

BREAST AUGMENTATION AND TIGHTENING - EVALUATION AND CONSULTATION

PATIENT SIDE (FRONT) - please answer all questions

1. Today's date: _____ 2. Your name: _____
3. How old are you? _____ (usually >22 to use gel implant) 4. Are you married or have a partner? **Yes** **No**
5. What is your job? _____
6. Describe your problem: developed breast tissue but lost volume after pregnancy **yes** **no**
 never developed breast tissue **yes** **no**
 breast has become droopy **yes** **no**
7. How many children have you had? _____
8. How many children did you breast feed for more than two weeks? _____
9. Did you have problems with breast feeding? **no** **yes (describe)**
10. Did you like the size when you were breast feeding? **no** **yes (describe)**
 what size were you? A B C D DD >DD not known
11. How tall are you? _____ feet _____ inches 12. How much do you weigh? _____ lb.
13. What is your current cup? AA A B C D DD
14. What cup size would you like to be? just larger no change just tighter tighter & larger
 I would like to be about a: B C D DD larger than DD
15. Have you had problems with the breast? **no** **yes (describe)**
 breast biopsy that was normal fibrocystic disease other _____
16. Do you have a family history of breast cancer? **No** **yes (describe)**
 mother sister aunt (mother's sister) aunt (father's sister)
 grandmother (mother's mother) grandmother (father's mother)
17. Have you had a mammogram in the last year? **no** **yes (describe)**
 normal within last year abnormal within last year
18. Do you exercise regularly? **no** **yes (describe)** aerobic/running weight machine free weights
19. Do you take hormones or birth control pills? **no** **yes**

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Patient name: _____

DR. HUDSON WILL COMPLETE THIS PAGE (BACK) - DO NOT ANSWER THESE QUESTIONS

Tuberous: NO R L **Asymmetry:** NO YES shape size: R larger left larger
amount: 25 50 >50 **Bothers Patient:** NO YES

Nipple to SSN: R= L= **Nipple diameter:** R= L= **Nipple discharge or bleeding:** NO YES

Ptosis: NO YES Pseudo (nipple above crease but breast below)

nipple: 1 cm below crease (1) 1-3 cm below crease (2) >3 cm below crease (3)

Stretch marks: NO YES **Elasticity of skin:** good poor **Round-barrel-chest:** NO YES

Mass: NO R L location: _____

LNs: axillary : NO R L supraclavicular : NO R L

Spine scoliosis: NO YES **General Exam:** BP significant abnormal findings: _____

PROBLEM: Hypoplasia tuberous giant areola Ptosis: pseudo grade 1 grade 2 grade 3

RECOMMENDATION

BAM: position: above muscle below muscle size: R= L=
surface: textured smooth contents: saline gel shape: round mod mod-plus high profile
incision: inframammary nipple axilla navel

BAM + mastopexy: position: above muscle below muscle size: R= L=
surface: textured smooth contents: saline gel
shape: round mod mod-plus high profile method: crescent periareolar lollipop inverted T

Mastopexy alone: crescent periareolar lollipop inverted T

COMPLICATIONS

GENERAL: BRUISING • SWELLING • BLEEDING • INFECTION • NUMBNESS • BREAST FEEDING • SCAR • ASYMMETRY • POOR HEALING
GA • SUICIDE • NO GUARANTEE • REMOVAL MAY BE NEEDED IN FUTURE, NO REFUND • THROMBOEMBOLISM (CLOTS)

STOP BCPS/HORMONES • SMOKING-SECOND HAND SMOKE • 90% SATISFACTION

IMPLANT: LEAKAGE • SILENT • SHEDDING • SPREAD • CAPSULE • WRINKLING • EXAM BETTER/MAMMOGRAPHY WORSE • WARRANTY

IMPLANT PALPABLE • INSURANCE • ANATOMICAL • TEXTURED MORE RIPPLING • SMOOTH MORE HARDNESS • EXTRUSION

FDA: MRI • ADDITIONAL SURGERY • LONGEVITY • LYMPHOMA **MASTO:** • NIPPLE LOSS • PUCKERING • SHAPE

OTHER: BREAST POSITION & TIME • INTERNET & MANUFACTURER • FUTURE KNOWLEDGE DIFFERENT • OTHER ____

These issues were discussed with me by Dr. Hudson: _____ (patient initials) _____ (witness initials)

Date: _____