

**PARKWAY MEDICAL, P.C.**

12400 ST. ANDREWS DR.  
OKLAHOMA CITY, OK 73120  
405-751-0042/800-525-8054  
[parkmed@yahoo.com](mailto:parkmed@yahoo.com)

*J. Dan Metcalf, M.D.*

**PLEASE PRINT**

**NEW PATIENT INFORMATION SHEET**

**DATE** \_\_\_\_\_

**NAME** \_\_\_\_\_  
**LAST NAME** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_ **INITIAL** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

**CELL PHONE** \_\_\_\_\_ **PHARMACY PHONE** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**PLACE OF EMPLOYMENT** \_\_\_\_\_

**TYPE OF WORK** \_\_\_\_\_ **SEX** \_\_\_\_\_

**AGE** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_ **MARITAL STATUS** \_\_\_S\_\_\_M\_\_\_D\_\_\_W

**SOCIAL SECURITY #** \_\_\_\_\_ **DRIVERS LICENSE #** \_\_\_\_\_

**SPOUSES NAME** \_\_\_\_\_

**REFERRED BY:** \_\_\_\_\_

**PERSON TO CONTACT IN EVENT OF EMERGENCY:**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

# MEDICAL HISTORY

Please circle correct responses or fill in the blanks where applicable

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

HEIGHT \_\_\_\_\_ FT. \_\_\_\_\_ IN. WEIGHT \_\_\_\_\_ LBS.

CURRENT BRA SIZE \_\_\_\_\_ CUP SIZE DESIRED \_\_\_\_\_

# OF CHILDREN \_\_\_\_\_ AGE OF CHILDREN \_\_\_\_\_

ARE YOU PREGNANT? Yes No DATE OF LAST MENSTRUAL PERIOD \_\_\_\_\_

ALLERGIES TO MEDICATIONS \_\_\_\_\_

MEDICATIONS & DOSAGE TAKEN  
REGULARLY \_\_\_\_\_

PRESENT OR PREVIOUS MEDICAL ILLNESSES \_\_\_\_\_

PREVIOUS  
OPERATIONS \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_

COMPLICATIONS WITH PREVIOUS OPERATIONS OR ANESTHESIA? \_\_\_\_\_  
If so, explain) \_\_\_\_\_

DO YOU OR FAMILY MEMBERS HAVE THE FOLLOWING?

Heart trouble      Excessive Bleeding Tendencies      Tuberculosis      High Blood Pressure  
Diabetes      Excessive Bruisability      Breast Cancer      Asthma      Thyroid Problems  
Excessive Scarring      Psychiatric Problems      Other \_\_\_\_\_

DO YOU OR HAVE YOU EVER HAD THE FOLLOWING? (Answer yes or no)

Fibrocystic changes of the breast? \_\_\_\_\_ Blood Pressure related problems \_\_\_\_\_  
Liver, Gallbladder trouble, Yellow Jaundice or Hepatitis? \_\_\_\_\_ Diabetes? \_\_\_\_\_  
Epilepsy, Convulsions or Seizures? \_\_\_\_\_ Back Trouble \_\_\_\_\_  
Abnormal Electrocardiogram (ECG)? \_\_\_\_\_ Heart trouble \_\_\_\_\_  
Have you had a mammogram? \_\_\_\_\_ When? \_\_\_\_\_ Hiatal Hernia? \_\_\_\_\_  
Kidney Disease? \_\_\_\_\_ Bleeding Tendencies? \_\_\_\_\_ Thyroid Problems? \_\_\_\_\_  
Abnormal Chest X-Ray \_\_\_\_\_ Any recent medical/dental infections? \_\_\_\_\_  
Any other illnesses? \_\_\_\_\_ Explain \_\_\_\_\_

DO YOU.....

Wear contact lenses? \_\_\_\_\_ Smoke \_\_\_\_\_ How much? \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PARKWAY MEDICAL, P.C.**

**J. DAN METCALF, MD**

*12400 Saint Andrews Drive*

*Oklahoma City, OK 73120*

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[\*parkmed@yahoo.com\*](mailto:parkmed@yahoo.com)

[\*www.parkwaymed.com\*](http://www.parkwaymed.com)

**General Information**

- *Surgery appointments cannot be scheduled without having an in-office consultation or submitting the required information.*
  
- *Accepted forms of payment for balance include: cash, cashier's check, money order, Visa, MasterCard, and Discover. **PERSONAL CHECKS, CHECK CARDS AND DEBIT CARDS WILL NOT BE ACCEPTED.***
  
- *Credit card must be in the patient's name and signed by the patient.*
  
- *Deposits will not be refunded unless 72 hours notice is given of cancellation.*
  
- *A recent mammogram (less than a year old) is required for any patient over the age of 39. (If you have a history of breast cancer in your family, we recommend having a baseline mammogram prior to your surgery if you are younger than 39.)*
  
- *You will be required to stay the night in Oklahoma City following your surgery. A list of hotels that offer medical discounts is provided.*

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*If after reading this information, you decide to schedule surgery, you may:*

- *Contact the office to schedule an in-office consultation. (There is no charge for a consultation.)*

**OR**

- *Submit the following information to complete a virtual consultation.*
  - Completed New Patient Information Sheet and Medical History Form.*
  - Three (3) photographs, one picture from the front with your hands on your hips and one picture from both sides with your hands on your hips and elbows back. (These pictures only need to be of your breasts, it is not necessary to include your face.)*
  - Surgery deposit in the amount of \$500.00. The deposit is deducted from the total cost of surgery and the remaining balance is due on the day of surgery. Deposit may be paid with a cashier's check or money order. As soon as these items are received by our office, we will call you to schedule your appointment.*

***\*\*Deposits will not be refunded without 72 hours notice of cancellation\*\****

## **FINANCIAL ARRANGEMENTS**

- *A \$500.00 deposit is required to schedule surgery. This deposit is deducted from the total cost of surgery.*
- *Accepted forms of payment for balance include: cash, cashier's check, money order, Visa, MasterCard, and Discover. **PERSONAL CHECKS, CHECK CARDS AND DEBIT CARDS WILL NOT BE ACCEPTED.***
- *If you are traveling from out-of-town, it will be required that you make arrangements to stay the night at a hotel in the Oklahoma City area. The cost of the hotel stay is not included in the cost of surgery. A list of hotels that offer medical discounts is included in this packet.*

**PARKWAY MEDICAL, P.C.  
J. DAN METCALF, M.D.  
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**DIRECTIONS TO OFFICE FROM I-35 NORTH (ie. From Dallas area)**

**TAKE I-35 NORTH TO NEAR DOWNTOWN OKLAHOMA CITY**

**WHEN NEAR DOWNTOWN CONTINUE NORTH ON I-235**

**EXIT N.E. 122<sup>ND</sup> STREET, TURN LEFT AND GO 4.2 MILES**

**TURN NORTH (RIGHT) ON ST. ANDREWS DR. (THIS WILL BE THE FIRST RIGHT AFTER YOU CROSS OVER THE OVERPASS-FIRST ENTERPRISE BANK SITS ON THE CORNER)**

**OFFICE IS LOCATED AT 12400 ST. ANDREWS DR., IN THE ST. ANDREWS PROFESSIONAL PARK. THE NAME OF OUR BUILDING IS PARKWAY MEDICAL.**

**DIRECTIONS TO OFFICE FROM I-35 SOUTH (ie. From Kansas)**

**TAKE KILPATRICK TURNPIKE WEST TO HEFNER PARKWAY. TAKE HEFNER PARKWAY TO N.W. 122<sup>ND</sup> STREET EXIT. TURN WEST (RIGHT) ON N.W. 122<sup>ND</sup> ST. TURN NORTH (RIGHT) ON ST. ANDREWS DR. (THIS WILL BE THE FIRST RIGHT AFTER YOU TURN ONTO N.W. 122<sup>ND</sup> –FIRST ENTERPRISE BANK SITS ON THE CORNER OF N.W. 122<sup>ND</sup> AND ST. ANDREWS DR.)**

**OFFICE IS LOCATED AT 12400 ST. ANDREWS DR., IN THE ST. ANDREWS PROFESSIONAL PARK. THE NAME OF OUR BUILDING IS PARKWAY MEDICAL**

**DIRECTIONS TO OFFICE FROM I-40 (ie. Amarillo)**

**TAKE I-40 EAST TOWARD OKLAHOMA CITY/FORT WORTH  
TAKE EXIT 139 TO JOHN KILPATRICK TURNPIKE (DRIVING EAST)  
EXIT LAKE HEFNER PARKWAY/OK-74 S.  
TAKE THE N.W. 122<sup>ND</sup> ST. EXIT – TURN RIGHT  
TURN RIGHT ON ST. ANDREWS DRIVE  
12400 ST. ANDREWS DRIVE – PARKWAY MEDICAL**

