

A successful surgery requires a partnership between you and Dr. Butterfield

The following instructions are essential to a safe experience and good outcome. Use this as a checklist as you approach your surgery date. If you are unable to comply with these instructions, you must notify our office as soon as possible. As a result, your surgery may have to be postponed or delayed, at the judgment of Dr. Butterfield. This is essential to your health and safety.

THREE WEEKS OR MORE BEFORE SURGERY

There may be several weeks between your decision to have surgery and your actual surgical date. During this time there are several important considerations:

Practice proper fitness: You need not engage in an aggressive or new fitness routine; however practicing good fitness habits is an important factor in your overall health and well-being. Stretching exercises and low-weight strength training now, can help to enhance your posture and your strength in the weeks following surgery.

Good nutrition. Eat well during the weeks prior to surgery. Crash dieting, over-eating or high alcohol intake can greatly affect your overall health and well-being. A healthy, balanced diet is essential. Also, begin taking a multi-vitamin daily.

Stop smoking. Smoking can greatly impair your ability to heal. You must be nicotine and smoke-free for at least 6 weeks prior to surgery. You must also be free of any nicotine patch or nicotine-based products for a minimum of 6 weeks prior to surgery.

Lead a healthy lifestyle. In the weeks prior to surgery maintain the best of health and hygiene. A lingering cold, virus or other illness can result in your surgery being rescheduled. Make certain to address any illness immediately, and advise our office of any serious illness or change in your health.

Prepare and plan. Schedule any time off of work, and any support you will need at home in the days following surgery, including housework, childcare, shopping and driving. Make certain a responsible adult is enlisted and confirmed to drive you to and from surgery, and that someone is confirmed available to stay with you around the clock for 24 hours, following surgery.

Relax and enjoy life. Stress and anxiety over life's daily events, and even your planned surgery can affect you. While some anxiety is common, any serious stress, or distress over the thought of surgery is something you must discuss with our office. We are here to support you and answer all of your questions. We want your decision to be one made with confidence.

TWO to THREE WEEKS BEFORE SURGERY

This is an important planning and preparation time. Follow all of the skincare and health habits you have begun in addition to the following:

_____ **Prepare and plan:** Put your schedule together for the day before, day of and first few days following the procedure. Share this with all of your key support people.

_____ **STOP taking the following for the duration before your surgery. Taking any of the following can increase your risk of bleeding and other complications:**

- | | |
|--|--|
| <input type="checkbox"/> Aspirin and medications containing aspirin | <input type="checkbox"/> Garlic Supplements |
| <input type="checkbox"/> Ibuprofen and anti-inflammatory agents (all NSAIDs) | <input type="checkbox"/> Green Tea or green tea extracts |
| <input type="checkbox"/> Vitamin E | <input type="checkbox"/> St. John's Wort |
| <input type="checkbox"/> Coumadin/Warfarin (discuss with office) | <input type="checkbox"/> Estrogen supplements |
| | <input type="checkbox"/> All other medications indicated |

_____ **Pre-operative clearance and information:** The pre-admission testing office of the hospital will contact you between 2 and 10 days prior to your operation. They will offer you the choice of having a history and physical performed by the hospital staff or by your primary care physician. This choice is entirely up to you. If your PCP completes the history and physical, the paperwork should be faxed to the hospital, as well as any laboratory tests. The history and physical form is included in the pre-operative packet. Simply give this paperwork to your PCP to complete.

_____ **Fitness:** Don't over-do it. Avoid anything strenuous or that could potentially cause injury.

_____ **Good nutrition:** Continue taking your supplements as directed.

_____ **NO SMOKING:** Stay away from second-hand smoke, too. Your healing and health depend heavily on this.

_____ **Avoid sun exposure:** Sun damaged skin can more readily produce irregular scars.

ONE WEEK BEFORE SURGERY

_____ **Confirm your day of surgery plans.** This includes your transportation and after-care (a responsible adult for the first 24 hours, around the clock).

Pre-operative shopping list

_____ The following is a list of items that should be purchased prior to surgery in order to prepare for and more easily recover from surgery.

