CONSENT TO MEDICAL OR SURGICAL CARE / TREATMENT

NOTE TO PATIENT: There are risks involved in any procedure or treatment. It is not possible to guarantee or give assurance of a successful result. It is important that you clearly understand and agree to the planned surgery or treatment.

I authorize Dr. Donald Altman and such physicians, associates, assistants and other personnel or the hospital or medical facility chosen by him or her to perform the following (IN MEDICAL TERMS KNOWN AS):

Bilateral Breast Augmentation using silicone gel implants.

(IN COMMON TERMS KNOWN AS):

Enlargement of Both Breasts using silicone gel implants.

and/or to do any other procedures that in their judgment may be advisable to my well-being, including such procedures as are considered medically advisable to remedy conditions discovered during the above procedure.

- **GENERAL RISKS AND COMPLICATIONS.** I am satisfied with my understanding of the more common risks and complications of the treatment or procedure which are described generally on the back of this form. These risks include the risk of bleeding, infection, pain, anesthesia risks and death.

- **SPECIFIC RISKS AND COMPLICATIONS.** I am satisfied with my understanding of specific risks of this procedure or treatment including (Doctor to describe specific risks where applicable):

Bleeding, infection, scarring (Hypertrophic/Heavy), hardening, asymmetry
Loss of nursing ability, numbness, Implants can rupture or deflate,
X-ray can be difficult to see mass, likely be changed in lifetime

- **ALTERNATIVE METHODS OF TREATMENT.** I am satisfied with my understanding of alternative procedures or treatments and their possible benefits and risks including (Doctor to describe specific alternative procedures and complications where applicable):

None -

- **NO TREATMENT.** I am satisfied with my understanding of the possible consequences, outcomes or risks if no treatment is rendered.

- **SECOND OPINION.** I have been offered the opportunity to seek a second opinion concerning the proposed treatment or procedure.

- **ADDITIONAL OR DIFFERENT PROCEDURES DURING CARE AND TREATMENT.** I understand that conditions may arise which are unforeseen at this time and that it may be necessary and advisable to perform operations and procedures different from, or in addition to, the procedure described. I authorize and consent to the performance of such additional or different operations and procedures as are considered necessary and advisable.

- **OTHER SERVICES.** I consent to the performance of pathology and radiology services as needed and I further authorize the disposal of any severed tissue or member in accordance with customary hospital or medical facility practice.

- **PHOTOGRAPHY.** I consent to the photographing, filming or videotaping of the treatment or procedure for educational or diagnostic use.

- **NO GUARANTEES.** I understand there are risks involved in any procedure or treatment, and it is not possible to guarantee or give assurance of a successful result.

- **OTHER QUESTIONS.** I am satisfied with my understanding of the nature of the procedure or treatments and all of my additional questions about the treatment or procedure have been answered.

I have read and been given a copy of this form.

DATE: _____ TIME _____ AM/PM

PRINT PATIENT NAME: _____

SIGNATURE: _____

(PATIENT, PARENT OR LEGAL GUARDIAN)

TRANSLATED BY (IF APPLICABLE): _____

PHYSICIAN: _____

WITNESS: _____

PLEASE READ THE GENERAL INFORMATION ON BACK.

A MESSAGE TO PATIENTS ABOUT MEDICAL/SURGICAL RISKS

Medicine and surgery are generally safe, helpful and often lifesaving. However, medical or surgical procedures of any type involve the taking of risks, ranging from minor to serious (including the risk of death). It is important to be aware of the following possible risks before receiving the treatment you and your physician are planning. The following may be the reactions of your body to medical/surgical operations or procedures:

1. **INFECTION:** Invasion of tissue by bacteria or other germs occurs to some degree whenever a cut, incision or puncture is made. In most instances, through the natural defense mechanisms of the body, healing of the affected area occurs without difficulty. In some instances antibiotic medicines are prescribed and at times additional surgical measures may be necessary to combat infection.

2. **HEMORRHAGE:** The cutting of blood vessels causes bleeding and this occurs in every surgical incision. This bleeding is usually controlled without difficulty. At times, blood transfusions are required to replace blood loss. If blood transfusions are given, there are additional risks of liver inflammation, hepatitis, and the possibility of receiving Acquired Immune Deficiency Syndrome (AIDS). There is no absolutely reliable way to predict these unwanted reactions, some of which may be quite serious and even lead to death.

3. **DRUG REACTIONS:** Unexpected allergies, lack of proper response to medications or illness caused by the prescribed drugs are possibilities. It is important for you to inform your physician and your anesthesiologist or certified registered nurse anesthetist of any problem you or your family have had with reactions to drugs and which medications you have taken in the past six months, including over-the-counter drugs, especially aspirin.

4. **ANESTHESIA REACTIONS:** There may be unusual or unexpected responses to the gases, drugs or methods used to anesthetize you which can lead to difficulties with lung, heart or nerve function. Eating or drinking before anesthesia increases the risks of vomiting which may cause significant complications. Inform your anesthesiologist or certified registered nurse anesthetist of problems you and your family have had with anesthesia.

5. **BLOOD VESSEL INFLAMMATION AND CLOTTING:** It is impossible to predict the occurrence of blood vessel inflammation and clotting problems. If blood clots form, they can move from where they formed to other areas of the body and cause injury.

6. **INJURY TO OTHER ORGANS:** Because of the closeness of other organs to the area being operated on, there may be injury to other organs. The stress of surgery or the procedure may also harm other organ systems of the body.

7. **OTHER RISKS:** It is not possible to list all the possible risks and complications, and their variations, that may arise in any surgical operation or medical procedure. Each situation depends upon the purpose and nature of the operation or procedures. Your physician is willing to discuss further with you various details about other risks.

ALTERNATIVES TO TREATMENT

Although you and your doctor have decided upon this procedure, do not hesitate to discuss the reasons for the choice and the alternatives available for treatment of your condition. In addition, be sure to ask your doctor any other questions that you may have about your treatment.

PATIENT SIGNATURE

PLEASE DATE

INFORMED CONSENT -
AUGMENTATION MAMMAPLASTY WITH SILICONE GEL-FILLED IMPLANTS

INFORMED CONSENT –
AUGMENTATION MAMMAPLASTY WITH SILICONE GEL-FILLED IMPLANTS

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you concerning augmentation mammaplasty surgery with silicone gel-filled implants, its risks, as well as alternative treatment(s).

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your plastic surgeon and agreed upon by you.

GENERAL INFORMATION

In November, 2006, silicone gel-filled breast implant devices were approved by the United States Food and Drug Administration (FDA) for use in breast augmentation and reconstruction.

Augmentation mammaplasty is a surgical operation performed to enlarge the female breasts for a number of reasons:

- To enhance the body contour of a woman, who for personal reasons feels that her breast size is too small.
- To correct a loss in breast volume after pregnancy.
- To balance breast size, when there exists a significant difference between the size of the breasts.
- To restore breast shape after partial or total loss of the breasts from various conditions.
- To correct a failure of breast development due to a severe breast abnormality.
- To correct or improve results of existing breast implants for cosmetic or reconstructive reasons.

Breast implant surgery is contraindicated in women with untreated breast cancer or pre-malignant breast disorders, active infection anywhere in the body, or individuals who are currently pregnant or nursing.

Individuals with a weakened immune system (currently receiving chemotherapy or drugs to suppress the immune system), conditions that interfere with blood clotting or wound healing, or have reduced blood supply to the breast tissue from prior surgery or radiation therapy treatments may be at greater risk for complications and poor surgical outcome.

Silicone breast implants are approved by the FDA for use in women who are at least 22 years of age. Women who meet this age criteria may utilize the silicone implants for cosmetic breast augmentation or for revision surgery to correct or improve results of earlier cosmetic breast augmentation. There is no age restriction on breast reconstruction procedures to restore breast shape after cancer, trauma, or severe breast abnormalities.