**DIRECTIONS TO OFFICE FROM I-40 (ie. Midwest City)**

**TAKE I-40 WEST TO I-44 EAST.  
EXIT 147B TOWARD TULSA. MERGE ONTO OK-74 N.  
TAKE THE N.W. 122<sup>ND</sup> ST. EXIT  
TURN RIGHT ON ST. ANDREWS DR. (THIS WILL BE THE FIRST RIGHT AFTER YOU TURN ONTO N.W.122<sup>ND</sup>.)  
12400 ST. ANDREWS DRIVE – PARKWAY MEDICAL**

**DIRECTIONS TO THE OFFICE FROM TURNER TURNPIKE (TULSA)**

**TAKE TURNER TURNPIKE AND CONTINUE ON KILPATRICK TURNPIKE.  
EXIT HEFNER PARKWAY. THEN THE SAME DIRECTIONS FROM I-35 SOUTH**

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*Dear Patient,*

*It is my duty as your physician to educate and inform you on breast implants, their uses, potential side effects and possible complications.*

*It is the opinion of this office that you need and deserve this education and it is also the opinion of this office that any physician performing this operation should give you the same consideration.*

*If you have any questions regarding breast implants, feel free to call my office or visit Mentor's website at [www.memorygel.com](http://www.memorygel.com) or [www.loveyourlook.com](http://www.loveyourlook.com).*

*Sincerely,*  
*J. Dan Metcalf, M.D.*

## **PARKWAY MEDICAL, P.C.**

PARKWAY MEDICAL, P.C. is committed to providing comprehensive health care in a manner, which acknowledges the uniqueness and dignity of each patient. We encourage patients and families to have clear knowledge of, and to participate in matters and decisions relating to their medical care.

***Each patient receiving service in this facility shall have the following rights:***

1. To be informed of these rights, as evidenced by the patients' written acknowledgment, or by documentation by staff in the medical record, that the patient was offered a written copy of these rights and given a written or verbal explanation of these rights, in terms the patient could understand. The facility shall have a means to notify patients of any rules and regulations it has adopted governing patient conduct in the facility;
2. To be informed of services available in the facility, or the names and professional status of the personnel providing and/or responsible for the patients' care, and of fees and related charges, including the payment, fee, deposit and refund policy of the facility and any charges for services not covered by sources of third-party payment or not covered by the facility's basic rate;
3. To be informed if the facility has authorized other health care and educational institutions to participate in the patients' treatment. The patient also shall have a right to know the identity and function of these institutions, and to refuse to allow their participation in the patient's treatment.
4. To receive from the patients' physician(s) or clinical practitioners(s), in terms that the patient understands, an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risk(s) of treatment, and expected result(s). If this information would be detrimental to the patients' health, or if the patient is not capable of understanding the information, the explanation shall be provided to the patients' next of kin or guardian. This release of information to the next of kin or guardian, along with the reason for not informing the patient directly, shall be documented in the patient's medical record.
5. To participate in the planning of the patients' care and treatment, and to refuse medication and treatment. Such refusal shall be documented in the patient's medical record;
6. To be included in experimental research only when the patient gives informed, written consent to such participation, or when a guardian gives such consent for an incompetent patient in accordance with law, rule and regulation. The patient may refuse to participate in experimental research, including the investigation of new drugs and medical devices;
7. To voice grievances or recommend changes in policies and services to facility personnel, the governing authority, and/or outside representatives of the patient's choice either individually or as a group, and free from restraint, interference, coercion, discrimination, or reprisal;
8. To be free from mental and physical abuse, free from exploitation, and free from use of restraints unless they are authorized by a physician for a limited period of time to protect the patient or others from injury. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel;

9. To confidential treatment of information about the patient. Information in the patients' medical record shall not be released to anyone outside the facility without the patient's approval, unless another health care facility to which the patient was transferred requires the information, or unless the release of the information is required and permitted by law, a third-party payment contract, or a peer review, or unless the information is needed by the Oklahoma State Department of Health for statutorily authorized purposes. The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked;
10. To be treated with courtesy, consideration, respect, and recognition of the patient's dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy. The patient's privacy shall also be respected when facility personnel are discussing the patient;
11. To not be required to perform work for the facility unless the work is part of the patient's treatment and is performed voluntarily by the patient. Such work shall be in accordance with local, state and federal laws and rules;
12. To exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any patient; and
13. To not be discriminated against because of age, race, religion, sex, nationality, or ability to pay, or deprived of any constitutional, civil, and/or legal rights solely because of receiving services from the facility;
14. Request transferal to another institution providing it is medically permissible and that the other facility will accept the transfer. The patient has the right to complete information and explanation, and to be informed of other alternatives if he/she is requested by Parkway Medical, P.C. to be referred to another facility.

***Each patient receiving services in this facility shall have the following responsibilities:***

1. It is the Patient's responsibility to read all permits and/or consents that he/she signs. If the patient does not understand, it is the patient's responsibility to ask the nurse or physician for clarification.
2. It is the Patient's responsibility to answer all medical questions truthfully to the best of his/her knowledge.
3. It is the Patient's responsibility to read carefully and follow the preoperative instructions that his/her physician has given.
4. It is the Patient's responsibility to notify the organization if he/she has not followed the preoperative instructions.
5. It is the Patient's responsibility to provide transportation as directed to and from the organization appropriate to the medications and/or anesthetics that he/she will be receiving.
6. It is the Patient's responsibility to read carefully and to follow the postoperative instructions that he/she receives from the physician or nurses. This includes postoperative appointments.
7. It is the Patient's responsibility to contact his/her physician if he/she has any complications.
8. It is the Patient's responsibility to assure that all payments for services rendered are on a timely basis and that ultimately responsibility for all charges is his/hers, regardless of whatever insurance coverage he/she may have.
9. It is the Patient's responsibility to notify the CEO if he/she feels that any of his/her Patient's Rights have been violated or if he/she has a significant complaint or a suggestion to improve services or the quality of care. This can be done by filling out our "Patient Satisfaction" questionnaire.

## ***Why Breast Implants?***

The amount of breast development in an adult female varies considerably. Some women simply never develop a large amount of breast tissue. Others note that their breast tissue becomes noticeably less in amount following pregnancies. The majority of women seeking this surgery seek only to have normal size breasts that relates to their body proportions and they are not seeking to be exceptionally buxom.

Breast implants make small breast larger. They may but do not necessarily improve their shape. Breasts made larger by implants may have the same tendency to droop and sag as the same size breasts without implants. Drooping and sagging breast sometimes, however can be corrected partially with implants.

In the 1970s and 1980s, breast implant surgery was the most common cosmetic surgery in the United States. After the "silicone scare" of the 1990s, it is once again one of the most common cosmetic surgeries. Currently, over 100,000 such surgeries per year are now performed in America. At least 1.5 million women in this country have breast implants.

### **Type of Implant**

Before 1992 and the FDA scare, seven implant manufacturers existed. Today, only McGhan and Mentor survive. Saline implants produce a reduced incidence of capsular contracture, require smaller incisions, and they have an overall reputation of greater safety. Silicone gel is now available for first time augmentation and reconstruction surgery, should the patient choose it. The patient must be 22 years of age or older.

Different shapes and "projections" are available, and the saline "bag" surface can be textured or smooth. The literature regarding implants is massive and confusing, and different surgeons constantly debate which implant type and shape is the best. Most surgeons whom I respect and have worked with prefer the following implant characteristics for primary implantation:

A smooth shell, without texturing, filled with saline or silicone

Spherical (not "anatomic" or "teardrop") shape

High profile or moderate profile

### **Hospital, Surgical Center, or Office Surgery**

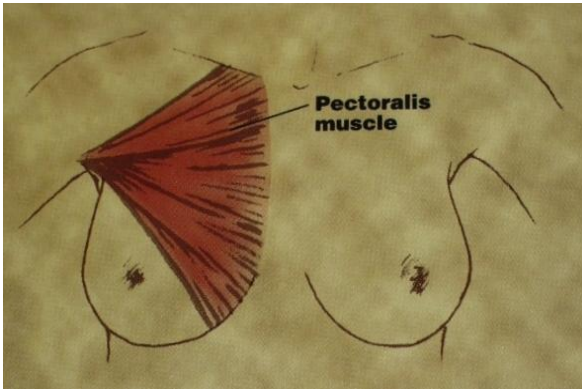
Breast implant surgery can be safely and effectively performed in any of these settings. Surgical center and office settings are usually more convenient for all involved, are more confidential, have lower rates of infection, are less expensive, are often safer, and provide a more pleasant surgical experience.

