

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? _____ (must be over 22 if you want to use gel implant) 4. Are you married? **married** **single**
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? no change **just tighter** **tighter & larger** **just 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 birth control pills? **no** **yes**

BREAST AUGMENTATION AND TIGHTENING - EVALUATION AND CONSULTATION

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:** Yes No

Mass: no R L location: _____

LN's: axillary : no R L supraclavicular : no R L

Nipple to SSN: R= L= **Nipple diameter:** R= L= **Nipple discharge or bleeding:** N Y

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:** yes no

Spine scoliosis: No Yes **General Exam:** BP significant abnormal findings: _____

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

RECOMMENDATION (Age >22, if under 22 may not use gel - special discussion)

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

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

Mastopexy alone: crescent periareolar lollipop inverted T

COMPLICATIONS

GENERAL: BRUISING • SWELLING • BLEEDING • INFECTION • NUMBNESS • SCAR • ASYMMETRY • POOR HEALING

IMPLANT: LEAKAGE • CAPSULE • WRINKLING • EXAM & MAMMOGRAPHY • WARRANTY • IMPLANT PALPABLE •
90% SATISFACTION • TEXTURED MORE RIPPLING • SMOOTH MORE HARDNESS • FUTURE KNOWLEDGE

FDA : MRI • ADDITIONAL SURGERY • FU STUDY INVOLVEMENT • NEWS

OTHER: GA • NO GUARANTEE • BCPS • THROMBOEMBOLISM (CLOTS) • INTERNET • NIPPLE LOSS • ANATOMICAL • OTHER

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

Date: _____