



AMERICAN SOCIETY OF
PLASTIC SURGEONS®

Informed Consent

Augmentation Mammoplasty

with a Larger Implant than Recommended by Dr. _____



ASPS Member Surgeon*

Informed Consent – Augmentation Mammoplasty with a Larger Implant than Recommended by Dr.

I, _____, have discussed with Dr. _____ and fully understand and accept the following with regard to my desire for breast augmentation using an implant larger than Dr. _____ feels is optimal for my breast tissue and body proportions.

I acknowledge that I fully understand each item listed below.

I have had an opportunity to have all my questions answered, and I feel informed and accept each risk or tradeoff listed below as indicated by my initial(s) _____ beside each item.

(Please place your initials in the blank at left, and then initial each box beside each item below).

As I get older, my breast skin will age, stretch, and become thinner even without an implant. The larger any breast, augmented or not, the worse it will look over time due to skin stretching.

Adding any implant to my breast adds weight and will result in the stretching and irreversible thinning of my breast tissues over time.

The larger the implant, the greater the amount of breast tissue stretching that will occur.

Adding excess weight to the breast almost guarantees that it will look worse over time, with increased stretch and sagging. It is impossible to predict whether or when this will occur in any individual patient.

Adding weight to my breast with a large implant may cause me to need further surgery in the future, particularly mastopexy (breast lift) with additional visible scars and risks. I will incur additional costs, time off from work, risks, and tradeoffs if additional surgery is necessary.

Excessive breast tissue stretch from a large implant can make me more likely to have surgical complications with healing problems if the tissues become very thin.

As breast tissues thin, I will definitely be able to feel my implant, portions of the implant may be visible through my skin, and visible rippling or wrinkling may occur.

If excessive stretching or complications occur (this is unpredictable), it may even become necessary to remove the implants, which may compromise the appearance of my breasts and lead to visible scarring if breast lifting (mastopexy) is necessary following implant removal.

When I request implants larger than Dr. _____ feels are optimal for my tissues and body proportions, I am overruling Dr. _____'s years of experience and judgment, and I accept full responsibility for every possible outcome of my decision, whether that outcome or risk is known or unknown to me and to Dr. _____.

I understand and accept all of these risks, limitations, and tradeoffs, and request that

Dr. _____ proceed with the larger than optimal implant augmentation of my breasts. I have had an opportunity to have all of my questions answered to my satisfaction, and am totally comfortable with my decision.

Signed this _____ day of the month of _____, 20____ at _____ AM/PM.

Patient: (Please print)

Witness: (Please print)

Patient: (Please sign)

Witness: (Please sign)