### **Anesthesia Type: General, IV Sedation, or Local**

True local anesthetic is the safest, but is rarely adequate for breast implant surgery, except in very unusual cases. IV sedation is also very safe, and is routinely performed in almost all ambulatory surgical centers. An example of this type of sedation is the IV sedation routinely given by oral surgeons (dentists with advance anesthetic and surgical training) for the extraction of wisdom teeth. General anesthesia involves intubation (a tube in your throat) and a breathing machine. In our facility a combination of a local anesthetic and IV sedation is used.

### **Placement & Position of Implant**

The surgeon's preferences and experience will almost always be the determining factor. This decision should be discussed with you in detail, because the position of the implant is critical to the final appearance and possible complications. Three types of placement are possible: Sub-glandular (under the breast, but over the muscle); Sub-pectoral (under the muscle); and Sub-fascial (under the breast, over the muscle, but under the very tough covering of the muscle, the fascia).



As you can see, each of the implant positions has its advantages and disadvantages. This is why discussion with your surgeon is critical.

### *Advantages of Placing the Implant under the Muscular Fascia*

- Discomfort and operative injury are less
- Rippling of the implant under the skin is decreased
- Flattening and distortion of the inflated implant are less
- The implant “rides” in a lower, more natural looking position
- Surgery control is better, bleeding is reduced
- The breasts feel softer, and more natural
- Better results for mild to moderately sagging breast

	<i>Under Gland</i>	<i>Under Muscle</i>	<i>Under Fascia</i>
<i>Ease of surgery</i>	Equal	Easiest	Equal
<i>Potential Surgical Bleeding</i>	Slightly higher	Slightly less	Slightly less
<i>Discussed in literature</i>	Frequently	Frequently	Uncommonly
<i>Popularity with patients</i>	Somewhat less	Somewhat higher	Somewhat higher
<i>Done with TUBA incision</i>	Frequently	Sometimes	Never
<i>Done with underarm incision</i>	Rarely	Frequently	Frequently
<i>Done with sub mammary or areola incision</i>	Frequently	Frequently	Rarely
<i>Chances of a "stuck on" or "softball" look</i>	Less	More	Less
<i>Implants separated from breast tissue by muscle or fascial barrier</i>	No	Yes	Yes
<i>Chance of nipple numbness</i>	Slightly greater	Slightly less	Slightly less
<i>Comfortable for serious amateur athletes or very active women</i>	More comfortable	Less Comfortable	More comfortable

### *What Are My Choices At Parkway Medical?*

- Moderate or High profile Mentor implants.
- Sub-fascial placement position is preferred
- Axillary (underarm) incision (without incisions or scarring of the breast) is preferred
- Office IV sedation

These choices are made for maximum safety, minimal complications, shortest downtime, and the best looking, lasting cosmetic result possible.

## ***What Are the Risks & Complications of Breast Augmentation Surgery?***

These complications are aggregate (across the United States), and are for all surgeons, all implant types, all incisions, all placement positions, and all other variables. The incidence of some complications may be decreased by various factors, which will be discussed as you read on. At Parkway Medical, we believe that many of these numbers can be significantly reduced by experience, implant choice, implant placement, and incision type. Some of the complications require another surgery (sometimes within days, some after months or years).

Remember this: Although some complications clearly must be corrected by further surgery, many complications will improve with time. Many are acceptable to the patients (and do not require further intervention), and some patients will not accept even the slightest abnormality.

If you don't want to accept small, often temporary complications, do not have breast implant surgery. If you have perfect breasts, you shouldn't be considering implant surgery. If you have imperfect breasts (almost all women) and you wish to improve their volume (and possibly equalize their size), do not expect implant surgery to correct nipple size and position or any other "pre-existing" breast abnormality.

In other words, your breasts will look very much like they did before the surgery, only larger and wider, possibly with mild enlargement of the areola.

### **Most Common Complications/Complaints with Breast Implants**

	<b><u>Saline</u></b>	<b><u>Silicone</u></b>
Excessive Rippling	50%	5%
Excessive Firmness (hard implants)	3-5%	10-15%
Chronic, Long Term Deflation	100%	0%
Palpability	100%	100%
Noticeable Scars	50%	50%
Problems with shape, position	10%	10%
Asymmetry	10%	20%
Numbness of breast or nipple	10 %	10%
Hematoma	1%	1%
Pneumothorax	0.1%	0.1%
Seroma	0.5%	0.5%
Infection	0.5%	0.5%
Capsular contracture requiring re-operation	3-5%	10-15%

### **SALINE IMPLANTS**

#### **50% Excessive Rippling**

Proper surgical technique, adequate implant filling, and proper choice of implant size minimize this. Many surgeons believe that almost all implant patients will have some amount of rippling at some time. This is usually worst at 3 months after surgery, and is more frequent and pronounced in smokers, those with thin skin, and those who have lost a large amount of weight, or who are below ideal body weight.

#### **3-5% Excessive Firmness**

Capsule formation and contracture cause excessive firmness. A capsule created by the body around any foreign object surrounds any breast implant. A capsule that continues to harden and contract over time causes excessive firmness (capsular contracture) and may require re-operation.

Some of these capsules do not appear for over two years after surgery. Re-operation, if needed, is usually done at least 6 months after the abnormal capsule is detected.

### **100% Deflation**

Deflation of the implant (loss of the salt water inside) can happen anytime after the implant is placed, from almost immediately after the surgery to many years later. The average implant will last an average of 10 years. All saline implants have a solid, but permeable, silicone shell. Tiny amounts of fluid move across the shell barrier during the entire life of the implant. In most cases, as the tiny amounts of salt water leave the shell, they are replaced by tiny amounts of body fluid (mostly salt water) to maintain the original volume of the implant.

### **100% Palpability**

You should realize (before you ever have surgery) that breast implants (regardless of the circumstances, surgeon, or implant type) never feel or look completely natural. Your implants will never feel or look exactly like the normal human breast. Please realize that breast implants are somewhat firmer and do not move as much as natural human breasts. This is often a very individual judgement. For some women, this may not necessarily be an unwanted result.

### **50% Noticeable Scars**

As with any surgery, you will have a scar. Fresh scars are usually firm and red for a period of approximately six months and then they gradually improve over the first year. I prefer the underarm incision, since this area scars less and it leaves no scar whatsoever on the breast. No guarantee can be made concerning the appearance of your scar since each person heals differently and neither the physician nor the patient can completely control the patient's healing. One woman may readily accept a scar that another woman would find unacceptable. Incisions around the nipple/areola complex and under the breast are most likely to be noticed. The TUBA and underarm incisions are usually almost invisible, except under some circumstances.

### **10% Problems with Shape, Position**

Shape and position abnormalities can be pre-existing, or a result of the surgery. Every attempt is made to achieve a natural shape and position.

### **10% Asymmetry**

Many (if not most) women have one breast that is at least slightly larger than the other. The goal at surgery is to make the two volumes as close to visually identical as possible. Many asymmetries cannot be corrected with implants.

### **10% Numbness of the Breast or Nipple**

Almost all numbness that may occur will be temporary, and will improve after weeks or months. Permanent numbness of either area is very rare.

### **1% Hematoma (blood around the implant)**

This requires re-operation within a relatively short time period (days), usually with replacement of the same implant during the hematoma surgery. These are more common in patients who have not stopped taking their herbal supplements, ibuprofen, aspirin, naproxen, Vitamin E, or other medicines which inhibit blood clotting. They are more common for patients with elevated blood pressure, blood-clotting problems, and those exposed to excessive heat or over-exertion after surgery.

### **.01% Pneumothorax**

This is a surgical complication, when the very thin muscle between the ribs is crossed with a surgical instrument, and the tissues around the lungs are entered. Usually, a small tube is placed between the ribs for several days. In some cases this requires hospitalization.

### **0.5% Seroma**

This is a collection of fluid within the cavity where the implant has been placed. This will sometimes require further surgery, but can often be treated over time without re-operation.

### **0.5% Infection**

This will almost always require re-operation, with removal of the infected implant. The implant cannot be replaced for at least 3 months. This is more common after breast-feeding and any other mouth to nipple contact, particularly within the first three months after surgery. Your surgeon should forbid mouth to nipple contact for at least 3 months following surgery. All dental surgery should be done before the implant surgery. After the implants are in place, prophylactic antibiotics should be taken before dental work for the first year.

### **3-5% Capsular Contracture Requiring Re-Operation**

All breast implants cause capsule formation. Sometimes, the capsule will contract, or shrink, deforming the implant to such a degree that another surgery is needed.

