

**Fact sheet for Bilateral Breast Reduction**  
**Mr Haitham Khashaba MBBCh, MSc, MRCS, EBOPRAS, FRCS(Plast)**  
**Consultant Plastic, Reconstructive & Aesthetic Surgeon**

This is an informed-consent document that has been prepared to help inform you about breast reduction surgery, 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.

**General Information**

Breast reduction is a surgical procedure to raise and reduce the size of breasts. Factors such as pregnancy, nursing, weight change, aging and gravity produce changes in the appearance of a woman's breasts. This operation can also reduce the size of the areola, the darker skin around the nipple. The best candidates for breast reduction are healthy, emotionally stable women who have realistic expectations about what this type of surgery can accomplish. Breast reduction does leave permanent, noticeable scars on the breasts, and the breasts whilst smaller than your current size will still change with time and the final size cannot be accurately predicted. There are a variety of different surgical techniques used for the reshaping of the female breast.

**Alternative Treatments**

Breast reduction is an elective surgical operation. Alternative treatment would consist of not undergoing the surgical procedure or wearing supportive undergarments to support your breasts, and/or weight loss. Risks and potential complications are also associated with alternative surgical forms of treatment.

**Risks Of Breast Reduction Surgery**

Every surgical procedure involves a certain amount of risk, and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of women do not experience the following complications they are included as a basis for our discussions, and I am happy to see you a number of times should you wish to go through them in as much detail as you wish.

**Bleeding** It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or blood transfusion. Intra-operative blood transfusion may also be required. Hematoma may contribute to capsular contracture, (particularly if uplifting is combined with a breast implant), infection or other problems.

**Change in Nipple and Skin Sensation** You may experience a diminished (or loss) of sensitivity of the nipples and the skin of your breast. Partial or permanent loss of nipple and skin sensation can occur after a breast reduction in one or both nipples. Changes in sensation may affect sexual response or the ability to breast-feed a baby.

**Complete or Partial loss of the Nipple / Areola** In rare cases the blood supply to both the nipple and areolas may be interrupted or not sufficient enough to supply the nipple and areola, as a result both may turn black and die, partially or completely. This is considered a drastic outcome, however there are several options to mitigate this if it ever happens.

**Skin Contour Irregularities** Contour and shape irregularities may occur after breast reduction. Visible and palpable wrinkling may occur. One breast may be smaller than the other. Nipple

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position and shape will not be identical one side to the next. Residual skin irregularities at the ends of the incisions or “dog ears” are always a possibility when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.

**Skin Discoloration / Swelling** Some bruising and swelling normally occurs following a breast reduction. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

**Skin Sensitivity** Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.

**Firmness** Excessive firmness of the breast can occur after surgery due to internal scarring ; the occurrence of this is not predictable. Additional treatment including surgery may be necessary.

**Fat Necrosis** Fatty tissue found deep in the skin might die. This may produce areas of firmness within the skin. Additional surgery to remove areas of fat necrosis may be necessary. There is the possibility of contour irregularities in the skin that may result from fat necrosis.

**Seroma** Infrequently, fluid may accumulate between the skin and the underlying tissues following surgery, trauma or vigorous exercise. Should this problem occur, it may require additional procedures for drainage of fluid.

**Breast Disease** Breast disease and breast cancer can occur independently of breast reduction surgery. Individuals with a personal history or family history of breast cancer may be at a higher risk of developing breast cancer than a woman with no family history of this disease. It is recommended that all women perform periodic self-examination of their breasts, have mammography according to the national Breast Cancer Screening program, and seek professional care should a breast lump be detected.

**Long-Term Results** Subsequent alterations in the breast shape may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause, or other circumstances not related to your surgery. Breast sagging may normally occur.

**Interference with Sentinel Lymph Node Mapping Procedures** Breast surgery procedures that involve cutting through breast tissue, similar to a breast biopsy, can potentially interfere with diagnostic procedures to determine lymph node drainage of breast tissue to stage breast cancer.

**Breast and Nipple Piercing Procedures** Individuals who currently wear body-piercing jewelry in the breast region are advised that a breast infection could develop from this activity.

**Future Pregnancy and Breast Feeding** breast reduction is not known to interfere with

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pregnancy. If you are planning a pregnancy, your breast skin may stretch and offset the results of breast reduction. You may have more difficulty breast-feeding after this operation or not be able to breast feed at all.

**Breast size** A bra is dependent on both the breast size and back size. It is not possible to be entirely accurate about the potential bra/cup size that will result following breast reduction surgery.

