

PATIENT MEDICAL HISTORY

Douglas E. Bowden, D.O., FACOS - 501 W. Washington St, Greenwood, MS 38930

Name: _____

SSN: _____

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1. Current Bra Size _____ Cup size desired: _____
 2. Height: _____ Weight: _____
 3. Number of Pregnancies: _____ Number of children _____
 4. Do you have any allergies to medications? _____
 5. Are you taking any medications on a regular basis? _____ If yes, please list:

 6. Do you have any present or previous illnesses? _____

 7. Briefly describe why you are here or why you are considering cosmetic surgery. _____

 8. Have you ever been hospitalized? _____ If so, list reason and approximate date. _____

 9. Have you had any previous surgeries? _____ If so, list reason and approximate date. _____

 10. Are you a diabetic? _____
 11. Are you being treated for high blood pressure? _____
 12. Have you ever had tuberculosis? _____
 13. Have you ever had Hepatitis? _____
 14. Have you ever been diagnosed as having epilepsy? _____
 15. Have you ever been diagnosed as being HIV or AIDS positive? _____
 16. Do you smoke cigarettes? _____
 17. Do you drink alcohol? _____

1. INDICATIONS:

The amount of breast development in an adult female varies considerably. Some women simply never develop a large amount of breast tissue, while others note that their breast tissue becomes noticeably less in amount following pregnancies. The majority of women wanting this surgery seek only to have normal size breasts for their body frame size.

Breast implants make small breasts larger. They can, but do not necessarily improve their shape. Breasts made larger by breast implants may droop and sag as much as the same size breasts without implants.

If you are over thirty-five (35) years of age, it is recommended that prior to your surgery you should have a baseline mammogram. If you are 30-35 years of age, you should consider getting a baseline mammogram for future reference.

If you could be pregnant, a pregnancy test will be required prior to surgery.

2. HOW IS THE PROCEDURE DONE?

The operation consists of developing a pocket behind the breast tissue or chest muscle. An implant thrusts the breasts forward. The most common way to gain access to the area behind the breast is through an incision approximately one to two inches long in the inframammary fold (fold below the breast).

The size of the implant to be used is determined by the amount of existing breast tissue, height, weight, and general body stature. Since the implant is placed behind the breast, rather than in the breast, it should not interfere with future breast-feeding potential. There is probably no greater tendency to develop cysts or lumps in the breast with implants than without. Implants are not known to cause cancer. Implants may interfere with mammogram image interpretation.

3. WHERE IS THE OPERATION DONE?

The operation is done as an outpatient surgical procedure. You will be given local anesthetic with heavy sedation and you should have no pain during the procedure. You may have a general anesthetic if you desire. You will be sent home a short time after the operation to return the next day for a bandage change. You must have someone drive you and stay with you for the first 24-48 hours.

4. WHAT MAY I DO AFTER THE SURGERY?

For the first few days you must relax and rest. Avoid overheating and excitement of any kind during this period of time to eliminate the possibility of accidental injury or bruising. You may raise your arms above the shoulders as needed after the first week. A shower can be taken after the first full day. Passive sexual activity may be resumed on the second day, but no vigorous activity for at least one week.

You must wear the recommended bra day and night for the first three (3) weeks. You will be seen the next day, in one week, and every month after for six months (6) or until I release you. If you live far away, I will make other arrangements.

Most of the discomfort will be over after the first two (2) or three (3) days. However, you may have some tenderness and soreness, which could last for a few weeks. After the first two (2) days, you may drive a car (if not taking pain medication), and do light housework such as washing dishes. You should avoid hot baths and vigorous activity for at least three (3) weeks unless instructed otherwise, and should not participate in any sports, such as jogging, swimming, bowling, tennis, etc. for four (4) weeks. You may experience an occasional sharp fleeting pain in your breast while the nerve is mending itself. You may experience very tender nipples for several days.

5. WHAT COMPLICATIONS CAN OCCUR?

As with any surgery, you will have a scar. Fresh scars are usually firm and red and then gradually improve over the first year. No guarantee can be made concerning the appearance of your scar, since each person heals differently and neither the physician or the patient can completely control the patient's healing.