*IN SUMMARY, SALINE IMPLANTS GET HARD LESS, RIPPLE MORE, DON'T LAST AS LONG AND FEEL LESS NATURAL THAN SILICONE IMPLANTS.*

## ***Possible Contraindications to Breast Implant Surgery***

### **Poor Health**

Bleeding tendencies, hypertension (high blood pressure), heart disease, chronic pulmonary (lung), renal (kidney), or hepatic (liver) disease can be contraindications. We will not perform surgery for patients with acute or chronic skin or periodontal infections.

### **Pendulous Breasts**

Drooping or sagging breast (particularly larger breasts) are not always an "absolute" contraindication, but an adequate final result is more difficult to achieve with breasts that droop significantly.

Eventhough a drooping breast may be helped by implants, many patients with drooping breasts will eventually need a breast lift.

### **Gross Asymmetries**

Pre-existing problems such as different size areola, nipples pointing in different directions, unequal infra-mammary folds, nipple inversion, or very unequal breasts will not be adequately corrected by implant surgery alone. The patient must be willing to accept that these problems will be present after implantation surgery. Other corrective surgeries can sometimes help these problems.

### **Lactating Breasts**

Implants should not be placed until at least three months after breast-feeding and lactation have completely stopped. If even a few drops of milk can be expressed with mild pressure on the breast, lactation has not stopped. If implants are placed earlier, severe capsular contracture usually results.

### **Pregnancy**

Obviously, implantation will not be done if you are pregnant.

## ***About Mastopexy or Breast Lift Surgery***

Dr. Metcalf does not perform conventional mastopexy or breast lift surgery during initial implant surgery. He does do an internal mastopexy on women who have had implants. This is done without the conventional scars usually associated with mastopexy.

## *Anesthesia*

Intravenous sedation for breast augmentation is very common, and generally there is little risk in the use of local anesthesia with sedation. However, in some cases, there can be a reaction. Implantation with only local anesthesia (for a patient who is awake) is impractical, and would be extremely unpleasant.

At Parkway Medical your surgery is done with intravenous sedation. During surgery, you are breathing for yourself (without a tube in our throat). The surgery should take less than 1 hour. Following surgery, you awaken very quickly, and are able to leave after a recovery period of less than 45 minutes.

## *Recovery Period*

For the first few days you must rest and relax. You will be wearing a bra without underwire, which will be provided for you at my office. You may sit, lie on you back or either side. You may be up to the bathroom and meals. There should be no strenuous housework at all for the first week. It is important to be cool and calm. 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 third day. A shower can be taken on the second day. Passive sexual activity may resumed after 1 week but no vigorous activity for at least two weeks. You should wear the recommended bra all of the time in the first week. Sutures will be removed in 7-10 days.

Most of the discomfort will be over after the first two or three days; however, you may have some tenderness and soreness, which could last for a few weeks. After the first two 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 two weeks unless instructed otherwise. You should not participate in any sport such as jogging, swimming, bowling, tennis, etc. until after surgery is approximately four to six weeks old. Return visits are the day after surgery, one week after surgery and one year after surgery, then on as needed basis. I will determine the time of the appointments after the first week and you must understand that these appointments must be kept. You will receive follow-up evaluation and instructions at no charge.

## *Breast Cancer Detection and Implants*

Statistically, 1 of 8 women in North America will have breast cancer at some time during her lifetime. There has never been any evidence to suggest that women with implants have any higher rates of breast cancer. In fact, since the 1970s, the incidence of breast cancer has been slightly lower in women with implants.

For the purposes of breast augmentation surgery, we suggest that any woman over 39 years of age or with a family history of breast cancer have a mammogram before implant surgery.

Although mammography interpretation is somewhat more difficult with breast implants, this is very dependent upon the experience and skill of the radiologist, and the breast anatomy and size of the individual patient.

Breast lumps and abnormalities in women with implants are treated the same as they are for those women without breast implants.

## *Your Consultation for Breast Augmentation Surgery*

- At Parkway Medical, you will not be charged for your consultation.
- If you have questions, write them down before you arrive at the office.
- Please bring a list of all the medications that you take, and all previous surgeries.
- It never hurts to bring a friend or loved one with you; sometimes they will hear something that you don't.

- If you have breast pictures that you would like to use as examples, bring them.
- You will be given a "modesty half-gown" to wear during the examination.

### *What Will My Surgery Cost at Parkway Medical? What is Included in this Cost?*

The cost for saline is \$3,500. Silicone is \$4,400. This fee includes the:

- Saline breast implants or Silicone implants
- IV sedation
- Parkway Medical fees for facility, staff, Dr. Metcalf surgeon's fee, operative medications
- Special bra to be worn after surgery
- Follow-up visits after surgery at one day, one week, one month and yearly (if you wish), for as long as you have the implants. If, for whatever reason, you wish to be seen by us to examine your implants (at any time) there will be no charge.
- If you require re-operation for deflation during the first 10 years, all of the cost should be covered by your warranty of the implant manufacturer (if purchased)

### *What is the payment policy?*

- Payment can be made in cash, cashiers check, money order, VISA, MasterCard or Discover. (Credit card has to be in patients name!) We do not accept payment over the phone. We do not except Debit Cards, Check Cards or Personal Checks.
- Financing is available through out-of-house financing companies. Please see the attached form for their contact information.

### *What is not included in Dr. Metcalf's fee?*

- Mammogram, if over 39 years of age
- Hotel, if out of town. **\*\*YOU WILL BE REQUIRED TO STAY THE NIGHT IN OKLAHOMA CITY\*\***
- Antibiotics to be taken prior to surgery
- Antibacterial soap (Hibiclens) to be used prior to surgery.

### *Preoperative*

On the day of the operation, you should not have had anything to eat or drink for 6-8 hours prior to scheduled surgery. If you have anything to eat or drink during this time before surgery, you must tell the doctor and the operation may be cancelled. If you have taken aspirin or ibuprofen products recently the surgery will be cancelled.

An antibiotic will be taken prior to surgery and 7 days after. Preoperative instructions and prescription for antibiotics will be given to you prior to your scheduled surgery. Any questions regarding these, please contact our office immediately. Try to arrive promptly. Think pleasant thoughts, since you will have no discomfort at all during surgery and will be given adequate pain medication afterwards.

### *FAQ: Frequently Asked Questions*

#### *How soon can I go back to work after breast implantation?*

At Parkway Medical, if the procedure is uncomplicated, you should be able to return to light work and light activity after 3 days. Strenuous exercise should not begin for at least 4 weeks.

***Will I have bandages after implant surgery?***

One small bandage under each arm. No other incisions or dressings. A special support bra is placed in recovery.

***Can I breast feed with implants?***

Yes. The incidence of capsular contracture may be higher in woman with implants who breast-feed. Nursing will not damage the implants in any way.

***Will my cleavage increase after implants?***

In a bra or dress, yes. When you are topless, no.

***When can I have sex again after implant surgery?***

This depends upon the surgeon and the surgery. At Parkway Medical, we suggest that you wait one week, then carefully and gently for two more weeks.

***Will my nipple or areola change after implant surgery?***

Usually, yes. The nipple may either become more prominent, or flatten somewhat, depending upon your anatomy, the implant size, and implant position. The areola area also may enlarge slightly.

***Will I be bruised after surgery? For how long?***

Most patients have some bruising, usually along the bottom of the breast. This may last for 2 weeks.

***Will I need to wear a bra after implant surgery?***

We recommend a supportive bra 24/7 for the first week, then a supportive bra during the day at all times, and a jog bra for the first year while sleeping.

***Can implant surgery change the shape of my breasts, or the "direction that they point?"***

The shape will not usually change. If the breast point downwards, implants can sometimes provide some improvement. If they point outward, implants will not usually help.

***I am a very active amateur athlete. I enjoy exercising, golf, tennis, running and other sports.***

***Can I have breast implants?***

Yes, but you should consider smaller implants, and avoid sub-pectoral (beneath the muscle) positioning.

***Are there breast implants that can be enlarged or decreased after surgery?***

Yes, they have a valve to allow filling and emptying in the weeks after surgery. Very few surgeons will use these, for a number of reasons. If you insist on them, choose your surgeon carefully. We will not use these at Parkway Medical.

***Is there any silicone in saline implants?***

Yes, the shell is solid silicone. All implants leak a very tiny bit, but saline implants leak only salt water.

***My nipples are pierced. Can I have implants with them pierced?***

You should remove the nipple piercing for at least 2 weeks prior to the surgery. Many surgeons, including Dr. Metcalf, very strongly advise the avoidance of nipple piercing with implants. The rate of infection (which requires implant removal) is higher with pierced nipples.

