

Your Guide to Removal and Replacement Capsulectomy

PREPARING FOR SURGERY

MEDICATIONS TO AVOID BEFORE AND AFTER SURGERY

GOING TO OUR OPERATING ROOM

RECOVERING FROM SURGERY

YOUR INFORMED DECISION

Daniel C. Mills, M.D., F.A.C.S.
(949) 499-2800

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PREPARING FOR SURGERY

STARTING NOW:

- **STOP SMOKING:** Smoking reduces circulation to the skin and impedes healing.
- **PRESCRIPTIONS YOU ARE CURRENTLY TAKING:** Be sure to tell Dr. Mills about any prescription medications that you are currently taking. He will tell you whether or not you should continue with those medications prior to your surgery. Ask whether or not you should take any of your medications on the morning of surgery.
- **DO NOT TAKE VITAMIN C:** Dr. Mills prefers his patients to discontinue the use of Vitamin C prior to and immediately after surgery, as Vitamin C may increase scarring. Two weeks prior and two weeks after. A multivitamin that has Vitamin C in it is fine as long as it is less than or equal to 500 IU's.
- **DO NOT TAKE ASPIRIN OR IBUPROFEN:** For two weeks prior to surgery and two weeks after surgery, stop taking medications containing aspirin or ibuprofen. Review the list of drugs containing aspirin and ibuprofen carefully. Such drugs can cause bleeding problems during and after surgery. If necessary, use medications containing acetaminophen instead of aspirin or ibuprofen (such as Tylenol).
- **STOP TAKING VITAMIN E:** Dr. Mills recommends that you discontinue the use of Vitamin E supplements, for two weeks prior to surgery and two weeks after surgery, as it may increase bleeding. A multivitamin that has E in it is fine as long as it is less than or equal to 700 IU's.
- **FILL YOUR PRESCRIPTIONS:** You will be given prescriptions for medications. Please have them filled as soon as possible BEFORE your surgery date.

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THE DAY BEFORE SURGERY:

- **CONFIRM ADMIT TIME:** Your admit time will be confirmed at your pre-operative appointment. If there is a need to change your admit time, we will notify you as soon as possible prior to your surgery.
- **PRESCRIPTIONS:** Make sure that you have filled the prescriptions you were given. Set the medications out where you will not forget to bring them with you on the morning of surgery.
- **CLEANSING:** The night before surgery, shower and wash your body with Hibiclens. You may use shampoo and conditioner on your hair. Avoid getting the soap in your eyes. You will only need to wash your hair with Hibiclens if you are having a facial procedure performed.
- **EATING AND DRINKING:** Do not eat or drink anything after 12:00 midnight. This includes drinking water and chewing gum.

MORNING OF SURGERY:

- **SPECIAL INFORMATION:** Do not eat or drink anything! If you take a daily medication, and the Dr./Anesthetist has instructed you to take it the morning of surgery, you may take it with a tiny sip of water in the early morning. We will have to cancel your surgery if you have had anything to eat or drink that was not approved by your Anesthetist.
- **CONTACT LENSES:** Please remove contact lenses, or bring lens case and solution to remove before surgery. Also, please remember to bring eyeglasses.
- **ORAL HYGIENE:** You may brush your teeth but do not swallow any water.

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- **CLEANSING:** Shower and wash your hair again with Hibiclens soap. You will need to wash your hair with Hibiclens only if you are having a facial procedure performed.
- **MAKE-UP:** Please do not wear moisturizers, creams, lotions, deodorant, make-up, or perfume to the surgery center.
- **JEWELRY:** Please do not wear or bring any jewelry to the surgery center. If you have jewelry you are unable to remove, please let the nurse know. Ponytail holders are suggested for long hair, but please do not wear any metal or hard hair clips or pins.
- **BODY JEWELRY:** You must remove any body jewelry prior to surgery such as belly, nose, or tongue rings.
- **CLOTHING:** When you leave the surgery center you will be sleepy and will want to crawl right into bed when you get home. Wear only comfortable, loose-fitting clothes with a front opening. Do not wear pullovers or turtlenecks, tight slacks or jeans, or high-heeled or high-top lace shoes. Slippers or slip-on shoes are preferred. You will want to bring a warm pair of socks, since the operating room is very cool. You may also want to bring sunglasses, a hat or a scarf to cover your bandages. Please leave all jewelry and valuables at home.
- **AT HOME:** Prepare your bed and atmosphere at home before you leave for surgery. Have several comfortable outfits ready—pajamas, sweats, nightgowns, etc. Have extra pillows, blankets or quilts available where you will be most comfortable. Books on tape, videos, music and television can help to pass the time until you feel more able to be up and around. Have plenty of food and beverages available that are easy to prepare and serve. We suggest water for hydration, and applesauce, oatmeal, Jell-O, puddings, bananas, baked potatoes and pasta to eat before you take your medication. Have plenty of ice in the freezer, and have lotion and other items for comfort easily accessible from your bed.

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- **CHECK IN/PREPARATION:** Report to Oceanview Ambulatory Surgery Center, Inc. on the day of your surgery with your prescribed medications. If your surgery time is at 8:00 a.m., you will need to ring the doorbell at Suite 403 and the operating room staff will let you in. If for any reason the automatic main doors to the building do not open at your arrival, there is a directory telephone by the entrance that will ring directly to the surgery center so that you can be buzzed through. If your surgery time is not at 8:00 a.m., your admit time is contingent on the completion of the surgery scheduled before you. We must have the number of where you will be the morning of surgery so that we can contact you. You will also need to call our office at (949) 499-9531 before you leave for the surgery center so that we can minimize your wait time.

