

“RISKS OF MEDICAL INTERVENTION (SURGERY)” – APPENDIX No. 2

INFORMED CONSENT – BREAST LIFT (MASTOPEXY)

“RISKS OF MEDICAL INTERVENTION (SURGERY)” – Appendix No. 2: approved by “ARZ EST” LLC on 02.05.2019 by Order No. 01/5.

This document constitutes an integral part of the Agreement concluded between “ARZ EST” LLC and the Client/Patient.

INSTRUCTIONS

This document constitutes informed consent prepared to familiarize you with mastopexy (breast lift) surgery, its risks, as well as alternative treatment methods.

It is important to read this information carefully and in full. Please initial each page to confirm that you have read and understood it and sign the consent for the surgery proposed by your plastic surgeon and agreed upon with you.

GENERAL INFORMATION

Breast lift, or mastopexy, is a surgical procedure to lift and reshape sagging breasts. Pregnancy, breastfeeding, changes in weight, aging, and the effects of gravity lead to changes in the appearance of the breasts. As the skin loses elasticity, the breasts lose their shape and begin to sag.

Mastopexy is performed by plastic surgeons to lift and reshape the breasts. During the procedure, the size of the areola—the darker skin surrounding the nipple—may also be reduced. If the breasts are small or have lost volume following pregnancy, placement of implants at the same time as mastopexy may increase both breast firmness and size.

The best candidates for mastopexy are healthy, emotionally stable women with realistic expectations regarding the results of surgery. Breasts of any size can be lifted; however, in women with large and heavy breasts, the result may not last as long. Mastopexy leaves permanent, visible scars on the breasts, and the breast size will become smaller compared with its current size. There are various surgical techniques for lifting and reshaping the female breast.

Note: When breast implants are placed simultaneously with mastopexy, or when mastopexy is performed during implant removal, a separate informed consent form is required.

ALTERNATIVE TREATMENT METHODS

Mastopexy is an elective surgical procedure. An alternative is to decline surgery or use supportive garments to lift the breasts. In cases of large and sagging breasts, reduction mammoplasty may be considered. Alternative surgical methods are also associated with risks and possible complications.

RISKS OF MASTOPEXY

Every surgical procedure involves certain risks, and it is important that you understand the possible complications. The decision to undergo surgery is based on a consideration of the potential benefits and risks. Although most patients do not experience complications, these should be discussed with your plastic surgeon.

SPECIFIC RISKS OF BREAST LIFT

Changes in Nipple and Skin Sensation: Decreased or loss of sensation in the nipples and breast skin may occur (partial or permanent, on one or both sides). This may affect sexual sensitivity or the ability to breastfeed.

Simultaneous Augmentation and Mastopexy: When implants are placed simultaneously with breast lift surgery, the risk of necrosis of the skin, nipples, and breast tissue increases due to reduced blood supply.

Mastopexy During Implant Removal: Simultaneous implant removal and breast lift also increase the risk of tissue necrosis due to impaired blood supply following previous surgeries.

Irregularities of Skin Contour: Asymmetry, differences in the shape and position of the nipples, skin folds, and excess skin folds (“dog ears”) may occur. Corrective surgery may sometimes be required.

Delayed Healing: Wound separation, prolonged healing, and necrosis of areas of the skin or nipple may occur. Smoking significantly increases the risk of complications.

GENERAL RISKS OF SURGERY

Healing Problems: Certain medical conditions, medications, smoking, and significant weight loss may impair healing.

Bleeding: Bleeding may occur during or after surgery. Repeat surgery or a blood transfusion may be required. Certain medications, including aspirin, NSAIDs, and dietary supplements, increase the risk of bleeding.

Infection: Treatment with antibiotics, implant removal, or repeat surgery may be required.

Scarring: All surgical procedures leave scars; abnormal or asymmetric scars may occur.

Pain: Pain of varying intensity may occur and, in rare cases, may become chronic.

Thrombosis and Embolism: The formation of blood clots may be life-threatening.

Cardiac and Pulmonary Complications: Rare but serious complications may occur, including pulmonary embolism.

Allergic Reactions: Reactions to medications, materials, or anesthesia may occur.

Unsatisfactory Result: Asymmetry, changes in shape, size, or sensation may occur; repeat surgery may be required.

ADDITIONAL WARNINGS

Smoking and Nicotine: Significantly increase the risk of complications and impair healing.

Medications and Supplements: You must inform your physician about all medications and supplements you are taking.

Sun Exposure: May impair healing and affect the appearance of scars.

Pregnancy and Breastfeeding: The results of surgery may change; breastfeeding may become difficult.

Psychological Condition: It is important to have realistic expectations.

POSSIBILITY OF REPEAT SURGERY

In some cases, repeat surgery may be required to correct the result or address complications. Medicine is not an exact science, and no guarantee of results is provided.

PATIENT RESPONSIBILITIES

You must strictly follow your physician's recommendations, limit physical activity, and attend follow-up examinations.

DISCLAIMER

This document provides information about the nature of the procedure, its risks, and alternative treatment methods. It does not cover absolutely all possible complications. Standards of medical care may change as medical science develops.

I CONFIRM MY CONSENT TO THE TREATMENT OR PROCEDURE AND TO THE ABOVE-MENTIONED ITEMS (1–12).

I AM SATISFIED WITH THE EXPLANATIONS I HAVE RECEIVED.

CONSENT TO SURGERY / PROCEDURE

1. I authorize the physician and his/her assistants to perform the following surgery: BILATERAL MASTOPEXY (BREAST LIFT).

I have received the document: "Informed Consent – Mastopexy."

2. I understand that unforeseen circumstances may arise during surgery that may require a change in the treatment approach.

3. I consent to the administration of the necessary anesthesia and understand the risks associated with it.

4. I understand the possibilities and limitations of the surgery, acknowledge that there are no guarantees regarding the outcome, and voluntarily consent to undergo the procedure.

5–12. I consent to photography and video recording for medical purposes without disclosure of my identity, the presence of observers, disposal of removed tissues, the use of blood components when necessary, disclosure of information in cases provided for by law, and acknowledge the financial terms. I understand that I may refuse the surgery and confirm that the following have been explained to me:

- a)* the nature of the procedure;
- b)* alternative treatment methods;
- c)* possible risks.

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE-MENTIONED ITEMS (1–12).

I AM SATISFIED WITH THE EXPLANATIONS PROVIDED TO ME.

Patient or person authorized to sign on behalf of the patient

Date: _____

Witness: _____