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INFORMED CONSENT FOR AUTOLOGOUS BREAST RECONSTRUCTION

Patient's name: ....

I authorize dr .... the "Doctor" (and his assistants) to perform an autologous breast

reconstruction procedure on me, or my ....

The nature of the operation, risks and complications involved, as well as alternate methods of treatment have been fully explained to me by the Doctor & I understand them. The following points among others, have been specifically made clear:

- → Autologous breast reconstruction entails reconstructing one or both breasts using my own tissue. This tissue will be harvested from a donor site on my body. By using my own tissue to "build" a breast, a much more natural looking and feeling breast can be obtained. In young patients with firm breasts, implant reconstruction is a definite option. Implants however do not perform well in radiated tissue. For patients who will need radiation and for patients with more mature breasts, autologous tissue provides a save, natural reconstruction.
- → Scars will result from this operation. Every effort will be made to conceal or to make them as inconspicuous as possible.
- → The operation is usually performed in three stages.
- → Stage one is the longest procedure during which tissue is harvested and moved to the breast(s).
- → Stage two is usually performed three months later to improve the shape and symmetry of the breast(s)
- → Stage three is once again more or less 3 months later and involves nipple-areola reconstruction.
- → The surgery during stage one will lead to swelling and bruising both at the donor site and the recipient site.
- → The new breast(s) may remain swollen for up to 8 weeks and will take up to 3 months to "settle".
- → Bleeding may occur at both the recipient site and the donor site post operatively.
- → If the bleeding is such that it causes a pressure effect on the tissue, a drainage procedure will be necessary in theatre.
- → Infection at the donor or recipient site is not common but may occur. This will be treated with antibiotics and/or drainage.
- → During the procedure a microvascular anastomosis will be performed to re-establish blood supply to the tissue moved from the donor site to the recipient site.

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- → If this blood supply is interrupted by a clot, vessel spasms, or external pressure, the whole flap may die.
- → The most critical period for this is during the first 12 – 24 hours post operatively.
- → Therefore all breast reconstruction patients are monitored closely in a high care ward post operatively.
- → In the event of interruption of blood supply to the new breast, you will be taken back to theatre for exploration of the vessels and re-anastomosis.
- → In a small group of patients (2-5%) the blood supply cannot be re-established and the flap (new breast) will need to be removed. In an unfortunate event like this alternate methods of reconstruction will be necessary eg, another flap or prosthetic reconstruction.
- → Due to the technical demands during surgery, this procedure normally takes 6 - 8 hrs. In the event of unforeseen difficulties eg. bleeding or vascular spasm the procedure may even take longer.
- → In order to optimize blood flow to the new breast(s), the anaesthetist will infuse high volumes of fluid through your drip during the operation. This can lead to post operative swelling of the extremities and a bloated feeling. This will subside during the first three days after surgery.
- → To monitor your vital signs properly during the surgery and post operatively the anaesthetist will place an arterial line in your wrist and a central line in your neck during the procedure. These will be removed on day 1 and day 5 respectively.
- → Intra operatively you will also be catheterized to monitor the urine output. The catheter will be removed post operatively as soon as you can mobilize well.
- → Drains will be placed during the procedure at the recipient and donor sites.
- → The drains will be removed as soon as the volume of drainage has subsided.
- → Blood transfusion is not required in the majority of instances; however, occasionally blood transfusion may be necessary. If a blood transfusion is given, it carries the risk of hepatitis, HIV and/or transfusion reaction.

I authorize the Doctor to perform any other procedure that he may deem desirable in attempting to improve the condition stated in the first paragraph or any unhealthy or unforeseen condition that may be encountered during the operation.

I consent to the transfusion of blood if necessary.

I consent to the administration of general anaesthesia under the direction of the physician responsible for this service.

I recognize that when general anaesthesia is used, it presents additional risks over which the above doctors have no control, and I agree to discuss the risks of general anaesthesia with the Anaesthesiologist before surgery is performed.

I understand that the practice of medicine and surgery is not an exact science and that reputable practitioners cannot guarantee results. No guarantee or assurance has been given by the Doctor or anyone else as to the results that may be obtained.

I understand that the two sides of the human body are not the same and can never be made the same.

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I give permission to the doctor to take still or motion clinical photographs with the understanding that such photographs remain the property of the practice.