Breast enlargement is accomplished by inserting a breast implant either behind the breast tissue, or partially or completely under the chest muscles. Incisions are made to keep scars as inconspicuous as possible, usually under the breast, around a portion of areola, or in the armpit. According to the FDA it is not recommended to use the peri-umbilical approach to insert gel-filled implants. Breast implants may be manufactured in a variety of shapes, sizes, and with either smooth or textured surfaces. The method of implant selection and size, along with surgical approach for inserting and positioning breast implants will depend on your preferences, your anatomy and your surgeon's recommendation. The shape and size of the breasts prior to surgery will influence both the recommended treatment and the final results. If the breasts are not the same size or shape before surgery, it is unlikely that they will be completely symmetrical afterward.

Conditions which involve sagging of the breast or diminished skin tone (stretch marks) may require additional surgical procedures (breast lift) to reposition the nipple and areola upward and to remove loose skin.

Patients undergoing augmentation mammaplasty surgery must consider the following:

- Breast augmentation or reconstruction with silicone gel-filled implants may not be a one time surgery.
- Breast implants of any type are not considered lifetime devices. They cannot be expected to last forever. You will likely require future surgery for implant replacement or removal.

- Changes that occur to the breasts following augmentation or reconstruction with implants are not reversible. There may be an unacceptable appearance to the breast if you later choose to have breast implants removed.
- Large volume primary augmentation or revision with larger sized implants (>350cc) may increase the risk of complications such as implant extrusion, hematoma, infection, palpable implant folds, and visible skin wrinkling requiring surgical intervention to correct these complications.

ALTERNATIVE TREATMENT

Augmentation mammaplasty with silicone gel-filled implants is an elective surgical operation. Alternative treatment would consist of not undergoing the surgical procedure or use of external breast prostheses or padding, saline-filled implants, or the transfer of other body tissues to enlarge/rebuild breast size. Risks and potential complications are associated with alternative surgical forms of treatment.

RISKS OF AUGMENTATION MAMMAPLASTY SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications or adverse events associated with them. In addition, every procedure has limitations in terms of the outcome that patients will achieve afterwards. Additional information concerning breast implants may be obtained from the FDA, package-insert sheets supplied by the implant manufacturer, or other information pamphlets required by individual state laws.

An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. While all patients do not experience these complications or adverse events, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of breast augmentation. Adverse events associated with breast implants can be inherent to this type of implanted medical device or relate to complications of a surgical procedure. Additional advisory information regarding this subject should be reviewed by patients considering surgery that involves breast implants.

While every patient experiences her own individual risks and benefits following breast implant surgery, clinical data suggests that most women will be satisfied with the outcome of breast implant surgery despite the occurrence of problems inherent with the surgery.

Inherent Risks Of Silicone Gel-filled Breast Implants

Implants: Breast implants, similar to other medical devices, can fail. When a silicone gel-filled implant ruptures, the gel material is usually contained within the scar tissue surrounding the implant (intracapsular rupture). In some cases, the gel may escape beyond the capsule layer and go into the breast tissue itself (extracapsular rupture and gel migration) or to more distant locations. Migrated silicone gel may be difficult or impossible to remove. Rupture of a breast implant may or may not produce local firmness in the breast. Patients are advised to refer to individual manufacturer's informational materials regarding the incidence of device rupture reported during pre-market studies.

It is impossible to predict the biologic response that a patient's tissues will exhibit to the placement of breast implants or how you will heal following surgery.

Rupture can occur as a result of an injury, from no apparent cause or during mammography. Rupture of a silicone breast implant is most often undetected (silent rupture). It is possible to damage an implant at the time of surgery. Damaged or broken implants cannot be repaired. According to the FDA, ruptured or damaged implants require replacement or removal. Breast implants can wear out, they are not guaranteed to last a lifetime and future surgery may be required to replace one or both implants.

A MRI (magnetic resonance imaging) study is advised to evaluate the possibility of implant rupture, yet it may not be 100% accurate in diagnosing implant integrity. It should be noted that the FDA recommends regular screening

MRI examinations. Specifically patients are advised to follow recommendations for serial MRI examinations, starting at 3 years after surgery and then every 2 years thereafter.

Capsular Contracture: Scar tissue, which forms internally around the breast implant, can tighten and make the breast round, firm, and possibly painful. Excessive firmness of the breasts can occur soon after surgery or years later. The occurrence of symptomatic capsular contracture is not predictable. The incidence of symptomatic capsular contracture can be expected to increase over time. Capsular contracture may occur on one side, both sides or not at all. It is more common with implant placement in front of the chest muscle layer. Treatment for capsular contracture may require surgery, implant replacement, or implant removal. **Capsular contracture may reoccur after surgical procedures to treat this condition** and it occurs more often in revision augmentation than primary augmentation. Some surgeons believe that preventative antibiotics during dental work, and treatment for sinus infections and urinary tract infections may decrease this incidence. Discuss this with your surgeon.

Implant Extrusion / Tissue Necrosis: Lack of adequate tissue coverage or infection may result in exposure and extrusion of the implant through the skin. Tissue breakdown (necrosis) has been reported with the use of steroid drugs, after chemotherapy/radiation to breast tissue, due to smoking, microwave diathermy, and excessive heat or cold therapy. In some cases, incision sites fail to heal normally. Atrophy of breast tissue may occur. An implant may become visible at the surface of the breast as a result of the device pushing though layers of skin. If tissue break down occurs and the implant becomes exposed, implant removal may be necessary. Permanent scar deformity may occur.

Skin Wrinkling and Rippling: Visible and palpable wrinkling of implants and breast skin can occur. Some wrinkling is normal and expected with silicone gel-filled breast implants. This may be more pronounced in patients who have silicone gel-filled implants with textured surfaces or thin breast tissue. Palpable wrinkling and/or folds may be confused with palpable tumors and questionable cases must be investigated.

Calcification: Calcium deposits can form in the scar tissue surrounding the implant and may cause pain, firmness, and be visible on mammography. These deposits must be identified as different from calcium deposits that are a sign of breast cancer. Should this occur, additional surgery may be necessary to remove and examine calcifications.

Chest Wall Irregularities: Chest wall irregularities have been reported secondary to the use of tissue expanders and breast implants. Residual skin irregularities at the ends of the incisions or "dog ears" are always a possibility when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.

Implant Displacement and Tissue Stretching: Displacement, rotation, or migration of a breast implant may occur from its initial placement and can be accompanied by discomfort and/or distortion in breast shape (visible rippling of the skin). Unusual techniques of implant placement may increase the risk of displacement or migration. Additional surgery may be necessary to attempt to correct this problem. It may not be possible to resolve this problem once it has occurred.

Surface Contamination of Implants: Skin oil, lint from surgical drapes, or talc may become deposited on the surface of the implant at the time of insertion. The consequences of this are unknown.

Unusual Activities and Occupations: Activities and occupations which have the potential for trauma to the breast could potentially break or damage breast implants, or cause bleeding/seroma.

Silicone Gel Bleed: The evidence is mixed regarding whether there are any clinical consequences associated with silicone gel bleed. Over time, extremely small amounts of silicone gel material and platinum can pass through the shell layer of the implant and coat the outside of the implant. Studies indicate that a small amount of platinum in its most biologically compatible (zero oxidation) state is contained within silicone gel. Microgram amounts of platinum in this state have been found to diffuse outside of breast implants. This may contribute to capsular contracture and lymph node swelling. The overall body of available evidence supports that the extremely low levels of gel bleed are of no clinical consequence.