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B R A L I S T

Pre-operatively, you need to purchase a bra. You will bring this bra with you to surgery. If you are unable to find the correct bra, please contact the office staff.

FULL CUP, FRONT CLOSURE, NON-PADDED, UNDER WIRE bras are used for the following surgeries:

All transaxillary, peri-areola, and inframammary approaches for breast augmentation

Smooth wall implants

Under the muscle

We carry most sizes in the Victoria Secret "Emma" bra for \$30.00 in our office.

SOFT CUP, FRONT CLOSURE, NON UNDER WIRE bras are used for the following surgeries: All mastopexy and breast reduction surgeries

Textured surface implants

Breast reconstruction surgeries

Removal/Replacement surgeries done on top of the muscle

These bras can be found at some Nordstrom stores. They label them as post surgical bras.

Purchase no more than two bras, SIZE _____. If you have difficulty finding one of these styles, please let me know so that I can assist you.

Dr. Mills will advise you of the appropriate, individual course to follow after the surgery. He may have you wear the bra for several days, or he may have you go without the bra, in which case you may not wear a supportive garment, but a camisole or T-shirt may be suggested. You will need to follow Dr. Mills' instructions during the postoperative office visits.

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During the postoperative period, your breasts will go through different stages. Therefore, one cannot predict that your new contours will ultimately fit one particular bra. The tissues of the chest will take some time to fully stretch. This may take several weeks. The contours of your breasts will continue to change throughout this time period. This is normal, but temporary, taking as long as three months.

If you have any questions, please do not hesitate to call me at (949) 499-2800

Signature [of Patient Coordinator]

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MEDICATIONS TO AVOID BEFORE AND AFTER SURGERY

If you are taking any medications on this list, they should be discontinued 10 days prior to surgery and only Tylenol should be taken for pain. It is absolutely necessary that your current medications be specifically cleared by Dr. Mills if they will be taken before or immediately after surgery.

Medications That May Have Bleeding Properties

4-Way Cold Tabs	Anafranil	Backache Max Strength
4-Way w/Codeine	Anaprox Products	Bayer Products
5-Aminosalicylic Acid	Anexsia	BC Powder
A.C.A.	Anisindione	BC Tablets
A.S.A.	Ansaid	Bismatrol
A-A Compound	Argesic-SA	Buffered Aspirin
Accutrim	Arthra-G	Bufferin Products
Acetilsalicylic Acid	Arthretin Products	Buffetts II
Actifed	Arthritis Bufferin	Buffex
Actron	Arthritis Foundation Prod.	Butal/ASA/Caff
Acular (ophthalmic)	Arthritis Pain Formula	Butalbital Compound
Adapin	Arthritis Strength BC	Cama Arthritis Pain Rel.
Adprin-B Products	Arthropan	Carisoprodol Compound
Advil Products	Ascriptin Products	Cataflam
Aleve	Asendin	Cheracol
Alka-Seltzer Products	Aspergum	Children's Advil
Amigesic	Asprimox Products	Choline Salicylate
Amitriptyline	Aventyl	Clinoril
Amoxaprine	Axotal	Clinoril C
Amoxaprine	Azdone	Clomipramine
Anacin Products	B-A-C	Contac
Cope	Equagesic	Isollyl
Coricidin	Etodolac	Janimine

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Cortisone Medications	Etrafon Products	Kaodene
Coumadin	Excedrin Products	Ketoprofin
Dalterparin injection	Fastin	Ketorolac
Damason-P	Feldene	Lanorinol
Darvon Compund-65	Fenoprofen	Limbitrol Products
Darvon/ASA	Fiorgen PF	Lodine
Daypro	Fiorinal Products	Lortab ASA
Desipramine	Flagyl	Lovenox injection
Diclofenac	Flurbiprofin	Ludiomil
Dicumerol	Fragmin injections	Macrochantin
Dimetapp Sinus	Furadantin	Magan
Dipentum	Garlic Supplements	Magnaprin Products
Dipyridamole	Gelpirin	Magnesium Salicylate
Disalcid	Genpril	Magsal
Doan's Products	Genprin	Maprotilene
Dolobid	Gensan	Marnal
Doxepin	Goody's Headache Pdr.	Marthritic
Doxycycline	Halfprin Products	Meclofenamate
Dristan	Haltran	Meclomen
Dristan Sinus	Heparin	Mefenamic Acid
Duragesic	Hydrocortisone	Mellaril
Easprin	IBU	Menadol
Ecotrin Products	Ibuprofin	Meprobamate
Elavil	Imipramine	Meprobamitic
Emagrin	Incocin products	Mesalamine
Empirin Products	Indochron E-R	Micrainin
Endep	Indomethacin Products	Midol
Enoxaparin injections	Ionamin	Miradon
Mobidin	Pentasa	Salsitab
Momentum	Pentoxyfylline	Scot-Tussin Original 5
Mono-Gesic	Pepto-Bismol	Sine-Aid products

