigarette smoke clog the airways and damage the airway lining cells, which prevents them from cleaning out the usual mucous secretions. Our anaesthetists carefully monitor how deeply you are breathing during the operation to prevent this from occurring. This is one of the reasons that we insist that all smokers abstain from smoking for 6 weeks prior to an elective operation.

Deep venous thrombosis and pulmonary embolism

This gained notoriety as “Economy Class Syndrome” but the medical profession has been aware of this for decades. Your legs rely on gentle, constant muscle activity to propel blood back towards the heart. If the blood stays stagnant it can clot in the leg veins and then later dislodge and end up in your lungs. Whilst you are asleep, you generally move around enough to keep the blood moving, but whilst you are anaesthetised, your legs do not move at all. So we put compression stockings on most patients (to collapse the veins) and all patients have Sequential Compression Devices put on their legs (to massage the blood back to the heart and the intermittent compression on the veins, releases a natural anti-clotting agent). Once you go home from hospital, you should go to the emergency department if you experience irregular heartbeat, shortness of breath or chest pain.

Stroke, Heart Attack

These are very rare complications of general anaesthesia in otherwise fit & healthy patients. Elderly patients, whom are at a greater chance of having these events happening on a daily basis, are at a greater risk. If we believe that you are at increased risk of such a complication, we will arrange for you to see our anaesthetists prior to the operation and may arrange additional tests to ensure your safety in the operating room.

Allergies

During your medical history, you will be asked if you are aware of having any drug allergies. This question will be repeated by your anaesthetist prior to the operation. During the administration of any drug there is a small risk of allergy. Reactions can be from mild itchiness to severe anaphylaxis requiring adrenaline. Some allergies can be predicted, but most are random events that are only discovered once they occur. Should an allergy occur during the operation it will be treated immediately, and you will be notified at the end of the operation.

Awareness

This is a favourite topic of TV shows but is exceptionally rare. Increased blood pressure or heart rate will alert anaesthetists that the patient is feeling pain. Brain wave monitoring will alert anaesthetists that a patient is not completely asleep enough, earlier than heart rate and blood pressure will rise.

Death

The risk of death under anaesthesia in Australia is around 1 in 3 million cases for elective procedures in healthy patients. Your level of health before the operation will impact on your personal risk. In general terms, you are more likely to have an accident travelling to and from the hospital than your risk of dying in the hospital.

Specific Risks – Intraoperative

Bleeding

There is always some bleeding with breast reduction surgery. We aim to minimise this by infiltrating local anaesthetic with adrenaline into the operating site before the operation. It is exceptionally rare for the bleeding to be significant enough to require a blood transfusion (with its attendant risks). However, it is prudent to ensure that your haemoglobin levels are well stocked before the operation, by ensuring that you have a diet high in iron and vitamins for about a month prior to the operation. Doing this, will mean you are less likely to feel washed out after the operation.

Damage to deeper structures

During any operation there is always a risk of damage to surrounding structures. Breast reduction surgery is performed mostly between planes of tissues, like layers in an onion, so the risk of going a layer too deep is quite small. However, there have been reports in the literature of damage to structures on the chest wall, pectoralis muscles, and even to the structures underneath the rib cage!

Changes to the blood supply of the nipple

Depending on the volume of breast tissue removed, the pattern employed and how tight the suturing is, will determine how reliant the nipple is on the various routes of blood supply. Most techniques or patterns of breast reduction have a reported risk of nipple loss of 1-2%. Occasionally, compromised blood supply to the nipple is observed during the operation and this requires steps to preserve the nipple which may include removal of sutures, causing ongoing bleeding, using drugs to thin the blood and temporarily transplanting the nipple to a safer spot.

Specific Risks – Short Term

Bleeding

There will be a small amount of bleeding or red discharge from your wounds in the first few days after your operation. Large amounts of bleeding should be treated by keeping calm (to lower your heart rate and blood pressure), using ice packs (to shrink the blood vessels) and applying constant gentle pressure to the area. If the bleeding does not stop within 20-30 minutes, you should call the rooms or go to the hospital. Very rarely, bleeding after breast surgery requires a visit back to the operating room to drain the collected blood and control any bleeding vessels.

Infection

Infection is uncommon after elective breast surgery. You will be given antibiotics through the drip during the operation and most patients are sent home with antibiotic tablets for a week after the operation. Should an infection develop, it would usually begin at about the 5^{th} to 7^{th} post operative day (around about the time that you are due to see us for removal of sutures and dressings). If you notice increasing pain, swelling and redness of the area that was operated on, please call the office or the hospital.

Sensation change
Changes in sensation to the nipple and breast are impossible to predict. Most women have a temporary decrease in sensation that returns to normal within a few weeks. It is uncommon to have long term numbness, although pre-existing decreased nipple sensation may be an indicator this may happen. Occasionally after a breast reduction, patients report increased sensitivity of the nipple and breast (now that there is less drag on the nerves), which usually settles after a few weeks.

