

**PURITY BRIDGE CLINIC**  
**CHECKLIST for Augmentation Mastopexy Pre-operative**



**Recommendations around the time of surgery**

- Clothing to wear to hospital – we recommend you wear a button or zip top for ease and comfort (such as a tracksuit top). You may find your arms and shoulders feel a little stiff after surgery.
- Keeping your skin clean – we recommend regular washing before and after surgery with tea tree wash.
- Good supporting sports bra – a good bra is essential after breast surgery. We suggest Macom bras, which you can purchase from the clinic. They offer good support and stretchy cups, meaning that they can accommodate your breasts during any post-operative swelling you may experience. They are also front fastening, which makes things easier after surgery. We would also suggest you purchased two bras, so one can be in the wash whilst wearing the other one. It is important to ensure that the bra fits comfortably around your chest.
- Wear the sports bra for 6-weeks day and night unless otherwise advised. Please take the garment to the hospital.
- Sleep for a few days with an extra pillow after surgery – this should help swelling to reduce.
- Looking after your dressings – your wounds will be dressed in brown tape, which stays on for two weeks. You can shower with the dressings on, but please have your back to the shower hose, so the tapes don't come off. It is essential that the dressings are dry prior to getting dressed – dab of excess water with a towel, then use a hair dryer on a cold setting to dry the tapes.
- Post-operative follow-up – you will have a check-up with the nurse one week after surgery, and then a further appointment for the removal of tapes at 2-weeks and trimming of any stitch ends. Later follow-up will be arranged subsequently.
- Take things easy & slowly after surgery. Gentle pottering about, no heavy lifting or jumping up and down for first 2-3 weeks.
- Driving can be started at 2-3 weeks.
- No spray tan.

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- After 6 weeks you can get back to normal exercise.
- Scar management – this will be discussed with you at your 2-week post-operative appointment. Regular moisturizing and massage of your scars is important, and silicone gel can help ensure your scars settle down as quickly as possible.
- Some people find using arnica cream or tablets very helpful for their bruising and swelling.

Any form of surgery carries a degree of risk. An individual's choice to undergo a surgical procedure is based on the perception and balance of risk and benefit. Although the majority of patients do not experience complications, it is important to consider them carefully in relation to how they might affect you if you were in the position to experience one (or more). If you have any questions or doubts you must discuss these with your plastic surgeon and postpone surgery until you are happy.

**EARLY COMPLICATIONS (WITHIN THE FIRST WEEK OF SURGERY)**

**Bleeding (haematoma)**

If there is any suggestion that bleeding into the breasts has occurred after surgery you will need to go back to the operating theatre to have the bleeding stopped and the wound washed out to evacuate the collected blood. Signs that a haematoma is developing include: the filling up of your drain bottle with blood, swelling of the breast, increasing pain, a swollen and purple nipple and the development of severe bruising.

Patient initials.....

**Infection**

Rates of severe infection in augmentation-mastopexy are low. However, minor wound infections or inflammation may occur. If you have had a Wise pattern (T-shaped) augmentation-mastopexy, this is most common at the T-junction of the scars. Minor wound infections are dealt with using special dressings and antibiotics where appropriate. If a major infection develops, it might be necessary to go back to the operating theatre to wash out the wound. In severe cases, more than one return trip to theatre may be required, as well as the use of a specialised dressing, to try and get the wound to heal as quickly as possible. The breast implant may need to be removed in order for an infection to resolve – replacement of the implant would not usually be considered for at least 3-months to ensure there is no residual infection left behind.

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**Blood Clots**

Blood clots in the veins of the legs (DVT - deep venous thrombosis) may occur after augmentation-mastopexy surgery, which is why important preventative measures are taken (compression stockings, pneumatic calf pumps and blood thinning injections whilst in hospital). You should continue to wear the calf compression stockings for 2-weeks after discharge from hospital. If a DVT does develop, you will need various investigations and treatment as appropriate. A pulmonary embolus (PE) describes a

blood clot that has broken off from the DVT and lodged in the blood vessels in the lungs. This can be serious, and again, appropriate investigations and treatment are instigated should this be suspected after your operation.

