

PATIENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ CHART NO: \_\_\_\_\_

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

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

*Dr. Daneshmand*

**Breast Reconstruction Consultation**

**GENERAL**

- ▼ Semi elective surgery
- ▼ Decision is important and personal
- ▼ Breast cancer surgery options are lumpectomy + radiation and mastectomy (sometimes radiation needed)
- ▼ Options for reconstruction of the breast(s) are implants or your own tissue or combination
- ▼ Immediate vs. delayed reconstruction with various factors involved and issues such as chemotherapy and radiation

**DIAGNOSIS/CONDITION**

**BREAST CANCER**

- ▼ Breast lump maybe palpable or not
- ▼ Mammogram, ultrasound and MRI
- ▼ PET scan and CT scan in some patients
- ▼ Staging of the cancer
- ▼ BRCA gene testing

**Surgical Treatment:**

**BREAST CANCER**

- ▼ Lumpectomy + RXT
- ▼ Mastectomy

**Additional Treatments:**

**BREAST CANCER**

- ▼ Chemotherapy, Radiation therapy, Hormonal therapy and Immunotherapy
- ▼ Other

**WHY CONSIDER BREAST REDUCTION?**

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

- ▼ **PRACTICAL REASONS**  
 More proportional, clothing fits better, more options and choices in clothing.
- ▼ **PSYCHOLOGICAL REASONS**  
 Confidence, femininity, self esteem, self image, enhanced sense of adequacy

Patient Initials: \_\_\_\_\_

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## GOALS

- ▼ Create more normal proportions
- ▼ Replicate normal breast tissue as much as possible
- ▼ Satisfy psychological needs
- ▼ Maintain normal softness and sensitivity (in some patients)
- ▼ Achieve symmetry with the opposite side or in bilateral cases

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## LIMITATIONS

- ▼ Reconstructed breasts will not feel or look exactly like your natural breast
- ▼ Cannot create younger skin
- ▼ Not the same as breast augmentation with implants
- ▼ Better symmetry in bilateral vs. unilateral (one side) cases
- ▼ Cannot solve personal problems
- ▼ Cannot eliminate asymmetries such as differences in breast shape or position, rib cage irregularities, or nipple / areola size

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## GOALS MAY ONLY BE PARTIALLY MET

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## ALTERNATIVES

- ▼ Leave everything as it is (adverse consequences?)
- ▼ Prosthesis
- ▼ Delayed reconstruction

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## SURGICAL OPTIONS

- ▼ **Immediate vs. Delayed**
- ▼ **Implants**
  - ✓ Usually Tissue expander followed by replacement with implant
  - ✓ Outpatient or overnight stay
  - ✓ Expansion in office
  - ✓ 2nd outpatient procedure to change expander to implant
  - ✓ Saline vs. Silicone gel implants
  - ✓ Unilateral vs. Bilateral
  - ✓ Opposite breast procedures for matching (reduction / lift, augmentation, both)
  - ✓ Nipple / areola reconstruction (outpatient)
  - ✓ Follow up and future need to change implants
- ▼ **Own Tissue (Flaps)**
  - ✓ Radiation issues
  - ✓ Patient's health
  - ✓ Down time (more compared to implants)
  - ✓ Unilateral vs. Bilateral
  - ✓ Additional scars
  - ✓ Long term consequences
  - ✓ Options (most common)
  - ✓ Latissimus Dorsi
  - ✓ TRAM
  - ✓ Free TRAM & DIEP
- ▼ **Combination of implants and own tissue**
  - ✓ Permanent scars with all techniques, however in general scars heal fine
  - ✓ May change in size again in future with weight loss / gain
  - ✓ Back to work depends on the option chosen

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## **BREAST CANCER F/U**

Follow up with your oncologist and other health care providers is needed and additional mammograms, ultrasound, and MRI's are necessary.

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## **SURGICAL TECHNIQUES, ANESTHESIA, FACILITY & RECOVERY**

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

### **USUALLY TEMPORARY**

- ▼ Discomfort (pain / sensitivity)
  - ▼ Discoloration / swelling
  - ▼ Numbness (nipple / areola preservation in some patients)
  - ▼ Tightness / relaxation
  - ▼ Lumps / irregularities
  - ▼ Restricted activity
  - ▼ Future surgery
- 

### **PERMANENT**

- ▼ Scars
  - ▼ Numbness in some
  - ▼ Tightness and discomfort (radiation patients)
  - ▼ Capsular contracture (scar around breast implants)
  - ▼ Asymmetry
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## **RISK / COMPLICATIONS**

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

- ▼ Usually very good especially symmetry in bilateral patients
  - ▼ The new silicone gel implants are cohesive and a much better design compared to the old implants
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Patient Initials: \_\_\_\_\_

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## **EVEN THOUGH ...**

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

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## **ANY AND ALL OF THE RISKS AND COMPLICATIONS CAN RESULT IN**

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

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## **INSURANCE**

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

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## **NO GUARANTEE**

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

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

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

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## **QUESTIONS**

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

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DATE: \_\_\_\_\_ Copied and provided to patient by: \_\_\_\_\_

A copy of this consultation was provided to me: \_\_\_\_\_

*(Patient's signature)*

Patient Initials: \_\_\_\_\_