

**INFORMED CONSENT – BREAST AUGMENTATION WITH LARGER IMPLANT
THAN RECOMMENDED BY DR.KARA**

I, _____, have discussed with Dr.Kara and fully understand and accept the following with regard to my desire for breast augmentation using an implant larger than Dr.Kara feels is optimal for my breast tissue and my body proportions.

I acknowledge that I understand each item listed below.
(Please place your initial in the box beside each item below)

___ As I get older, my breast skin will age, stretch and become thinner even without an implant. The larger any breast augmented or not, the worse it will look over time due to skin stretching.

___ Adding any implant to my breast adds weight and will produce stretch and irreversible thinning of my breast tissues over time.

___ The larger the implant, the greater the amount of breast tissue stretch that will occur.

___ Adding excess weight to the breast almost guarantees that it will look worse over time, with increased stretch and sagging. It is impossible to predict whether or when this will occur in any individual patient.

___ Adding weight to my breast with a large implant may cause me to require further treatment in the future. Particularly a mastopexy (breast lift) with additional visible scars and risks. and tradeoffs if additional surgery is necessary. I will incur additional costs, time off work, risks and tradeoffs if additional surgery is necessary.

___ Excessive breast tissue stretch from a large implant can make me more likely to have additional complications with healing problems if the tissues become very thin.

___ As breast tissues thin, I will definitely be able to feel my implant, portions of my implant may be visible through my skin and visible rippling or wrinkling may occur.

___ If excessive stretch or complications occur, or complications occur (and this is unpredictable), it may even become necessary to remove the implants, with compromise in the appearance of my breasts and probable visible scarring if a mastopexy is necessary when the implants are removed.

___ When I request implants that are larger than Dr.Kara feels are optimal for my tissues and body proportions, I am overruling Dr.Kara's years of experience and judgment and I accept full responsibility for every possible outcome of my decision, whether that outcome or risk is known or unknown to me and Dr.Kara.

___ I understand and accept all these risks limitations and tradeoff, and I request that Dr.Kara proceed with larger than optimal implant augmentation of my breasts. I have had an opportunity to have all my questions answered to my satisfaction and I am totally comfortable with my decision.

Date ___/___/_____

Patient Print Name

Signature

Witness Print Name

Signature