As with any surgery, although rare, you could possibly develop an infection. Infection is generally a very small area and simply means delayed healing for a few days. The most serious infection would result in removal of the implant and after a satisfactory period of healing (three to six months), the implant would be replaced through the previous incision.

Following the surgery, you may expect some bruising near the incisions and on the breast. Large amounts of bleeding could occur, but it is very unusual. This would require opening the incision, removing the blood, controlling the bleeding, reinsertion of the implant, and closing the incision.

Numbness, tenderness, burning of the nipples or skin around the incision may be present after surgery. This is generally temporary. A change in sensation of the nipples that may be permanent, although rare, can happen.

Following implant surgery approximately 5 – 10% of the breasts become more firm. The implant itself does not become firm. The firmness is due to the formation of scar tissue around the implant. Excessive contracture can result in undesirable firmness. While some firmness is beneficial to some patients, excessive firmness is ordinarily not desirable. If excessive firmness develops, you may benefit from manipulation, however, a small percentage of patients will require a second operation to correct the problem.

If you need further information please feel free to contact the office for assistance.

ASPIRIN AND ASPIRIN PRODUCTS

Do not take any aspirin or aspirin products for 10 days prior to your surgery. Your doctor may also request that you not take any of these products after surgery:

Advil
Alka Seltzer
Anacin
Ascriptin
Aspirin
B.C. Powder
Bufferin
Coumadin
Diet pills
Exotrin
Equagesic
Excedrin
Four-Way Cold Tablets
Ginko Biloba
Goodies Powder
Herparin
Herbal medicines
Nuprin
Percodan
Persantin
Robaxisal
St. John's Wort
Stanback
Vanquish
Vitamin C
Vitamin E

Tylenol products are fine to take.

INFORMED CONSENT FOR AUGMENTATION MAMMOPLASTY

Douglas E. Bowden, D.O., FACOS. 501 W. Washington Street, Greenwood, Mississippi 38930—662-453-4641/866-451-4641

- **Diagnosis:**
Hypomastia
Breast Involution
- **Nature and Purpose of Proposed Procedure:**
Enlarge Breasts with Implants
- **Risks and Consequences of Proposed Treatment:**
Bleeding, Infection, Scarring, Sensory Changes or Numbness, Capsular Contracture, Implant Leakage or Rupture
- **Risk and Consequences or Proposed Treatment Specific and Unique to Patient:**
Ptosis or sagging of the breasts
Rippling or Wrinkling – see or feel implants under the skin
Breast Asymmetry – size or shape difference
Additional breast surgery may be required in the future
Implant may interfere with mammogram interpretation
- **Alternative Treatments:**
No surgery
Mastopexy -- Breast lift procedure
- **Prognosis if the Proposed Treatment Is Not Accepted:**
Good

Consent:

I have been informed of the nature, risks and consequences of this procedure and the alternatives. I have been informed that no guarantee has been made to the results which may be obtained. I certify that I have read and fully understand the above information, that the explanations referred to are understood by me, and that all blanks requiring information have been completed.

Patient: _____ Date: _____
(or legally authorized person for minor or patient who is incapacitated)

Relationship to patient: _____

Witness to signature: _____ Date: _____

Physicians signature: _____ Date: _____

Consent to Taking and Publication of Photographs

Douglas E. Bowden, D.O., FACOS 501 W. Washington Street, Greenwood, Mississippi 38930—663-453-4641/866-451-4641

Patient's Name: _____ Date _____

In connection with the medical services that I am receiving from my physician, _____
Dr. Douglas E. Bowden

I consent that photographs may be taken of me, or parts of my body, under the following conditions:

1. The photographs may be taken only with the consent of my physician and under such conditions and at such times as may be approved by my physician.
2. The photographs shall be taken by my physician or by a photographer approved by my physician.
3. The photographs shall be used for medical records and, at the discretion of my physician, such photographs and information relating to my case may be published and republished, either separately or in connection with each other, in professional journals or medical books, and used for any other commercial or noncommercial purpose that my physician may deem proper; provided however, that it is specifically understood that in any such use, I shall not be identified by name.

Signature (Patient or legal guardian, if patient is a minor)

Print Name of Patient

Attest (Witness) Signature

Attest (Witness) Print Name