

טופס הסכמה: ניתוח להגדלת שדיים

CONSENT FORM: BREAST AUGMENTATION WITH BREAST IMPLANT

Breast augmentation surgery is cosmetic surgery. Breast augmentation is performed by inserting a breast implant.

The operation is performed following the administration of local anesthesia and sedatives or under general anesthesia.

Name of Woman: _____
Last Name First Name Father's Name ID No.

I hereby declare and confirm that I received a detailed verbal explanation from:

Dr. _____
Last Name First Name
regarding the augmentation of the **left / right / both breasts** * using the **insertion of a**
_____ **implant**, with a **volume** of _____, through an
incision **below the breast / surrounding the areola / under the armpit * other**

_____ (henceforth: "the primary operation").

I have been given an explanation concerning the expected results and the limitations of breast augmentation surgery. In addition, I have been told that there is currently no accurate data concerning the life span of the implant and the percentage of spontaneous rupture of the implant shell. In cases of rupture or wear, additional surgery may be required to replace the implant.

I hereby declare and confirm that I have been given an explanation concerning the side effects following the primary operation, including pain, discomfort, permanent protrusion of the nipples and changes in sensation of the nipple. I have been told that in any case scars will remain in place of the incisions. The form of scarring depends on my skin type and its healing qualities. In some cases, keloid scars may develop.

In addition, I have been given an explanation concerning the possible complications, including: hemorrhage, infection and asymmetry of the breasts. Furthermore, I have been given an explanation concerning the possibility of complications associated with the implant, including leakage or rupture of the implant shell, and expulsion or rejection of the implant which will necessitate its surgical removal; hardening and shrinkage of the implant capsule leading to discomfort, pain and deformity in the shape of the nipple necessitating removal of the implant; it has been clarified that a relationship between implants and the development of cancerous diseases has not yet been unequivocally proven, nor has the association with certain rheumatic and neural phenomena that accompany diseases of the immune system (autoimmune diseases).