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Mobigesic	Perodan products	Sine-off
Motrin	Persantine	Sinequan
Nabumetone	Pertofrane	Sinex
Nalfon products	Phenaphen/Codeine #3	Sinutab
Naprelan	Phentermine	Sodium Salicylate
Naprosyn products	Phenyulpropanolamine	Sodol Compound
Naprox X	Pink Bismuth	Sofarin
Naproxen	Piroxicam	Soltice
Night Time Eff. Cold	Pondimin	Soma Compound
Norgesic products	Ponstel	Sparine
Norpramin	Prednisone	St. Joseph Aspirin
Nortriptyline	Profenal	Stelazine
Norwich products	Profenol	Sulfasalazine
Nuprin	Protamine	Sulindac
Ocufen (ophthalmic)	Protriptyline	Supac
Olsalazine	Pyrroxate	Suprax
Opasal	Relafin	Suprofen
Orphengesic	Rhinocaps	Surmontil
Orudis products	Robaxisal	Synalgos-DC
Oruvail	Rowasa	Talwin
Oxaprozin	Roxeprin	Tenuate
Oxycodone	Ru-Tuss	Tenuate Dospan
Pabalate products	Salatin	Thoraxine
P-A-C	Saleto products	Ticlid
Pamelor	Salflex	Tofranil
Pan P-A-C	Salicylate products	Tolectin products
Panasal	Salsalate	Tolmetin

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Toradol
Trantal
Triaminicin
Triavil
Tricosal
Trilisate
Trimipramine
Tussanil DH
Tussirex products
Ursinus
Ursinus-Inlay
Vanquish
Virbamycin
Vitamin C
Vitamin E
Vivactil
Voltaren
Warfarin
Wesprin
Willow Bark products
Zorprin

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**If you are taking any hormone therapy Dr. Mills suggests stopping this 2 weeks before surgery and then continuing again 2 weeks after surgery, to reduce the risk of blood clot. It is ultimately a decision you and the prescribing doctor will have to make, but we want to inform you of your added risk.

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GOING TO OUR OPERATING ROOM

THE OPERATING SUITE:

- Going to the operating room is a new experience for most. Dr. Mills and his professional staff recognize the natural anxiety with which most patients approach this step in the process of achieving their goals. We believe a description of the surgery experience will be helpful.
- Your surgery will be performed at Oceanview Ambulatory Surgery Center in our state-of-the-art-operating suite. Specialists using the most modern equipment and techniques will attend to you. The team includes a certified registered nurse anesthetist, a trained operating room technician and a registered nurse in charge of the operating room.
- When you arrive at Oceanview Ambulatory Surgery Center, you will be escorted to a quiet, private room. You will be asked to change into a patient's gown and robe and you will be given support stockings and/or foot covers. Doctor Mills, his nurse, and the anesthetist will meet with you before you enter the operating suite. This is the time for final surgical planning; it is also when we will do basic preparations and draw on your skin. There will be adequate time for last minute questions.
- Once you enter the operating room, the staff will do everything they can to make you feel comfortable and secure. Once you are on the operating table, the nurse or anesthetist will start an intravenous drip in your arm. At this time, to ensure your safety, our staff will connect you to monitoring devices. Medications will flow through the tubing and into a vein in your arm. These medications will begin to make you sleepy.
- When your surgery has been completed and your dressings are in place, you will be moved to the recovery room. You will be connected to monitoring equipment immediately. During this period, your anesthetist

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and a fully-trained recovery room nurse will take care of you and remain with you at all times.

- We anticipate that your stay in the recovery room will last from 1—2 hours, depending on how soon you are ready to leave. Most patients are fully awake within 30—60 minutes after surgery and usually do not remember much about their stay in the recovery room.

POST-SURGERY ARRANGEMENTS:

- **AT HOME OR HOTEL:** You must arrange for a competent, caring, capable adult to drive you to and from the surgery center. Your ride should wait in our waiting room so that you are not charged for overtime in the recovery room, if we are waiting for the ride. **Your caregiver must remain with you all day and through the first night. You may not be left alone during this time.**
- **RECOVERY CENTER:** If you will be staying the night at Oceanview Ambulatory Surgery Center, you may wish to pack an overnight bag with pajamas or nightgown, robe, bedroom slippers, toothbrush, hairbrush, as well as your medications and eyeglasses (if applicable). **You will need to arrange for your transportation to pick you up at 8:00 a.m. the morning following your surgery, and you will need someone to stay with you at least the first entire day.**

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RECOVERING FROM SURGERY

- **FAMILY & FRIENDS:** Support from family and friends is very helpful, but because they may not understand what constitutes a normal postoperative course, the comments may unintentionally create emotional turmoil for you. We will tell you honestly how you are doing and what we expect your results to be. Please trust our knowledge and experience when we discuss your progress with you.

Although plastic surgery has become quite popular, your friends may still be reluctant to bring up what they believe is a private matter. Patients occasionally feel upset that “no one noticed” or “said anything.” If you feel comfortable discussing your surgical experience, do so openly. When people ask how you are doing, respond by saying, “I feel wonderful, I just had plastic surgery and I’m recovering nicely.” This lets people know that they may talk freely with you. Often when patients are open, they find that their friends and acquaintances are very interested in discussing the subject.

