

Patient Information to be retained by patient

Reduction mammoplasty

affix patient label

What is a reduction mammoplasty?

This is a breast reduction procedure to create a smaller and uplifted breast. It is usually done to match a breast which has had breast cancer treatment. It is occasionally performed to reduce the weight and volume of oversized breasts.

Why do I need this procedure?

To reduce the difference in size, shape and nipple height between your breasts.

Are there any alternatives?

Most women have some difference in size between their breasts. Surgery for breast cancer may result in a more significant difference between your breasts. This can be managed by wearing an external prosthesis within your bra.

There is no surgical alternative for large volume mismatches. Where the nipple heights between the 2 sides are similar and a minimal volume reduction is required, liposuction may be an option.

How do I prepare for it?

Most patients attend a pre-admission clinic where we will ask for details of your medical history and carry out any necessary clinical examinations and investigations. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have. You will also have the opportunity to discuss any concerns or queries with a member of the breast care nursing team.

Do not eat anything for at least **6 hours** before your operation. This is to make sure your stomach is empty when you have your anaesthetic. Drinks containing fats (e.g. tea or coffee with milk) and sweets all count as food. You **can** drink water or a drink without fats in it (e.g. black coffee) until **2 hours** before your operation. You may also have small sips of water to take tablets. There is a hospital leaflet about having an anaesthetic. Ask the staff for a copy if you would like one.

You will be given a general anaesthetic during the operation which will keep you asleep. The anaesthetist will come and see you before your operation to discuss this with you. You will be able to ask them any questions you may have about the anaesthetic.

A member of the surgical team will also see you on the ward. This is usually the surgeon who will perform your operation. Feel free to ask any questions you have about the operation or what will happen afterwards.

The surgeon will spend a short time with you measuring and planning the exact steps of the operation and will usually draw and make notes of important landmarks on your skin with a special marker pen. This is called the 'marking-up' process and may be done whilst you are sitting, standing and lying down. An arrow will also be drawn on the side to be operated on and a check made that this consent form has been completed and signed.

Part of the 'marking up' process will involve taking photographs in a special private photography room after the markings have been completed. This is done as a record of your operation planning and forms an important part of the medical record of your treatment.

You have the right to decline photographs being taken and they will only be taken after your written consent has been given and you are happy about where they will be stored and who will have access to viewing them.

What does it involve?

Your surgeon will have discussed with you the particular pattern of the scar best suited for your procedure. This will always be around the whole edge of the areola (pigmented area around your nipple), with the addition of either a straight down line (figure 1) or an anchor-shaped outline (figure 2).

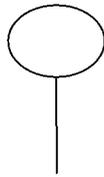


figure 1

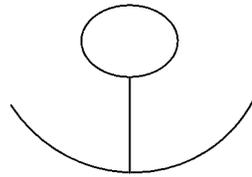


figure 2

Your surgeon will make an incision along these lines and remove the area of breast tissue that is required to provide the best match with the other side. The procedure is completed by moving your breast tissue to fill the space and the skin is then re-draped over the breast to leave a new uplifted shape. All the stitches used will be dissolvable.

A soft plastic drainage tube may be left within the breast to drain away the tissue fluid which will be produced as a result of your surgery. When used, these drains are usually removed within the next few days.

Paper stitches (steristrips) are used to cover the scar lines and a waterproof dressing is put over this. You should leave the dressing intact, if possible, until you see your surgeon in the outpatient clinic.

What happens afterwards?

You will normally be able to go home the evening of your operation. If your operation has been towards the end of the day or your personal social situation means you need to spend longer in hospital that is fine but we would encourage you to be up and about as much as possible.

Before you go home, the nursing staff will want to be sure that you are well enough and that the conditions at home are such that you can manage safely. They will offer advice about dressings and painkillers. Taking regular simple painkillers is recommended for the first week. You will be prescribed stronger painkillers for the first couple of days if necessary.

You will be given a leaflet about arm and shoulder exercises.

Are there any risks or complications?

As with all procedures there are risks from having this operation:

General Risks

Risk from the anaesthetic: The risk to a healthy patient of problems arising from an anaesthetic is very small. However, each year in the UK a few healthy people will die or suffer serious heart, lung or brain injury following an anaesthetic. For a woman who is otherwise in good health, the risk of a serious complication due to general anaesthesia is less than 1%.

