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Breast Explant Consent Form

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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. 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. Nowadays 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 explant 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 surrounding structures

During any operation there is always a risk of damage to surrounding structures such as nerves, arteries, muscles. Breast explantation surgery is performed mostly between planes of tissues. Removal of all the breast implant capsule can result in damage to the breast gland (including nerves and blood vessels), pectoralis major & intercostal muscles and ribs. There is a small risk of puncturing the chest wall (pneumothorax) that may require a tube in the chest for a day or two.

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 you will be sent home with tablet antibiotics for a week after the operation. Should an infection develop, it would usually begin at about the 5th to 7th 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 rooms 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.

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. We place surgical drains to prevent these collections of fluid, but 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 has not survived the operation (fat necrosis) that become hard and may need to be removed. Your final breast appearance after breast explantation will not be apparent until this swelling resolves, usually at about three months post-operatively.

Delayed Healing & Tissue death

The expected time frame of healing within the breast, is that the 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 you may need additional surgery.

Exposed sutures

Many sutures (both permanent and dissolving) that are used to reshape the breast 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.

Dressings

Dressings need to remain in place until your first post-operative check in rooms. They are usually waterproof, and you can shower normally once your drains are removed. Occasionally dressings can cause some irritation, and rarely cause allergic reactions. Should the dressings become unbearable or cause increasing redness & swelling, please call the office to arrange for them to be changed.

Specific Risks – Long Term

Asymmetry

Asymmetries should be expected. Under critical appraisal, most women's 'natural' breasts are asymmetric. After breast augmentation surgery, and then removal of the breast implants, your final breast appearance will not be predictable. Adjusting nipple position and skin laxity at the same time as explantation increases the risk of a B grade result.

Scars

An infra-mammary fold (IMF) scar will be used in almost all cases. It will be longer than a traditional incision/scar for placement of breast implants. Problem scars in breast surgery are uncommon. Scars take 6-12 months to reach maturity. Please read your scar management sheet for more in depth information on scars.

Lack of resolution of symptoms

Some women that are seeking breast implant removal (explantation), are doing so because they believe that they have symptoms that are due to their breast implants. Current scientific literature does not support this idea. There is no guarantee that removal of implants +/- capsule will stop your problems.