- **DEPRESSION:** Quite frequently, patients experience a brief period of “let-down” or depression after aesthetic surgery. Some may have subconsciously expected to feel and look better “instantly,” although they rationally understand that this will not be the case. Patients commonly question their decision to have surgery during the first few days after surgery. As the healing occurs, these thoughts usually disappear quickly. If you feel depressed, understand that this is a “natural” phase of the healing process. If necessary, please let us help you through this period.
- **SALT AND CAFFEINE:** It is best to avoid salt and caffeine for 2 weeks post operatively. Salt can cause excessive water retention and additional swelling and caffeine reduces circulation to the skin and impedes healing. Many packaged foods, canned soups, and frozen foods contain high levels of salt and should be avoided.

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- **HEALING:** Everyone has the capacity to heal themselves to one degree or another. Clearly, this ability is variable and depends upon a number of factors such as your genetic background or your overall state of health and lifestyle (exercise, diet, smoking, drinking, etc.). Many people believe that the surgeon “heals” the patient. No one person can make another heal. Dr. Mills can facilitate (but not accelerate) the healing process. Your cooperation and close attention is extremely important and in your best interest.

- **FOLLOWING INSTRUCTIONS:** Another major factor in the course of healing is following the instructions given by Dr. Mills verbally and in this booklet. Such guidelines are designed to promote the healing process and prevent anything from interfering with your recovery. It is imperative that you recognize that you are a partner in this process and have the responsibility of following instructions carefully. The instructions, based on broad experience, are designed to maximize your healing process.

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RECOVERING FROM SURGERY

CAPSULECTOMY WITH SECONDARY SUBMUSCULAR REAUGMENTATION (Revision of Breast Enlargement)

- **ASYMMETRY:** The two breasts commonly heal quite differently. One breast may swell more, feel more uncomfortable, or have a different initial shape. After complete healing, they will look remarkably similar and natural. You must have patience, but if this causes concern, ask questions of Dr. Mills or the nursing staff.
- **HEALING OF SENSORY NERVES:** Regeneration of the sensory nerves is accompanied by tingling, burning, or shooting pains, which will disappear with time and are nothing to be alarmed about. If, however, swelling, redness, infection, or bleeding accompanies this, then you will need to see Dr. Mills at the office.
- **SENSITIVITY:** As the nerves regenerate, the nipples commonly become hypersensitive. This will subside with time. You may find that gentle massaging helps.
- **"SLOSHING" SENSATION:** You may hear and feel "sloshing" in your breasts after surgery. This is not the implant! It is due to air that is trapped in the space around the implant and the natural fluid that accumulates after an operation. The body will absorb it all within a few weeks.
- **SHINY SKIN:** The skin of your breasts may become shiny. This is a result of the swelling that occurs after surgery. Within a few weeks, the edema and swelling will subside and the skin will look more normal.
- **ACTIVITIES:** Any type of strenuous activity can induce swelling and bleeding, especially during the first 2 to 3 weeks after surgery. Therefore, limit your exercise to walking during the first month. In

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general, guide your activities by your discomfort—that is, if an activity hurts, do not do it. Aerobic exercise will raise your blood pressure, which could cause late bleeding and harm your result. If your job keeps you rather sedentary, you may return to work when you feel comfortable, several days after surgery. You will tire easily and you may want to limit your hours on your first few days back. If the swelling or discomfort increases, you have probably done too much too soon. One month after surgery, you may start easing yourself into your normal exercise routine. Remember; do not push yourself too quickly.

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POST OPERATIVE INSTRUCTIONS

- **ACTIVITY/SPORTS:** We want you to avoid straining or any aerobic activity for at least 3 weeks after surgery. This is to avoid bleeding, bruising, and swelling. Do not resume strenuous exercise for 4 to 6 weeks. Dr. Mills will give you clearance to increase your activities according to the progress of your recovery.
- **DRIVING:** You may resume driving when you feel you are able, but wait at least 4 days after surgery. Keep in mind that you must have full use of your reflexes. If pain will inhibit them, do not drive! Do not drive if you are taking pain medications.
- **SEXUAL ACTIVITY:** You may enjoy sexual activity as your body allows with the following restriction: please reread Activity/Sports above and apply the same concept to sex.
- **SUN EXPOSURE:** If fresh scars are exposed to sunlight, they will tend to become darker and take longer to fade. Always use sunscreen. Take extra care and precautions if the area operated on is slightly numb—you might not “feel” sunburn developing!
- **WORK:** Allow adequate time after surgery to rest, heal and recover from your procedure. Discuss your job duties with Dr. Mills to decide on an appropriate time before returning to work.