Bleeding: This is usually minor and is stopped during the operation. Occasionally, patients develop a collection of blood called a haematoma, which requires a second operation. For axillary surgery it is less than 1%.

Infection: All surgery has a risk of infection. If the wound becomes red, hot or weeps, or you feel unwell you should consult your doctor. Treatment will involve taking antibiotics.

DVT/PE: With all surgical procedures there is a risk of developing a clot in the deep veins of the leg, deep vein thrombosis (DVT). In a very small number of patients a bit of this clot breaks off and lodges in the lungs. This is a pulmonary embolus and in very extreme cases can be life-threatening. Your surgical team will prescribe you compression stockings and/or blood thinning medication after careful assessment of your individual risk.

Risks specific to reduction mammoplasty

Nipple changes: There is always a change to the outline of the nipple edge and changes to its sensation are common (30 to 50 out of 100). Because the operation interrupts the normal blood supply to the nipple, there is a possibility that part, or all, of the nipple will not survive. In partial nipple loss an area of the nipple can develop a scab and the subsequent scar tissue may be a lighter colour. In extreme cases (less than 1 in 100) the whole nipple can be lost, which may require further surgery.

Wound healing problems: As with the nipple, the blood supply to the new skin envelope is changed and this can lead to problems in wound healing, in particular at the junctions of the scars. This is called 'skin envelope or T-junction necrosis' and often takes a prolonged period of dressings before complete healing.

Fat necrosis: During this procedure, there may be some unavoidable damage to the breast tissue nearby. This fatty tissue is very delicate and mostly repairs itself. Sometimes it heals to leave an area of lumpy scar tissue which you may be able to feel. This is called 'fat necrosis' but is not harmful or dangerous. It usually disappears over a few months but may persist. If you develop a new lump at any time after your surgery it needs to be checked out by your breast team. This may involve a biopsy for reassurance.

Pain: A degree of pain is likely after any surgery. We aim to manage your pain with painkillers to an acceptable level postoperatively. Some patients undergoing this type of surgery have a degree of pain continuing beyond the early postoperative period. There is evidence to suggest that if we get on top of your pain in the early postoperative period we can reduce the chance of it becoming a chronic problem. If the pain or numbness and tingling continues to be troublesome please let your surgeon or breast care nurse know and we can give you a medication to manage the pain.

Seroma: This is a collection of fluid under the skin after surgery. It rarely causes problems in the breast, but is easily treated by drainage through a small needle. Draining the seroma is a very simple procedure that can be done by a member of the breast team.

Symmetry: No surgery can guarantee a complete match between your breasts. It is not possible to predict how the breast will change shape in the longer term. Shape, volume and nipple position may alter due to the effects of aging of the tissues and changes in your body weight.

Interruption of breast feeding: It is common for there to be failure of breast feeding following this procedure. If this is a serious issue for you, please discuss with the surgeon.

Need for further surgery: Occasionally, the breast tissue that is removed contains some disease which was not anticipated before surgery. If this is the case you may require further surgery to that side.

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

Reduction mammoplasty

A breast reduction operation to reduce the difference in size, shape and nipple height between the breasts.

NHS number:

Name of patient:

Address:

Date of birth:

CR number:

AFFIX PATIENT LABEL

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits:

- *To reduce the difference in size, shape and nipple height between your breasts.*

Significant, unavoidable or frequently occurring risks:

- *Bleeding, infection, pain, DVT/PE, nipple changes, interruption of breast feeding*

Uncommon but more serious risks:

- *Wound healing problems, fat necrosis, seroma, symmetry, need for further surgery*

Rare but serious risks:

- *Anaesthetic risk which includes a very small risk to life or limb from complications such as heart attack and stroke*

Any extra procedures which may become necessary during the procedure:

- *Blood transfusion (required very infrequently)*
- *Other procedure (please specify):*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Reduction Mammoplasty (CHA3230) which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: General and/or regional anaesthesia Local anaesthesia Sedation

Health Professional signature: Date:

Name (PRINT): Job title:

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: Name (PRINT): Date:

affix patient label

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet: Reduction Mammoplasty (CHA3230) which forms part of this document.

Patient signature: _____ Name (PRINT): _____ Date: _____

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: _____ Name (PRINT): _____ Date: _____

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: _____ Date: _____

Name (PRINT): _____ Job title: _____

Important notes (tick if applicable):

See advance decision to refuse treatment Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: _____ Name (PRINT): _____ Date: _____

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