General Risks of Surgery:

Healing Issues: Certain medical conditions, dietary supplements and medications may delay and interfere with healing. Patients with massive weight loss may have a healing delay that could result in the incisions coming apart, infection, and tissue changes resulting in the need for additional medical care, surgery, and prolonged hospitalizations. Patients with diabetes or those taking medications such as steroids on an extended basis may have prolonged healing issues. Smoking will cause a delay in the healing process, often resulting in the need for additional surgery. There are general risks associated with healing such as swelling, bleeding, and the length of surgery and anesthesia that include a longer recovery and the possibility of additional surgery, prolonged recovery, color changes, shape changes, infection, not meeting goals and expectations, and added expense to the patient. Patients with significant skin laxity (patients seeking facelifts, breast lifts, abdominoplasty, and body lifts) will continue to have the same lax skin after surgery. The quality or elasticity of skin will not change and recurrence of skin looseness will occur at some time in the future, quicker for some than others. There are nerve endings that may become involved with healing scars during surgery such as suction-assisted lipectomy, abdominoplasty, facelifts, body lifts, and extremity surgery. While there may not be a major nerve injury, the small nerve endings during the healing period may become too active producing a painful or oversensitive area due to the small sensory nerve involved with scar tissue. Often massage and early non-surgical intervention resolves this. It is important to discuss post-surgical pain with your surgeon.

Bleeding: It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or you may require a blood transfusion, though such occurrences are rare. Increased activity too soon after surgery can lead to increased chance of bleeding and additional surgery. It is important to follow postoperative instructions and limit exercise and strenuous activity for the instructed time. Do not take any aspirin or anti-inflammatory medications for at least ten days before or after surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. In breast implant surgery, hematoma may contribute to capsular contracture, infection or other problems. Hematoma can occur at any time, usually in the first three weeks following injury to the operative area. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and HIV (AIDS). Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

Infection in Breast Implant Patients: Subacute or chronic infections may be difficult to diagnose. Should an infection occur, treatment including antibiotics, possible removal of the implant, or additional surgery may be necessary. Infections with the presence of a breast implant are harder to treat than infections in normal body tissues. If an infection does not respond to antibiotics, the breast implant may have to be removed. After the infection is treated, a new breast implant can usually be reinserted. It is rare that an infection would occur around an implant from a bacterial infection elsewhere in the body, however, prophylactic antibiotics may be considered for subsequent dental or other surgical procedures. In extremely rare instances, life-threatening infections, including toxic shock syndrome have been noted after breast implant surgery. Individuals with an active infection in their body should not undergo surgery, including breast augmentation. Although infection is unusual after this type of surgery, it may appear in the immediate post-operative period or at any time following the insertion of a breast implant. It is important to tell your surgeon of any other infections, such as ingrown toenail, insect bite, or urinary tract infection. Remote infections, infection in other part of the body, may lead to an infection in the operated area.

Scarring: All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases scars may require surgical revision or treatment.

Firmness: Excessive firmness can occur after surgery due to internal scarring. The occurrence of this is not predictable. Additional treatment including surgery may be necessary.

Change in Nipple and Skin Sensation: You may experience a diminished (or loss) of sensitivity of the nipples and the skin of your breast. After several months, most patients have normal sensation. Partial or permanent loss of nipple and skin sensation may occur occasionally. Changes in sensation may affect sexual response or the ability to breast feed a baby.

Skin Contour Irregularities: Contour and shape irregularities may occur. Visible and palpable wrinkling of skin may occur. Residual skin irregularities at the ends of the incisions or "dog ears" are always a possibility when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.

Skin Discoloration / Swelling: Some bruising and swelling normally occur. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

Skin Sensitivity: Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.

Major Wound Separation: Wounds may separate after surgery. Should this occur, additional treatment including surgery may be necessary.

Sutures: Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires suture removal.

Delayed Healing: Wound disruption or delayed wound healing is possible. Some areas of the skin may not heal normally and may take a long time to heal. Areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have decreased blood supply to tissue from past surgery or radiation therapy may be at increased risk for delayed wound healing and poor surgical outcome. **Smokers have a greater risk of skin loss and wound healing complications.**

Damage to Deeper Structures: There is the potential for injury to deeper structures including nerves, blood vessels, muscles, and lungs (pneumothorax) during any surgical procedure. The potential for this to occur varies according to the type of procedure being performed. Injury to deeper structures may be temporary or permanent.

Fat Necrosis: Fatty tissue found deep in the skin might die. This may produce areas of firmness within the skin. Additional surgery to remove areas of fat necrosis may be necessary. There is the possibility of contour irregularities in the skin that may result from fat necrosis.

Seroma: Infrequently, fluid may accumulate around the implant following surgery, trauma or vigorous exercise. Should this problem occur, it may require additional procedures for drainage of fluid. Excess fluid accumulation around an implant secondary to too much activity, too early, may increase capsular contracture occurrence.

Surgical Anesthesia: Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

Shock: In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatment would be necessary.

Pain: You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after mastopexy. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue or due to tissue stretching.

Cardiac and Pulmonary Complications: Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary emboli can be life-threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots traveling to the lungs causing a major blood clot that may result in death. It is important to discuss with your physician any past history of swelling in your legs or blood clots that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pain, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

Venous Thrombosis and Sequelae: Thrombosed veins, which resemble cords, occasionally develop in the area of the breast or around IV sites, and usually resolve without medical or surgical treatment. It is important to discuss with your surgeon any birth control pills you are taking. Certain high estrogen pills may increase your risk of thrombosed veins.

Allergic Reactions: In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Asymmetry: Some breast asymmetry naturally occurs in most women. Differences in terms of breast and nipple shape, size, or symmetry may also occur after surgery. Additional surgery may be necessary to attempt improvement of asymmetry after a breast augmentation.

Persistent Swelling (Lymphedema): Persistent swelling in the legs can occur following surgery.

Unsatisfactory Result: Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. You may be disappointed with the results of surgery. Asymmetry in implant placement, displacement, nipple location, unanticipated breast shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Breast size may be incorrect. Unsatisfactory surgical scar location may occur. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. It may be necessary to perform additional surgery to improve your results, change implant size or remove and not replace implants.

ADDITIONAL ADVISORIES

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray):
Patients who are currently smoking or use tobacco or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications of skin dying, delayed healing and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication. Please indicate your current status regarding these items below:

__ I am a non-smoker and do not use nicotine products. I understand the potential risk of second-hand smoke exposure causing surgical complications.

__ I am a smoker or use tobacco / nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

__ I have smoked and stopped approximately _____ ago. I understand I may still have the effects and therefore risks from smoking in my system, if not enough time has lapsed.

It is important to refrain from smoking at least 6 weeks before surgery and until your physician states it is safe to return, if desired. I acknowledge that I will inform my physician if I continue to smoke within this time frame, and understand that for my safety, the surgery, if possible, may be delayed.

Breast Disease: Current medical information does not demonstrate an increased risk of breast cancer in women who have breast implant surgery for either cosmetic or reconstructive purposes. Individuals with a personal history or family history of breast cancer may be at a higher risk of developing breast cancer than a woman with no family history of this disease. It is recommended that all women perform periodic self-examination of their breasts, have mammography according to American Cancer Society guidelines, and seek professional care should a breast lump be detected. Care must be exercised during breast biopsy procedures to avoid damaging the breast implant.

Mammography: Breast implants may make mammography more difficult and may obscure the detection of breast cancer. Any breast implant can impair the detection of breast cancer, regardless of the type of implant or where it is placed in relation to the breast. Implant rupture can occur from breast compression during mammography. Inform your mammography technologist of the presence of breast implants so that appropriate mammogram studies may be obtained. Patients with capsular contracture may find mammogram techniques painful and the difficulty of breast imaging will increase with the extent of contracture. Ultrasound, specialized mammography and MRI studies may be of benefit to evaluate breast lumps and the condition of the implant(s). Because more x-ray views are necessary with specialized mammography techniques, women with breast implants will receive more radiation than women without implants who receive a normal exam. However, the benefit of the mammogram in finding cancer outweighs the risk of additional x-rays. Patients may wish to undergo a preoperative mammogram and another one after implantation to establish a baseline view of their breast tissue. You may be advised to undergo a MRI study in the future to verify the condition of your breast implants.

