

Acceptance of Risk and Surgery Consent

Silicone Gel Breast Implants

Surgeons and patient initial each

	Surgeon	Patient
1.) If signs of rupture are seen on an MRI, then you should have your implant removed.	_____	_____
2.) Additional surgery to your breast and/or implant will be likely over the course of your life.	_____	_____
3.) Your implants are not considered lifetime devices and you will likely undergo implant removal, with or without replacement, during your life.	_____	_____
4.) You should inform your mammography technologist about the presence of your implants.	_____	_____
5.) Your breast implants may interfere with your ability to successfully breastfeed.	_____	_____
6.) You should perform breast self-examinations monthly and should make sure you know how to distinguish the implant from your breast tissue.	_____	_____
7.) To monitor your breast implants for silent rupture, an MRI is recommended three (3) years following surgery and then every two (2) years after that.	_____	_____
8.) The scar tissue or capsule that normally forms around the implant may tighten (contracture) and squeeze the implant making your breast feel firmer and sometimes painful.	_____	_____
9.) Allergan and Mentor maintain a breast implant database and your participation in this database is strongly recommended.	_____	_____

Consent to Surgery

My surgeon has provided me with the augmentation surgery with silicone gel-filled breast implants patient planner to inform me prior to my surgery.

I have had adequate time to review and understand the information presented in the augmentation surgery with silicone gel-filled breast implants patient planner. My concerns and questions have been addressed by my doctor. I have considered alternatives to augmentation surgery, including use of external prostheses or surgery with saline-filled breast implants.

I am choosing to proceed with silicone gel-filled breast implant surgery.

Patient Name (printed): _____

Patient Signature: _____ Date: _____

Surgeon Name (printed): _____

Surgeon Signature: _____ Date: _____