

PATIENT NAME: _____ AGE: _____ CHART NO: _____

It is my goal to provide you with some information about your desired procedure prior to our consultation. Please take the time to read this information and feel free to ask any questions during your face to face consultation. Additional information is available in the office and on our websites.

www.ocplasticsurgeons.com
www.doctordaneshmand.com
www.bakersfieldplasticsurgery.com

Dr. Daneshmand

Breast Reduction Consultation

GENERAL

- ▼ Semi elective surgery
- ▼ Reduction in breast size in most patients helps their back pain
- ▼ Outpatient procedure performed at a surgery center under general anesthesia

DIAGNOSIS/CONDITION

**MAMMARY HYPERPLASIA
(LARGE BREAST)**

- ▼ **Developmental:** May start in teenage years and may worsen with pregnancy
- ▼ **Bilateral:** Mostly both breasts
- ▼ **Unilateral:** Sometimes one breast is smaller than the other

WHY CONSIDER BREAST REDUCTION?

For yourself ONLY. Not for or because of anyone else.

- ▼ **PRACTICAL REASONS**
More proportional, clothing fits better, more options and choices in clothing. Able to exercise more and alleviate upper back pain
- ▼ **PSYCHOLOGICAL REASONS**
Confidence, femininity, self esteem, self image, enhanced sense of adequacy

GOALS

- ▼ Create more normal proportions
- ▼ Lifting of breasts in most reductions
- ▼ Satisfy psychological needs
- ▼ Maintain normal softness, sensitivity and function
- ▼ Re-establish size and contour if the size / fullness changed due to pregnancy

LIMITATIONS

- ▼ Minimum amount of tissue to be removed to qualify for breast reduction
- ▼ Cannot create younger skin or eliminate "stretch marks"
- ▼ Cannot solve personal problems
- ▼ Cannot eliminate asymmetries such as differences in breast shape or position, rib cage irregularities, or nipple / areola size

Patient Initials: _____

GOALS MAY ONLY BE PARTIALLY MET

ALTERNATIVES

- ▼ Leave everything as it is (adverse consequences?)
- ▼ Exercise and weight loss
- ▼ Medications to improve symptoms
- ▼ Support bras

SURGICAL PROCEDURE

- ▼ Surgery
 - ✓ Outpatient
 - ✓ About 3 hours
 - ✓ Lifting in most patients in addition to reduction in size
 - ✓ Expect one or two cup size reduction or more in some cases
 - ✓ Permanent scars with all techniques, however in general scars heal fine
 - ✓ May change in size again in future with weight loss/gain
 - ✓ Back to work usually in one to two weeks and GYM in 4 weeks

BREAST CANCER

Mammogram is recommended if you are 40 years or older. The tissue removed usually gets submitted to pathology for examination and if there is any cancerous tissue, additional treatment(s)/surgery may be required.

SURGICAL TECHNIQUES, ANESTHESIA, FACILITY & RECOVERY

- ▼ General anesthesia
- ▼ Surgery center vs. hospital
- ▼ Outpatient vs. hospitalization
- ▼ Restrictions / return to normal activities
- ▼ Incisions, dressings
- ▼ Recovery period (sometimes longer if combined with other procedure)

TRADE OFFS

USUALLY TEMPORARY

- ▼ Discomfort (pain / sensitivity)
- ▼ Discoloration / swelling
- ▼ Numbness (nipple sensation maintained in most patients)
- ▼ Tightness / relaxation
- ▼ Lumps / irregularities
- ▼ Restricted activity
- ▼ Breast feeding is possible in many patients

PERMANENT

- ▼ Scars
- ▼ Smaller size breasts unless weight is increased

LIKELIHOOD OF SUCCESS

- ▼ Usually very good
- ▼ Breast reduction patients are generally the happiest patients following their surgery

Patient Initials: _____

RISK / COMPLICATIONS

- ▼ Bleeding / blood collection**
- ▼ Infection
- ▼ Sensory changes (numbness)
- ▼ Asymmetry
- ▼ Irregularity
- ▼ Inability to breastfeed
- ▼ Tightening of scar tissue producing marked firmness and / or discomfort (Keloid scars)
- ▼ Stretch marks
- ▼ Calcifications in scar tissue and fat necrosis
- ▼ Lymph node enlargement
- ▼ Deep venous thrombosis
- ▼ Pulmonary embolism
- ▼ future surgery needed in some patients

EVEN THOUGH ...

Even though the risks and complications cited above occur infrequently, they are the ones that are peculiar to this operation or of greatest concern. Other complications and risks can occur but are even more uncommon. The risks of surgery are comparable to the risks you take everyday when driving or riding in an automobile.

ANY AND ALL OF THE RISKS AND COMPLICATIONS CAN RESULT IN

- ▼ Additional surgery
- ▼ Hospitalization
- ▼ Time off work
- ▼ Expense to you

INSURANCE

Insurance usually covers this procedure. Treatment of complications are usually covered by insurance. Please understand that we do not work for the insurance company and cannot make payment decisions for them. We will do our best to provide all the information required for the procedure to be covered by the insurance carrier. However, the payment of fees for our services remains the patient's responsibility regardless of the insurance decision on the payment of services.

NO GUARANTEE

The practice of medicine and surgery is not an exact science. Although good results are expected, there cannot be any guarantee or warranty, expressed or implied, by anyone as to the results that may be obtained.

**** If a smoker** – Must be off cigarettes for **SIX (6)** weeks before surgery and remain off cigarettes for **SIX (6)** weeks after surgery. Much greater risk for scarring, poor healing, hair loss and skin loss in smokers.

**** Must be off all aspirin and blood thinning containing products (such as Advil, etc.)** for two (2) weeks before surgery and for two (2) weeks after surgery. (Check all medications with us. Tylenol is ok.)

Patient Initials: _____

QUESTIONS

If there is any item or items on this consultation sheet that you do not understand, mark it and call the office. An explanation or additional information will be provided. Share the information we provide to you with interested family members or friends. I will be happy to meet with them if you wish. All questions and uncertainties should be answered and clarified prior to your surgery. A WELL INFORMED PATIENT IS A HAPPY PATIENT!

DATE: _____ Copied and provided to patient by: _____

A copy of this consultation was provided to me: _____
(Patient's signature)

Patient Initials: _____