Second-Generation Effects: A review of the published medical literature regarding the potential damaging effect on children born of mothers with breast implants is insufficient to draw definitive conclusions that this represents a problem.

Removal / Replacement of Breast Implants: Future revision, removal, or replacement of breast implants and the surrounding scar tissue envelope involves surgical procedures with risks and potential complications. There may be an unacceptable appearance of the breasts following removal of the implant.

Capsule Squeeze Procedures: Closed capsulotomy, the process of forcefully squeezing the fibrous capsule around a breast implant to break up scarring is not recommended. This may result in rupture of the breast implant, bleeding, or other complications.

Immune System Diseases and Unknown Risks: A small number of women with breast implants have reported symptoms similar to those of known diseases of the immune system, such as systemic lupus erythematosis, rheumatoid arthritis, scleroderma, and other arthritis-like conditions. To date, after several large epidemiological studies of women with and without implants, there is no scientific evidence that women with either saline-filled or silicone gel-filled breast implants have an increased risk of these diseases. These diseases appear no more common in women with implants than those women without implants. The effect of breast implants in individuals with pre-existing immune system and connective-tissue disorders is unknown. There is the possibility of unknown risks associated with silicone breast implants and tissue expanders.

Large Volume Breast Augmentation: Patients who request an outcome of augmentation mammaplasty that produces a disproportionately large breast size must consider that such a choice can place them at risk for a less than optimal long-term outcome and the need for re-operation and additional expenses. The placement of excessively-sized breast implants exceeds the normal dimensions of the breast, produce irreversible tissue thinning, implant drop out, and visible/palpable rippling.

Breast Implant Technology / Technologic Improvements in Breast Implants: The technology of breast implant design, development and manufacture will continue to progress and improve. Newer or future generations of implants may be better in some way from those currently available.

Neurological Disease, Signs and Symptoms: Some women with breast implants have complained of neurologic symptoms, which they believe are related to their implants. A scientific expert panel found that the evidence for a neurologic disease of symptom caused by or associated with breast implants is insufficient or flawed.

Removal / Replacement of Breast Implants: Future revision, removal, or replacement of breast implants and the surrounding scar tissue envelope involves surgical procedures with risks and potential complications. Implant replacement increases the risk of future complications. There may be an unacceptable appearance of the breasts following removal of the implant.

Unknown Risks: There is the possibility of unknown risks associated with silicone breast implants and tissue expanders.

Interference with Sentinel Lymph Node Mapping Procedures: Breast surgery procedures that involve cutting through breast tissue, similar to a breast biopsy, can potentially interfere with diagnostic procedures to determine lymph node drainage of breast tissue to stage breast cancer.

Breast and Nipple Piercing Procedures: Individuals with breast implants seeking to undergo body piercing procedures to the breast region must consider the possibility that an infection could develop anytime following this procedure. Should an infection occur, it is possible that it could spread to the breast implant space. Treatment including antibiotics, possible removal of the implant, or additional surgery may be necessary. Infections with the presence of a breast implant are harder to treat than infections in normal body tissues. If an infection does not respond to antibiotics, the breast implant may have to be removed. Individuals who currently wear body-piercing jewelry in the breast region are advised that a breast infection could also develop.

Breast Feeding: Breast milk is the best food for babies. Many women with breast implants have successfully breast fed their babies. It is not known if there are increased risks in nursing for a woman with breast implants. A study measuring elemental silicon (a component of silicone) in human breast milk did not indicate higher levels from women with silicone-filled gel implants when compared to women without implants. Cow's milk contains higher levels of elemental silicon as compared to human milk. Implant placement techniques that involve incisions through the nipple and areola locations may reduce the ability to successfully breast feed. If a woman has undergone a mastectomy, it is unlikely that she would be able to breast feed a baby on the side where the breast was removed.

Medications and Herbal Dietary Supplements: There are potential adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Aspirin and medications that contain aspirin interfere with clotting and can cause more bleeding. These include non-steroidal anti-inflammatories such as Motrin, Advil, and Alleve. It is very important not to stop drugs that interfere with platelets, such as Plavix, which is used after a stent. It is important if you have had a stent and are taking Plavix that you inform the plastic surgeon. Stopping Plavix may result in a heart attack, stroke and even death. Be sure to check with your physician about any drug interactions that may exist with medications which you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after surgery, realize that they can affect your thought process and coordination. Do not drive, do not operate complex equipment, do not make any important decisions and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

Sun Exposure – Direct or Tanning Salon: The effects of the sun are damaging to the skin. Exposing the treated areas to sun may result in increased scarring, color changes, and poor healing. Patients who tan, either outdoors or in a salon, should inform their surgeon and either delay treatment, or avoid tanning until the surgeon says it is safe to resume. The damaging effect of sun exposure occurs even with the use sun block or clothing coverage.

Travel Plans: Any surgery holds the risk of complications that may delay healing and delay your return to normal life. Please let the surgeon know of any travel plans, important commitments already scheduled or planned, or time demands that are important to you, so that appropriate timing of surgery can occur. There are no guarantees that you will be able to resume all activities in the desired time frame.

Disease: Cancer can occur independently of surgery. Individuals with a personal history or family history of cancer may be at a higher risk of breast cancer than someone with no family history of this disease. It is recommended that all women perform periodic self-examination of their breasts, have mammography according to American Cancer Society guidelines, and seek professional care should a breast lump be detected.

Long-Term Results: Subsequent alterations in the appearance of your body may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause or other circumstances not related to your surgery.

Female Patient Information: It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you suspect you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

Intimate Relations After Surgery: Surgery involves coagulating of blood vessels and increased activity of any kind may open these vessels leading to a bleed, or hematoma. Activity that increases your pulse or heart rate may cause additional bruising, swelling, and the need for return to surgery and control bleeding. It is wise to refrain from intimate physical activities until your physician states it is safe.

Mental Health Disorders and Elective Surgery: It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

ADDITIONAL SURGERY NECESSARY (Re-Operations)

There are many variable conditions that may influence the long-term result of breast augmentation surgery. It is unknown how your breast tissue may respond to implants or how wound healing will occur after surgery. Secondary surgery may be necessary at some time in the future to replace your breast implants or to improve the outcome of breast augmentation surgery. You may elect to or be advised to have your breast implants removed and not replaced in the future. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with breast augmentation surgery. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. In some situations, it may not be possible to achieve optimal results with a single surgical procedure.

PATIENT COMPLIANCE

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is wise to refrain from intimate physical activities after surgery until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

REGULATORY MATTERS

Silicone gel implants are subject to device tracking by FDA regulations. Patients are advised to follow recommendations regarding periodic aftercare and guidelines for MRI imaging studies to rule out device rupture. Patients enrolled in post-market studies are advised to comply with the requirements of the studies.

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations or any resulting complications. Please carefully review your health insurance subscriber-information pamphlet. **Most insurance plans exclude coverage for secondary or revisionary** surgery due to complications of cosmetic surgery.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revision surgery will also be your responsibility. **In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risks and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.**

___I understand that with cosmetic surgery, I am responsible for the surgical fees quoted to me, as well as additional fees for anesthesia, facility (OR), and possibly laboratory, X-ray, and pathology fees.

Surgicenters, Outpatient Centers, and Hospitals often have rules that certain tissue/implants removed during surgery must be sent for evaluation which may result in additional fees. Please check with your surgeon to receive an estimate of any additional costs that you may be charged.