Patient initials.....

**INTERMEDIATE COMPLICATIONS (WITHIN 6-WEEKS OF SURGERY)**

**Suture spitting**

As described above, stitches (sutures) that are designed to dissolve sometimes do not dissolve as quickly as they are meant to. In these situations, there is a chance that they can work their way out of the wound and appear as sharp prickly filaments, occasionally with a surrounding area of redness. Should this occur, it is nothing to worry about - any sutures that are spitting out of the wound can be removed in the clinic, and the wounds should then heal over these areas uneventfully.

Patient initials.....

**Delayed wound healing**

In some people the wounds take longer to heal than in others: this may be due to having had a mild infection of the wound, due to a reaction with the stitches or from overdoing it straight after surgery. Normally this is a minor inconvenience, which can be managed with special dressings as an outpatient. Occasionally it can lead to a more severe infection developing as described above.

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**Nipple problems**

Nipples need to be re-sited during augmentation-mastopexy surgery, and in some women having big lift, this can mean they need to be moved a long way. If there is any problem with the blood supply to the nipple, this may affect the healing and even the survival of the nipples. In the worst-case scenario (which is fortunately very uncommon) the entire nipple may die. Otherwise, part of the nipple may form a scab, which will eventually heal underneath. If you are unlucky enough for this to happen, you may require revision surgery in the future to address poor scarring or to reconstruct a new nipple for you

Patient initials.....

**Fat necrosis**

In the same way as there may be some trouble with the blood getting to the nipple to keep it alive, occasionally the same may happen to the fat in the breast. If this happens a pocket of fat may die – this is known as fat necrosis. If this happens to a small degree, it may just present as firm lumps in the breast. These will usually settle with time and massage. If you have more significant fat necrosis, you may produce an oily discharge from the wound. Depending on the degree of fat necrosis, this may either be managed with dressings and wound washouts in the outpatient setting, or if it is more severe, it may require a further trip to the operating theatre for a formal washout of the breast.

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**Seroma**

Normally wound fluid (that comes out into the drain bottles if drains are used) stops being produced by the body shortly after surgery. Sometimes, however, the body continues to produce this fluid for some time and the fluid can accumulate in the breasts, known as a seroma. If this happens it may be uncomfortable and there is a chance that the fluid can become infected. Therefore, should you develop a seroma, it may be necessary for it to be drained. This involves a fine needle being passed into the breast and the fluid sucked out (in a similar manner to how it previously came out into the drain bottle if used). As there is a breast implant, a radiologist, using an ultrasound scan to monitor where the needle tip is in relation to the implant, would usually do this. The aspiration may need to be repeated on more than one occasion depending upon your situation. Fortunately, this is unusual in augmentation-mastopexy.

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**Synmastia**

This describes an effect where the implant pockets almost connect between your breasts, resulting in an unnatural webbed appearance between your breasts, blunting the cleavage. This is unusual and regular central chest massaging helps to minimise mild synmastia that can be caused by post-operative swelling in this area.

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**LATE COMPLICATIONS (AFTER 6-WEEKS FROM SURGERY)**

**Asymmetry**

As described earlier, everyone has a degree of breast asymmetry. Although every effort is taken to achieve the best symmetry possible, there will always be differences between your breasts. If there is a significant difference between your breasts, this will be discussed with you and together a plan can be made to address this if required

Patient initials.....

**Capsular contracture**

Following the insertion of any implant, the body forms a protective layer of scar tissue (a capsule) around it, to "wall it off" from the body. With breast implants, this capsule is normal and should be soft and undetectable. However, sometimes the capsule thickens, contracts and tightens, resulting in a distortion of breast shape and discomfort. This is known as capsular contracture. The true rate of capsular contracture is unknown, but studies suggest rates are between 2% and 13% at 6-years following a breast augmentation with an average of about 3% at 5-years. Capsular contracture rates are increased with saline implants and when smooth implants are placed in the sub-glandular pocket (but not a sub-muscular pocket).