- | | |
|--|--|
| <input type="checkbox"/> Prescriptions (have your prescriptions filled prior to surgery to save time on the way home when you won't be feeling up to stopping). | <input type="checkbox"/> Germ-inhibiting soap , such as Dial, Safeguard, or Lever 2000 (to bath with prior to surgery in order to minimize germs). |
| <input type="checkbox"/> Tylenol (or a generic form of this drug) This will be the drug of choice once you do not need the prescription strength pain medications. | <input type="checkbox"/> Frozen peas (only for those patient undergoing facial procedures). These are great as "ice packs" for facial areas. Get 2-4 packages so that you can use 1 or 2 and have the others freezing |
| <input type="checkbox"/> Multivitamin (to take prior to surgery and during your recovery for maximum health). | <input type="checkbox"/> Bacitracin ointment and 4x4 gauze (to cover incisions with for the first week or so). |
| <input type="checkbox"/> Hydrogen peroxide and Q-tips (to clean around drains). | <input type="checkbox"/> Stool softener (e.g. Colace) and laxative (e.g. Dulcolax). |
| <input type="checkbox"/> Consider renting an electric lift chair , if you are having a tummy tuck, buttock lift, or lower body lift. The office will be happy to assist you with this | |

_____ **Continue to practice healthy habits**, nutrition and fitness. No strenuous exercise. No saunas, hot tubs, steam baths or mud wraps. **No smoking.**

_____ **Find your comfort zone.** Locate the most comfortable place where you can gently recline and recover. You don't want to be testing locations or pillows the day of surgery. Shop for magazines, books and other things to keep you busy and entertained in the day or two following surgery.

_____ **Relax.** Call our office with any unusual anxiety or concerns. Get plenty of rest. If you have trouble sleeping, call our office.

ONE DAY BEFORE SURGERY

_____ **Pack your bag for the day of surgery.** This should include:

- | | |
|---|--|
| <input type="checkbox"/> All paperwork | <input type="checkbox"/> Reading Glasses |
| <input type="checkbox"/> Your identification | <input type="checkbox"/> Chapstick |
| <input type="checkbox"/> All prescription medications | <input type="checkbox"/> Saltines in case of nausea during |
| <input type="checkbox"/> Your post-surgical compression garment | your ride home |

_____ **Expect a pre-anesthesia call to review your state of health for surgery**

_____ **Confirm your route to and from surgery or the recovery center, with the responsible adult who will drive you.** Also confirm plans with your 24-hour support person and make certain he or she has all of your post-operative instructions.

_____ **Shower as directed.** Use an anti-bacterial, fragrance-free soap, such as Lever 2000 or dial. Shampoo your hair. Do not use any hair gel or other styling products, scented skin creams or moisturizers. Do not use any deodorant, hair spray, perfume or cosmetics. Remove all finger nail and toe nail polish.

_____ **Wax or shave.** It may be uncomfortable to do so in the days immediately after surgery.

_____ **Do not eat or drink anything after 12 pm.** No candy, gum or mints. Anything more than a small amount of water as needed for brushing teeth or swallowing medication may result in the need to cancel surgery.

_____ **RELAX!** Get plenty of rest and avoid unnecessary stress.

THE DAY OF SURGERY

_____ **NOTHING by mouth.** Anything more than a small amount of water as needed for brushing teeth or swallowing medication may result in the need to cancel surgery. This includes candy, gum, mints.

_____ **Dress appropriately.**

- **Do not wear cosmetics, jewelry of any kind, contact lenses, hair clips, body piercing:** (If there is something you cannot remove, let the admitting nurse know right away.)
- **Wear comfortable, clean, loose-fitting clothing:** Do not wear jeans or any tight-fitting bottom; rather have a pair of loose, drawstring sweatpants to wear home. Wear slip on, flat shoes with a slip proof sole; no heels. Wear clean cotton socks, as the operating room can feel cool. For your comfort, wear a zip or button front top. No turtlenecks.

I look forward to seeing you prior to surgery in the same day surgery area of the hospital. If you have any last minute questions, we will have time to discuss them. I will also be marking you for surgery at that time.