***Why does Dr. Metcalf prefer the underarm incision and sub-fascia placement?***

Aesthetically, he would like to avoid any scars or incisions of the breast, and cosmetically, this position gives the advantages of both sub-pectoral and sub-mammary placement. This placement also decreases some common complications of the other techniques.

***Does breast implantation surgery increase the risk of breast cancer?***

No. In fact, since the 1970s, the incidence of breast cancer in breast augmentation patients has been slightly lower than the average for those who do not have breast implants. There is probably no greater tendency to develop cysts or lumps in breasts with implants than without. Implants are not known to cause cancer at the present time. At present, 1 in 8 women will contract breast cancer within their lifetime.

***Which complications require urgent surgery? (Within 3-4 days, or sooner)***

Both infection and hematoma require re-operation within several days. With a hematoma, the same implant is replaced at the time of surgery. With an infection, the implant is

removed, and a new implant is not placed for at least 3 months. Most complications do not require urgent re-operation, and most will improve with time.

*Can't you inject some of my own fat into my breasts to enlarge them?*

This can be, and is done, but only by a very few surgeons. Dr. Metcalf does not do this, but will be happy to refer you to a surgeon who does. This process is nicknamed the BAMBI procedure.

*Won't my body reject a foreign object like implants?*

Your body builds a capsule around the implant, to hold it in place, and shield it from the rest of the body. This happens with every implant, for every patient. If that capsule becomes very thick or hard, the implants may feel very firm or hard. If the capsule contracts (or shrinks) you may have capsular contracture, causing distortion of the breast, usually requiring re-operation.

*How natural do breast implants feel?*

Almost always, breast implants will make the breasts feel somewhat firmer. Remember that your natural breast tissue is over the implant. For many patients, some increased firmness is desirable.

*Does the underarm incision affect the lymph nodes under the arm?*

This incision does not interfere with breast lymph node drainage. The incision is high in the armpit, more superficial and anterior than the nodes. The dissection and placement of the implant are over the pectoral muscle and under the fascia, again, superficial to the nodes.

*I have very thin skin on my chest wall, with no underlying fat. Can I have implants?*

Maybe, if the placement of the implant is either sub-facial or sub-pectoral, and the implant size is limited to a reasonable volume. With this skin type, the breast/implant complex will "fall" more rapidly over time. You should not have sub-mammary placement. You certainly have a good chance of some rippling if saline implants are used.

### What Can I Do When?

Sexual Activity	1 week
Lifting More Than 10 Pounds	2 weeks
Return to Work (sedentary)	3 days
Drive a Car	24-36 hours
Exercise Lower Body	2 weeks
Exercise Arms & Shoulders	4 weeks
Mouth to Nipple Contact	3 months
Run	3 weeks
Shower	2 days
Bathe	10 days
Use Deoderant (stick or rollon)	3 days (avoid incisions)
Take Asprin Containing Products	2 weeks
Golf	4 weeks
Tennis	4 weeks
Swim	2 weeks
Lift Children	2-3 weeks
Shave Under Arms	1 week

### Other Sources of Breast Implant Information:

[www.memorygel.com](http://www.memorygel.com)  
[www.loveyourlook.com](http://www.loveyourlook.com)  
[www.ascbs.org](http://www.ascbs.org)

*Mentor Corporation – Implant Information*  
*Mentor Corporation – Implant Information & Photos*  
*American Society of Cosmetic Breast Surgery*  
*(Dr. Metcalf is on Faculty of this society)*

# Patient Education & Consent For Breast Implant Surgery

PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

Permission is hereby granted to Dr. Metcalf, his staff and all of his assistants, and Parkway Medical, P.C., to perform the following surgery:

## BILATERAL AUGMENTATION MAMMOPLASTY

Permission includes the administration of medicines for local anesthesia and/or intravenous sedation or analgesia as deemed suitable or as becomes necessary. An informed consent requires that common complications be made known to you. Most of these are not expected to occur, but all must be considered. By law, we are required to inform you of all of the following:

At Parkway Medical, we will do everything possible to completely and truthfully inform our breast augmentation patients of the risks and possible complications of breast implants and their use. You, the patient, should avoid unrealistic expectations concerning the results that implants and cosmetic surgery can provide. *Be advised that breast implants should not be considered "lifetime" implants*, and the removal of an implant may be indicated at any time.

Parkway Medical, P.C. and Dr. Metcalf make no claims or representations concerning the lifetime, duration, or term of implantation of breast implants. You, the patient, should also be informed that after your breast implant surgery, there is almost always a difference in the way your breasts (with implants in place) feel. Almost always, breast with implants can be distinguished from normal breast tissue by feel, many times by sight. In other words, the breast implant will simulate or be similar to breast tissue, but can usually be differentiated from a normal breast by almost anyone, even those who are untrained medical professionals

You must understand that this is a completely elective operation, that you have specifically requested that Dr. Metcalf perform it, and that it is done totally for cosmetic reasons. You should also understand that there are certain conditions which may occur or develop which may result in the need to remove the breast implants on a permanent basis, for the rest of your life. It is the opinion of many implant surgeons that a small percentage of women are unable to tolerate implants of any kind.

We will make every attempt to discuss all possible complications and risks that are associated or might arise from breast augmentation surgery. Please understand that it may be impossible to list every complication or problem that has ever occurred with breast implants.

The following is a list of the most common complications and risks that have, can, and could occur following your breast implant surgery. The percentages given represent the findings for all implant types, all surgeons, and all incision types:

### Most Common Complications/Complaints with Saline & Silicone Breast Implants

	<u>Saline</u>	<u>Silicone</u>
Excessive Rippling	50%	10%
Excessive Firmness (hard implants)	3-5%	10-15%
Chronic, Long Term Deflation	100%	0%
Palpability	100%	100%
Noticeable Scars	50%	50%
Problems with shape, position, double fold, symmastia	10%	10%
Asymmetry	50%	50%

Numbness of breast or nipple	10%	10%
Bleeding (Hematoma)	1%	1%
Pneumothorax	0.1%	0.1%
Seroma	1%	1%
Infection	1%	1%
Capsular contracture requiring re-operation	3-5%	10-15%

**\_\_\_\_\_ 1. Buckling, rippling, or wrinkling of the skin or the implant:**

Many surgeons believe that almost all implant patients will have some amount of rippling at some time. This could be attributed to an unanticipated post-surgical tissue implant reaction. It is impossible to predict which patients will have wrinkling or rippling of the skin and/or the implant, although this is much more common in women with thin skin, women who smoke, thin women, and women who have lost large amounts of weight. It is probable that all saline implants ripple, although we may not see or feel the rippling. This may be permanent and there may be no satisfactory treatment for this condition, if it does occur. Smoking causes loss of skin elasticity. If you smoked, or continue to smoke, the chances of rippling are much greater. Rippling is much less with silicone implants.

**\_\_\_\_\_ 2. Symmetry and Asymmetry:** It is understood that the two sides of our bodies are different and asymmetrical and this includes the chest, breast, nipples and all other parts of our faces and bodies. While we usually want to make our two sides more alike, it is understood that it is not possible to make them look alike. The two sides of our bodies and of every part of our breasts will always be different, unequal and asymmetrical in every way to some degree. Rarely does a woman have breasts that are entirely symmetrical and equal, therefore, your chances of being entirely symmetrical are remote, although, every attempt will be made to provide the desired symmetry.

**\_\_\_\_\_ 3. Sagging of the breast after implants (breast ptosis):** While women with breast implants may sag no more than those of the same size breast without, the implants do have some weight and can cause some additional sagging of the breasts as can pregnancy, weight gain and aging. Certainly, implants do not prevent sagging and certainly, the larger the implant, the more sagging that can be expected since any large breasted women, whether or not she has implants will have a tendency for more sagging.

**\_\_\_\_\_ 4. Medications:** Unfavorable reaction to prescribed medications or to anesthetic drugs can occur. This may include, but is not limited to, vomiting, allergic reactions with skin rash and itching to more severe reactions, including convulsions, coma, or death.

**\_\_\_\_\_ 5. Edema (Swelling):** This occurs to some degree after every surgery. It may last days or weeks. You will be given special instructions or treatment if appropriate.

**\_\_\_\_\_ 6. Bleeding:** This is controlled at the time of surgery by sutures, cautery, or pressure. A hematoma (blood clot) may require removal. Some bloody drainage on the dressing is normal. If bleeding occurs, phone our office. You may always call Dr. Metcalf at home, and you will be given his number(s) after surgery. If we (or he) cannot be reached promptly, and there are problems that concern you, go to the nearest hospital emergency room. In very rare cases, there may be extensive bleeding or other complications which could require hospitalization and blood transfusion. With most surgery, there is bleeding under the skin that leaves a bluish discoloration (bruising) for two or more weeks. Excessive bleeding occurs in

about 1% of patients during their implant surgery. If excessive bleeding occurs, the incision must be opened and blood or blood clots evacuated, the bleeding controlled, and the wound re-sutured.. This may happen immediately after surgery or may occur after trauma, or may occur for unknown reasons days, weeks, or months after surgery. Rarely, the implant may need to be removed.