___I understand that there will be a non-refundable fee for booking and scheduling my surgery of $_____, which is a part of the overall surgical fee.

Should I cancel my surgery without an approved medically acceptable reason, submitted in writing and acceptable to the practice, within _____ weeks of the scheduled surgery, this fee is forfeited. While this may appear to be a charge for services which were not provided, this fee is necessary to reserve time in the OR and in the practice, which are done when I schedule.

___ I understand and unconditionally and irrevocably accept this.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information that is based on all the facts in your particular case and the current state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.

CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. _____ and such assistants as may be selected to perform the following procedure or treatment: AUGMENTATION MAMMAPLASTY

   I have received the following information sheet:
   INFORMED CONSENT – AUGMENTATION MAMMAPLASTY WITH SILICONE GEL-FILLED BREAST IMPLANTS

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.

3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.

4. I understand what my surgeon can and cannot do, and I understand there are no warranties or guarantees, implied or specific about my outcome. I have had the opportunity to explain my goals and understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent (specific) risks of the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.

5. I consent to be photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.

6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.

7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.

8. I consent to the utilization of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential significant risks to my health with their utilization.

9. I authorize the release of my Social Security number and other personally identifying data to appropriate agencies for legal reporting and medical-device registration.

10. I understand that the surgeon's fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.

11. I realize that not having the operation is an option.

12. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
    a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
    b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
    c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-12).
I AM SATISFIED WITH THE EXPLANATION.

_____
Patient or Person Authorized to Sign for Patient

Date _____ Witness _____

IRVINE PLASTIC SURGERY CENTER
PATIENT PRE-ANESTHESIA QUESTIONAIRE

NAME:_____ AGE:_____ CURRENT WEIGHT:_____HEIGHT:_____

PHONE NUMBER YOU CAN BE REACHED AT THE
NIGHT BEFORE YOUR SURGERY:(____)_____

PHONE NUMBER YOU CAN BE REACHED NIGHT AFTER SURGERY(____)_____
RELATIONSHIP & NAME OF PERSON ACCOMPANYING YOU:_____

YES NO

_____ _____ 1. Have you ever had any type of anesthesia in the past? Please list Surgeries._____
_____

_____ _____ 2. Have you or any family members had a problem with anesthesia? Malignant Hyperthermia?_____
If so which ones?_____

_____ _____ 3. Are you allergic to any medications? Latex allergy? Food allergy?
If so which ones and reaction ?_____

_____ _____ 4. Do you use ANY medications, drugs, or eye drops? Diet pills or supplements?
If so please list? _____

_____ _____ 5.Have you had Hepatitis B vaccination? _____

_____ _____ 6. Have you taken any steroid medication in the past six months?

_____ _____ 7. **Female patients**: possibility of pregnancy at time of surgery? (Yes or No) date of last period: _____

HAVE YOU EVER HAD ANY OF THE FOLLOWING?

_____ _____ 8. High blood pressure?
_____ _____ 9. Chest pain (angina), heart palpitations(arrhythmia)?
_____ _____ 10. Heart attack, heart failure, or heart murmur?
_____ _____ 11. Diabetes?
_____ _____ 12. Thyroid disease or goiter?
_____ _____ 13. Asthma, TB, sleep apnea or other lung problems?
_____ _____ 14. Poor circulation, history of blood clots to lungs or legs?
_____ _____ 15. Seizures, convulsions, black outs, fainting spells, or stroke?
_____ _____ 16. Jaundice, hepatitis, or liver problems?
_____ _____ 17. Hiatal hernia, ulcers, GERD, gastric reflux, gallstones or history of Hepatitis?
_____ _____ 18. Bleeding or clotting problems, anemia?
_____ _____ 19. Kidney problems, recent urinary tract infections or kidney stones?
_____ _____ 20. Recent fever, cold, cough, or sore throat?
_____ _____ 21. Do you smoke? How much?_____
_____ _____ 22. Do you drink alcohol? How much?_____
_____ _____ 23. Do you have any loose teeth, dentures, bridges, capped teeth, or crowns?
_____ _____ 24. Chronic pain, artificial joints?

Signature:_____ Date: _____

Signature of parent or guardian, if patient is a minor_____

Irvine Plastic Surgery Center
16300 Sand Canyon Ave. Suite 1011
Irvine, CA 92618
(949) 727-3999

Surgery Questionnaire

1. Have you experienced motion sickness in the past?

   Yes____ No____

2. Have you experienced nausea after previous surgeries?

   Yes____ No____

3. Have you taken any medication in the past that has caused nausea?

   Yes____ No____

   If yes, please list medication if known.

   _____

4. Do you anticipate that you will be on your menstrual cycle at the time of your procedure?

   Yes____ No_____

Patient Signature:_____Date:_____

POST OPERATIVE ANESTHESIA INSTRUCTIONS

1. You must have an adult drive you home from the facility. You will not be allowed to drive yourself.
2. Arrangements must have been made for supportive post-operative care by an adult for a minimum of 24 hours post operatively.
3. The effects of anesthesia can persist for 24 hours. You must exercise extreme caution before engaging in any activity that could be harmful to yourself or others.
4. Please avoid the use of alcoholic beverages for the first 24 hours and/or while pain medication is being used.
5. You must follow your Surgeons instructions as indicated for specific surgery instructions. Notify your Surgeon if any unusual changes in your condition.
6. Take only medication that is prescribed by your post operative surgical instruction list

- I certify that I have read and had explained to me and fully understand the above instructions.

PATIENTS SIGNATURE:_____

RESPONSIBLE PARTY:_____

TIME:_____ DATE:_____

WITNESS:_____

CONSENT FOR OUT PATIENT ANESTHESIA

Permission is hereby granted for monitored intravenous/general anesthesia for outpatient surgery. I have read, understood, and will comply with the written "Instructions To Patients For Outpatient Anesthesia."

The common problems that sometimes occur in anesthesia have been explained to me and I understand them. I am advised that though problems are not expected, complications cannot be anticipated and that there can be no guarantee, expressed or implied, that there will be no complications.

I will not drive home or use public conveyance. Someone will take me home. I realize that impairment of full mental alertness may persist for several hours in the post-anesthesia period and I will avoid any decision or activity post-operatively which depends upon full concentration or mental judgement to insure safe completion of that activity. I will not drive a car, operate machinery, or ingest alcohol for twenty-four hours after leaving the surgery center.

PATIENTS SIGNATURE:_____

TIME:_____ DATE:_____

WITNESS:_____

Donald I Altman, M.D.
16300 Sand Canyon Avenue, Suite 1011
Irvine, Ca. 92618
949.727.3999

Office Policy Regarding Revision on Cosmetic Surgery

The relationship between Dr. Altman and his patients is such that every attempt will be made to perform surgery to the best of his ability. Under some circumstances, a result may occur which is less than desirable on the part of the surgeon, as well as the patient. Under these circumstances, a revision may be required. Each patient and each problem will be reviewed on an individual basis. In most cases, the surgeon's fee will be eliminated or greatly reduced, and the patient will be responsible for a fee for anesthesia and operating room, if the original procedure required these services. Please do not hesitate to discuss this with Dr. Altman or his staff if you have any questions.

Date:_____ Time:_____

Patient Signature:_____

IRVINE PLASTIC SURGERY CENTER
COSMETIC AND PLASTIC SURGERY
16300 SAND CANYON AVE, SUITE 1011
IRVINE, CA. 92618
(949) 727-3999

AUTHORIZATION FOR DISCLOSURE OF INFORMATION

I authorize Dr. Altman to disclose complete information concerning medical findings and treatment of the undersigned, from the initial office visit until date of the conclusion of such treatment, to those individuals who, in Doctor Altman's sole determination, are required to receive such information for the purpose of medical treatment, medical quality assurance and peer review.