Date of Birth: _____

Date to be admitted: _____

Reason for procedure: _____

History of Present Illness:

Past History (Psycho/Social History):

Drug or Other Significant Allergies:

CURRENT MEDICATIONS (including ASA):

All "Yes" answers require amplification or comment

	YES	NO	Comment
Diabetes			
History of Steroid Treatment			
Bleeding Tendency			
Weight Loss			
Smoking:			
Currently smoking			
History of smoking			
Review of Systems:			
Pain or discomfort			
Cardiovascular:			
Chest Pain			
History of MI			
Syncope			
Other Pertinent symptoms			
Respiratory:			
Effort Intolerance			
History of Asthma			
Cough			
Other Pertinent symptoms			
Cardiovascular:			
Chest Pain			
History of MI			
Syncope			
Other Pertinent symptoms			
Neurological:			
History of Transient neurological symptoms			
Other Pertinent symptoms			
Gastrointestinal:			
Abdominal Pain			
Nausea			
History of Hepatitis			
Other Pertinent symptoms			
Reproductive:			
Other Pertinent symptoms			Last Menstrual Period Date:
Other: (musculoskeletal, endocrine, GU, etc.)			

**Physical
Examination**

--	--

GENERAL APPEARANCE:	BP:			
	PULSE:			
	RESP:			
	TEMP:			
HEENT:				
NECK:		YES	NO	
	Bruits			
CHEST & LUNGS				
BREASTS:				
HEART:		YES	NO	
	Murmur			
ABDOMEN:				
PELVIC/RECTAL INGUINO-GENITAL:				
EXTREMITIES:		YES	NO	
	Venous Stasis			
NEUROLOGICAL:				
ASSESSMENT/CONCLUSION:				

RISK ASSESSMENT: ASA CRITERIA (Circle one)		
1. Normal healthy patient	2. Mild disease, no functional impairment	3. Severe systemic disease
4. Disease is constant threat to life	5. Moribund, not expected to recover	

Signature: _____ Name Printed: _____
 Date of Examination: _____ Phone Number: _____

<p>Re-assessment: Patient identified, chart reviewed, condition unchanged. Appropriate to proceed with planned sedation. Physician initials _____ Date: _____</p>
--

THE JEWISH HOSPITAL PREADMISSION TESTING PROTOCOLS

TEST	CRITERIA
History and Physical	All patients need a current health screening updated within 30 days
Hemoglobin	History of Anemia History of bleeding, i.e.: Hematuria, vaginal bleeding All patients who receive type and screens
Basic Metabolic Panel	Patients with renal disease. (BMP as close to day of surgery as possible) Patients taking steroids. (BMP within 30 days)
Blood Sugar	Patients who are diabetic
Potassium Level	Patients taking potassium depleting diuretics *see listing below Patients taking digitalis
Coag profile	Patients recently undergoing chemotherapy Hepatic Disease Bleeding Disorder Anticoagulant therapy taken within the last three days.
Blood levels of therapeutic drugs	Digitalis Lithium Seizure medications, ie: tegretol, dilantin, Phenobarbital Theophylline, depakene (if using for a seizure disorder)
EKG – if EKG available and patient’s health status has not changed since reading, do not repeat	Patients with cardiac and peripheral vascular disease, history of dysrhythmias, hypertension, MVP, Graves Disease, Diabetes Morbid obesity (BMI > 40) Thoracotomy surgery. Surgery planned for greater than 3 hours.
CXR	Patients with acute pulmonary symptoms.
Urine Pregnancy test	Performed on day of surgery for females with onset of menses up to one year post menses.
Type and Screen	According to blood bank protocol.