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**Capsulectomy and implant replacement**

Should capsular contracture of any significance (i.e. it distorts your breasts or becomes uncomfortable) develop it is recommended that your implants are removed with the contracted capsule. New implants may be put in as replacements at the time of this surgery, should you wish. Future risks of capsular contracture are higher if you have developed a hard capsule and range from 11-40%.

A capsulectomy and implant replacement operation takes about two hours and the drains are usually left in for longer than with a primary breast augmentation surgery. You may be able to go home with your drains in and return to hospital at 48-72 hours for their removal.

Patient initials.....

**Implant rupture**

With modern highly cohesive implants, rupture is fortunately much less common than it used to be. Rates of about 1% are reported. Implant rupture is not dangerous in terms of causing breast cancer or other disease but will require surgery to replace the implants.

Patient initials.....

**Scarring**

The augmentation-mastopexy scars will fade but this can take 1-2 years. Until this time scars may be red and firm. As described above, regular scar massage and moisturising is important to help the scars to mature and settle down as quickly as possible. Hypertrophic or keloid scars can occasionally occur – these are thickened and lumpy scars that are more common in people of Asian or Afro-Caribbean descent. Should these occur, this will be discussed with you as well as the best ways of treating them.

Patient initials.....

**Palpable or visible implants**

People who are very slim, have implants placed under the breast (rather than under the muscle), those with large implants and people who have had their implants for a long time are all at risk of palpable or visible implants (i.e. you may be able to feel or see the implants under the breast skin).

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**Size issues**

Some people are unhappy with the size of implant they have and wish they had chosen a different option. As stated above, getting the pre-operative sizing right is crucial, as once the implants are in, it takes further surgery (and cost) to change them. Therefore, if you have any doubts or anxieties about the size you have agreed, it is vital that you let us know.

Patient initials.....

**Implant rotation**

Uncommonly, anatomical (tear drop) implants can rotate and cause the breast to change shape. Should this occur it may be possible to manipulate the implant in the outpatient clinic to get it back to its correct position. If this does not work, you may require surgery to correct this problem.

Patient initials.....

**Implant migration**

Larger implants that are heavy can occasionally drop down below the breast crease, producing an unaesthetic appearance of the breast. Should this happen, you would need surgery to correct it.

Patient initials.....

**Implant extrusion**

The pressure effect of a large implant in a thin-skinned breast can lead to the implant wearing away the skin and working its way out of the breast. Fortunately, this is very uncommon. If this happens, and the implant appears through the skin, it will need to be removed surgically and corrective surgery performed. As in the case of an infection, if it is appropriate to replace the implant, this will need to be done at a later date.

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**Silicone leakage**

With the older generation implants silicone leakage was a real problem, sometimes causing inflammation in the glands in the armpit, requiring surgery to remove them. With modern implants of higher cohesivity silicone leakage is very unusual. Should your implant rupture, all the cohesive gel stays within the capsule and is not at risk of migrating outside the breast. There is no risk of it causing any harm to you.

Patient initials.....

**Explantation**

In certain situations, it is necessary to remove the breast implant, known as explantation. This would only be done if absolutely necessary, which may be in the following situations: a bad infection; significant capsular contracture or implant extrusion (an unusual situation in which the implant comes through the skin - this is usually associated with a bad infection).

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**Double capsule/late seroma**

This is an unusual phenomenon whereby fluid starts to build up around the implant over a year after surgery. It has mostly been associated with a particular implant (Allergan 410 with a Biocell shell).

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**Anaplastic large cell lymphoma (ALCL)**

Recently a number of cases of a very uncommon type of immune system cancer associated with breast implants have been reported. It is estimated that over 5-million women worldwide have implants. The presenting symptoms of ALCL are a swelling in the breast (from fluid production) over 1-year after surgery. The treatment is surgery to remove the implant, drainage of the fluid that has collected and removal of the scar tissue (capsule) around the implant. It is uncommon for BIA-ALCL to spread to any other parts of the body but if suspected, further treatment would be indicated such as chemotherapy. BIA-ALCL is very uncommon. Research is ongoing in this area and future information will further advise us on this issue.