\_\_\_\_\_ 7. **Anesthesia:** Intravenous sedation anesthesia is routinely and safely performed in offices across North America. The most common example of this is oral surgery, where IV sedation is almost uniformly used for the removal of wisdom teeth. Even so, there are risks with IV sedation.

\_\_\_\_\_ 8. **Infection:** This can be expected to occur in approximately 0.5% of all patients undergoing breast augmentation. This infection may be immediate or may be delayed for several weeks, months or years. This may require implant removal and replacement with a new implant at a later time. Infection may occur with any break in the skin or with any operation, or following pregnancy. When infection occurs around a breast implant, the implant will almost always have to be removed. It may occur on only one side. When the implant is removed, it is necessary to leave it out for a period of months to be sure that the tissues are completely free of infection before the implant is replaced. It is sometimes necessary to wait six months or more before replacing the implant. Mouth to nipple contact is forbidden for three (3) months after implant placement. You must remove nipple rings at least one (1) month before surgery. Nipple rings must never be used after breast augmentation due to the risk of infection.

\_\_\_\_\_ 9. **Scarring:** A scar results whenever and wherever there is a surgical cut. We make every effort to place scars in areas where they will be minimal or invisible. Healing capabilities and the tendency to scar are very variable in different people and different areas of the body in the same person. How well a person will heal cannot be exactly predicted or controlled. If you are prone to them, excessive wide or thickened scars (hypertrophic or keloid) may occur.

\_\_\_\_\_ 10. **Numbness:** In cutting the skin, small nerve endings are also cut that can result in numbness around or adjacent to the surgical area. Sensation usually returns a matter of months or years as the small nerve endings re-grow. Rarely is an area permanently numb. Most numbness goes away with time.

\_\_\_\_\_ 11. **Implant Rupture:** Although an implant with a strong outer covering is used, abnormal stress or trauma applied to the breast may result in its rupture. This has also happened without a history of trauma to the chest or breast. Also, the gel interior of the silicone gel implant has been reported to migrate to certain areas of the body, including the lymph nodes in the armpit, chest, liver or other unspecified organs. This may be due to a very slow leaking or “bleed” of the silicone from the silicone gel implant. Implants may rupture at any time following surgery even without apparent cause. The most common cause of rupture is injury. A ruptured gel implant may result in gel migration, inflammation and formation of silicone granulomas. Additional surgery may be required to remove the implant and the gel. The long-term effect of silicone gel on the body with a ruptured implant is unknown. Be aware that the shell of the saline implant is solid silicone. When a saline implant ruptures, it must be replaced, even though the saline is absorbed by the body, and is non-toxic. However, with saline implants it is not unusual to have a few reactive or enlarged lymph nodes in the armpit, which are totally benign.

\_\_\_\_\_ **12. Foreign Body Reaction:** An implant is recognized by the body as foreign object; your body treats it as such, and may reject it. The capsule contracture problem, of becoming too hard may be part of the rejection phenomenon. The body forms scar tissue capsule around every implant, in an attempt to isolate it from the body. This might occur to such an extent that a person cannot tolerate breast implants of any kind due to pain, and must live without breast implants. When the body's foreign body reaction is excessive, "capsular contracture" occurs, and the breast can become either distorted, very hard, or both. If this happens, and is unacceptable to you, a second operation will be required to reshape or loosen the capsule. This is usually done at least six months after the development of the capsular contracture. Capsular contracture can happen at any time after implant placement, anywhere from several months to many years after surgery.

\_\_\_\_\_ **13. Gel Bleed:** All implants filled with silicone gel may leak or bleed through the shell even when the implant is not ruptured. The long-term effects of gel bleed are unknown. Over many years gel bleed could be harmful. This doesn't occur with saline implants.

\_\_\_\_\_ **14. Capsular Contracture:** This is one of the most common problems with any type of breast implant. At times, this requires further surgery. Hardness and deformity in appearance often follow pregnancy. Contracture is also more common with silicone gel than saline implants. Some women will form capsular contracture with any and all implants, and will not be able to tolerate implants, requiring permanent removal.

\_\_\_\_\_ **15. Interference with Mammography:** Breast implants may sometimes interfere with post-operative mammography. This is the reason that we insist on a pre-operative mammogram for all implant patients over 39 years of age. If a malignancy develops, a delay in detection could occur. This has not been the "North American" experience, but it could happen. (In fact, statistically, patients with implants, have no greater incidence of the occurrence or severity of breast cancer than all other women.) As we emphasize, about 1 in 8 or 9 women in North America will have breast cancer at sometime during their lives, with or without implants. That means that at least 1 in 9 of the women who now have implants will have breast cancer at some time in their lives. The pressure of mammography may rupture an implant or cause saline implant deflation. The standard recommendations of the American Cancer Society should be followed. They recommend that all women have a baseline mammography at age 40. Between 40 and 50, mammograms should be done every one to two years. Women over the age of 50 should have yearly mammograms. If there is a family history of breast cancer, mammograms should be begun earlier, and done more frequently.

\_\_\_\_\_ **16. Displacement and Distortion:** A breast implant may become displaced following trauma, or for no explainable or logical reason. This usually happens with capsular contracture. The implants may seem too high or too low, too far to the side, or in any other conceivable abnormal position. It may even cross the midline, causing a "uni-breast," with the skin over the breastbone lifting forward, causing an apparent communication from one side to the other. There may be no cause for this, or this may be due to enlargement of the pocket too far toward the middle at the time of surgery. This may require further surgery. Not all problems can be corrected. Many problems in appearance cannot be corrected or improved.

\_\_\_\_\_ **17. Skin Necrosis or Death or Breakdown:** This may result from too much tension over the overlying skin of the implant or trauma to this area of skin during or after the surgical procedure. Skin over a portion of the implant may become very thin and break. The implants may become exposed and require removal. It is then often best to wait 6 months before replacing the implant.

\_\_\_\_\_ **18. Seroma:** Serum is the fluid component of blood, with red blood cells, and this may accumulate around the implant immediately after surgery, or weeks, months, or years after the surgery. This is usually associated with swelling, pain, and sometimes fever. The fluid may be secondary to trauma, sub clinical infection, overt infection, or no reason at all, within days, months, or years after the surgery. A seroma may require removal of the fluid, removal of the implant, or both. If the implant requires removal, it will not be replaced for at least 3 months.

\_\_\_\_\_ **19. Firm or Hard Breasts:** At least 5-20% of women will experience firmness or hardness greater than the normal breast. This can vary from only slight firmness to a breast that is extremely hard. The cause of this remains unknown, and different patients respond in different ways. If this happen, a second surgery may be needed, or the implants may need to be removed on a permanent basis. Fibrous contracture or hard breast is also more common in women who smoke. Also this condition is more common in women with silicone implants.

\_\_\_\_\_ **20. Calcification:** Calcium deposits have been reported and occur occasionally around breast implants and surrounding tissues. The causes of this are unknown.

\_\_\_\_\_ **21. Nipple Sensation:** Some temporary breast numbness is expected after every breast augmentation. The numbness is most often in the lower portion of the skin below the nipple. Occasionally, there is numbness of the nipples after breast surgery. You may also experience more sensitive nipples (hypersensitivity). Most of the numbness goes away in a period of months or years. Some numbness may be permanent and unequal.

\_\_\_\_\_ **22. Wound Healing Interruption:** Due to infection, poor vascularity, tight closure, or cortisone therapy. The wound may be disrupted and require a second surgical procedure. Infection and abscess formation are also possible, and may result in mandatory removal of the implants.

\_\_\_\_\_ **23. Microwave Diathermy:** This is used in the offices of chiropractors and physical therapists. It has been reported in the literature that this can cause skin erosion and skin death, with subsequent exposure of the implant in some patients.