DIURECTICS THAT REQUIRE SERUM POTASSIUM LEVELS

Thiazide and Thiazide-like Diurectics

**DIURIL – chlorothiazide
HYDRODIURIL – hydrochlorothiazide
NATURETIN – bendroflumethiazide
ENDURON – methyclothiazide
EXNA – benzthiazide**

**METAHYDRIN - trichlormethiazide
RENESE - polythiazide
HYDROMOX - quinethazone
ZAROXOLYN - metolazone
HYGROTON - chlorthalidone
DIUCARDIN - hydroflumethiazide**

Loop diurectics

**LASIX – furosemide
BUMEX – bumetanide
EDECIN – ethacrynic acid
DEMEDEX - torsemide**

THE CHRIST HOSPITAL
CINCINNATI, OHIO 45219
HISTORY AND PHYSICAL EXAMINATION
R-54A REV. 7/99
PAGE 1 OF 2

ADMITTING/TESTING FAX # 585-1273

DATE OF EXAM _____

REASON FOR ADMISSION/INDICATION FOR PROCEDURE: _____

HISTORY OF PRESENT ILLNESS: _____

DRUG OR OTHER SIGNIFICANT ALLERGIES: _____

FAMILY AND SOCIAL HISTORY: _____

PAST HISTORY: _____

DIABETES: no ___ yes ___; Hx. Steroid Rx: no ___ yes ___; Hx. of Diuretic Rx: no ___ yes ___

Bleeding Tendency: no ___ yes ___

CURRENT MEDICATIONS: _____

ALL YES ANSWERS REQUIRE COMMENT:

R.O.S: Pain or Discomfort no ___ yes ___ specify

Weight loss: no ___ yes ___

CARDIOVASCULAR:

Chest pain no ___ yes ___

Hx of MI no ___ yes ___

Syncope no ___ yes ___

Hx. of Deep Vein Thrombosis no ___ yes ___

Other pertinent sx. no ___ yes ___

RESPIRATORY:

Hx of Asthma no ___ yes ___

Cough no ___ yes ___

Smoke no ___ yes ___

Other pertinent sx. no ___ yes ___

NEUROLOGICAL:

Hx. of transient neurological sx. no ___ yes ___

Other pertinent symptoms no ___ yes ___

RENAL:

HX: Kidney or bladder disease no ___ yes ___

Other pertinent symptoms no ___ yes ___

GASTROINTESTINAL:

Abdominal pain no ___ yes ___

Nausea no ___ yes ___

Hx of Hepatitis no ___ yes ___

Alcohol use no ___ yes ___

Other pertinent sx: no ___ yes ___

REPRODUCTIVE:

Last Menstrual Period Date:

OTHER: (Musculoskeletal, endocrine, GU etc) _____

PHYSICAL EXAMINATION:

TEMP ____	PR ____	RESP ____	BP ____
-----------	---------	-----------	---------

GENERAL APPEARANCE:

MENTAL STATUS:

HEENT:

NECK:

Bruits: no ____ yes ____

CHEST AND LUNGS:

Breasts

HEART:

Murmur: no ____ yes ____

ABDOMEN:

PELVIC/RECTAL/INGUINO GENITAL:

EXTREMITIES:

Venous Stasis no ____ yes ____

NEUROLOGICAL:

DIAGNOSIS _____

ASSESSMENT/PLAN:

SIGNATURE: _____ NAME PRINTED: _____

INFORMED CONSENT – NIPPLE RECONSTRUCTION SURGERY

INSTRUCTIONS

This informed-consent document has been prepared to help inform you about nipple reconstruction surgery, its risks, and alternative treatment(s).

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page, and sign the consent for surgery as proposed by your plastic surgeon and agreed upon by you.

GENERAL INFORMATION

Nipple reconstruction involves the restoration of the nipple-areolar complex lost due to injury, breast cancer or other conditions. A variety of different techniques exist for reconstruction of the nipple and its surrounding areolar tissue. These include the use of skin grafts taken from other regions of the body, local flaps of breast skin that are shaped into a nipple, or the sharing of tissue from the opposite nipple-areolar region. Additional techniques such as tattooing may be used to add color to the tissue if needed.

Nipple reconstruction may be performed as a single surgical procedure, or combined with other breast reconstruction procedures.

ALTERNATIVE TREATMENTS

Nipple reconstruction surgery is an elective surgical operation. Alternative treatment would consist of not undergoing the surgical procedure or the use of external nipple-areolar prostheses.