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**The need for further surgery**

Some of the complications outlined above will lead to the need for further surgery, either in the short term or long term. For example, surgery to help with an infection in the short term, or surgery for capsular contracture in the long-term. It is important for you to understand that having an augmentation-mastopexy operation means that there is always a chance that you will need further surgery in the future. Revisional surgery may sometimes be indicated to make minor adjustments to areas such as the nipple shape, nipple position, scars position and dog-ears (puckering skin that can occur at the end of the scars).

Patient initials.....

**Recurrence of loose skin/sagging of breast tissue**

As your recovery takes place, your breast tissues gradually soften. This is a normal part of recovery. In some situations, a degree of recurrence of loose skin or breast sagging may occur. This is more likely in thin or very stretched skin with poor tone or stretch marks or when surgery has taken place after significant weight loss or where you had some drooping or looseness of your breast tissue before surgery. The skin tone in stretched skin such as skin with stretch marks is low and can result in a degree of loose skin or irregularities in the areas where the stretch marks remain. Heavy (large) implants require more support from your breast tissue and are therefore more likely to cause a downward drag on your breasts. If you have significant drooping of your breast tissue before implant surgery, combining implants with a lift (mastopexy) will give a better shape. A small to medium implant is better in this situation as it doesn't stress the breast tissue as much as a larger implant. If

loose skin or sagging occurs after breast augmentation, further surgery such as a breast lift and/or change of implants is usually needed to correct this.

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**Breast Implant Illness**

A small number of women experience symptoms such as fatigue, hair loss, brain fog, fibromyalgia, ME, irritable bowel syndrome, skin conditions, joint aches and pains, lupus or rheumatoid symptoms or Raynaud’s disease after having breast implants placed. It is difficult to directly relate these symptoms to breast implants as there is not really any scientific evidence linking silicone implants to these conditions. However in around 50% of patients who develop symptoms such as these (who have not been diagnosed with another condition that can explain their symptoms), surgery to remove their implants and the capsule around them may relieve the symptoms. Further research is ongoing in this area to fully understand and treat this condition.

Patient initials .....

**OTHER POINTS TO CONSIDER WHEN THINKING ABOUT A BREAST AUGMENTATION**

**Mammograms**

It is still possible to have mammograms after you have had a breast augmentation. You will need to tell the mammographer that you have implants so that special views can be taken. It is possible that around 5% of the breast will not be visible on a mammogram after you have had implants. Other means of checking your breasts for breast cancer are also available, such as ultrasound and MRI (magnetic resonance imaging).

Patient initials .....

**Breast Feeding**

Breast feeding following breast augmentation is not only possible, but is also safe. Because the implants are placed underneath the breast, or under the muscle beneath the breast, there is no damage to the milk-producing glands or the ducts.

Studies have been done to examine the quantities of silicone in the breast milk of mothers with breast implants, and the levels found are many times below what would be cause for concern. Therefore breast feeding with breast implants is not an issue.

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**The effect of having larger breasts**

The majority of patients are delighted with their decision to go ahead with breast augmentation: the boost to their self-confidence seems to permeate into every aspect of their lives. However, depending on the size of breast implants you choose, there can be some unexpected effects. Large implants are heavy – a pair of 500cc implants weigh 1kg (2.2lbs) and some patients do comment on the extra weight they are carrying around. In some circumstances, this can result in back ache, so it is important that you consider this when choosing your implant size.

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**Effects of implants on breast tissue and skin**

Breast implants of any size will exert some pressure on the breast from within. The larger the implant the more pressure will be exerted. The long-term effects of this pressure are a loss of some of your own breast tissue (loss of breast volume) and

stretching of the skin. Therefore, the larger the implant, the more the loss of breast tissue and the more the skin is stretched over time. These are further important points to consider if you are thinking about a large augmentation.

