

INFORMED CONSENT – AGREEMENT for MASTECTOMY (CHEST SURGERY, POSSIBLE NIPPLE GRAFT, POSSIBLE LIPOSUCTION) FOR GENDER CONFIRMATION

INSTRUCTIONS

This is an informed consent document that has been prepared to help inform you about mastectomy for gender confirmation, its risks, and alternative treatments.

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.

GENERAL INFORMATION

Mastectomy for gender confirmation is a part of the female to male gender confirmation process. The best candidates are those who understand the procedure and have realistic expectations about the results. This surgery involves removal of the female breast gland, removal of excess breast skin, and repositioning of the nipple and areola as a free graft. There are both risks and complications associated with alternative surgical forms of treatment.

ALTERNATIVE TREATMENT

Mastectomy for gender confirmation is an elective surgical operation. Alternative treatment would consist of not undergoing surgery, and in select patients, liposuction has been used to reduce the size of breasts. Potential risks and complications are associated with alternative techniques that involve surgery.

RISKS of MASTECTOMY SURGERY

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved with reduction mammoplasty. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. While the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of mastectomy for gender confirmation.

Bleeding – It is possible, though unusual, to have problems with bleeding before, during, or after surgery. Should post-operative bleeding occur, it may require emergency treatment to stop the bleeding or remove an accumulation of blood (hematoma). It may require a blood transfusion. Do not take any aspirin or anti-inflammatory medications for seven days before surgery, as this contributes to a greater 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.

Infection – Infection is unusual after this type of surgery. It may appear in the immediate postoperative period or at any time following the surgery. Sub-acute or chronic infections may be difficult to diagnose. Should an infection occur, treatment including antibiotics or additional surgery may be necessary. Individuals with a weakened immune system (currently receiving chemotherapy or drugs to suppress the immune system), may be at greater risk for infection.

Change in nipple sensation and skin sensation – If a free nipple graft is performed, there will be no nipple sensation right after surgery. After several months, some patients will regain partial sensation. Partial or permanent loss of nipple and skin sensation may occur after mastectomy in one or both nipples. Changes in sensation may affect sexual response.

Skin scarring – Although good wound healing after a surgical procedure is expected, abnormal scars may occur both within the skin and deeper tissues. Scars may be unattractive and of different color than

surrounding skin tone. There is the possibility of visible marks from sutures used for wound closure. Additional treatments may be needed to treat abnormal scarring after surgery.

Unsatisfactory result – You may be disappointed with the results of surgery. Asymmetry in nipple location, unanticipated chest wall shape and size may occur after surgery. Unsatisfactory surgical scar location may occur. It may be necessary to perform additional surgery to improve your results.

Long term results – Subsequent alterations in chest wall shape may occur as the result of aging, weight lost or gain, or other circumstances not related to the original mastectomy surgery. Skin sagging may naturally occur.

Pain – Abnormal scarring in skin and the deeper tissues of the chest may produce pain.

Firmness – Excessive firmness of the chest wall can occur after surgery due to internal scarring or fat necrosis. The occurrence of this is not predictable. If an area of fat necrosis or scarring appears, this may require biopsy or additional surgical treatment.

Delayed healing– Wound disruption or delayed wound healing is possible. Some areas of the breast skin or nipple region may not heal normally and may take a long time to heal. It is even possible to have loss of skin or nipple tissue. This may require frequent dressing changes or further surgery to remove the non-living tissue.

*****Smokers have a greater risk of skin loss and wound healing complications*****

Asymmetry – Some breast asymmetry naturally occurs in most men and women. Differences in breast and nipple shape, size, or symmetry may also occur after surgery. Additional surgery may be necessary to revise asymmetry after a mastectomy for gender confirmation.

Breast Cancer – Breast disease and breast cancer can occur independently of breast surgery, even after removal of breast tissue. It is recommended that all patients perform regular self-examination of their breasts, have mammograms according to American Cancer Society guidelines, and to seek professional care should a breast lump be detected.