RISKS OF NIPPLE RECONSTRUCTION SURGERY

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 completely understand all possible consequences of nipple reconstruction surgery.

Bleeding- It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood (hematoma) or blood transfusion. Intra-operative blood transfusion may also be required. Do not take any aspirin or anti-inflammatory medications for ten days before or after 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 to the breast. If blood transfusions are necessary to treat blood loss, there is the 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 this type of surgery. If an infection occurs, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. It is possible that skin graft loss or nipple loss may occur from an infection following nipple reconstruction surgery.

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 occur in both the nipple reconstruction site and the donor site for tissues used in the nipple reconstruction. 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.

Skin Grafts- Skin grafts are used in some nipple reconstruction techniques. The location of where the graft is taken may have residual scarring, poor healing, or abnormal color. Chronic itching sensations have been reported. Skin graft loss can occur due to infection or other causes. Additional skin grafts may be needed.

INFORMED CONSENT – NIPPLE RECONSTRUCTION SURGERY

Hair Growth- Skin grafts used in nipple reconstruction may contain hair follicles. Unattractive hair growth may occur in the reconstructed nipple. Additional treatment may be required to remove the hair follicles.

Tattoos- If tattooing is required as an additional procedure, it may be impossible to precisely match the color and texture of the opposite nipple-areolar complex.

Change in Nipple Sensation- Nipple reconstruction cannot restore normal sensation to the breast or nipple.

Skin Contour Irregularities- Contour and shape irregularities may occur. 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.

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 suture removal.

Skin Discoloration / Swelling- Some bruising and swelling normally occurs following a nipple reconstruction. 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. Additionally, these areas may have exaggerated responses to hot or cold temperatures.

Allergic Reactions- In rare cases, local allergies to tape, suture material 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.

Delayed Healing- Wound disruption or delayed wound healing is possible in either the site of nipple-areolar reconstruction or donor location(s) for tissue. Some areas of the nipple reconstruction or tissue donor sites may heal abnormally or slowly. Some areas of skin may die, requiring frequent dressing changes or further surgery to remove the non-living tissue. Individuals who have decreased blood supply to breast tissue from past surgery or radiation therapy may be at increased risk for delayed wound healing and poor surgical outcome. **Smokers have a greater risk of skin loss and wound healing complications.**

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.

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.

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 (breast biopsy). There is the possibility of contour irregularities in the skin that may result from fat necrosis.

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

Breast Implant Damage- Breast implant damage can occur during a nipple reconstruction surgery. A damaged or broken implant will require surgery for replacement or removal.

Asymmetry- Some breast asymmetry naturally occurs in most women. Differences in breast and nipple shape, size, or symmetry may also occur after surgery. Additional surgery may be necessary to attempt to correct asymmetry.

INFORMED CONSENT – NIPPLE RECONSTRUCTION SURGERY

Damage to Opposite Nipple- Some nipple reconstruction procedures use a tissue-borrowing technique from the opposite nipple region. It is possible that the donor nipple region may be damaged or lose normal sensation.

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

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.

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 nipple reconstruction surgery. Asymmetry in nipple placement, shape, projection, and appearance may occur after surgery. Unsatisfactory nipple placement may occur. It may not be possible to precisely match the opposite nipple areolar complex. Other risks include unsatisfactory or highly visible surgical scar location, unacceptable visible deformities, bunching and rippling in the skin near the suture lines or at the ends of the incisions (dog ears), poor healing, wound disruption, and loss of sensation. It may not be possible to correct or improve the effects of surgical scars. Nipple reconstruction may fail due to complications attributable to the surgery or from chemotherapy/radiation therapy treatments that are independent of the procedure. Additional surgery may be required to improve 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 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

Breast Disease- Current medical information does not demonstrate an increased risk of breast disease, breast cancer, or recurrence of breast cancer in women who have had reconstructive breast surgery. Breast disease and breast cancer can occur independently of breast surgery. Individuals with a personal history or family history of breast cancer may be at a higher risk of developing breast cancer than a woman with no family history of this disease. It is recommended that all women perform regular self-examination of their breasts, have mammograms according to American Cancer Society guidelines, and seek professional care should a breast lump be detected.