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POST OPERATIVE INSTRUCTIONS

CAPSULECTOMY WITH SECONDARY SUBMUSCULAR REAUGMENTATION (Revision of Breast Enlargement)

- **POSITION:** During the first week, attempt to sleep on your back with your head and shoulders elevated on at least two pillows. Do not sleep on your side. When assistance is needed to go to the bathroom you should be supported behind your shoulders and back of neck. You should never be held under the arms or pulled by the arms.
- **DRESSING:** The bra acts as a “dressing,” holding the breasts and implants in perfect position. Try to keep the bra “even.” If the bra feels too tight or hurts, switch immediately to any bra that feels comfortable. A bra that is too tight can cause ulceration of the skin—YOU MUST NOT LET THIS HAPPEN! We **may** want you to wear a bra at all times for 2 weeks, Dr Mills will let you know at your postoperative appointment.
- **SUTURES:** Dr. Mills or a Physician Assistant will remove the sutures below your skin one month after surgery. Your steri-strips should stay in place for 6 weeks.
- **EXPOSURE TO SUNLIGHT:** Scars take at least 1 year to fade completely. During this time, it is better that you protect them from the sun. Even through a bathing suit, a good deal of sunlight can reach the skin and cause damage. It is imperative that you wear a sunscreen with a skin-protection factor (SPF) of at least 30 at all times when you are in the sunshine. Be extremely careful if areas of your breast skin have reduced sensitivity.
- **SHOWERING AND BATHING:** You may shower the day after surgery. Wash your breasts and incision area with the hibiclense soap. Leave the adhesive strips (steri-strips) on your skin. (If your implants are textured

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and you are instructed to wear a bra at all times, do not take your bra off while you shower.)

- **ACTIVITIES:** Do not drive until you can do so without pain or for at least 4 days. Do not elevate arms above your head for one week. You may return to work after your first post-operative visit provided your duties do not involve lifting, pushing or strenuous arm activity, which may cause pain and internal bleeding. Avoid twisting and reaching movements of any nature. Do not bend forward, allowing your breasts to be in a hanging position.

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YOUR INFORMED DECISION

ABOUT RISKS:

We want you to fully understand the risks involved with surgery so that you can make an informed decision. Although complications are infrequent, all surgeries have some degree of risk. Dr. Mills and his staff will apply their knowledge and experience to avoid complications in so far as we are able. If a complication does occur, we will use those same skills in an attempt to solve the problem quickly. The importance of having a highly qualified medical team and the use of a certified facility cannot be overestimated.

In general, the least serious problems occur more often and the more serious problems rarely occur. If a complication does arise, you, Dr. Mills, and the surgical team will cooperate in resolving the problem. Most complications involve an extension of the recovery period rather than any permanent effect on your final result.

NORMAL SYMPTOMS:

- **SWELLING AND BRUISING:** Moderate swelling and bruising is normal after any surgery. Severe swelling and bruising may indicate bleeding or possible infection. If you have severe swelling or bruising, please notify Dr. Mills immediately.
- **DISCOMFORT AND PAIN:** Mild to moderate discomfort or pain is normal after any surgery. If the pain becomes severe and is not relieved by pain medication, please call the office at (949) 499-2800.
- **CRUSTING ALONG THE INCISION LINES:** We usually treat this by cleansing with hydrogen peroxide on clean cotton tipped swab and then the application of an antibiotic ointment.

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- **NUMBNESS:** Small sensory nerves to the skin surface are occasionally disrupted when the incision is made or during the undermining of the skin during surgery. The sensation in those areas gradually returns—usually within two or three months, but it may take as long as a year or two, as the nerve endings heal spontaneously.
- **ITCHING:** Itching and occasional small shooting “electrical” sensations within the skin frequently occur as the nerve endings heal. Ice, skin moisturizers, and massages are frequently helpful. These symptoms are common during the recovery period.
- **REDNESS OF SCARS:** All new scars are red, dark pink, or purple. Scars on the face usually fade within 3 to 6 months. Scars on the breasts or body may take a year or longer to fade completely.

COMMON RISKS:

- **HEMATOMA:** Small collections of blood under the skin are usually absorbed spontaneously. Larger collections of fluid, call hematomas or seromas, may require aspiration, drainage, or even surgical removal to achieve the best result.
- **INFLAMMATION AND INFECTION:** A superficial infection may require antibiotic ointment. Deeper infections are treated with oral or intravenous antibiotics.
- **THICK, WIDE, OR DEPRESSED SCARS:** Abnormal scars may occur even though we have used the most modern plastic surgery techniques. Occasionally, treatment may be necessary, including steroid injection, placement of silicone sheeting, laser treatment or scar revision surgery. Some areas on the body scar more easily than others and some people have a greater tendency for scarring. Your own history of scarring should give you some indication of what you can expect.

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- **WOUND SEPARATION OR DELAYED HEALING:** During the healing phase, any incision may separate or heal unusually slow for a number of reasons. These reasons include inflammation, infection, wound tension, decreased circulation, smoking or excess external pressure. If delayed healing occurs, the final outcome is usually not significantly affected, but secondary scar revision may be indicated.
- **SENSITIVITY OR ALLERGY TO DRESSINGS OR TAPE:** Occasionally, allergic or sensitivity reactions may occur from soaps, ointments, tape or sutures used during or after surgery. Such reactions are generally mild and easily treated. In extremely rare circumstances, allergic reactions can be severe and require aggressive treatment or even hospitalization. Please let us know if you have ever experienced an allergic reaction to any previous treatments.
- **INCREASED RISKS FOR SMOKERS:** Smokers have a greater chance of skin loss and poor healing because of decreased skin circulation. (See Preparing for Surgery.)
- **POSSIBLE COMPLICATIONS:** Asymmetry, unhappiness with the result, poor healing, et cetera may occur. Minimal differences are usually acceptable. Larger differences frequently require revisional surgery.

