

# Patient agreement to investigation or treatment

## Augmentation mammoplasty (to enlarge your breasts)

**Authors: Department of Plastic & Reconstructive Surgery**

**Brief description:**

- Augmentation mammoplasty, which is a breast enlargement operation, is the only way to permanently increase the size of your breasts. It involves inserting implants into pockets made behind the breasts.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

**Please bring this form with you to hospital**

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke’s website:  
<http://www.addenbrookes.org.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

**For staff use:**

Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)

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## About augmentation mammoplasty

Breast implants are available in a variety of types and sizes and your surgeon will advise you what type of implant is suitable for you.

- Your breasts will be photographed before the operation as part of your clinical record. These photographs remain confidential and are kept in your hospital folder.
- You will also be asked if you will consent to your name being entered onto the National Breast Register. This exists so that in the unlikely event of a problem with the breast implants used, you can be contacted for advice including removal and replacement.

## Before your procedure

- Most patients attend a pre-admission clinic, when you will meet a nurse and a member of the surgical team.
- At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.
- You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring details with you of anything you are taking (for example: bring the packaging with you).
- This procedure involves the use of general anaesthesia. See below for further details about this type of anaesthesia.
- Patients are advised to stop smoking, not only to reduce the chest problems that smokers experience with anaesthesia but also because nicotine reduces the blood flow to the skin, which in turn may impair healing after the operation.
- Before you come into hospital for your operation, you will also be asked to:
  - Have a bath or shower at home on the day of your admission
  - Remove any make-up, nail varnish and bulky or sharp jewellery. Rings and earrings that you'd prefer not to remove can usually be covered with adhesive tape.
  - Follow the fasting instructions in your admission confirmation letter. Typically, you must not eat or drink for about six hours before the operation. However, some anaesthetics allow occasional sips of water until two hours before.

## During the procedure (operation/treatment) itself

- Before your procedure, you will be given the necessary anaesthetic and/or sedation - see below for details of this.
- The augmentation mammoplasty operation routinely lasts one to two hours. The implants can be placed either under the breast tissue or behind the muscle on which the breast lies. The implant is inserted either through an incision (wound)

made in the crease underneath the breast, around the lower edge of the nipple, or in the armpit. Your consultant will advise you on the technique that is most suitable for you. Once the implant has been adjusted to the correct shape and position, the incision is closed with stitches.

### Prevention of Surgical Site Infection (SSI)

In order to prevent infection, hair from the area where you are being operated on may need to be removed.

Hair removal from the site of the operation up to sixty minutes before surgery reduces the risk of infection. This means that the hair removal procedure is usually carried out on the operating table. The skin is then cleaned with an appropriate skin preparation solution. This can leave a colouration to the skin which can be washed off.

You must not shave the area that is being operated on yourself; this will be carried out in the operating theatre. Shaving at home, or the night before surgery, increases the risk of infection as no matter how careful you are the skin may become irritated and this could increase the risk of infection.

It may be necessary during the procedure to shave other areas of your body if appropriate to allow equipment/machines, for example diathermy machines (used to seal blood vessels), to stick to your skin to achieve the best and safest performance.

#### Reference:

Department of Health. High Impact Intervention No 3: Preventing surgical site infection. Saving Lives: reducing infection, delivering clean and safe care: DH June 2005.

### After the procedure (operation/treatment)

- You will wake up in the recovery room after your operation. You might have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy.
- After this procedure, most people will have a small, plastic tube in one of the veins of their arm. This might be attached to a bag of fluid (called a drip), which feeds your body with fluid until you are well enough to eat and drink by yourself.
- While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to a ward.
- Sometimes, people feel sick after an operation, especially after a general anaesthetic, and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you more comfortable.
- You may have tubes running out of small holes in the skin near you breast. These drain any fluid out of the operation site into a bag and are generally removed after a day or two.
- **Eating and drinking:** When you feel ready, you can begin to drink and eat, starting with clear fluids such as water or apple juice. Your nurse will advise you about getting out of bed, bathing, diet and gentle exercises.

