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**SUITE 100**  
**MIAMI, FL 33144**

PATIENT: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

**Removal of Breast Implant**

**INSTRUCTIONS**

This is an informed-consent document that has been prepared to help your plastic surgeon inform you concerning breast implant removal, its risks, and alternative treatments.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your plastic surgeon.

**INTRODUCTION**

The removal of breast implants that have been placed either for cosmetic or reconstructive purposes is a surgical operation. Implant removal may be performed as a single surgical procedure or combined with additional procedures such as:

Removal of scar tissue surrounding the implant  
 Biopsy

There are options concerning general versus local anesthesia for implant removal.

There are both risks and complications associated with this operation.

**ALTERNATIVE TREATMENT**

Alternative forms of non-surgical management consist of not undergoing breast-implant removal or additional procedures.

**RISKS of SURGERY for BREAST-IMPLANT REMOVAL-**

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with surgery to remove implant(s). An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of implant removal.

**Bleeding-** It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or blood transfusion. Do not take any aspirin or anti-inflammatory medications for **three weeks** before surgery, as this may increase the risk of bleeding.

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**Infection-** Infection is unusual after surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.

**Change skin sensation-** This usually resolves in 3 to 4 weeks. To have decreased sensation is rare. However, decreased or permanent loss in sensation is more likely to occur if extensive surgical dissection is needed to remove scar tissue or a broken implant.

**Skin scarring-** Although good wound healing after a surgical procedure is expected, abnormal scars may occur both within the skin and the deeper tissues. Excessive scarring is uncommon. Additional treatments including surgery may be necessary to treat abnormal scarring.

**Seroma-** Tissue fluid may accumulate in the space where the breast implant was located. Additional treatment or surgery may be necessary to remove this fluid.

**Implants-** Calcification around implants can occur and may require removal of the scar tissue surrounding the implant. It may not be possible to completely remove the scar tissue that has formed around an implant or silicone.

**Psychological/appearance changes-** It is possible that after breast implant removal you may experience a strong negative effect on your physical appearance, including significant loss of tissue volume, distortion, and wrinkling of the skin. Your appearance may be worse than prior to your surgery for the placement of the implants. There is the possibility of severe psychological disturbances including depression. It is possible that you or your partner will lose interest in sexual relations.

**Other-** Breast asymmetry may occur after surgery. You may be disappointed with the results of surgery. Additional surgery may be necessary to reshape breasts after implant removal. Scars resulting from breast-implant removal may complicate future breast surgery.

**Health disorders alleged to be caused by implants-** Currently there is insufficient evidence to state that the removal of implant(s) will alter the course or prevent autoimmune or other disorders alleged to be caused by silicone Implants.

**The removal of implants may be of no health benefit to you.**

**Surgical anesthesia-** Both local and general anesthesia involves risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

**Allergic reactions-** In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions, which are more serious, may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

#### **ADDITIONAL SURGERY NECESSARY**

Should complications occur, additional surgery or other treatments may be necessary.

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Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with implant removal; other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained.

### **HEALTH INSURANCE-**

Most health insurance companies exclude coverage for the removal of breast implants or any complications that might occur from breast implants. Some carriers have excluded breast diseases in patients who have breast implants. Please carefully review your health insurance subscriber-information pamphlet.

### **FINANCIAL RESPONSIBILITIES**

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies, anesthesia, laboratory tests, and outpatient hospital charges, depending on where the surgery is performed. Depending on whether or not the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. Fees charged for the removal of breast implants do not include charges for additional surgical procedures performed at the same time of implant removal. Additional costs may occur should complications develop from the surgery. Secondary surgery or surgical facility day-surgery charges involved with revisionary surgery would also be your responsibility.

### **DISCLAIMER**

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information, which is based on all the facts in your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

**It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.**

Patient Initials\_\_\_\_\_

1. I hereby authorize Mark Broudo M.D. or Bick Masri M.D. to perform the following procedure or treatment: implant removal, Implant removal, chin, cheek, other (specific) I have received the following information sheet:

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**Informed Consent Implant Removal Surgery.**

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.

3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.

4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

5. I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided pictures do not reveal my identity.

6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.

7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.

8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical- device registration, if applicable.

**9. It has been explained to me in a way that I understand:**

- **The above treatment or procedure to be undertaken**
- **There may be alternative procedures or methods of treatment**
- **There are risks to the procedure or treatment proposed**

SIGN A OR B

Patient Initials\_\_\_\_\_

A. I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9). I HAVE BEEN ASKED IF I WANT A MORE DETAILED EXPLANATION, BUT I AM SATISFIED WITH THE EXPLANATION, AND DO NOT WANT MORE INFORMATION.

\_\_\_\_\_  
Patient or Person Authorized to Sign for Patient

Date \_\_\_\_\_ Witness \_\_\_\_\_

B. I CONSENT TO THE TREATMENT OR PROCEDURE AND ABOVE LISTED ITEMS (1-9). I REQUESTED AND RECEIVED, IN SUBSTANTIAL DETAIL, FURTHER EXPLANATION OF THE PROCEDURE OR TREATMENT, OTHER ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT AND INFORMATION ABOUT THE MATERIAL RISKS OF THE PROCEDURE OR TREATMENT.

\_\_\_\_\_  
Patient or Person Authorized to Sign for Patient

Date \_\_\_\_\_ Witness \_\_\_\_\_

Patient Initials \_\_\_\_\_