Haematoma and Seroma
Any operation in which there is a large surface area that is operated on runs the risk of having blood or fluid collect in the space left behind as it heals. If your surgeon is concerned, they will use surgical drains to prevent these collections of fluid. They will occasionally arise after the drains have been removed or collect in an area that does not flow to the surgical drain. Should this occur, it can be removed either with a needle aspiration in the rooms, or occasionally another drain can be placed under ultrasound guidance.

Firmness
After any operation, as tissues heal there is some swelling and firmness. The majority of this will resolve within 6 weeks, but the last small amounts can take up to a year or so to completely resolve. By the end of a month after your operation, some gentle tissue massage will help speed the recovery of the tissues. Occasionally there will be patches of fat that have not survived the operation (fat necrosis), that become hard and may need to be removed.

Delayed Healing & Tissue death
The expected time frame of healing within the breast, is that skin should heal over within a week, and soft tissues around about 6 weeks. Diabetics, smokers and people with some other diseases will have the risk that their tissues will take longer to heal and may have some tissue death before healing. Most of these problems can be managed with appropriate dressings but may need additional surgery. Some techniques of skin excision are prone to areas of increased tissue death, but there are methods to reduce this risk if you decide that those techniques are more suited to your needs.

Exposed sutures
Many sutures (both permanent and dissolving) that are used to reshape tissues, are buried within the soft tissues. Occasionally, these sutures will show themselves through the skin. If they become problematic, they may need to be removed. This is usually something that can be done in the office under local anaesthetic.

Dog ears or additional skin folds
Depending on the technique utilised, as compared to the skin excess in all dimensions, there may be some excess skin folds at the end of your operation. These generally improve with time, but if they persist for longer than 3 months, a touch up procedure may be required.

Breast Cancer
We always assess your breast cancer risk by checking your screening status before your operation. Despite this, there is a risk of around 1 in 1000 that the breast tissue that we remove and send to pathology, may be reported as having unsuspected breast cancer. As soon as we are aware of this, we will arrange for you to see a surgeon that specialises in breast cancer and provide you with information regarding the options for breast reconstruction.

Dressings
Dressings need to remain in place until your first post-operative check in the rooms. You should expect that they could become warm and have a small amount of pressure. Occasionally dressings can cause some irritation but rarely cause allergic reactions. Should the dressings become unbearable or cause increasing redness & swelling, please call the rooms to arrange for them to be changed.

Specific Risks – Long Term

Asymmetry
Small asymmetries should be expected. Under critical appraisal, most women's 'natural' breasts are asymmetric. The more obvious the original asymmetries, the harder it is to produce post operative symmetry. As the swelling subsides over the first 6-12 months, there will be different parts of your operation that you feel happy or less happy with. You should allow your operation at least 6 months to settle out minor asymmetries. Major asymmetries will be adjusted by your surgeon.

Scars
Depending on your needs, your surgeon will suggest a technique (or pattern) that they believe will provide you with the results that you require. This is not a hard and fast rule and there is some room for discussion, as the importance that you place on length and position of scars, as opposed to breast/chest shape and the need for further touch up procedures. Even in techniques with longer scars, the majority of the scars will fall in natural skin lines and will heal to become barely noticeable over the course of 6-12 months. It is very rare for there to be problem scars in breast surgery. Please read your scar management sheet for more in depth information on scars.

Breast Cancer Risk
The long-term breast cancer risk falls after breast reduction surgery. This makes perfect sense if you consider that this operation is removing some of the volume of the tissue that can turn cancerous. There are some X-ray changes with having an operation on your breasts, but most radiologists can tell the difference between internal breast scars and suspicious lumps on mammography.

Breast Feeding
After breast reduction surgery, your ability to breast feed is about the same as the general population. 1 in 3 women will be able to breast feed normally, 1 in 3 will need some help (formula etc.), and 1 in 3 will not be able to breast feed.

Changes in size and shape
As breast reduction surgery reshapes normal tissues, any weight gain or loss will be reflected in the size and shape of your breasts. Some techniques tend to change shape over time and there are ways to minimise these changes. If this is a concern to you, you should discuss it with your surgeon.

Abdominal shape
A common comment from women after having breast reduction surgery, is that they are much more acutely aware of the shape and look of their abdomen. You should be aware that this may happen.

Persisting neck, back, shoulder pain

Although breast reduction surgery has good results in minimising back & neck pain and shoulder discomfort, it is not a guarantee. There is no way of predicting which patients will achieve minimal or no pain relief after their operation. After relieving your extra breast weight, you may need to continue to work on your posture and shoulder-neck health to achieve the results that you are wishing for. We can refer you to several very experienced physiotherapists who may be able to help you in this area.

Unsatisfactory Result

Your pre-operative consultations should help you realise the objectives and limitations of your operation. If you are unhappy with your result, you should wait for the swelling to settle before making a final judgment. Should the result still not be up to expectation by 6 months, you should discuss the need for further surgery with your surgeon.