Breast feeding – Because the breast glands are removed during surgery, breast feeding will not be possible after mastectomy for gender confirmation.

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.

Allergic reactions – In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions, which are more serious, may result from drugs used during surgery and prescription medications. Allergic reactions may require additional treatment.

Pulmonary complications – Pulmonary complications may occur secondarily to blood clots (pulmonary emboli) or partial collapse of the lungs after general anesthesia. Should either of these complications occur, you may require hospitalization and additional treatment. Pulmonary emboli can be life-threatening or fatal in some circumstances.

ADDITIONAL SURGERY NECESSARY

Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with

reduction mammoplasty. There are many variable conditions that may influence the long-term result of breast surgery. Secondary surgery may be necessary to perform additional tightening or repositioning of the breasts. 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.

HEALTH INSURANCE

Mastectomy for gender confirmation may not be covered by your insurance. Please carefully review your health insurance subscriber-information pamphlet, call your insurance company, and discuss this further with your plastic surgeon. Many insurance plans exclude coverage for secondary or revisionary surgery.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. This includes fees charged by your doctor, the cost of surgical supplies, 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. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revisionary surgery would also be your responsibility.

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). 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 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 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.

CONSENT FOR SURGERY / PROCEDURE or TREATMENT

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

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Patient Initials _____

I have read the following information sheet: **INFORMED CONSENT – MASTECTOMY FOR GENDER CONFIRMATION**

2. I consent to the administration of such anesthetics as may be considered necessary or advisable by the physician or anesthesiologist responsible for this service. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

3. I consent to be photographed before, during, and after treatment, and I understand that these photographs are the visual part of my clinical record and are the property of Dr. Loren S. Schechter, and may be published in scientific journals and/or shown for professional reasons. I hereby authorize Dr. Loren S. Schechter and his assistants and/or his designees to use pre-operative, intra-operative, and post-operative photographs, videotapes, and/or voice recordings for professional medical purposes deemed appropriate including, but not limited to showing these images on public or commercial television, electronic digital networks, for purposes of medical education, patient education, lay publication, or during lectures to medical or lay groups. I understand that I will not be entitled to monetary payment or any other consideration as a result of any use of these images and/or my interview. I waive any right or option to inspect or approve the finished product or advertising or other copy that may be used along with the photographs, videotape and voice recordings. I hereby grant Dr. Loren S. Schechter the unlimited right to use such photographs, videotapes and/or voice recordings as he deems appropriate, at his sole discretion.

4. For purposes of advancing medical education, I consent to the admittance of observers in the operating room. I have been advised, and I agree, that the surgical operation may be performed by a team of doctors including one or more attending doctors, residents, and medical students.

5. I consent to additional practitioners performing the procedure, or important aspects of the procedure, different from those now contemplated, whether or not arising from presently unforeseen conditions, whom Dr. Schechter and/or his assistants and/or designees may consider necessary or advisable in the course of this operation.

6. I consent to the disposal of any tissue, medical devices, or body parts which may be removed. I also consent to the examination of any tissue, medical devices, or body parts removed during the procedure, both for pathologic examination and for examination for research purposes, which may include, but not be limited to, photography as discussed above.

7. I have been informed by Dr. Loren S. Schechter that there are separate fees for surgical, medical, psychological, and anesthesia services, as well as hospital fees. Additional costs may occur should complications develop from the surgery. Charges for secondary surgery or revisionary surgery would be your responsibility.

8. I authorize the release of my Social Security Number to appropriate agencies for legal reporting and medical-device registration, if applicable.

9. 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 (1-9).
I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____

In order to signify that you have been given all the information regarding your surgery, please complete the following questionnaire....

Please list three possible complication of surgery:

1. _____
2. _____
3. _____

In order to signify that you have been given and have understood the possible complications of your surgery, please write in your own handwriting "I have been educated on the risks, benefits, options and alternatives for my surgery and all of my questions have been answered."

Complete the following sentence found within the consent form:

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Patient Initials _____

“Should complications occur, _____.”

Patient or Person Authorized to sign for Patient

Date

Witness

Date

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