Patient Signature_____ Date_____

Witness_____Date_____

Irvine Plastic Surgery Center
16300 Sand Canyon Ave., Suite 1011
Irvine, CA. 92618
949.727.3999

Breast Surgery Patients

During the course of breast surgery, the surgeon may encounter tissue that appears abnormal. This consent gives the surgeon permission to remove or sample such tissue so that it may be evaluated by a pathologist. This would typically be referred to as a breast biopsy. Typically, the result of this biopsy will require several days for a report.

Biopsy may have additional charges for surgeon, pathologist, or the facility. Some carriers will cover the charges for biopsy.

I have read the above information and understand. I have no further questions.

Patient
Signature:_____Date:_____

Witness:_____

Irvine Plastic Surgery Center
Cosmetic and Plastic Surgery
16300 Sand Canyon Avenue, Suite 101
Irvine, Ca. 92618
(949)727-3999

Consent Form For The H.I.V. Antibody Blood Test

I have been informed that my blood will be tested in order to detect whether or not I have antibodies in my blood to the Human Immunodeficiency Virus (H.I.V), which is the probable causative agent of Acquired Immune Deficiency Syndrome (A.I.D.S.). I understand that the test is performed by withdrawing blood and using a substance to test blood.

I have been informed that the test is new and its accuracy and reliability is still uncertain and that the test results in some cases may indicate that a person has antibodies to the virus when the person does not (false positive) or fail to detect that a person has antibodies (false negative). I also have been informed that a positive blood test does not mean that I have A.I.D.S. and that in order to diagnose A.I.D.S. other means must be used in conjunction with the blood test.

I have been informed that if I have any questions regarding the nature of the blood test, its expected benefits, its risks, and alternative tests, I may ask the questions before I decide to consent to the blood test.

I understand that the results of this blood test will only be released to my providence of health care. I further understand that no other release of the results will be made without my written authorization.

By my signature below, I acknowledge that I have been given all of the information I desire concerning the blood test and release of results and have had all my questions answered. Further, I acknowledge that I have given consent for the performance of a blood test to detect antibodies to the human immunodeficiency virus (H.I.V).

Printed Name:_____

Signature:_____ Date:_____

Witness:_____ Date:_____

Irvine Plastic Surgery Center
(949) 727-3999

Recommended foods and fluids for the day and evening after surgery:

Chicken Soup

Saltine Crackers

Apple Sauce

Coca-Cola

Jell-O

Toast

No Dairy, Citrus juices or spicy foods for the first 24 hours.

Some individuals will have problems with nausea after surgery. We highly recommend having "Gaviscon" antacids on hand.

Additionally, some individuals will become constipated after the prolonged use of pain medications that include narcotics such as Percocet and or Darvocet, for this problem we recommend the use of "Colace" stool softener.

Patient
Signature:_____ Date:_____

Irvine Plastic Surgery Center

Medications Which Increase Bleeding. Avoid Three weeks prior to surgery.

This is not a complete list. Please check with your pharmacist if you have any questions.

**** If you must take medication for pain relief, please take Tylenol (as directed) ****

PLEASE CHECK ALL MEDICATIONS YOU ARE TAKING FOR ASPIRIN CONTENT. IF YOU ARE TAKING A MEDICATION NOT LISTED BELOW, PLEASE CONTACT YOUR PHARMACIST OR CALL THE OFFICE. (949)727-3999

Advil
Aggrenox
Aleve
Alka Seltzer
Alka Seltzer Plus Antacid
Alka Seltzer Cold Medicine
Alka Seltzer Pain Reliever
Antacids
Anaprox
Arthrotec
A.P.C. Tablets
A.P.C. Tablets w/Butalbital
A.P.C. Tablets w/Codiene
Arthritis Pain Formula
Athritis Strength Bufferin
Ascriptin
Ascriptin A/D
Ascriptin w/ Codiene
Aspergum
Aspirin Suppositories/Uniserts
Aspirin Tablets
Aspirin w/ Codiene
Bayer Aspirin
Bufferin & Tri-Buffered Bufferin
Buffered Aspirin
Buffez
Butalbital Compound
Clinoril
Coricidin "D"
Coricidin Tablets
Coumadin
Darvon Compound 65
Darvon w/ASA
Daypro
Decongestant Tablets
Diet Medications
Dolobid
Dristan Decongestant Tabs & Capsules
Empirin
Equagesic
Excedrin
Extra Strength Bufferin
Feldene
Fiornal
Fiornal w/Codiene
Fish Oil
Goody's Headaches Powder
Goddy's Extra Strength Tablets
Halfprin
Heparin
Ibuprofen
Idenal
Indocin
Isoallele w/Coricidin
Lodine
Lovenox
Micainin
Midol
Mobic
Momentum Muscular Backache Formula
Motrin
Norgesic
Norgesic Forte
Norwich Aspirin & Extra Strength
Nuprin
Pamprin
Pepto-Bismo
Percodan Demi Tablets
Persantine-Dipyridamole
Persistin
Phen-fen
Phentermine(Diet Pills)
Plaquenil-Hydroxychloroquine
Plavix
Ponstel
Propoxyphene Compound 65
Pulvules
Quiet World Analgesic
Relafen
Sine Off
Soma Compound
St. Josephs's Cold Tablets
St. Joseph's for Children
Talwin Compound
Therapy Bayer
Toradol
Trigesic
Triaminic
Vanquish Caplets
Vitamin E

**** Avoid Herbals and Herbal tea's i.e. Chamomile. In addition avoid: Feverfew, Garlic, Ginger, Ginkgo Biloba, Ginseng, Siberian, St. John's Wort, Evening Primrose oil, Kava Kava, Licorice, MaHong, Valerian ****

******Do Not Drink Smoothies, Naked Juices, Jamba Juices, Etc...******

PLEASE AVOID SUN EXPOSURE PRIOR TO SURGERY

PATIENT SIGNATURE_____**DATE**_____

Revised 6/4/2013-apple desktop

Irvine Plastic Surgery Center
16300 Sand Canyon Ave, Suite 1011
Irvine, Ca. 92618
Phone: (949) 727-3999
Fax: (949) 727-9053

How To Take Your Medication

After Surgery: Very Important. Eat prior to taking your pain medication.

Pain Medication:

Percocet (Oxycodone) : Take ½ tablet by mouth every 2-3 hours for the first couple of days after surgery. Take with food-caution drowsiness.

Anti-Nausea/ vomiting

Zofran place one tablet under tongue till dissolved every 8 hrs or as needed for nausea/vomiting

Instructions for Home - Breast Augmentation

- **Activity**: Progress your activity as tolerated. For the next 24 to 48 hours try to have a responsible adult with you so that you can have help getting up and going to the bathroom. Sometimes individuals become light headed and it is helpful to have an assistant. Most individuals find that they are most comfortable sleeping up on a few pillows or on a lazy boy type reclining chair. Practice breathing deeply on the hour, wiggling your toes, and roll your shoulders back on occasion. Sometimes, because there is so much discomfort in the chest patients tend to hunch forward and they may get back pain.

  Limit lifting to 10 lbs for the first 10 days; 20 lbs for the first 20 days. In general, the elbows shouldn't be raised much above the shoulders for the first 3 weeks. You may raise them enough to wash your hair. You may drive in one week, or as prescribed by Dr. Altman.

- **Diet:** Initially after surgery, start with foods like saltine crackers, apple sauce, Jello, and chicken soup. Slowly progress to the food that you normally eat.

- **Bandages and Dressing on the surgical site**: *DR. ALTMAN WILL HELP WITH DRESSING CHANGE 24 HOURS AFTER SURGERY.* You will be placed in a surgical bra covered with an elastic wrap the day of surgery. After 24 hours, the elastic wrap is removed. The following day, which will be 48 hours after surgery, you may shower just long enough for the water to lightly run over your chest. Just pat incisions dry, leave tapes in place and put the bra back on. No bathing or soaking incisions for two weeks.