I am not known to be allergic to anything except: (list)

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I certify that I have read the above authorization, that the explanations referred to therein were made to my satisfaction, and that I fully understand such explanations and the above authorization.

Signed .... Date ....

(Patient or person authorized to consent for patient)

Witness .... Date ....

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FREQUENTLY ASKED QUESTIONS

1. Will I have any pain after the surgery?

Our anaesthetist will perform nerve blocks prior to your surgery. This will greatly reduce the amount of discomfort. In addition to this, adequate intravenous and oral analgesics will be administered to reduce your discomfort. On discharge you will be given a script for oral analgesics to take home. It is important that you take your pain medication regularly as prescribed. Often combinations of medications are prescribed to work synergistically. Do not alter you dosage schedules, as this could be dangerous. If you have persistent pain after taking your medication correctly, you must notify us about this, without delay. Contact telephone number 012 346 0109 or 082 576 1170 all hours.

2. How long will I be in hospital?

The average hospitalization for this procedure is 5 days. In the event of any complications this may be longer.

3. How do I take care of my wounds after surgery?

Before discharge from hospital your dressings will be checked. If necessary they will be replaced before going home. You will be shown how to empty your drains. This needs to be done every 12 hours (eg 7h00 and 19h00). We prefer to do the dressing and wound care for you ourselves on a regular basis. Depending on your progress this will need to be done on a bi-weekly or weekly basis at our practice. It is not advised to rigorously clean your wounds with Savlon™, Dettol™, or other poison, as this may be toxic to your healing cells in the wounds. It is advisable to use topical antibiotic ointment, Bactroban™, on your wounds, twice daily, after opening the dressings. If your wounds become hot, painful and swollen, with or without a pussy discharge, this could mean an infected wound which warrants antibiotics and an evaluation by your doctor. He can also request a wound care nurse to manage your wound during this period.

A variety of suture materials is available for wound closure. Some materials are dissolvable while others are not. The latter will need removal after a period of days to weeks, depending on the location of the wound. There are various different kinds of dissolvable suture materials. The time to dissolve varies between products. Some materials dissolve within a week or so. Others may take longer than 2 years to dissolve. The mechanism by which the materials dissolve also varies. Often this dissolving process is accompanied by an inflammatory response within the tissue. This may cause a generalized redness within the wound. Here your doctor will evaluate to differentiate this redness from infection. However in some patients this inflammatory process leads to small suture abscesses. This can be painful and may need surgical removal. This can be done in your doctor's consulting rooms. Unfortunately this could lead to widened and more conspicuous scarring. Even today the ideal dissolving suture material, free from adverse reactions, does not exist.

4. Will I have to take any antibiotics?

Antibiotics are prescribed with certain types of surgery/wounds. This course of antibiotics is aimed at preventing wound infections, especially in traumatized tissue. Usually a broad spectrum antibiotic is prescribed, taking your allergic profile in consideration. The duration of this course if for 5 days, sometimes more. It is very important that this course is completed, to prevent organisms forming a resistance to the antibiotics. Unfortunately antibiotics have side effects too. These include diarrhoea, abdominal cramps, female tract fungal infections and skin rashes. To limit this, your doctor often prescribes a probiotic in addition to the antibiotic. It is also advisable to eat natural yoghurts with live cultures during this time. If fungal infection is experienced, your doctor will prescribe a strong broad spectrum antifungal treatment. If, despite taking antibiotics, you develop an infection in your wound, you should inform your doctor at once. This might be due to resistant organisms, necessitating a different antibiotic spectrum.

5. What will my recovery time be?

This varies from patient to patient, but on average the time to full recovery is six weeks. On average patients are able to return to work within 4 weeks after the operation.

Pain, as well as being afraid to cause any damage to your operation / wound, prevents patients from mobilizing sufficiently. Although it is correct not to overdo things, it is also essential to walk about. This is especially true in the early post-operative period. Any operation longer than 1 hour places patients at risk for developing a DVT. By mobilizing early, this risk is reduced. It furthermore counters lung alveoli collapse, which happens during general anaesthesia when artificial ventilation is used. Lastly it stimulates endorphin release which is a natural pain killer.

6. When can I start wearing a bra?

It is preferred not to have pressure on the new breast for the first 4 weeks after surgery. A soft post surgical bra or sport bra may be worn from 4 weeks onwards. A normal bra may be used after 3 months.

