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AUTHORISATION FOR BREAST REDUCTION

Patient's Name

INTRODUCTION:

This informed-consent document helps your plastic surgeon inform you about your proposed surgery, its risks, and alternative treatments.

It is important that you read this information carefully and have all your questions answered.

- 1) I authorise Dr. Johan van Heerden and his assistant(s) to perform on me an operation known as breast reduction.
- 2) The nature and effects of this operation and the risks and complications have been explained and understood.
- 3) Among other points, the following has been made specifically clear:
 - a. The scars are permanent
 - b. The likelihood of breast-feeding after this operation is decreased
 - c. Having the breasts match is the surgical objective. However perfect symmetry of nipples, areolae and breasts cannot be achieved
 - d. Complications after reduction mammoplasty are like those after any surgical procedure i.e. bleeding, infection and wound breakdown may occur and may require additional procedure(s) for treatment
 - e. As far as now known, this operation is not known to influence the later development of cancer
 - f. Swelling and bruising take a few weeks to disappear and several months are necessary for the breasts to assume their eventual shape. With time and gravity, the breast(s) may sag again.
 - g. Sensation to the breasts (including nipple and areola) is usually altered and may be permanently decreased. (This includes the nipple and areola)
 - h. There is a possibility that the blood supply to one or both nipples and areolae and skin of the breasts may become impaired, and death of tissue may result. This complication may require later reconstruction.
 - i. I understand and accept the less common complications, including the remote risk of death or serious disability that exists with any surgical procedure.
 - j. I am aware that smoking during the 4 weeks pre- and 4 weeks post-operative periods may increase my risk of complications.
 - k. I have informed the doctor of all medications I am currently taking, including prescriptions, over the counter remedies, herbal drugs, supplements, or any other substance. I have been advised whether I should avoid taking any or all these medications before or on the days of the procedure.
- 4) I authorise Dr. Johan van Heerden to perform any other procedure that he may deem desirable in attempting to improve the condition stated in paragraph 1 above or any unhealthy or unforeseen condition that may be encountered during the operation.

- 5) The practice of medicine and surgery is not an exact science. I therefore, understand that no guarantee or assurance can be given by Dr. Johan van Heerden as to the results that may be obtained. Even reputable practitioners cannot guarantee results.
- 6) The two sides of the human body are not the same and can never be made the same.
- 7) I have authorised Dr. Johan van Heerden to take clinical photographs. Such photographs remain the property of Dr. Johan van Heerden.
- 8) I am allergic to: _____
- 9) In the event of a contractual dispute, or any other cause of action, litigation shall ONLY be instituted in a court of the Republic of South Africa.
- 10) I understand that full payment for cosmetic procedures will be made 7 days in advance to both the surgeon and the anaesthetist. Failure of payment will prevent the procedure from being booked on the theatre list.
- 11) Additional costs may occur should complications result from surgery. The patient will be liable for all such additional costs.
- 12) Mediation:
Should any dispute, disagreement or claim arise between Dr. Johan van Heerden and the patient (called hereafter "the dispute") concerning professional medical services rendered by Dr. Johan van Heerden to the patient, Dr. Johan van Heerden shall endeavour to resolve the dispute with the patient or claimant by mediation. It is in everyone's interest that health-related claims and disputes be resolved expeditiously, in a fair and cost effective way. In the event of any such claim or dispute arising from treatment provided by Dr. Johan van Heerden, the patient agrees to attend an entirely free pre-mediation meeting before any legal action is taken. A qualified and independent mediator will chair the aforesaid pre-mediation meeting. The purpose of the confidential and without prejudice meeting will be to inform all interested parties about mediation so that they can take an informed decision whether or not to make use of mediation before any other legal action is taken. It is acknowledged that this agreement does not in any way violate the parties' constitutional rights in terms of Section 34 of the Constitution.
In the event of a contractual dispute, or any other cause of action, litigation shall ONLY be instituted in a court of the Republic of South Africa.
Should any dispute, disagreement or claim arise between Dr. Johan van Heerden and the patient (called hereafter "the dispute") concerning professional medical services rendered by Dr. Johan van Heerden to the patient, Dr. Johan van Heerden shall endeavour to resolve the dispute with the patient or claimant by mediation. It is in everyone's interest that health-related claims and disputes be resolved expeditiously, in a fair and cost-effective way. In the event of any such claim or dispute arising from treatment provided by Dr. Johan van Heerden, the patient agrees to attend an entirely free pre-mediation meeting before any legal action is taken. A qualified and independent mediator will chair the aforesaid pre-mediation meeting. The purpose of the confidential and without prejudice meeting will be to inform all interested parties about mediation so that they can take an informed decision whether to make use of mediation before any other legal action is taken. It is acknowledged that this agreement does not in any way violate the parties' constitutional rights in terms of Section 34 of the Constitution.