- **Skin:** If your skin on the breasts is itchy it may be from the preparation used before surgery, the elastic wrap (allergy), or the pain medications. Usually this feels better after the shower on the second day. 12.5 mg of oral Benadryl will help, but do not take it at the same time as your pain pill. Hydrocortisone cream is available over the counter, and should be applied a few times a day.

- Take **pain medications** as directed. The Percoset (oxycodone) can cause **nausea** and constipation. Make sure you **have a "significant amount" of food in your stomach** every time that you take it. Some patients use Gaviscon (antacid) to coat their stomach. Zofran (Odansetron) is available as a rescue drug for nausea. You may use one tablet under your tongue every 10 to 12 hours to treat nausea. However, **Dr. Altman would like to be informed if you are requiring this medicine.** Colace, which is over the counter, is helpful for constipation. The pain medicines will make you sleepy. Do not exceed recommended dosing. Avoid aspirin and Ibuprofen for the next week. If you cannot tolerate the Percoset – then you may use plain Tyelenol (Acetaminophen) limit 3500 mg per day.

Refrain from aspirin, ibuprofen, Naprosyn, vitamin E and herbal supplements for 3 weeks before and one week after surgery.

- **Antibiotics:** In general, antibiotics are not prescribed after surgery.

- Please call the office for a **follow up appointment** on day 1 or 2 after surgery for an initial checkup and again 5 or 6 days after surgery for suture removal and to learn massage exercises.

- YOU MUST HAVE AN ADULT WITH YOU CONTINUOUSLY FOR THE FIRST **24 HOURS**

Please call Dr. Altman if you have any problems.

Donald Altman, M.D.

Office: 949-727-3999 During regular business hours Mon-Fri 9:00-5:00
Cell: 949-278-6493 After hours Dr. Altman prefers that you first call or text this number.

Whereas an extreme emergency is exceedingly rare; if you have sudden severe chest pain or shortness of breath call 911 and then call your doctor(s).

Adult Thrombosis Risk Factor Assessment

-History of Cancer

-History of smoking

-History of prior major surgery or pelvic surgery (less than 1 month)

-Varicose Vein

-Inflammatory Bowel Disease (Crohns' Disease, Ulcerative Colitis)

-Swollen Legs (current)

-Obesity

-Birth Control pills and/ or Hormone Replacement therapy

-History of Deep Venous Thrombosis (DVT)

-Family history of thrombosis

-History of clotting deficiency

Patient Name_____
Date_____

Low Risk____ Medium Risk____ High Risk____

The American Association for Accreditation of Ambulatory Surgery Facilities, Inc.

A Patient's Bill of Rights

This accredited ambulatory surgery facility presents a Patient's Bill of Rights with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, his/her physician, and the group organization. It is recognized that a personal relationship between the physician and the patient is essential for the provision of proper medical care. The traditional physician-patient relationship takes a new dimension when care is rendered within an organizational structure. Legal precedent has established that the facility itself also has a responsibility to the patient. It is in recognition of these factors that these rights are affirmed.

1. The patient has the right to considerate and respectful care.

2. The patient has the right to obtain from his/her physician complete current information concerning his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person in his/her behalf. He/she has the right to know, by name, the physician responsible for coordinating his/her care.

3. The patient has the right to receive from his/her physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include but not necessarily be limited to the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternative, the patient has the right to know the name of the person responsible for the procedures and/or treatment.

4. The patient has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his/her action.

5. The patient has the right to every consideration of his/her privacy concerning his/her medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. Those not directly involved in his/her care must have permission of the patient to be present.

6. The patient has the right to expect that all communications and records pertaining to his/her care should be treated as confidential.

7. The patient has the right to expect that within its capacity, this accredited ambulatory surgery facility must provide evaluation, service and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another facility only after he/she has received complete information and explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.

8. The patient has the right to obtain information as to any relationship of this facility to other health care and educational institutions insofar as his/her care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, who are treating him/her.

9. The patient has the right to be advised if this accredited ambulatory surgery facility proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects.

10. The patient has the right to expect reasonable continuity of care. He/she has the right to know in advance what appointment times and physicians are available and where. The patient has the right to expect that this facility will provide a mechanism whereby he/she is informed by his physician of the patient's continuing health care requirements following discharge.

11. The patient has the right to examine and receive and explanation of his/her bill regardless of the source of payment.

12. The patient has the right to know what facility rules and regulations apply to his/her conduct as a patient.

No catalog of rights can guarantee for the patient the kind of treatment he/she has a right to expect. This facility has many functions to perform, including the prevention and treatment of disease, the education of both health professionals and patients, and the conduct of clinical research. All these activities must be conducted with an overriding concern for the patient, and above all, the recognition of his/her dignity as a human being. Success in achieving this recognition assures success in the defense of the rights of the patient.

PATIENT RESPONSIBILITIES

It is the patient's responsibility to fully participate in decisions involving his/her own health care and to accept the consequences of these decisions if complications occur.

The patient is expected to follow up on his/her doctor's instructions, take medication when prescribed, and ask questions concerning his/her own health care that he/she feels is necessary.

PATIENT SIGNATURE _____ DATE _____

A note about Medicare rules

Welcome to Irvine Plastic Surgery Center. Our institution is dedicated exclusively to performing aesthetic, plastic and reconstructive procedures. We have a 20 year history of delivering the highest standard of care and safety.

Our surgical facility is certified as Medicare, as well as The American Association of Accreditation of Ambulatory Surgery Facilities.
In order to conform to Medicare rules, we are obligated to give you notice of procedures that we have implemented to protect the privacy of your medical information. This is known as HIPPAA (Health Insurance Portability and Accountability Act). A notice of these privacy practices is available for patients to view.

Whereas we anticipate that you will have a very safe and pleasant experience with us, we are also obligated to offer every patient an avenue to vent grievances.
For complaints or comments about your medical care, you may call or contact:
State of California, Department of Public Health
Licensing and Certification Program / Orange Count District Office
681 S. Parker Street, Suite 200, Orange, CA 92868 (714)567-2906

If you have any questions or concerns about your responsibilities, you can contact our administrator:
Irvine Plastic Surgery Center
16300 Sand Canyon Ave., Suite 1011
Irvine, CA 92618
(949)727-3999

Website for the office of the Medicare beneficiary ombudsman is Ombudsmancms.gov/center/ombudsman.asp This address is also linked to our website as required by law.

You received the patients Bill of Rights at your initial office visit.

Patient Signature _____ Date _____

Print Patient Name _____

Irvine Plastic Surgery Center
16300 Sand Canyon Ave., Suite 1011
Irvine, CA. 92618
949.727.3999

Advance Health Care Directive

An advance health care directive is a written expression of what a person does and doesn't want if he or she becomes ill and can't communicate or make decisions. The directive contains written instructions concerning future medical care and / or names your healthcare decision maker to act for you. Whereas death is a very uncomfortable subject, and as of this date, there has never been a death in the Irvine Plastic Surgery Center, it is a subject that by law must be addressed.

As a patient you have the right to review this form and sign it. The form is enclosed. (see following pages)

You also have the right to not sign this form, but recognize that it was presented to you. Your signature below confirms that you are not interested in learning more or signing the Advance Health Care Directive form.

Patient
Signature:_____Date:_____

Witness:_____

Advance Health Care Directive Form Instructions

You have the right to give instructions about your own health care.

You also have the right to name someone else to make health care decisions for you.

The Advance Health Care Directive form lets you do one or both of these things. It also lets you write down your wishes about donation of organs and the selection of your primary physician. If you use the form, you may complete or change any part of it or all of it. You are free to use a different form.