**Breast shape** Breasts consist mostly of variable proportions of breast tissue (glands for milk production) and fat. The final shape after surgery is affected by factors including the proportions of breast tissue and fat, the initial shape and size of the breasts, the reaction of the tissues, scarring and any complications. It is therefore not possible to accurately predict the final shape of breast following surgery.

### **General Complications of Surgery**

**Bleeding** It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood (haematoma). Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections. Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

**Infection** Wound infections usually appear in the immediate postoperative period. Subacute or chronic infections may be difficult to diagnose or occur later. Should an infection occur, treatment including antibiotics, additional surgery or local wound care may be necessary. Infections can lead to compromise of the final result of surgery.

**Scarring** All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different colour than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases, scars may require surgical revision or treatment.

**Healing Issues** Certain medical conditions, dietary supplements and medications may delay and interfere with healing. Patients with massive weight loss may have a healing delay that could result in the incisions coming apart, infection, and tissue changes resulting in the need for additional medical care, surgery, and prolonged hospitalizations. Patients with diabetes or those taking medications such as steroids on an extended basis may have prolonged healing issues. Smoking will cause a delay in the healing process, often resulting in the need for additional surgery. There are general risks associated with healing such as swelling, bleeding, possibility of

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additional surgery, prolonged recovery, colour changes, shape changes, infection, not meeting patient goals and expectations, and added expense to the patient. There may also be a longer recovery due to the length of surgery and anaesthesia. Patients with significant skin laxity (patients seeking facelifts, breast lifts, abdominoplasty, and body lifts) will continue to have the same lax skin after surgery. The quality or elasticity of skin will not change, and recurrence of skin looseness will occur at some time in the future, quicker for some than others. There are nerve endings that may become involved with healing scars from surgery such as suction-assisted lipectomy, abdominoplasty, facelifts, body lifts, and extremity surgery. While there may not be a major nerve injury, the small nerve endings during the healing period may become too active producing a painful or oversensitive area due to the small sensory nerve involved with scar tissue. Often, massage and early non-surgical intervention resolves this. It is important to discuss post-surgical pain with your surgeon.

**Firmness** Excessive firmness can occur after surgery due to internal scarring. The occurrence of this is not predictable. Additional treatment including surgery may be necessary.

**Change in Skin Sensation** It is common to experience diminished (or loss) of skin sensation in areas that have had surgery. Diminished (or complete loss of skin sensation) may not totally resolve.

**Skin Contour Irregularities** Contour and shape irregularities may occur. Visible and palpable wrinkling of skin may occur. Residual skin irregularities at the ends of the incisions or “dog ears” are always a possibility when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.

**Skin Discoloration / Swelling** Some bruising and swelling normally occur. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

**Skin Sensitivity** Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.

**Delayed Healing** Wound disruption or delayed wound healing is possible. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have decreased blood supply to breast tissue from past surgery or radiation therapy may be at increased risk for wound healing and poor surgical outcome. Smokers have a greater risk of skin loss and wound healing complications.

**Seroma** Infrequently, fluid may accumulate between the skin and the underlying tissues following surgery, trauma or vigorous exercise. Should this problem occur, it may require additional procedures for drainage of fluid.

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**Damage to Deeper Structures** There is the potential for injury to deeper structures including, nerves and blood vessels muscles during any surgical procedure. The potential for this to occur varies according to the type of procedure being performed. Injury to deeper structures may be temporary or permanent.

**Sutures** Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires suture removal.

**Surgical Anaesthesia** Both local and general anaesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anaesthesia or sedation.

**Shock** In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatment would be necessary.

**Deep Venous Thrombosis, Cardiac and Pulmonary Complications** Surgery, especially longer procedures, may be associated with the formation of, or increase in, blood clots in the venous system. Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anaesthesia. Pulmonary and fat emboli can be life-threatening or fatal in some circumstances. Air travel, inactivity and other conditions may increase the incidence of blood clots travelling to the lungs causing a major blood clot that may result in death. It is important to discuss with your physician any past history of blood clots, swollen legs or the use of oestrogen or birth control pills that may contribute to this condition. Cardiac complications are a risk with any surgery and anaesthesia, even in patients without symptoms. Should any of these complications occur, you may require hospitalization and additional treatment. *If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately.*

**Pain** You will experience pain after your surgery and can be of varying intensity and duration may. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue or due to tissue stretching. For surgery on limbs then a specific type of long-term pain called CRPS (complex regional pain syndrome) can occur and cause long-term effects that needs intensive therapy and or medications to help manage.

