

**CONSENT FOR SURGICAL OPERATION OR INTERVENTIONAL  
PROCEDURE**

I, Dr. Paul J. Belt, have discussed with the patient/parent/guardian the patient's present condition, and alternative treatments available, and have explained the benefits and risks of the proposed operation or procedure.

Dr. Paul J. Belt..... Date.....

I, .....(please print name)  
of .....request the operation of  
Bilateral Breast Reduction be performed on me.

I also request the administration of anaesthetics, medicines, blood transfusions or other forms of treatment normally associated with this operation / procedure.

I understand that other unexpected operations / procedures may also be necessary and I request that these be carried out if required.

I understand that a sample of my blood may be tested if there is an injury to either my doctor or a hospital staff member during the proposed operation / procedure.

Although this operation / procedure will be carried out with all due professional care and responsibility, I understand that in some circumstances the expected result might not be achieved.

I understand that complications may occur with any operation / procedure, and I accept the possible risks associated with this operation / procedure.

I have had the opportunity to ask questions about my operation / procedure and I am satisfied with the information I have received.

**I have had the opportunity to ask Dr. Belt questions and these have all been answered to my complete satisfaction.**

.....

Signature of Patient / parent / Guardian

Signature of Witness to Patient's signature

.....  
Date

.....  
Name of Witness

.....  
Address of Witness

.....

Special Provisions (if applicable)

### **Potential Risks and Complications**

Changes in feeling around the nipple, areolar and breast skin

Clotted veins in the breast

Cyst and lump formation

Chest wall deformity

Allergic reactions,

#### **General :**

Bleeding

Infection

Collections – blood, serum, pus

Wrinkles, skin ripples, folds and dimples

Scars – red 4 months, stretched, keloid, hypertrophic

Pneumothorax

Loss of skin / fat / nipple tissue

Asymmetry

Migration of scars

Bottoming out of breast with time

Implications for :

Breastfeeding,  
Mammography,

**Long term outcome** with respect to :

Size, shape with weight gain and loss (pregnancy)  
Nipple and skin sensation  
Implant lifespan and replacement  
Breast tissue thinning (atrophy)

### **Anaesthetic risks**

Heart attack, stroke, deep vein thrombosis, pulmonary embolism, death, aspiration, chest infection.

### **Aesthetic Issues**

Breast asymmetry  
Breast size – can't guarantee a cup size  
Breast shape  
Breast ptosis (droop)  
Nipple position  
Position of fold beneath breast