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**Fullness of the upper breast**

It is important to be realistic about the degree of fullness that can be achieved and maintained in the upper breast following breast augmentation surgery. Your breasts will usually be quite full in the upper areas in the early stages, but this will reduce over the recovery period. This is partly due to swelling reducing, partly due to the implants settling into a final position and partly due to your breast tissue softening and settling into a final position over time. It is not always possible to maintain a very full upper breast.

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**Secondary or revision breast augmentation surgery**

If you are having replacement breast augmentation surgery after having a problem with previous implants or after having implants in place for a long time, it is crucial that you understand that it is not as straightforward as first time round. There will be scar tissue in your breast from the previous surgery and/or problems and your breast tissue will usually have been stretched from the previous implants and may not have the same degree of support in it this time. There is a higher risk of asymmetry or problems with the position of the implant or supporting the implants. If you had a previous infection, enough time for it to fully resolve must have passed before replacing breast implants. If it is a long time since the first surgery, you will also have had some ageing of your breast tissue which again affects support of an implant. You may not have the same result as before or be able to have the same implants as before.

Patient initials.....

**The sub-optimal result**

Despite a successful augmentation-mastopexy operation, some patients will feel their breasts are not exactly as they were hoping. This may be due to a number of factors but can be due to unrealistic expectations (for example, some patients are disappointed that they have visible scars, or that they have mild degrees of asymmetry).

One other important point to make, is that your new breasts will be a version of your existing breasts – i.e. if you have poor quality skin that has thinned and stretched, it will still be the same quality skin left behind, which in turn will not be capable of supporting the weight of a heavy implant. This in turn means that, even with a light implant you will inevitably develop a recurrence of breast droop. Furthermore, even though your upper pole fullness will be improved compared with your pre-operative situation, it will not be as full (nor remain as full) as someone who started with, for example, A cup breasts with no droop and a tight skin envelope. It is important to ensure your expectations on these fronts is realistic, otherwise disappointment may ensue.

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It is important to discuss any concerns you have. If further procedures are warranted, there may be further costs involved and this will be explained. It is crucial that you appreciate what you can expect from an augmentation-mastopexy prior to undergoing the surgery.

Patient initials.....

**Coronavirus and COVID-19**

The Coronavirus Disease (COVID-19) global pandemic has had an impact on all of our lives. Despite the anticipated “worst” of the disease and the consequences being allegedly over, the disease still exists and can have an impact on surgical and non-surgical procedures. The disease can be acquired in the community and in healthcare settings, and it is impossible to determine accurately how someone might have caught the disease. It is therefore important that you appreciate that if you develop COVID-19 following your procedure, it is not possible to determine whether you caught it during your treatment (e.g. from medical staff or the clinical setting) or whether it was acquired elsewhere.

Furthermore, if you are an asymptomatic carrier of Coronavirus (even if a recent test for Coronavirus has been negative), there is evidence that symptoms can develop after a surgical procedure, particularly with a general anaesthetic. This risk must be acknowledged and accepted if you are to proceed with treatment. Should symptoms develop they could impact on your post-surgical recovery, and even require transfer or admission to an NHS hospital.

Patient initials.....

- **I, the undersigned, acknowledge that I have read and understood the nature of a breast augmentation-mastopexy operation. I have read the information booklet provided to me and I understand the potential risks and complications associated with this procedure.**
- **I further recognise that during the course of an operation, medical treatment or anaesthesia, unforeseen conditions may necessitate**

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**different or additional procedures. I therefore authorise my surgeon and attendant medical staff to perform such procedures as deemed necessary by their professional judgement that are in my best interest.**

- I consent to the administration of such anaesthetics considered necessary and advisable. I understand that all forms of anaesthesia involve risk and the possibility of complications.**
- I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.**
- I agree that all has been explained to me in a way I understand regarding the procedure(s), risks, potential benefits and possible alternative treatments.**

**Patient signature .....**

**Patient name.....**

**Date.....**

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