Informed Consent

Mastectomy (Breast Removal)

INSTRUCTIONS

This is a document to help teach you about mastectomy (breast removal) surgery, its risks, and other treatment(s).

It is important that you read the whole document carefully. Please initial each page. Doing so means you have read the page. Signing the consent agreement means that you agree to the surgery that you have talked about with your plastic surgeon.

GENERAL INFORMATION

In a mastectomy, breast tissue is removed to make a person's chest look more manly in shape. It also shrinks the areola, the dark skin around the nipple. This surgery works best for men who are healthy, emotionally stable trans men with ongoing and documented gender dysphoria, and who have realistic expectations about the surgery's results. Any medical or mental health issues should be controlled before surgery. The surgery can be done on breasts of any size. It leaves permanent, noticeable scars on the chest. It cannot be undone. There are many ways to remove breast tissue and reshape the chest.

OTHER TREATMENTS

Mastectomy is an elective surgery. You can choose to not have surgery. Other surgical treatments have their own risks.

RISKS OF MASTECTOMY SURGERY

Every surgery has risks. It is important that you understand the risks and what can result from them. Every procedure has its limits. Choosing to have surgery means comparing the risks and benefits. Most patients do not have these problems, but you should talk about them with your plastic surgeon. Make sure you understand all possible outcomes of the surgery.

RISKS OF BREAST REMOVAL

Change in Sensation:

You may feel less or no sensitivity in your nipples and the skin on your chest. This may be permanent and can happen in one or both nipples. It may affect your sex life. You may also have less sensation where the graft is placed. This may not get better after surgery. Those with areola grafts generally do not regain normal sensation. These grafts are prone to injury if exposed to excessive heat, cold, or physical force. Take care of these areas to avoid problems.

Skin Shape Changes:

This surgery may cause changes to the shape of your chest. There may be visible and obvious wrinkling. One side of the chest may be smaller than the other. One nipple may have a different position and shape. Extra skin may cause unusual "dog ears" at the ends of the cuts. This can improve with time, or it can be fixed with surgery.

Delayed Healing:

The wound may take a long time to heal. Some areas of the breast or nipple may not heal normally. Tissues of the skin or nipple may die. This may require frequent bandage changes or more surgery. Individuals who have problems with blood flow from a past surgery or radiation therapy may be more likely to have problems with wound healing. **Smokers have a greater risk of skin loss and healing problems.**

Skin Sensitivity:

Many patients may have itching after the surgery. Scratching may cause graft abrasion. These areas may be more sensitive to hot or cold temperatures. Usually this stops when healing is complete, but it may last longer.

_____ **Patient Initials**

Inability to Heal:
Wounds may be caused by disease; injuries, like burns; or the surgical removal of tumors. Nipple areola grafts require enough blood supply to survive. If there isn't enough blood supply because of one of the reasons above, then the graft may not survive. The grafts may also fail if a patient has a disease that causes

chronic swelling or vascular insufficiency. Some wounds may be too large to close with a graft. In this case, reconstructive surgery may be needed.

Skin Discoloration/Swelling:
Bruising and swelling are normal after surgery. Nipple areola grafts may change color. They can become darker or lighter than the surrounding skin. These changes may be permanent.

Buried Surgical Staples/Sutures:
Sutures and staples are used to hold nipple areola grafts in place. These may become buried under the skin during healing. Sutures may poke through the skin, become visible, or cause irritation. Additional surgery may be needed to fix this.

Lack of Graft Durability:
Nipple areola grafts are not as durable or well-padded as normal, undamaged skin. They are sensitive to everyday scrapes and injuries.

DISCLAIMER

Informed consent documents give you information about a surgery you are considering. These documents explain the risks of that surgery. They also discuss other treatment options, including not having surgery.
However, informed consent documents can't cover everything. Your plastic surgeon may give you more or different information. This may be based on the facts of your case.

Informed consent documents are not meant to define or serve as the standard of medical care. Standards of medical care are determined based on the facts involved in an individual case. They may change with advances in science and technology. They can also change with the way doctors practice medicine.

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

Patient Initials _____

CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Vishwanath Chegireddy and the doctor's assistants to do the procedure **Mastectomy.**
2. I got the information sheet on Mastectomy.
3. I understand that, during the surgery, an unexpected situation may require a different medical procedure than the surgery listed above. I permit the doctor listed above, the assistants and/or designees to provide any treatment that my doctor thinks is needed or helpful. My permission includes all treatments that my doctor does not plan to do at the start of the surgery.
4. I understand what my surgeon can and cannot do. I understand that no warranties or guarantees have been hinted at or stated outright about the outcome of the surgery. I have explained my goals. I understand which outcomes are realistic and which are not. All my questions have been answered. I understand the surgery's risks. I am aware of other risks and possible issues, benefits, and options. I understand and choose to have the surgery.
5. I agree to the anesthetics that are needed or helpful. I understand that all types of anesthesia have risks and may result in complications, injury, and even death.
6. I am aware of the serious risks to my health when blood products are used. I agree to my doctor using them if my doctor, assistants, and/or designees think they are needed or helpful.
7. I agree to the disposal of any tissue, medical devices, or body parts taken out during or after surgery. I also agree to any additional surgeries or treatment that is needed or helpful.
8. I agree to have parts of my body photographed or televised appropriately before, during, and after the surgery for medical, scientific, or educational reasons, if the pictures do not reveal my identity.
9. For medical education, I agree that onlookers can be in the operating room.
10. I permit my Social Security Number to be given to the right agencies for legal reasons and medical device registration, when necessary.
11. I agree to the charges for this surgery. I understand that the doctor's charges are separate from the charges for the hospital and the anesthesia. I understand that there may be more charges if more procedures or treatments are needed or helpful. I agree to those charges, if any.
12. I understand that not having the surgery is an option and that I can opt-out of having the surgery.
13. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
    a. THE ABOVE SURGERY TO BE PERFORMED
    b. THERE MAY BE OTHER SURGERIES OR TREATMENT OPTIONS
    c. THERE ARE RISKS TO THE SURGERY

I CONSENT TO THE SURGERY AND THE ITEMS THAT ARE LISTED ABOVE (1-13).
I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS.

_____

Patient or Person Authorized to Sign for Patient Date/Time

_____

Witness Date/Time

Patient Initials _____