

«Practice_Name»
«Practice_Phone»
«Practice_Website»

Patient Name:
«Person_First_Middle_Last»

CONSENT FOR GYNECOMASTIA

Gynecomastia surgery is a procedure to remove excess fat, glandular tissue and/or skin from overdeveloped or enlarged male breasts. In severe cases of gynecomastia, the weight of excess breast tissue may cause the breasts to sag and stretch the areola (the dark skin surrounding the nipple). In these cases, the position and size of the areola can be surgically improved and excess skin may need to be reduced. Gynecomastia may result from hormonal changes, heredity, disease, or the use of certain drugs, and can present unilaterally (one breast) or bilaterally (both breasts).

There are a variety of different techniques used by plastic surgeons to treat gynecomastia. Gynecomastia surgery can be combined with other forms of body-contouring surgery, including liposuction, or performed at the same time with other elective surgeries.

Alternative forms of management consist of not undergoing the surgical procedure or wearing undergarments to help mask the appearance of large breasts. In selected patients, liposuction has been used to reduce the size of large breasts. Risks and potential complications are also associated with alternative forms of treatments.

Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of gynecomastia surgery.

The most common risks associated with gynecomastia surgery are:

Bleeding- It is possible, though unusual, to experience a bleeding episode during or after surgery. Intraoperative blood transfusions may be required. Should post-operative bleeding occur, it may require an emergency treatment to drain the accumulated blood or blood transfusion. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Hematoma can occur at any time following injury. If blood transfusions are needed to treat blood loss, there is a 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- Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional 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. Permanent loss of nipple sensation can occur after gynecomastia in one or both nipples. Changes in sensation may affect sexual response. In rare circumstances the nipple may be lost entirely.

Skin Contour Irregularities- Contour and shape irregularities may occur after gynecomastia. Visible and palpable wrinkling may occur. One breast may be smaller than the other. Nipple position and shape will not be identical one side to the next. 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. Nipple retraction may occur after gynecomastia surgery.

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 removal.

«Practice_Name»
«Practice_Phone»
«Practice_Website»

Patient Name:
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Skin Discoloration / Swelling- Some bruising and swelling normally occurs following gynecomastia. 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.

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.

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.

Delayed Healing- Wound disruption or delayed wound healing is possible. Some areas of the breast skin or nipple region may not heal normally and may take a long time to heal. Areas of skin or nipple tissue may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. **Smokers have a greater risk of skin loss and wound healing complications.**

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

Asymmetry- Some breast asymmetry naturally occurs in most men. Factors such as skin tone, fatty deposits, skeletal prominence, and muscle tone may contribute to normal asymmetry in body features. Differences in terms of breast and nipple shape, size, or symmetry may also occur after surgery. Additional surgery may be necessary to attempt to improve asymmetry after gynecomastia.

Surgical Wetting Solutions- There is the possibility that large volumes of fluid containing dilute local anesthetic drugs to epinephrine that is injected into fatty deposits during surgery may contribute to fluid overload or systemic reaction to these medications. Additional treatment including hospitalization may be necessary.

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- Fluid accumulations infrequently occur in between the skin and the underlying tissues. Should this problem occur, it may require additional procedures for drainage of fluid.

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.

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

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.

Pain- You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after gynecomastia. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue.

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 gynecomastia surgery. Asymmetry in nipple location or unanticipated breast shape and size may occur after surgery. Unsatisfactory

«Practice_Name»
«Practice_Phone»
«Practice_Website»

Patient Name:
«Person_First_Middle_Last»

surgical scar location visible deformities at the ends of the incisions (dog ears), loss of function, wound disruption, poor healing, and loss of sensation may occur. It may be necessary to perform additional surgery to improve your results.

Cardiac and Pulmonary Complications- Surgery, especially longer procedures, may be associated with the formation of, or increase in, blood clots in the venous system. 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 and fat 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 blood clots or swollen legs 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 pains, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

ADDITIONAL ADVISORIES

COVID-19 Infection:

If you were to become symptomatic with a COVID-19 infection during your recovery, it could increase your morbidity/mortality and complication rate. There are still many unknowns, and recommendations about COVID-19 do change rapidly. Please follow the updated local health recommendations regarding COVID-19 to protect yourselves and others on: www.denvergov.org/Government/COVID-19-Information.

By signing this consent, I understand I am opting for an elective treatment/procedure/surgery that is not urgent and may not be medically necessary. I understand that possible exposure to COVID-19 before/during/after my treatment/procedure/surgery may result in: a positive COVID-19 diagnosis, extended quarantine/self-isolation, additional tests, emergency room visits or hospitalization that may require medical therapy, Intensive Care treatment, possible need for short or long-term intubation/ventilator support, risk of death, and possible additional risks which may not currently be known at this time.

Long-Term Results- Subsequent alterations in the breast shape may occur as the result of aging, sun exposure, weight loss, weight gain or other circumstances not related to your surgery. Breast sagginess may normally occur.

Breast Disease in Male Patients- Breast disease and breast cancer can occur independently of gynecomastia surgery. If a mass is detected, seek professional care immediately to obtain proper care.

Breast and Nipple Piercing Procedures- Individuals who currently wear body piercing jewelry in the breast region are advised that a breast infection could develop from this activity.

Interference with Sentinel Lymph Node Mapping Procedures- Breast surgery procedures (periareolar, transmammary) 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. If this is a concern, individuals considering breast surgery by the periareolar, transmammary approach may elect to consider another surgical approach (inframammary or standard periareolar).

«Practice_Name»
«Practice_Phone»
«Practice_Website»

Patient Name:
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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 sexual activity until your physician states it is safe.

Mental Health 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.

«Practice_Name»
«Practice_Phone»
«Practice_Website»

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Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray)-

Patients, who are currently smoking, use tobacco products, 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 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.

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.

ADDITIONAL SURGERY NECESSARY

There are many variable conditions that may influence the long-term result of gynecomastia. Secondary surgery may be necessary to perform additional tightening or repositioning of the breasts. 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 gynecomastia. 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.

Medications- There are potential adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. 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.

«Practice_Name»
«Practice_Phone»
«Practice_Website»

Patient Name:
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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.

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 which 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 this consent.

Medicine is not an exact science, so no guarantees can be made regarding complications or outcome. We do everything possible to ensure your safety and strive for the best result in every case. We hope that you will also do your part by following your post-op instructions, using good judgment, and letting us know if you are having any problems.

Please ask any questions you may have regarding the surgery or potential risks prior to signing this form. Your signature means that you have had a chance to read and discuss the common risks associated with Gynecomastia Surgery and that you agree to proceed. A separate consent form from the hospital will also need to be signed for the medical record.

I CONSENT TO THE TREATMENT OF GYNECOMASTIA AND I HAVE READ THE ABOVE LISTED ITEMS. I AM SATISFIED WITH THE INFORMED CONSENT PROCESS

Patient or Person Authorized to Sign for Patient

Date

Witness

Date