- 13) I acknowledge that I will be responsible to pay for the consultation fee by credit card, Snapscan or cash after the consulting room consultation – this amount or part thereof may be claimed back from your medical fund.
- 14) I acknowledge that I will be responsible to follow-up with my medical fund with regards to the authorization of the specific procedure codes. A motivation will be emailed to the medical fund by the practice staff, containing all the relevant information and codes.
- 15) Acknowledge that I will REGISTER MY CONDITION AS A PMB (PRESCRIBED MINIMUM BENEFIT) with my medical fund, should this be applicable. MEDICAL FUNDS are obliged to reimburse the payment of PMB conditions in full.
- 16) I acknowledge that I have been informed (by this document) that this practice does not charge the rates that the Department of Health has unilaterally determined for doctors, which are known as the Reference Price List (RPL).
- 17) I accept that I remain fully responsible for payment of services rendered and should I not pay timeously, understand that I will be liable for Debt recovery cost on an attorney and own client scale. If the Medical Aid decide for whatever reason not to reimburse the practice for services rendered, I remain responsible for the outstanding balance
- 18) I acknowledge that any account queries or requests will be directed to Mrs. Annelize Beneke: 082 305 1689, acc.johanvh@gmail.com
- 19) I acknowledge that I have the right to choose another Specialist and that I am under NO OBLIGATION to consult with Dr. Johan van Heerden.

I certify that I have read the above authorisation, that the explanations referred to therein were made to my satisfaction, and that I fully understand such explanations and the above authorisation.

Signed: _____ Witness: _____ Date: _____
(Patient or person authorised to consent for patient)

IMPORTANT INFORMATION:

ADVANTAGES:

- Surgical reduction of breast volume.
- Repositioning of the nipple and areola.
- Reduced breast volume and therefore the reduction of the breast size.
- Reducing neck- & back ache, if big breast is the cause.

DISADVANTAGES:

- Circular scar around the areola, vertical scar in the middle of the breast under the areola, and a horizontal scar in the fold under the breast.
- Pain and discomfort for the first few days after the operation.
- To prevent "dog ears" it may be necessary to lengthen the incision underneath the breast to get rid of the excess skin and fat.

RISKS AND POSSIBLE COMPLICATIONS:

- Hematoma (blood collection that needs to be drained in theatre, which will mean additional theatre costs).
- Seroma (fluid collection that needs to be drained in the rooms).
- Sensation loss of the nipple (normally sensation returns within 12 months).
- Skin necrosis and wound breakdown at the suture lines and of the nipple and areola.
- Nipple numbness.
- Hypertrophic scars.
- Infection (rare).

- Nodularity due to calcification and fat necrosis.
- Breastfeeding will not be possible.
- Minor asymmetry: no woman's breasts are perfectly symmetric before the operation, though we aim to get a symmetrical result, it cannot be guaranteed 100%.

PRE-OPERATIVE INFORMATION:

- Do not eat or drink anything 8 hours before the procedure.
- Do not shave any hair yourself – this will be done in theatre.
- **DO NOT TAKE ANY HERBS OR SUPPLEMENTS FOR 2 WEEKS BEFORE THE SURGERY.**
- **STOP Disprin/Ecotrin, Grandpa OR ANY NON-STEROIDAL ANTI-INFLAMMATORY DRUGS 10 DAYS BEFORE SURGERY.**
- **STOP Clopidogrel/Plavix/Anti-platelet medicine 7 DAYS BEFORE THE SURGERY.**
- Do not smoke cigarettes for 6 weeks before 6 weeks after the operation.
- Stop taking vitamin pills, herbs and any non-prescribed drugs 2 weeks before and 2 weeks after the procedure to prevent excessive bleeding.
- Please arrive 2 hours before the procedure at admissions.
- Please go to Dr. van Heerden's rooms at 7:30 the morning of the operation for marking.
- The excised breast tissue will be sent for histological examination to exclude the presence of malignancy and therefore additional costs will be involved.

POST-OPERATIVE CARE:

- The drains will be removed after 1 week – please make a 30-minute appointment on a Wednesday or Friday.
- Collect your post-op bra on the day of discharge from Dr. van Heerden's rooms (Suite M12)
- Do not remove the dressings and preferably the bra must be worn at night as well for a total period of 6 weeks.
- Do not shower, the dressings must be kept dry, you may wash your hair and body at the basin carefully, using a cloth.
- You are only allowed to eat, sleep, rest and go to the toilet for 2 weeks after the surgery – no driving, no working, use upper limbs as less as possible.
- No exercise or gym or sweating for 6 weeks after the operation.
- The sutures will be removed after 3 weeks.
- Please make a second 15-minute appointment 3 weeks after the surgery for removal of the sutures.
- Please make a 15-minute appointment after 6 weeks for the final appointment.
- After 6 weeks: do not apply "tissue-oil" or "Bio-oil" on the scars, Regime A or Lab-Zero may be applied as directed, once wound healing is complete, in a massaging fashion on the scar lines.
- Wound healing and the result of the scars can only be judged after 12 – 18 months.
- The shape of the breast will change over the following 12 months from a pyramidal to a teardrop shape.
- The nipple height may also drop with aging. This may need future adjustment with secondary surgery.
- A specific bra size cannot be guaranteed.
- Cleavage cannot be guaranteed.
- Perfect symmetry cannot be guaranteed.
- Pain and discomfort for the first few days after the procedure is normal.
- Excessive pain and swelling in the one breast are not normal – please contact Dr. van Heerden on 082 899 7951 if this occurs.
- After approximately 6 weeks the breast size will stabilize from operative swelling.
- If your body mass increase or you fell pregnant, the breast shape and size may change – this is normal. It is perfectly safe to breast feed with implants.