Long-Term Results- Subsequent alterations in the shape, size, color, and prominence of the reconstructed nipple-areolar complex may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause, or other circumstances not related to your surgery.

Pregnancy and Breast Feeding- If a woman has undergone a mastectomy, it is unlikely that she would be able to breast feed a baby on the affected side. Reconstructed nipples cannot be used for breast feeding.

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.

INFORMED CONSENT – NIPPLE RECONSTRUCTION SURGERY

Female Patient Information- It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you suspect you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

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. Increased activity that increased your pulse or heart rate may cause additional bruising, swelling, and the need for return to surgery and control of bleeding. It is wise to refrain from sexual activity until your physician states it is safe.

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.

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.

Mental Health Disorders 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.

ADDITIONAL SURGERY NECESSARY

Should complications occur, additional surgery or other treatments may be necessary. Secondary surgery may be necessary to obtain optimal results. Even though risks and complications occur infrequently, the risks cited are particularly associated with nipple reconstruction surgery. 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.

INFORMED CONSENT – NIPPLE RECONSTRUCTION SURGERY

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.

HEALTH INSURANCE

Most insurance carriers consider nipple reconstruction surgery a covered benefit. There may be additional requirements. Please review your health insurance subscriber-information pamphlet, call your insurance company, and discuss this further with your plastic surgeon. **Most insurance plans exclude coverage for secondary or revisionary surgery.**

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revision surgery will also be your responsibility. **In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risk and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.**

DISCLAIMER

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 the consent on the next page.

INFORMED CONSENT – NIPPLE RECONSTRUCTION SURGERY
CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. Jennifer Butterfield and such assistants as may be selected to perform the following procedure or treatment:

NIPPLE RECONSTRUCTION

I have received the following information sheet:

INFORMED CONSENT - NIPPLE RECONSTRUCTION SURGERY

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee or representation has been given by anyone as to the results that may be obtained.
5. I consent to be photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. I consent to the utilization of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential significant risks to my health with their utilization.
9. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
10. I understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
11. I realize that not having the operation is an option.
12. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
- a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-12). I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____

Post-Surgical Instructions: Nipple and Areola Reconstruction

Once your nipple and areola reconstruction is completed, you must follow all the instructions given to you in order to heal properly and have a good outcome.

The following instructions are your obligation. Use this as a checklist of progress as you heal. Included are normal post-surgical experiences and key health considerations that may be a cause of concern.

TYPICAL POST-OPERATIVE SYMPTOMS

Typical symptoms and signs to watch for following nipple and areola reconstruction include the following:

Tingling, burning, or intermittent shooting pain: These are normal experiences as the skin, tissues and sensory nerves heal. Pain medication and muscle relaxants will help you cope with any discomfort. **Consistent sharp pain should be reported to our office immediately.** You may also feel minor discomfort at the graft donor site of your nipple graft.

Shiny skin or any itchy feeling: Swelling can cause the breasts' skin to appear shiny. As the healing process advances, you may also find a mild to severe itchy feeling of the breasts or at any nipple graft donor site. An antihistamine like Benadryl can help to alleviate severe, constant itchiness. **If the skin becomes red and hot to the touch, contact our office immediately.**

Asymmetry, the breasts look different, or heal differently: Breasts may look or feel quite different from one another in the days following surgery. This is normal; no two breasts are perfectly symmetrical in nature or following surgery.

CALL THE OFFICE IMMEDIATELY IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- A high fever, (over 101.5°) severe nausea and vomiting, continued dizziness or incoherent behavior, such as hallucinations.
- Any pain that cannot be controlled by your pain medication.
- Bright red skin that is hot to the touch.
- Excessive bleeding or fluid seeping through the incisions.
- A severely misshapen breast or bruising that is localized to one breast or region of the chest.

To alleviate any discomfort, and to reduce swelling, you may apply cool, not cold compresses to the breasts or any nipple graft site. Do not apply ice or anything frozen directly to the skin. Apply cool compresses, for no longer than 20-minute intervals.