MEDICAL COMPLICATIONS:

- **RARE COMPLICATIONS:** Any problem mentioned under Common Risks, if severe, may significantly delay healing or necessitate further surgical procedures. Medical complications such as pulmonary embolism, severe allergic reactions to medications, cardiac arrhythmia's, heart attack, and hyperthermia are rare but serious and life-threatening problems. A C.R.N.A. or M.D. Anesthesiologist will be present, reducing these risks. (Please disclose all pertinent medical data before surgery in order to reduce serious problems for you and for the medical team during surgery.)

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- **INJURY TO DEEPER STRUCTURES:** Blood vessels, nerves and muscles may be injured during surgery. The incidence of such injuries is rare.
- **UNSATISFACTORY RESULT & NEED FOR REVISIONAL SURGERY:** Plastic surgery is performed to improve, enhance, or rejuvenate. While the procedures are performed with a very high probability of success, disappointments occur and results are not always acceptable to patients or the surgeon. Secondary procedures or treatments may be indicated. Rarely, problems may occur that are permanent.

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YOUR INFORMED DECISION

CAPSULECTOMY WITH SECONDARY SUBMUSCULAR REAUGMENTATION (Revision of Breast Enlargement)

- **CAPSULAR CONTRACTION:** Even though abnormal scar tissue from your previous augmentation mammoplasty is being removed, capsular contraction remains the most common “complication” or side effect of this surgery. While your risk of developing scar contracture again is low, it still exists at the same or slightly higher level than in a primary or first time breast augmentation. During surgery, a pocket is created for the implant that is somewhat larger than the implant itself. During healing, a fibrous membrane called a capsule forms around the device.

Under ideal circumstances, the pocket maintains its original dimensions and the implant “rests” inside, remaining soft and natural. For reasons still largely unknown, however, the scar capsule shrinks or contracts in some women and squeezes the implant, resulting in various degrees of firmness. This contraction can occur soon after surgery or many years later and can appear in one or both breasts. Current theories suggest that a low-grade infection may “trigger” some contraction. The use of a textured surface on the implants seems to alter the way in which the scar capsule develops. Although use of textured implants has not eliminated capsular contraction, it appears to have reduced this risk to the 5–10% range.

Capsular contraction is not a “health” risk, but it can detract from the quality of the result and cause discomfort, pain, or distortion of the breast contour. In cases of minor contraction, we usually will not suggest surgical correction. Cases of very firm contraction may require surgical intervention. Rarely, if the contraction recurs and cannot be eliminated, the occasional patient may choose to have the implants permanently removed.

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- **HEMATOMA:** Some postoperative bleeding into the pocket containing the breast implant occurs in 2—3% of women. If the bleeding is minimal, the body will absorb it with time. Marked swelling will probably require surgical removal of the blood.
- **INFECTION:** Postoperative infection is uncommon, but possible. We reduce this to a minimum by giving intravenous antibiotics during surgery and oral antibiotics beginning the night before surgery. Most infections are mild and resolve without incident. If a serious infection develops, the implant will probably need to be removed, and cannot be safely replaced for at least 6 months after healing.
- **LOSS OF SENSATION TO SKIN OR NIPPLES:** Nerves that supply skin or nipple sensation may be cut or damaged while the pocket or space for the implant is being created. Although this does not happen routinely, it can happen no matter how carefully the surgery is performed. If sensory loss occurs, the nerves slowly recover over a period of 1—2 years in about 85% of cases. If you lost your sensation at your earlier surgery, secondary surgery will not improve the situation and may make it worse.
- **EXPOSURE OR EXTRUSION OF IMPLANT:** Thin skin, inadequate tissue coverage, capsule formation, infection or severe wrinkling may all contribute to the erosion of an implant through the skin or scar. Should this very rare complication occur, implant removal would probably be indicated (at least temporarily).
- **WRINKLING:** With the use of textured implants, visible wrinkling under the skin has been more noticeable. Occasionally, the edge of the implant can be felt. These problems are usually mild and require no treatment. Experience has shown that the wrinkles frequently improve or even disappear within a year. (See Subpectoral Placement below.)
- **ASYMMETRY:** Capsulectomy and re-augmentation should make your breasts look better. Rarely however, in spite of careful attention to detail,

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the dissected pockets may end up slightly different in shape or height. If this is not noted while you are in surgery, but becomes a problem after healing, you may later need a small adjustment procedure.

- **SUBPECTORAL PLACEMENT OF THE IMPLANT (UNDER THE MUSCLE):** If you and Dr. Mills have decided to place or replace the implants under the pectoralis muscle, a unique set of risks apply. During contraction of the muscle, the implants will temporarily be flattened and/or pulled upward. Occasionally, the implants may “ride” higher than their original position because of the muscular contraction. Implants were originally placed under the muscle to reduce the frequency of capsular contraction. With the use of textured implants, the frequency of capsular contraction appears to be the same as when the implants are placed above the muscle. Implants are usually placed under the muscle in thin, small-breasted women to provide more “cover” over the implant. Placing the implants under the muscle may reduce visible wrinkling.
- **DEFLATION:** If, for any reason, the valve or implant covering fails, the saline will leak and be excreted by your body. This causes no medical harm, but the implant will need to be replaced in a secondary procedure. You will incur some additional expense, but the manufacturer will usually replace the implant at no charge if you have filled out and sent in your information for implant warranty within 30 days of your surgery and your rupture occurs within 10 years of your surgery. The rate of saline-implant leakage is quoted at about 3—4% over many years.
- **LOSS OF SKIN, BREAST TISSUE, OR NIPPLE:** This is an extremely rare complication of breast enlargement. It usually develops from an infection that has gotten out of control and results in the death of the involved tissues. This very rare complication usually involves only small areas that will eventually heal with good wound care. Secondary surgery is a remote possibility.

