

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

INFORMED CONSENT — BREAST RECONSTRUCTION USING A LATISSIMUS DORSI FLAP

“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 Contract concluded between ARZ EST LLC and the Client/Patient.

INSTRUCTIONS

This informed consent document has been prepared to provide you with information about breast reconstruction using a latissimus dorsi flap, possible risks, and alternative treatment methods.

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

GENERAL INFORMATION

There are several surgical methods of breast reconstruction. Most patients after mastectomy are medically suitable for reconstruction, either immediately after breast removal or at a later time. The best candidates are women for whom, according to available medical information, the cancer has been eliminated by mastectomy.

Sometimes it is recommended that reconstruction be postponed. Some patients, upon the recommendation of their surgeon or oncologist, should wait until other types of cancer treatment have been completed. In certain cases, a more complex reconstruction is required. Women who smoke, as well as patients with obesity, high blood pressure, and other medical conditions, may be advised to postpone surgery.

Being informed about reconstruction options helps patients prepare for mastectomy with a more positive outlook toward the future.

Breast reconstruction does not affect the natural course of breast cancer and does not interfere with chemotherapy or radiation therapy.

In reconstruction using the latissimus dorsi muscle, the muscle together with the overlying skin is transferred to the chest area. The flap retains its own blood supply, providing nourishment to the tissues. Various techniques are available, including microsurgical connection of blood vessels. In some cases, an implant or tissue expander is additionally placed beneath the muscle flap to create volume.

The method is indicated for:

- Insufficient chest wall tissue for reconstruction with implants or tissue expanders
- Previous radiation therapy
- Concerns regarding silicone implants
- Failed previous reconstruction

Contraindications:

- Medical or psychological unpreparedness of the patient
- Previous injury to the latissimus dorsi muscle

Separate informed consent may be required if breast implants are used in conjunction with this method.

ALTERNATIVE TREATMENT METHODS

The surgery is elective. Alternatives include:

- Use of external prostheses
- Tissue expansion
- Implants
- Transfer of other tissues from the body

Each method has its own risks and possible complications.

RISKS OF BREAST RECONSTRUCTION USING A LATISSIMUS DORSI FLAP

Any surgical procedure involves risks. The decision is made based on a comparison of the risks and potential benefits.

Specific Risks:

Delayed healing / flap necrosis — impaired healing, tissue death in a portion of the flap, and the need for dressings or repeat surgery may occur. Smoking and exposure to tobacco smoke increase the risk.

Implant extrusion — if there is insufficient tissue coverage, the implant may become exposed or extrude, requiring its removal.

Excessive firmness (capsular contracture) — tissue firmness may occur, particularly after radiation therapy.

Loss of latissimus dorsi muscle function — weakness of the shoulder and upper extremity may occur.

Changes in nipple and skin sensation — sensation may not fully recover; numbness of the back may occur.

Asymmetry — differences in shape and size may occur; additional surgery may sometimes be required.

GENERAL SURGICAL RISKS

- Impaired healing
- Bleeding, hematoma
- Infection
- Scarring, including pathological scarring
- Contour irregularities
- Changes in skin color
- Increased sensitivity
- Wound separation
- Damage to nerves, blood vessels, or lungs (pneumothorax)
- Fat necrosis
- Seroma
- Complications of anesthesia, including death
- Shock
- Chronic pain
- Thrombosis and embolism
- Allergic reactions
- Lymphedema
- Unsatisfactory result

ADDITIONAL WARNINGS

Smoking and nicotine — significantly increase the risk of complications.

Medications and supplements — aspirin, NSAIDs, and herbal supplements may increase the risk of bleeding.

Sun exposure — may impair healing and increase scarring.

Travel plans — should be discussed and coordinated with the physician.

Pregnancy and breastfeeding — reconstruction does not affect fertility; however, breastfeeding after mastectomy is not possible on the operated side.

Psychological condition — it is important to have realistic expectations.

NEED FOR REPEAT SURGERY

Additional surgery may sometimes be required to correct the shape or address complications. Medicine is not an exact science, and an ideal result cannot be guaranteed.

COMPLIANCE WITH RECOMMENDATIONS

Strict compliance with all physician instructions is an essential condition for a successful outcome. Restriction of physical activity and participation in postoperative follow-up are mandatory.

DISCLAIMER

This informed consent document is intended to explain the nature of the surgery, its risks, and alternative treatment methods. It is not an exhaustive list of all possible complications and does not establish a standard of medical care.

Standards of medical care may change as science and technology develop.

It is important to read this information carefully and ask any questions you may have.