

Informed Consent

Augmentation Mammaplasty with Larger Implant than Recommended by Mrs CC Kat

Patient Name:

DOB:

Informed Consent – Augmentation Mammaplasty with Larger Implant than Recommended by Mrs CC Kat

l,, i	have discussed with Mrs CC Kat	t and fully understand and
ccept the following with regard to my desire for breast augmentation using an implant larger than		
Mrs CC Kat feels is optimal for my b	reast tissue and my body propor	rtions.
I acknowledge that I fully understand	d each item listed below.	
I have had an opportunity to have all or tradeoff listed below as indicated	• •	•
each item below).		
As I get older, my breast skin will any breast, augmented or not, the		r even without an implant. The larger e to skin stretching.
Adding any implant to my breast breast tissues over time.	ng any implant to my breast adds weight and will produce stretch and irreversible thinning of my st tissues over time.	
The larger the implant, the greater	r the amount of breast tissue stret	ch that will occur.
Adding excess weight to the breast almost guarantees that it will look worse over time, with increased stretch and sagging. It is impossible to predict whether or when this will occur in any individual patient.		
Adding weight to my breast with a large implant may cause me to need further surgery in the future, particularly mastopexy (breast lift) with additional visible scars and risks. I will incur additional costs, time off work, risks, and trade offs if additional surgery is necessary.		
	Excessive breast tissue stretch from a large implant can make me more likely to have surgical complications with healing problems if the tissues become very thin.	
	ast tissues thin, I will definitely be able to feel my implant, portions of the implant may be visible n my skin and visible rippling or wrinkling may occur.	
If excessive stretch or complications occur (and this is unpredictable), it may even become necessary remove the implants, with compromise in the appearance of my breasts and probable visible scarrin if breast lifting (mastopexy) is necessary when the implants are removed.		
I am overruling Mrs Kats years o	of experience and judgment and	my tissues and body proportions, I accept full responsibility for r risk is known or unknown to me
	augmentation of my breasts. I ha	fs, and request that Mrs Kat proceed ave had an opportunity to have all of rtable with my decision.
Date:		
Patient: (Please print)		
Patient: (Please sign)		
Page 1 of 1	Patient Initials	©Version 2 2021 Kat & Co Aesthetics