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- **INTERFERENCE WITH BREAST FEEDING:** Many women with breast implants have nursed their babies successfully. Nevertheless, any breast surgery can theoretically interfere with your ability to breast-feed. Dr. Mills recommends only breast-feeding for the first 3 months of the baby's life.
- **CALCIUM DEPOSITS:** In some patients, a thin layer of calcium will develop within the scar capsule surrounding the implant. This usually occurs several or more years after the implant has been inserted. In these patients, the added density of the scar may reduce the detection of lesions close to the scar on mammograms. Breast cancers may still be visible and detectable when specialized imaging techniques are used.
- **BREAST CANCER:** There is no evidence linking implants and breast cancer. The only clinical studies available show that the prevalence of breast cancer in women with implants is the same or even slightly lower than that in women without breast implants! Furthermore, two studies have shown, to date, that the stage of breast cancer detection in women with implants appears to be identical to that found in the overall population.
- **INTERFERENCE WITH MAMMOGRAPHY:** You should alert the technician to the fact that you have implants. Special techniques will be used and extra views may be needed in order to see as much of the breast tissue as possible. Even under the most ideal circumstances, some breast tissue may remain unseen and a suspicious lesion missed. Because the breast is compressed during mammography, it is possible, but rare, for an implant to rupture.
- **SYNMASTIA (LOSS OF CLEAVAGE):** This is a very unusual problem that can develop after normal augmentation either above or below the muscle. The skin over the lower sternum (breastbone) pulls away from the bone, and normal cleavage is reduced or eliminated. In its more serious form, the pockets on either side merge to form a single pocket.

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In the more minor form, the pockets remain separate but the skin tents upward. Reduced fibrous or elastic "strength" in the subcutaneous tissues may be contributory but is difficult to predict. If the problem develops, correction will require secondary surgery.

- **IMMUNE DISORDERS:** Some women have claimed that silicone gel prostheses have contributed to or stimulated connective tissue disorders such as systemic lupus erythematosus, scleroderma, rheumatoid arthritis, etc. Other complaints involving the nervous system, skin and immune systems have been reported. Reports claiming causal relationship between silicone gel and such symptoms have been published in the medical literature and widely reported in the press. To the present time, no such relationship has been established scientifically. Gel implants are not available for routine use because of the concerns of the Food and Drug Administration. The saline (salt water) used to fill saline implants is harmless and is excreted in the urine should the implant leak or rupture.
- **PRESENCE OF SILICONE RUBBER:** Saline-filled implants are made of silicone rubber. Although silicone rubber has not been implicated in any diseases, and has been used in many types of implants, its use is under investigation.
- **STRETCH MARKS:** However infrequent, stretch marks are a risk.
- **ALTERNATIVES:** The alternatives to having a capsulectomy include capsulotomy (scoring and cutting the capsule instead of removing it), removal of implant and leaving the capsule intact or living with firm breasts and having no surgery.

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CONSENT FOR SURGERY

I, _____, desire Daniel C. Mills, M.D., F.A.C.S. and such assistants, as may be assigned by him, to perform the elective procedure(s) of:

- **BILATERAL REMOVAL/REPLACEMENT CAPSULECTOMY (Submuscular Reaugmentation)** (Removal of fibrous capsules surrounding my implants and replacement of implants in the subpectoral position)

The nature and purpose of the operation(s), possible alternative methods of treatment, including no treatment/surgery, risks and possible complications have been fully explained to me by Daniel C. Mills, M.D., F.A.C.S. during my preoperative consultation. I understand that this operation is not an emergency nor is it medically necessary to improve or protect my physical health. I have been advised that all surgery involves general risks, including but not limited to bleeding, infection, nerve damage and rarely, cardiac arrest, death, or other serious bodily injury. I acknowledge that no guarantees or assurances have been made as to the results that may be obtained.

I understand that anesthesia will be given and that it, too, carries risks. I consent to the administration of anesthesia by either a qualified Certified Nurse Anesthetist or a M.D. Anesthesiologist to the use of such anesthetics, as he/she may deem advisable.

It has been explained to me that during the course of the operation unforeseen conditions may be revealed that necessitate an extension of the original procedure, and I hereby authorize my doctor and/or such assistants as may be selected by him to perform such procedures as are necessary and desirable, including but not limited to the services of pathologists, radiologists, or a laboratory. The authority granted in this

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paragraph shall extend to remedying conditions that are not known to my doctor at the time the operation commences.

I understand that photography is important in planning and evaluating surgery, and I give permission for photographs to be taken before and after my surgery for the purposes of documentation only.

I agree to keep my doctor informed of any change in my permanent address so that he can inform me of any important new findings relating to my surgery. I further agree to cooperate with him in my aftercare until I am discharged from his care.

In signing this consent, I hereby certify that I understand the risks, benefits, and alternatives to my procedure(s) and that I have discussed them with Daniel C. Mills, M.D., F.A.C.S.