\_\_\_\_\_ **24. Pregnancy:** There is no way to determine the effects that pregnancy (with or without implants) will have upon breasts. If you should become pregnant after implant placement, the risks of certain complications increase, including capsular contracture, hard breast, mastitis, infection of the breast tissue, or infection around or in the implant itself. Also, rippling is much more common after pregnancy

\_\_\_\_\_ **25. Sensitization & Immune Response System Problems or Changes:** Some doctors feel that an increased immune response occurs to breast implants, which would include or could include swelling in the joints, generalized swelling, acute or chronic rash, enlargement of the lymph nodes, or a general tired feeling. Some reports in the medical literature claim that this may be due to the silicone implant or silicone induced disease. Diseases of this nature

which have been recorded include connective tissue diseases such as: rheumatoid arthritis, systemic lupus erythematosus, polyarteritis, scleroderma, and chronic fatigue syndrome. Statistically, according to most literature (but not all literature) there is no correlation between these diseases and breast implants. You must realize that a hyper-immune disease reaction, however rare, may require that your implants be removed at a later date. You should realize that if such a disease is contracted or begins while your implants are in place, removal of the implants may or may not correct the disease process. The above class of diseases can be fatal. According to the FDA, "There is no conclusive evidence at present that women with breast implants have an increased risk of developing arthritis like diseases, or other autoimmune diseases. Women with breast implants who have developed such diseases may have done so regardless of their implants."

\_\_\_\_\_ **26. Pneumothorax:** A life threatening lung collapse due to air in the chest and tissues around, but outside, the lungs. This is a surgical complication, when the very thin muscle between the ribs is crossed with a surgical instrument, and the tissues of the lung are entered. This may require treatment, medicines, and drainage, and could require additional incisions and treatment. Usually, a small tube is placed between the ribs for several days. In some cases, this requires hospitalization.

\_\_\_\_\_ **27. Wrinkling & Rippling:** Implants with thicker shells, implants with lower profiles and implants that are textured cause more wrinkling and rippling. Therefore, it is our usual practice to use an implant which is "high profile" and non-textured, to keep rippling to a minimum. If the skin and breast tissue is very thin, rippling can and often occurs. This rippling can occur with any implant. Any degree of rippling CANNOT be predicted and correction may be impossible. Silicone implants ripple less than saline implants.

\_\_\_\_\_ **28. Revisions:** When we have cosmetic surgery, we want an improvement in appearance, and want to look as good as possible. Even after the surgery is done, most of us still want to look better. This may even be true when the surgery is very successful. Sometimes, because the appearance is improved with so little discomfort, the patient wants more. Many patients want to look better than is realistically possible, which is the definition of "unrealistic expectations." These expectations may be greater than Dr. Metcalf, or any surgeon, can achieve. Results of surgery are never perfect. The results can never match a preconceived drawing, picture, image, or goal. If further surgery is desired to look better, even in the previously operated area, there will be additional charges. Though the patient may want improvement, the surgeon may believe that the risks outweigh the rewards to the patient. When this is true, Dr. Metcalf will refuse to perform further surgery. It is understood that additional fees will be charged for revision surgery or repair work done.

\_\_\_\_\_ **29. Incision site, location, shape, implant size, position and type:** Though these factors may be discussed and the patient's wishes may be followed as much as is prudent and reasonable, the patient must agree to whatever can be done for the patient with respect to all of these factors. The patient must also agree to whatever treatment or surgery is necessary, advisable or available at the time of, and during, the surgery. Permission is granted for other incisions, implants, or treatments as may be needed. No certain preconceived appearance or result can be obtained. Other incision sites may be needed later, if there are complications.

\_\_\_\_\_ **30. Leaking Implants & Deflation:** Saline filled implants are expected to leak and eventually collapse, in every patient. The saline is not harmful to the body. If the leakage and deflation rate are on only one side, this may cause a distorted appearance. It is estimated that noticeable loss of saline will occur in as many as 50% of women who have saline implants for

seven (7) years or more. Further surgery is required to replace implants, at additional cost, if the warranty has expired.

\_\_\_\_\_ 31. **Rejection or Extrusion:** The body may recognize the implant as a foreign object and try to reject it. The capsular contracture problem of becoming too hard may be part of the rejection phenomenon.

\_\_\_\_\_ 32. **Breastfeeding:** Many patients have become pregnant and have breast fed infants after breast implant surgery. Breast implants may interfere with breastfeeding in many different ways. There may be numbness or hypersensitivity of the nipples. There may be tenderness or inadequate milk production. Pregnancy after breast implant surgery may cause stretching of the skin and deformity of the shape of the breast or stretch marks of the skin. There is an increase in capsular contracture following pregnancy and breast feeding.

\_\_\_\_\_ 33. **Axillary Incision:** There may be numbness or pain of the arms around the incision or of the upper part of the arms, forearms, or hands. These problems are uncommon, but could occur even when the surgery is perfectly performed. Another incision site may be necessary if there are problems with this surgery or surgery performed at a later date.

\_\_\_\_\_ 34. **Breast Cancer & Implants:** Breast implants may interfere with early detection of breast cancer. This could mean that women with breast implants have a reduced cure rate with breast cancer. Approximately three (3) million American women have breast implants. Women with breast implants have not been shown to have an increased risk of breast cancer, and, according to the FDA, “There is no evidence at present that women with breast implants are at increased risk of breast cancer.” The results of studies in progress will not be known for many years to come.

\_\_\_\_\_ 35. **Risks to Unborn Babies:** Possibilities of risk to unborn babies cannot be ruled out. According to the FDA, “there is no evidence at present that women with breast implants or their unborn babies are at increased risk.”

\_\_\_\_\_ 36. **Deformities of Appearance:** Many deformities and disfigurements of appearance can occur after breast implant surgery. Among these are a “stuck on” appearance, nipples pointing down, the “ball in the sock” appearance, the “double bubble” deformity, the “unibreast,” unequal size, shape, and direction of pointing nipples, sagging, and too much or too little cleavage. Many other deformities are possible.

\_\_\_\_\_ 37. **Stretch Marks or Striae:** Stretch marks, such as of the skin of the abdomen following pregnancy, may also occur in breasts. They may not occur until after pregnancy, or many months or years later. Birth control pills seem to cause them in some patients. They may occur in women after implantation for no known reason. The veins in the skin of your breasts are almost always much more prominent for 4-6 months after surgery, and are usually blue in color.

\_\_\_\_\_ 38. **Muscle Movement:** Implants that are placed below the pectoral muscles may move whenever the muscles are contracted in normal arm movements. This may also cause visible distortion of the appearance of the breasts with movement of the arms. Occasionally, the movement is so annoying that women have further surgery, to put the implants above the muscle, because of this problem.

\_\_\_\_\_ 39. **Muscle Weakness:** Whenever the implants are placed below the muscle, there is some weakness of the muscle, because of the injury to the muscle itself, or to the nerve and blood supply to the muscle. The muscle is partially detached from the ribs, and is otherwise injured by the surgery. It is the policy of this office to place the implants in a subfascial plane, in an attempt to eliminate implant movement and muscle weakness.

\_\_\_\_\_ 40. **Double Fold or Bubble:** A fold in addition to the new inframammary fold may occur in the lower part of the breast. This is due to a persistence of the normal inframammary fold or crease. This can cause a double bubble appearance, which may or may not improve with time.

\_\_\_\_\_ 41. **Implant Duration:** Implants last many years in some women, and must be replaced frequently in others. The person choosing breast implants should expect to require further surgery to repair the implants at some time in the future, especially if they are filled with saline. About 50% of all women with breast implants will require further surgery within ten (10) years from the time of initial implantation, considering all implants, all surgeons, and all surgical techniques. Hopefully (and we do not know if this is true) this statistic will improve with better techniques and better implants.

\_\_\_\_\_ 42. **Respiratory and Heart Failure:** These are unusual complications of anesthesia. They are, however, known risks. Heart attacks, strokes or death may occur during any anesthesia.

\_\_\_\_\_ 43. **Photographs:** I consent to be photographed before, during, and after the treatment. I agree that these photographs become the property of the doctor, to be used as he deems proper. I consent to the publication of these photographs in any medical journal, article, magazine, or book, assuming that my identity will not be revealed. My permission is granted to show these photographs to any other physicians, patients, or persons, although in a confidential manner.

\_\_\_\_\_ 44. **Follow Up Care & Appointments:** I agree to keep Dr. Metcalf, Parkway Medical, P.C. informed of any change of address and phone numbers, and I agree to cooperate with Dr. Metcalf and his staff in my care after the surgery, until completely discharged from their care. I will make and keep follow up appointments, take medications, and follow other instructions as prescribed.

\_\_\_\_\_ 45. **Postoperative Depression:** Common after any form of cosmetic surgery. Such depression is usually related to the immediate postoperative discomfort, drugs, anxiety over a distorted appearance (swelling and bruising) and limitation of activities and socializing. As your appearance improves, and you return to your usual activities and interests, these feelings should disappear.

\_\_\_\_\_ 46. **Medical History:** I have given a complete and truthful history of previous surgery and hospitalizations, and all previous physical and mental illnesses, in writing on a separate form, including all medications and drugs that have been taken, or to which I am allergic, or with which I have had (or may still have) a problem of abuse.