- **Getting around and about:** After this procedure, we will try to get you mobile (up and about) as soon as we can to help prevent complications from lying in bed.
- **When you can leave hospital:** The actual time that you stay in hospital will depend on your general health, how quickly you recover from the procedure and your doctor's opinion.
- **When you can resume normal activities including work:** Immediately after the operation and when you are first at home, you will need to take it easy and should expect to tire easily to begin with. You will normally need to take two weeks off work. You should avoid bending or stooping, strenuous exercise, lifting, swimming, and vacuuming for six weeks after your operation. You shouldn't drive until any non-dissolvable stitches have been removed, which is usually five to seven days after surgery. At your follow-up appointment, your surgeon will advise you when you can resume your other normal activities. A full recovery can take up to twelve weeks.
- **Special measures you need to take after the procedure:** You should use a supportive bra instead of an underwired bra and might be advised to wear the bra night and day for the first few weeks after surgery. On discharge, the nurse will advise you about how to care for the stitches and when and how to take a shower or bath. You should avoid getting the dressing wet.
- **Check-ups and results:** Before you leave hospital, you will be given details of when you need to return to see us for the results of your surgery. At this time, we can check your progress and discuss with you any further treatment we recommend.

## Intended benefits of the procedure

- This surgery is designed to increase the size of your breasts. Many women feel happier and less self-conscious about the way they look and feel after their operation.

## Who will perform my procedure?

- This procedure will be performed by a member of the surgical team.

## Alternative procedures that are available

- The alternative to this surgery is to decide not to have surgery.

## Serious or frequently occurring risks

Breast enlargement is a commonly performed and generally safe operation and for most people the benefits are greater than the disadvantages. However, all surgery does carry some element of risk. This can be divided into the risk of side-effects and the risk of complications.

- **Side-effects:** These are the unwanted but mostly temporary effects of a successful treatment. The common side-effects of breast enlargement include some pain and discomfort, swelling and hardness. It is also quite common to feel or be sick as a result of the anaesthetic, although medicines are available to help avoid this.
- You might have bruising, twinges and pains for the first few weeks after the operation. Changes in breast sensation (for example: numbness or tingling) are common; most are temporary, but some are permanent. It may take several months for your breasts to look more natural.
- **Complications:** This is when problems occur during and after the operation. They are much rarer than most side effects.
  - **Deep vein thrombosis (DVT):** There is a risk of DVT (blood clots forming in the leg veins) after this operation. This serious complication is less likely if you are up and walking as early as possible after your operation and if you wear special support stockings during the operation and in the early post-operative phase, while you are confined to bed (you will be provided with these).
  - **Wound infection:** In addition, the complications specific to breast enlargement include infection. Warning signs are excessive pain, change in shape, oozing from wounds, a high temperature, and the breast being 'hot' to the touch.
  - **Capsular contracture:** This is when a wall of scar tissue hardens around the implant causing the breast to feel hard. If this happens the implant will need to be removed and possibly replaced with another one.
  - **Rupture of the implant:** This is when a spilt or hole develops in the shell of the implant requiring it to be removed.
  - **Problem scarring:** A small number of women have red, thick, painful scars that can take years to improve.
  - **Sensation around the nipple:** Inserting implants under the breast can result in permanent loss of sensation in the nipple. However, sensation can sometimes also be increased and feel painful to the touch for up to six months after surgery.
  - **Exaggeration of existing problems with appearance:** Implants can sometimes worsen any existing creasing, and cause kinking, and ripples in the breast surface.

## Information and support

- You might be given some additional patient information before or after the procedure for example, leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of staff including the ward sister.
- Department of Health leaflet on breast implants can be downloaded from the Department of Health's website: [www.doh.uk/bimplants](http://www.doh.uk/bimplants). Or copies of this leaflet are available from:

Department of Health  
PO Box 777  
London SE1 6XH  
Fax: 01623 724524

## Your anaesthesia

### General Anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation.

### Before your operation

Before your operation your anaesthetist will visit you in the ward, although occasionally this will happen in a pre-anaesthetic assessment clinic. If you are a day case patient it may not be until just before your operation. The anaesthetist who looks after you on the day of your operation is the one who is responsible for making the final decisions about your anaesthetic. He or she will need to understand about your general health, any medication that you are taking and any past health problems that you have had. Your anaesthetist will want to know whether or not you are a smoker, whether you have had any abnormal reactions to any of the drugs or if you have any allergies. They will also want to know about your teeth, whether you wear dentures, have caps or a plate. Your anaesthetist needs to know all these things so that he or she can assess how to look after you in this vital period. Your anaesthetist may examine your heart and lungs and may also prescribe medication that you will be given shortly before your operation, the pre-medication or 'pre-med'.