Do not apply heat.

Post-Surgical Instructions: Nipple and Areola Reconstruction

DAY OF SURGERY INSTRUCTIONS

Following reconstruction of your nipple, you will only be released to the care of a responsible adult. All of these instructions must be clear to the adult who will monitor your health and support you, around the clock in the first 24 hours following surgery.

Rest, but not bed rest. While rest is important in the early stages of healing, equally important is that you are ambulatory, meaning that you are walking under your own strength.
 _____ Spend 10 minutes every 2 hours engaged in light walking indoors as you recover.

_____ **Recline, do not lie down.** This will be more comfortable for you, and can reduce swelling.

Good nutrition. Fluids are critical following surgery. Stick to non-carbonated, non-alcoholic, caffeine-free, and green tea-free beverages including fruit juices and water, milk, and yogurt drinks. You must consume at least 8 ounces of fluid every 2 hours. Stick with soft, bland, nutritious food for the first 24 hours.

_____ **Take all medication, exactly as prescribed:** Oral pain medication, antibiotics and other medications you must take include:

Antibiotic	Keflex	500 mg	4 x per day
Pain medication	Percocet	5/325 mg	1 to 2 tablets, 4 x per day
Muscle relaxant	Valium	5 mg	3 x per day
Other			
Supplements			
	For those with specific drug allergies Other medications may be given.		

Change your incision dressings. It is important that you do not get your nipple dressings wet. There are 2 layers of dressings on the nipples. The outer layer is dry gauze held in place with a bra. This may be changed daily. The inner layer is a yellow sponge that is actually sutured onto your skin. Do not remove this inner layer and do not get it wet for the first week after your procedure. Keep dressings clean and dry.

_____ The incisions on the abdomen (where the skin grafts were taken) will seep fluid and some blood for a short time after surgery. Cleanse this area daily with anti-bacterial soap, apply anti-bacterial ointment (e.g. bacitracin ointment) on the incisions, and then apply a gauze pad.

_____ **Do not smoke.** Smoking can greatly impair your safety prior to surgery and your ability to heal following surgery. You must not smoke.

_____ **Relax.** Do not engage in any stressful activities. Do not lift anything heavier than 10 pounds. Take care of no one, and let others tend to you.

Post-Surgical Instructions: Nipple and Areola Reconstruction

TWO TO SEVEN DAYS FOLLOWING SURGERY

During this time you will progress with each day that passes. Ease into your daily activities. You may begin driving 1 to 2 days after your procedure, unless you are still taking narcotics around the clock.

- **Continue to cleanse wounds as directed; you may shower.** Take a warm, not hot shower. **REMEMBER do not get the nipple dressings wet.** Do not take a bath. Limit your shower to 10 minutes. Do not rub your incisions. You may wash the donor site (usu. Hip) with anti-bacterial soap(e.g. lever 2000 or dial), apply anti-bacterial ointment (e.g. bacitracin ointment) on the incisions, and then apply a gauze pad.
- **Take antibiotic medications and supplements as directed.** Take pain medication and muscle relaxants only as needed. You may wish to switch from prescription pain medication to acetaminophen.
- **Continue to wear your bra around the clock.**
- **Do not resume any exercise other than regular walking.** Walking is essential every day to prevent the formation of blood clots.
- **Maintain a healthy diet. Do not smoke. Do not consume alcohol.**
- **Continue to avoid getting the nipple wet.** It is important to keep it dry because moisture can prevent the skin graft from sticking down properly, which can impair wound healing.

ONE TO FOUR WEEKS FOLLOWING SURGERY

As you resume your normal daily activities, you must continue proper care and healing.