INSTRUCTIONS

Part 1: Power of Attorney

Part 1 lets you:

- **name** another person as **agent** to make health care decisions for you if you are unable to make your own decisions. You can also have your agent make decisions for you right away, even if you are still able to make your own decisions.
- **also name** an **alternate agent** to act for you if your first choice is not willing, able or reasonably available to make decisions for you.

Your **agent** may not be:

- an operator or employee of a community care facility or a residential care facility where you are receiving care.
- your supervising health care provider (the doctor managing your care)
- an employee of the health care institution where you are receiving care, unless your agent is related to you or is a coworker.

Your **agent** may make all health care decisions for you, unless you limit the authority of your agent. You do not need to limit the authority of your agent.

If you want to limit the authority of your agent the form includes a place where you can limit the authority of your agent.

If you choose not to limit the authority of your agent, your agent will have the right to:

- Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition.
- Choose or discharge health care providers (i.e. choose a doctor for you) and institutions.
- Agree or disagree to diagnostic tests, surgical procedures, and medication plans.
- Agree or disagree with providing, withholding, or withdrawal of artificial feeding and fluids and all other forms of health care, including cardiopulmonary resuscitation (CPR).
- After your death make anatomical gifts (donate organs/tissues), authorize an autopsy, and make decisions about what will be done with your body.

Part 2: Instructions for Health Care

You can give specific instructions about any aspect of your health care, whether or not you appoint an agent.

There are choices provided on the form to help you write down your wishes regarding providing, withholding or withdrawal of treatment to keep you alive.

You can also add to the choices you have made or write out any additional wishes.

You do not need to fill out part 2 of this form if you want to allow your agent to make any decisions about your health care that he/she believes best for you without adding your specific instructions.

Part 3: Donation of Organs

You can write down your wishes about donating your bodily organs and tissues following your death.

Part 4: Primary Physician

You can select a physician to have primary or main responsibility for your health care.

Part 5: Signature and Witnesses

After completing the form, **sign and date it** in the section provided.

The form must be signed **by two qualified witnesses** (see the statements of the witnesses included in the form) **or** acknowledged before a notary public. **A notary is not required if the form is signed by two witnesses. The witnesses must sign the form on the same date it is signed by the person making the Advance Directive.**

See part 6 of the form if you are a patient in a skilled nursing facility.

Part 6: Special Witness Requirement

A Patient Advocate or Ombudsman must witness the form ***if you are a patient in a skilled nursing facility*** (a health care facility that provides skilled nursing care and supportive care to patients). See Part 6 of the form.

You have the right to change or revoke your Advance Health Care Directive at any time

If you have questions about completing the Advance Directive in the hospital, please ask to speak to a Chaplain or Social Worker.

We ask that you
complete this form in English
so your caregivers can understand your directions.

Advance Health Care Directive

Name_____

Date_____

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form also lets you write down your wishes regarding donation of organs and the designation of your primary physician. If you use this form, you may complete or change all or any part of it. You are free to use a different form.

You have the right to change or revoke this advance health care directive at any time.

Part 1 — Power of Attorney for Health Care

(1.1) DESIGNATION OF AGENT: I designate the following individual as my agent to make health care decisions for me:

Name of individual you choose as agent:_____

Relationship_____

Address: _____

_____

Telephone numbers: (Indicate home, work, cell) _____

ALTERNATE AGENT (Optional): If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my first alternate agent:

Name of individual you choose as alternate agent:_____

Relationship_____

Address: _____

_____

Telephone numbers: (Indicate home, work, cell) _____

SECOND ALTERNATE AGENT (optional): If I revoke the authority of my agent and first alternate agent or if neither is willing, able, or reasonably available to make a health care decision for me, I designate as my second alternate agent:

Name of individual you choose as second alternate agent: _____

Address: _____

_____

Telephone numbers: (Indicate home, work, cell) _____

(1.2) AGENT'S AUTHORITY: My agent is authorized to 1) make all health care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive, 2) to choose a particular physician or health care facility, and 3) to receive or consent to the release of medical information and records, except as I state here:

_____

_____

(Add additional sheets if needed.)

(1.3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I initial the following line.

If I initial this line, my agent's authority to make health care decisions for me takes effect immediately. ____

(1.4) AGENT'S OBLIGATION: My agent shall make health care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

(1.5) AGENT'S POST DEATH AUTHORITY: My agent is authorized to make anatomical gifts, authorize an autopsy, and direct disposition of my remains, except as I state here or in Part 3 of this form:

_____

_____

(Add additional sheets if needed.)

(1.6) NOMINATION OF CONSERVATOR: If a conservator of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as conservator, I nominate the alternate agents whom I have named. _____ (initial here)

Part 2 — Instructions for Health Care

If you fill out this part of the form, you may strike out any wording you do not want.

(2.1) **END-OF-LIFE DECISIONS**: I direct my health care providers and others involved in my care to provide, withhold, or withdraw treatment in accordance with the choice I have marked below:

☐ a) Choice Not To Prolong
I do not want my life to be prolonged if the likely risks and burdens of treatment would outweigh the expected benefits, or if I become unconscious and, to a realistic degree of medical certainty, I will not regain consciousness, or if I have an incurable and irreversible condition that will result in my death in a relatively short time.
Or

☐ b) Choice To Prolong
I want my life to be prolonged as long as possible within the limits of generally accepted medical treatment standards.

(2.2) OTHER WISHES: If you have different or more specific instructions other than those marked above, such as: what you consider a reasonable quality of life, treatments you would consider burdensome or unacceptable, write them here.

_____

_____

_____

_____

_____

Add additional sheets if needed.)

Part 3 — Donation of Organs at Death (Optional)

(3.1) Upon my death (mark applicable box):

☐ I give any needed organs, tissues, or parts

☐ I give the following organs, tissues or parts only:_____

☐ I do not wish to donate organs, tissues or parts.

My gift is for the following purposes (strike out any of the following you do not want):

Transplant Therapy Research Education

Part 4 — Primary Physician (Optional)

(4.1) I designate the following physician as my primary physician:

Name of Physician:_____

Address: _____

_____

Telephone: _____

Part 5 — Signature

(5.1) EFFECT OF A COPY: A copy of this form has the same effect as the original.

(5.2) SIGNATURE: Sign name: _____ Date: _____

(5.3) STATEMENT OF WITNESSES: I declare under penalty of perjury under the laws of California (1) that the individual who signed or acknowledged this advance health care directive is personally known to me, or that the individual's identity was proven to me by convincing evidence (2) that the individual signed or acknowledged this advance directive in my presence (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, (4) that I am not a person appointed as agent by this advance directive, and (5) that I am not the individual's health care provider, an employee of the individual's health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly nor an employee of an operator of a residential care facility for the elderly.

FIRST WITNESS

Print Name: _____

Address: _____

Signature of Witness: _____ Date: _____

SECOND WITNESS

Print Name: _____

Address: _____

Signature of Witness: _____ Date: _____

(5.4) ADDITIONAL STATEMENT OF WITNESSES: At least one of the above witnesses must also sign the following declaration:

I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance directive by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the individual's estate on his or her death under a will now existing or by operation of law.

Signature of Witness: _____

Signature of Witness: _____

Part 6 — Special Witness Requirement if in a Skilled Nursing Facility

(6.1) The patient advocate or ombudsman must sign the following statement:

STATEMENT OF PATIENT ADVOCATE OF OMBUDSMAN

I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by section 4675 of the Probate Code:

Print Name:_____ Signature: _____

Address: _____ Date: _____

Certificate of Acknowledgement of Notary Public (Not required if signed by two witnesses)

State of California, County of _____ On this _____ day of _____ , _____ , before me, the undersigned, a Notary Public in and for said State, personally appeared _____ , personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed it.

WITNESS my hand an official seal. Seal

Signature_____