Please do not give your permission or sign this consent form if you have any questions regarding your procedure(s). Please advise a staff member of these questions or concerns so that arrangements can be made for Daniel C. Mills, M.D., F.A.C.S. to discuss them with you.

Signature: _____ Date: _____

Preoperative Nurse

Signature: _____

Witness: _____ Relationship: _____

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PREGNANCY (HCG) TEST CONSENT

I understand that it is Dr. Mills' policy that all female surgical patients have a pregnancy test prior to surgery, I understand that it is imperative that I refrain from unprotected sex between the time of my pregnancy test until my date of surgery.

I understand that if I am pregnant at the time of surgery, the effects of anesthesia could be potentially harmful to the unborn fetus. My signature below releases Dr. Mills and Professional Anesthesia Services from any liabilities regarding the above stated as they have taken prudent steps in order to ensure my best health.

Patient Signature

Date

Witness Signature

Patient Copy

MEDICATIONS

GENERAL INFORMATION:

Dr. Mills and the nursing staff have given you prescriptions for your comfort and care. It is important that you use the medications as directed unless you experience abnormal symptoms that might be related to medication usage.

Symptoms such as itching, rash development, wheezing, and tightness in the throat would probably be due to an allergy. Should these occur, discontinue all medications and call our office for instructions.

MEDICATION INSTRUCTIONS

AVELOX 400MG #6 Take 1 pill with food, once a day.

This is an antibiotic and will help reduce the risk of infection. You will be taking this medication one time a day. Always remember to take it with food to keep from upsetting your stomach. *Start taking your antibiotics the night before surgery* so they are in you bloodstream at the time of surgery. Take the Avelox until they are all gone.

DARVOCET N-100 #30 Take 1-2 tablets every 4-6 hours as needed for moderate pain.

Darvocet will relieve minor discomfort. Do not take Darvocet on an empty stomach as it will make your stomach upset. Try not to take any pain pills in the middle of the night/early morning because it will cause nausea. You can take Tylenol if needed.

HIBICLENS OVER THE COUNTER

This is an antibacterial soap that you will need to shower with the night before surgery and the morning of surgery. This soap will not lather and may make your skin quite dry. You may use it after surgery to cut down on bacteria as well. Try to avoid getting Hibiclens in your eyes as it may be very irritating.

LORTAB 7.5MG #30 Take 1-2 tablets every 4-6 hours as needed for severe pain.

In order to ensure that you have a comfortable recovery period, I have prescribed a pain reliever. As with the antibiotic, always remember to take your pain pill with food. As long as you are in discomfort, you should be taking your pain pills. Take just one pill at first. If in 20-30 minutes you are still in pain, take a second pill. If you need a refill, please do not hesitate to call the office. These are for major pain. You may have some nausea if you take more pain pills than needed. Only take your pain pills as needed for pain, not by the clock (not every four hours unless you are actually in pain). Try not to take pain pills in the late evening/early morning because it can cause nausea. You can take Tylenol.

SKELAXIN 800MG #30 1 tablet every 6 hours as needed for muscle pain.

If this medication has been prescribed for you, its purpose is to relax your muscles. Take this medicine with food as well. You are able to take Skelaxin up to four times a day. Refills are also available to you as

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Patient Signature

Date

Witness Signature

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*PATIENT PHOTOGRAPHIC AND MODEL AUTHORIZATION
AND RELEASE FORM*

I consent to the taking of photographs or videotapes of me or parts of my body, by Dr. Mills or his designee, in connection with the following plastic surgery procedure: **Capsulectomy with secondary reaugmentation** to be performed by Dr. Mills. I further consent to the release by Dr. Mills to the American Society for Plastic Surgery, Inc. ("ASAPS") of such photographs, videotapes or case histories.

I understand that such photographs, videotapes or case histories may be published by Dr. Mills and/or ASAPS any party acting under their license and authority in any print, visual or electronic media including, but not limited to, medical journals and textbooks, scientific presentations and teaching courses, and internet web sites, for the purpose of informing the medical profession or the general public about plastic surgery methods.

Neither I, nor any member of my family, will be identified by name in any publication. I understand that in some circumstances the photographs may portray features that shall make my identity recognizable.

I understand that I have the right to revoke this authorization in writing at any time, but if I do so it will have no effect on any actions taken prior to my revocation. If I do not revoke this authorization, it will expire twenty (20) years from the date written below.

I understand that I may refuse to sign this authorization and such refusal will have no effect on the medical treatment I receive from Dr. Mills.

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I understand that the information disclosed, or some portion thereof, may be protected by law and/or the Federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). I further understand that, because ASAPS is not receiving the information in the capacity of a health care provider or health plan covered by HIPAA and may be re-disclosed by ASAPS.

I release and discharge Dr. Mills, ASAPS, and all parties acting under their license and authority from all rights that I may have in the photographs, videotapes or case histories and from any claim that I may have relating to such use in publication, including any claim for payment in connection with distribution or publication of these materials in any medium.

I grant this consent as a voluntary contribution in the interest of public education and certify that I have read the above Authorization and Release and fully understand its terms.

Patient _____ Date _____

Witness/Physician: _____

I have read the above Authorization and Release. I am the parent, guardian or conservator of _____, a minor. I am authorized to sign this consent on his/her behalf and I grant this consent as a voluntary contribution in the interest of public education.

Patient/Guardian _____ Date _____

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