- **Apply antibiotic ointment** (e.g. bacitracin ointment) to the nipples and areolae (the skin surrounding the nipple) as well as the donor site, **2 times daily.**
- **Starting at 4 weeks, you may use scar treatments (e.g. Mederma) on the incisions.** You should also start scar massage, and perform it 3 x daily for several minutes each time.
- **Ease into your fitness routine.** Avoid aerobic exercise that may cause a lot of bounce.
- **Do not smoke.** While incisions may have sealed, smoking deprives your body of necessary oxygen that can result in poorly healed, wide, raised scars. For your long-term health, there is no need to resume smoking.
- **Continue to wear a proper support bra.** You may sleep without a bra; however a camisole with built-in shelf support can be comfortable and provides added support as you continue to heal.
- **Practice good sun protection.** Do not expose your breasts to direct sunlight. If you are outdoors, apply at least an SPF 30 to the chest area at least 30 minutes prior to sun exposure. Your chest region and breast skin are highly susceptible to sunburn or the formation of irregular, darkened pigmentation.

Post-Surgical Instructions: Nipple and Areola Reconstruction

YOUR FIRST YEAR

- **Continue healthy nutrition, fitness, and sun protection.**
- **Your scars will continue to refine.** If they become raised, red or thickened, or appear to widen, contact our office. Early intervention is important to achieving well-healed scars. Scars are generally refined to fine incision lines one year after surgery.
- **Massage all incisions, the nipples, and the areolae 3 to 4 times a day, with hand-cream** (e.g. eucerin cream), or scar treatments (e.g. Mederma) to help prevent raised scars.
- **A one-year post surgery follow-up is recommended.** However, you may call our office at any time with your concerns or for needed follow-up.

Your body will change with age. The appearance of your breasts will change too. You may wish to undergo revision surgery at a later date to help maintain your appearance throughout life. Contact our office with any of your questions or concerns, at any time.

I have read and understand all of the above instructions. I understand that following these instructions is solely my responsibility. I understand that it is also my responsibility to ask my doctor and his or her staff any questions I have related to these instructions or about my procedure, health and healing.

These instructions are not meant to be comprehensive or all-inclusive, any additional instructions will be given to you by Dr. Butterfield as needed.

Financial Policy Regarding Revision and Complications

Every plastic and reconstructive surgeon has a few patients who will require revision or have some complications requiring additional surgery. As you have been or will be told, one cannot guarantee a result. In cosmetic procedures there are certain problems that will happen statistically no matter how good the care or how careful the doctor and team. Examples of problems that may be encountered are bleeding or an unfavorable scar after a surgical procedure. In both of these cases, it may be necessary to return the patient to surgery, either on an emergency basis (as in the case with bleeding) or an elective basis (as in the case of scarring). It is our policy as a predetermined courtesy to our patients not to charge a surgeon's fee for complications or revisional surgery within 6 months from the original surgery date. We do, however, expect the patient to pay whatever other expenses arise as a result of treatment in hospital or outpatient settings. If the revisional surgery occurs in our office facility, the patient is responsible for the expense of the facility and anesthesia. Sometimes the patient will have insurance that will cover these revisions or complications. It depends upon the individual policy and how it is written. When a person does have insurance, the insurance company is billed for the surgeon's fee as well as the facility fees. All patient copays and deductibles will apply.

We hope that no complication arises and no revisional surgery is necessary in your case. However, no plastic surgeon can guarantee this to patients. It is important for the patient undergoing an elective surgical procedure to understand this financial policy. If you have any questions regarding this policy, the office staff would be happy to discuss it with you.

Policy Regarding Employer Paperwork

Many patients have forms that must be completed by Dr. Butterfield or our office to verify surgery dates, length of absence from work, work restrictions and expected return to work date. Many employers require multiple forms with ongoing updates. We understand our patients need to comply with their employer's human resource requirements. With regret the volume and complexity of the required paperwork makes it necessary for our office to charge a fee for this service. For those patients with human resource requirements each surgery will be assessed a \$20.00 fee for completion of all forms. All spouse paperwork will also be assessed a \$20.00 fee.

Please ensure all forms are in our office at least two weeks prior to your employers due date marked "Attention Nurse – Employer Forms". Include the address or fax number where all completed forms are to be returned, due date and your contact information should questions arise. The \$20.00 fee may be paid to the receptionist at the time of your pre operative appointment.

My signature below, indicates that I understand and agree to the above policies.

Signature _____ Date _____
Witness _____