**Pre-medication** is the name given to medication (drugs) given to you some hours before your operation. These drugs may be given as tablets, injections or liquids (to children). They relax you and may send you to sleep. They are not always given. Do not worry if you do not have a pre-med, your anaesthetist has to take many factors into account in making this decision and will take account of your views on the topic if possible. Do not be worried about your anaesthetic. When your anaesthetist visits you before your operation, this is the time to ask all the questions that you may have, so that you can forget your fears and worries.

Before your operation you will usually be changed into a gown and wheeled to the operating suite into an anaesthetic room. This is an ante-room outside the theatre. The anaesthetist, his or her assistant and nurses are likely to be present. An intravenous line (drip) may be inserted. Monitoring devices may be attached to you, such as a blood pressure cuff or a pulse oximeter. A pulse oximeter is usually a little red light in a small box, which is taped to your finger. It shows how much oxygen you have in your blood and is one of the vital monitors that an anaesthetist uses during your operation to ensure that you remain in the best of health. You may be given

some oxygen to breathe. It is common practice nowadays to allow a parent into the anaesthetic room with children: as the child goes unconscious, the parent will usually be asked to leave.

## **During your operation**

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you in the correct level of unconsciousness for the period of the surgery. Your anaesthetist is constantly aware of your condition and trained to respond. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement. If you have any other medical conditions, your anaesthetist will know of these from your pre-operative assessment and be able to treat them during surgery.

## **After your operation**

After your operation your anaesthetist continues to monitor your condition carefully. You will probably be transferred to a recovery ward where specially trained nurses, under the direction of anaesthetists, will look after you. Your anaesthetist and the recovery nurses will ensure that all the anaesthetic effects are reversed and that you are closely monitored as you return to full consciousness. You may be given some oxygen to breathe in the recovery area, and may find that intravenous drips have been inserted whilst you are unconscious in theatre and that these will be replacing fluids that you might require. You will be given medication for any pain that you might feel, and systems, such as Patient Controlled Anaesthesia (PCA) may be set up to continue pain control on the ward.

You are likely to feel drowsy and sleepy at this stage. Some patients feel sick, others may have a sore throat related to the insertion of the breathing tube during surgery. During this time it is important that you relax as much as you can, breathe deeply, do not be afraid to cough, and do not hesitate to ask the nursing staff for any pain relief, and about any queries you may have. You are likely to have hazy memories of this time and some patients experience vivid dreams. Once you are fully awake you will be returned to the ward, and if you are a day patient will be allowed to go to the waiting area to fully recover before you are accompanied home. Do not expect to feel completely normal immediately!



Addenbrooke's is smoke-free. You cannot smoke on site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

#### Polish

Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

#### Portuguese

Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

#### Russian

若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

#### Cantonese

Bu bilgiyi diger dillerde veya büyük baskılı ya da sesli formatta isterseniz lütfen su numaradan kontak kurun: 01223 216032 veya asagıdaki adrese e-posta gönderin: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

#### Turkish

এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন বা [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk) ঠিকানায় ই-মেইল করুন।

#### Bengali

### Document History

Authors	Department of Plastic and Reconstructive Surgery
Department	Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ <a href="http://www.addenbrookes.org.uk">www.addenbrookes.org.uk</a>
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<b>For staff use only:</b> <b>Surname:</b> <b>First names:</b> <b>Date of birth:</b> <b>Hospital no:</b> <b>Male/Female:</b> <b>(Use hospital identification label)</b>
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**Statement of patient**

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you.

**You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

**Please read the following:**

**I understand** that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

**I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

**I have been told** about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

**I understand** that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

**I understand** that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

**I understand** that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

**Please tick boxes to indicate you either agree/disagree to the three points below.**      Yes      No

**I agree** that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research.** If you wish to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.           

**I agree** to the use of photography for the purpose of diagnosis and treatment.           

**I agree** to anonymised photographs being used for medical teaching.           

**I confirm** that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

**Patient's signature:**..... Date: .....

**Name (PRINT):** .....

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

**Witness' signature:**..... Date: .....

**Name (PRINT):** .....

**Confirmation of consent** (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature      Date: .....

Name (PRINT): ..... Job Title: .....