\_\_\_\_\_ 47. **Additional Procedures:** I authorize the surgeon to perform any other procedures which he may deem necessary or desirable to correct any unforeseen condition encountered during surgery for the purpose indicated above.

\_\_\_\_\_ 48. **Hospital Admission:** I understand that treatment of any unusual or serious complication requiring admission to a hospital is not covered by way of cost or charges quoted in connection with this surgery. In addition, I have been made aware that such complications could require the service of additional physicians, and none of these fees or charges are included.

\_\_\_\_\_ 49. **Unknown Risks:** Although there are many risks that are known that can be described, there are some risks that are still unknown.

\_\_\_\_\_ 50. **Other Reported Complications after breast augmentation include, but are not limited to:** Excessive bruising, swelling, rejection of implants by the body, chronic pain in the breast, chest muscles, or arms for an undetermined amount of time, chronic discharge from the nipple, or cancer of the breast. Although recent studies have not shown an increase in cancer in humans with breast implants, if you choose to have breast implants, you must accept the risk that any material used in breast augmentation (including silicone) may cause cancer during your lifetime.

\_\_\_\_\_ 51. **Long Term Risks:** According to the FDA, **“The two greatest concerns to most women with implants are cancer and autoimmune disease. But at this time, there is no proven association with breast implants and the development of these diseases.”**

\_\_\_\_\_ 52. **Additional costs:** Many of the problems known and unknown that can occur and may be related to breast implants may cause the need of additional treatment or surgery. They may also cause prolonged illness, disability, hospitalization, disease, deformity, disfigurement, and death. Any and all of these may require additional expenses and costs to the woman having breast implant surgery, or to her family.

\_\_\_\_\_ 53. **Abnormal Appearance or Feel:** Implants are usually detectable. They may look or feel firmer than the normal human breast. They may not move or “jiggle” the same as normal. The implants may be palpable. The valve may be palpable and the implant can often be felt through the skin. They may look “stuck on,” “too high,” “too low,” or unequal.

\_\_\_\_\_ 54. **Satisfaction:** Cosmetic surgery is inexact, and can be complicated. To achieve an improvement in appearance, we undergo serious risks of discomfort, and the distinct possibility of looking worse than we did before the surgery, and being severely dissatisfied. **There can be no guarantee that after the surgery, you or anyone else will be satisfied or pleased with the result.**

\_\_\_\_\_ 55. **No Guarantees:** I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me as to the results of the operation or procedure. It is understood that my results cannot be like any picture or drawings or imaging, or any preconceived idea or goal.

\_\_\_\_\_ 56. I certify that I am not pregnant.

\_\_\_\_\_ 57. I permit visiting physicians or medical personnel to observe my surgery. (We will inform you first)

\_\_\_\_\_ 58. You agree to avoid aspirin and ibuprofen products, Vitamin E, diet or herbal supplements 2 weeks prior to surgery.

\_\_\_\_\_ 59. You agree not to drive yourself home after surgery and to not drive a car or truck until 48 hours after surgery, assuming that you have not taken any pain medication.

\_\_\_\_\_ 60. If you develop a rash, skin infection, open wound or illness anytime prior to surgery, then you will notify Dr. Metcalf's staff.

\_\_\_\_\_ 61. Occasionally, Dr. Metcalf will require a letter from your primary care physician to verify your health status. If this letter is not received at least two weeks before surgery, then your augmentation surgery will have to be rescheduled for a later date.

\_\_\_\_\_ 62. I understand that the veins on my breasts will be more visible and engorged for at least 4-6 months after the surgery. I also understand that my nipple/areolar area may be mildly to moderately enlarged after this surgery. This enlargement may be permanent.

You must also understand making certain specific sizes of breast might be unreasonable and carry a higher risk of complications. It must be understood by you that we will make every effort to give you the size breast you want, although, this cannot be accomplished in every instance.

If I have any further questions, I will discuss them with Dr. Metcalf before the operation.

I have completely and thoroughly read understand the above Patient Consent and Education sheet and have received a copy of it and have had an opportunity to ask my doctor questions about the product used and its potential complications and I am willing to accept any or all risks associated with breast augmentation as described.

I also understand that J. Dan Metcalf, M.D. is a former Family Practitioner and General Surgeon who now specializes in Cosmetic and Reconstructive Breast Surgery, which he has performed for the last 39 years. I have also been made aware that he is a member of the American Society of Cosmetic Breast Surgery and is also on the teaching faculty of this same organization. I also understand that the American Society of Cosmetic Breast Surgery is not a member of the American Board of Medical Specialties.

*After reading and having full understanding of the above patient consent and education material, I desire and request that J. Dan Metcalf, M.D. perform the operation of breast augmentation or breast reconstruction on me.*

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Surgeon Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Saline vs. Silicone

	<u>LAST</u>	<u>FEEL</u>	<u>HARD</u>	<u>RIPPLE</u>	<u>COST*</u>
<u>SALINE</u>	10yrs	+	+	+++	\$3500
<u>SILICONE</u>	>20yrs	++++	+++	+	\$4400

For more information go to: [www.memorygel.com](http://www.memorygel.com) (information)

For before and after photos: [www.loveyourlook.com](http://www.loveyourlook.com)

### SALINE

- FDA approved
- Filled with a saltwater solution similar to the fluid that makes up most of the human body; slightly firmer feel
- Flexible fill volume
- Smooth High Profile Implant
- Axillary incision
- Covered by Mentor's standard or enhanced warranty and lifetime replacement policy. (Enhanced warranty is an additional \$100 paid to Mentor.)

### SILICONE

- FDA approved
- Filled with Mentor's proprietary cohesive gel formulation that holds together uniformly while retaining the natural give that resembles breast tissue
- Set fill volume
- Axillary incision
- Smooth High Profile Implant
- Covered by Mentor's standard or enhanced limited warranty and lifetime replacement policy. (Enhanced warranty is offered at no charge with completed paperwork.)

## **The Mentor Enhanced Advantage Warranty**

- Lifetime product replacement policy
  - Automatically applies to all recipients of Mentor breast implant products.
  - Regardless of the age of the implant, when a confirmed deflation or rupture occurs, you are eligible for 1 to 2 no-charge replacement breast implants of any size in a similar style.
  
- 10 years and up to \$3,500 financial assistance for operating room, anesthesia, and surgical charges not covered by insurance.
  
- Free contralateral (opposite side) implant replacement upon surgeon request.

### **Events covered:**

- Deflation or rupture due to crease fold failure, patient trauma or unknown cause
  - Loss of valve integrity
- \*Other loss of shell integrity events also may be covered by this program. Mentor reserves the right to determine if specific, additional events should be covered.

### **Events NOT covered:**

- Removal of intact implants due to capsular contracture, wrinkling or rippling.
- Loss of implant shell integrity resulting from reoperative procedures, open capsulotomy, or closed compression capsulotomy procedures.
- Removal of intact implants for size alteration.

The cost of enrollment in the warranty program is \$100 and is due within 45 days of your procedure. The necessary paperwork to enroll in the program will be provided by our office.

Further information can be obtained by going to [www.mentorcorp.com](http://www.mentorcorp.com).

## HOTEL ACCOMODATIONS

### **Extended Stay Deluxe**

4811 NW Expressway

Oklahoma City, OK 73132

405-722-2802

6.5 miles from office

*(Suite style rooms with full kitchen and high speed internet)*

### **LaQuinta – Quail Springs**

3003 W. Memorial Rd.

Oklahoma City, OK 73134

405-755-7000

[www.lgokc.com](http://www.lgokc.com)

2.5 miles from office

*(Kitchenette, indoor pool and high-speed internet)*

### **Comfort Inn – Quail Springs**

13501 N. Highland Park Blvd.

Oklahoma City, OK 73126

405-286-2700

2.8 miles from office

*(100% non-smoking hotel; high-speed internet and indoor pool)*

### **Hilton Garden Inn – Quail Springs**

3201 W. Memorial Rd.

Oklahoma City, OK 73134

405-752-5200

2.1 miles from office

*(100% non-smoking hotel; made-to-order buffet, full bar, 24hr snack center, indoor pool and high-speed internet)*

***Check-in time is usually at 3:00pm, if your surgery is in the morning you will need to contact the hotel and request early check-in to be sure that you have a room after surgery.***

***These are recommendations for nearby hotels. Under normal circumstances all of these hotels offer a discounted medical rate.***

***This medical rate is offered at the discretion of the hotel and is not guaranteed by our office.***

***If the hotel requests that you present a voucher, please let us know when you check in for your surgery and one will be provided.***