**Allergic Reactions** In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

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**Long-term results** Long-term results are difficult to predict and depend on many factors such as lifestyle, weight and genetics.

**Unsatisfactory result** You may be disappointed with the results of surgery. Asymmetry, unsatisfactory surgical scar location or displacement may occur. It may be necessary to perform additional surgery to improve your results.

**Medications and Herbal Dietary Supplements** There are potential adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Aspirin and medications that contain aspirin interfere with bleeding, as can any non-steroidal anti-inflammatories. It is very important not to stop drugs that interfere with platelets without discussing with the surgeon and prescribing doctor. Be sure to check with your own doctor about any drug interactions that may exist with medications which you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after surgery please be aware that they can affect your thought process and coordination. Do not drive, do not operate complex equipment, do not make any important decisions and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

**Additional Surgery Necessary**

Should complications occur, additional surgery or other treatments may be necessary and can be unpredictable as the practice of medicine and surgery is not always an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied on the results that may be obtained through the hospital does have specific terms and conditions which they should supply separately.

**Patient Compliance**

Follow all post operative instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is wise to refrain from intimate physical activities after surgery until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

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**Female Patient Information**

It is important to inform your plastic surgeon if you use birth control pills, oestrogen replacement, or if you suspect you may be pregnant. Many medications including antibiotics may affect the preventive effect of birth control pills, allowing for conception and pregnancy, so please use alternate contraception until discussing with your family planning doctor.

**Intimate Relations After Surgery**

Surgery involves coagulating blood vessels and increased activity of any kind may open these vessels leading to a bleed, or haematoma. Activity that increases your pulse or heart rate may cause additional bruising, swelling, and the need for return to surgery and control bleeding. It is wise to refrain from intimate physical activities for 6 weeks after surgery.

**Covid**

Private healthcare providers review the covid situation on a regular basis. Unfortunately there is a risk associated with acquiring covid during any hospital admission. However the hospital takes a number of reasonable precautions and only people screened negative proceed with general anaesthetic procedures. There is reduced emergency and ICU capacity within the NHS due to covid and therefore there is a risk that, in the rare event that you need ICU, access to this may be delayed. All patients are screened and only proceed to surgery if negative; I am also swabbed. You have already had consultations where we discussed potential complications as well as receiving my own consent form/fact sheet and the above is additional information. Should you wish to defer your operation I fully understand. If you wish to discuss the specifics of this letter, I would be happy to do so.

**Patient Compliance**

Follow all post operative instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is wise to refrain from intimate physical activities after surgery until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

**Health Insurance**

Most health insurance companies exclude coverage for cosmetic surgical operations or any complications that might occur from surgery. Most insurance plans exclude coverage for secondary or revisionary surgery due to complications of cosmetic surgery.

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**Financial Responsibilities**

The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical supplies, anaesthesia, 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.

The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risk and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.

**Changing your mind**

You can change your mind at any stage and there is no obligation to have any procedure. This may be to discuss the procedure in more detail or to withdraw from the treatment completely. Please bring up any concerns as soon as you have them, and I can attempt to address them.

**Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray)**

Patients who are currently smoking, use tobacco products, or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications such as skin dying, delayed healing and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anaesthesia and recovery from anaesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication. If you are a smoker, or nicotine user, it is important to refrain from smoking at least 6 weeks before surgery and 4 weeks after to allow for wound healing.

**Mental Health Disorders and Elective Surgery**

It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from elective surgery, effects on mental health cannot be accurately predicted.

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**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), including no surgery. 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 current 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 of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

**Consent For Surgery / Procedure Or Treatment**

I hereby authorise Mr Haitham Khashaba, and such assistants as may be selected to perform the following procedure or treatment Breast reduction

1. I have received the following information sheet
  - a. Informed consent for breast reduction
2. I recognise that during the course of the operation and medical treatment or anaesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorise the above to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my surgeon at the time the procedure is begun.
3. I consent to the administration of such anaesthetics considered necessary or advisable. I understand that all forms of anaesthesia involve risk and the possibility of complications, injury and sometimes death.
4. I acknowledge that no guarantee or representation has been given by anyone as to the results that may be obtained.
5. I consent to be photographed during, after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.

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6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devises or body parts which may be removed.
8. I consent to the utilisation of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential risks to my health with their utilisation.
9. I understand that the surgeons' fees are separate from the anaesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure may be required.
10. I realise that not having the operation is an option.
11. 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

Patient Signature:

Date:

Consultant Surgeon Signature:

Date:

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