7. How do I take care of personal hygiene?

Patients want to bath regularly. This is encouraged. However operation wounds should not get wet for the first 5 – 6 days, as the wounds are not yet sealed. Exceptions to the rule are wounds on the head, neck and groin areas. These areas have excellent blood supply and seldom become infected. When the wounds are washed, normal soap and water is just as good as medicinal soap. Showering is preferred to bathing in the early post-operative period, as the organisms and dirt is washed off in this way.

8. Will I experience any swelling and bruising?

All operated wounds undergo a healing process, which is characterized by inflammation in the early stage. This leads to swelling, firmness, loss of sensation in the surrounding tissue. After a few days some redness at the wound edges is visible. Most swelling disappears at 3 - 4 weeks after the operation. However swelling is some areas can persist for more than 1 year! Bruising is also normal during the first week or so. People with bleeding tendencies, or who use medications that inhibit platelet adhesions (aspirin, ibuprofen, Voltaren™ etc) often bleed more than usual during and after the surgery. This may lead to excessive bruising or swelling. Sometimes this bleeding tendency may be responsible for the formation of a haematoma (blood clot) in the operative field. This could be so large as to necessitate surgical removal in theatre.

9. What complications can I expect after the surgery?

General

Even though complications are not planned, they do occur from time to time. Many factors are involved. Some factors can be predicted and thus eliminated e.g. stop smoking before any surgical procedure or treating a skin infection before elective surgery to prevent disseminated infection. However some factors cannot be predicted and lead to serious complications e.g. an unidentified bleeding tendency causing a large haematoma in an operative wound requiring drainage in theatre. During your first consultation your doctor enquires about various medical conditions you might have encountered that could place you in a higher risk for developing a complication. Precautions can then be taken to prevent these complications. However, if complications occur, your doctor is trained as a specialist to deal with these complications. At times your doctor may also acquire the help of a wound care nurse, an occupational therapist, physiotherapist or even a medical colleague. Your full cooperation and patience is truly appreciated.

Constipation

A number of factors during your convalescence can cause constipation. Pain medication containing opiods, lack of movement, anxiety and stress as well as a change of eating habits all contribute. This condition usually lasts only a few days. By walking around more, drinking lots of water and adding fibre to your diet this condition can often be prevented. Your doctor can prescribe medication for the treatment of constipation, however this is seldom required.

10. When will I have to see the doctor again after surgery?

After discharge from the hospital / clinic, and you have not received a follow-up date yet, you must call the doctor's rooms for your follow-up appointment. This is usually scheduled for approximately 1 week after your surgery or discharge date, except where a different arrangement between you and the doctor is made. During this visit wounds are inspected for dehiscence, infection, haematoma or other complications. Drains are mostly removed during this visit, depending on the amounts drained of course. Scar management counselling is also given during this visit. If you have any problems requiring your doctor's attention, it is essential to contact your doctor's rooms without delay, to schedule earlier visits.

11. Do I have to worry about any scarring?

Different people scar differently. Some may have thin inconspicuous scars while other form thick ridges or hypertrophic scars (keloids). It is not predictable how your scar will turn out after some time. What we do know is that scars mature over many months. Your scars may undergo a period of widening before eventually reaching stable maturity. There is no proof that using any scar lotions or creams will improve the eventual outcome of the scar, or accelerate the maturation process.

What we do believe in:

Sun exposure on fresh scars is not advised. Scars will “tan” permanently if exposed to uv radiation. Therefore use sunscreen on scars daily following any surgery. Continue with this routine for at least 6 months

Starting a month after surgery or wounding, regular firm circular massage will help the internal wound healing by increasing local blood flow. Similar effects can be achieved with ultrasound or laser treatment. This massage should also be continued for 4 – 6 months.

Silicone contact with fresh scars can aid in reducing excessive scarring. Many forms of silicone are available for scar management. Plasters, gels and spray on preparations all have similar efficacies. Beware these products can be costly, taking in to consideration the silicone products need to be used for about 5 months.

If, despite all attempts to prevent excessive scarring, your scars do enlarge, associated with itching and pain, your doctor can give a course of intralesional corticosteroids. This works very well in most patients to flatten and soften the scars. Unacceptable scars are treated conservatively for at least 1 year, to achieve maturity, before any surgical intervention is performed to improve the scar appearance.

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