

Your Guide to Breast Augmentation

PREPARING FOR SURGERY

MEDICATIONS TO AVOID BEFORE AND AFTER SURGERY

GOING TO OUR OPERATING ROOM

RECOVERING FROM SURGERY

YOUR INFORMED DECISION

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. Discontinue two weeks prior to surgery and for two weeks after surgery. 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:** 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). Discontinue two weeks prior to surgery and for two weeks after surgery.
- **STOP TAKING VITAMIN E:** Dr. Mills recommends that you discontinue the use of Vitamin E supplements preoperatively and immediately postoperatively, as it may increase bleeding. Discontinue for two weeks prior and for two weeks after surgery. 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 well BEFORE your surgery date.
- **WINE AND STEAK:** Please discontinue red wine one week before surgery and steak one day before surgery.

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. Your surgery time could be delayed due to some last minute emergency surgeries, please be flexible.
- **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 or pHisoHex soap. Avoid getting the soap in your eyes. After your shower, do not use any cream, lotion, powder or deodorant on your body. You may still use shampoo and conditioner on your hair. This will cut down on the amount of bacteria on your skin.
- **EATING AND DRINKING:** Do not eat or drink anything after 12:00 midnight. This includes drinking water, eating candy and chewing gum.

MORNING OF SURGERY:

- **SPECIAL INFORMATION:** **Do not eat or drink anything unless instructed to do so by Dr. Mills or the Anesthetist! This includes water!** If you take a daily medication prescription or otherwise, please discuss this with Dr. Mills and the Anesthetist prior

to your surgery. **Dr. Mills will cancel your procedure if you have had anything to eat or drink the morning of surgery 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 of the water.
- **CLEANSING:** Shower and wash your body again with the Hibiclens or pHisoHex soap.
- **MAKE-UP:** Please do not wear moisturizers, creams, lotions, deodorant, make-up, or perfume.
- **JEWELRY:** Please do not wear or bring any jewelry to the surgery center. If you have jewelry you cannot 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:** If you have any body jewelry (Belly ring or tongue ring), you must remove it prior to surgery. Body piercings have been known to cause infection and capsular contracture and are not recommended after Breast Augmentation surgery. If you already have the piercing prior to surgery you may consider never putting it back in after surgery. If you choose to have a body piercing after surgery, you must be covered with an antibiotic prior to your procedure. Once again this procedure is strongly discouraged after Breast Augmentation surgery.
- **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 remove all jewelry, and 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 caffeine free Coca-Cola, 7-Up (not diet) and water for hydration, and applesauce, oatmeal, Jell-O, puddings, bananas, baked potatoes and pasta to eat before you take your medication.
- **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.

B R A S S I E R E L I S T

Pre-operatively, you need to purchase a bra. You will **bring this bra with you to surgery.** We have provided a list of bras we prefer for you to purchase. If you are unable to find the correct bra, please contact the office staff.

Underwire bras are used for the following surgeries:

All transaxillary approaches for breast augmentation
Smooth wall implants

These bras have a ***full cup, underwire, no padding and a front closure.*** We do not want you to bring in a demi-cup bra.

<u>BRAND</u>	<u>STYLE#</u>	<u>STYLE</u>
Olga	33143	Olga Lace
Christian Dior	4301	
Victoria Secret	*	Emma Collection Racerback full coverage bra w/front closure. (available on line only but in every size)
Lilyette	0351	Full Breasted
Warner's	1218	Perfect Support
Warner's	1218	Bright Stripes
Warner's	1093**	Lace Dressing

* Readily available through catalog, telephone 1-800-970-1109 or online at www.victoriassecret.com

** Readily available in all sizes

You may most easily find these bras at Target, Mervyns and Walmart

SOFT CUP, FRONT CLOSURE, NON underwire bras are used for the following surgeries:

Most periareolar and inframammary approaches for breast augmentation
All mastopexy and breast reduction surgeries
Textured surface implants
Breast reconstruction surgeries
Removal/Replacement surgeries

<u>BRAND</u>	<u>STYLE#</u>	<u>STYLE</u>
Warner's	1555	Perfect Support
Warner's	1057	Stretch Cotton Soft Cup
Warner's	1058	Support Stretch Not All That Bra
Warner's	1238	Stripe LT Rich Soft Cup
Playtex	5089	Cross Your Heart Cotton Blend Soft Cup

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

Dr. Mills will advise you of the appropriate, individual course to follow after the surgery. He may have you wear the brassiere for several days, or he may have you go without the brassiere, in which case you may not wear any type of supportive garment, but a camisole or pasties (found at Robinsons May or Walmart) may be suggested. You will need to follow Dr. Mills' instructions during the postoperative office visits, which will be tailored to your unique situation.

During the postoperative period, your breasts will go through different stages. Therefore, one cannot predict that your new contours will ultimately fit one particular brassiere. 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 us at (949) 499-2800

Signature [of Patient Coordinator]

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 all of 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
Cortisone Medications	Etrafon Products	Kaodene
Coumadin	Excedrin Products	Ketoprofin
Dalterparin injection	Fastin	Ketorolac
Damason-P	Feldene	Lanorinol
Darvon Compound-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	Pentoxifyulline	Scot-Tussin Original 5

Mono-Gesic	Pepto-Bismol	Sine-Aid products
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

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

*If you are taking an anti-depressant please discontinue it 24 hours prior to your surgery and then continue again 48 hours after your surgery.

If you are taking Wellbutrin please discontinue it 48 hours before surgery and continue again 48 hours after surgery.

**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.

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. You are welcome to bring a CD of your choice to be played prior to surgery. Something familiar and enjoyable will help to relieve any anxiety you may have at this time.
- 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 anesthesiologist 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 45—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 caregiver/ride should be waiting for you in our waiting room. We charge by the hour if they are not here to take you home when you are ready. If your ride is not available at the scheduled pick up time then there may be an additional charge for the nurse to wait with you while we wait for your 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.**

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, their 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 food contain high levels of salt and should be avoided.

- **HEALING:** Everyone has the capacity to heal himself or herself 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.

RECOVERING FROM SURGERY

BREAST AUGMENTATION

- **ASYMMETRY:** It is quite common for the breasts to heal differently, as each side may be considered a separate surgical procedure. One may swell more, one may feel more uncomfortable, or the shapes or levels may differ initially. When the implant is placed underneath the chest muscle it takes longer for the muscle to stretch than it does when the implant is placed just under the breast tissue and skin. The breasts may appear flatter the first few days. Do not be alarmed; this occurrence is normal at this stage. As the chest muscles stretch to accommodate the implant, the shape will relax and have a more natural appearance. After complete healing, the breasts should look remarkably similar and natural. Patience is required, but if you are concerned, please ask Dr. Mills, the nursing staff or the patient coordinators.
- **SENSORY NERVE HEALING:** Regeneration of the sensory nerves are accompanied by symptoms of tingling, itching, burning, or shooting pains. These feelings are normal and are nothing to be alarmed about. These will gradually lessen and disappear with time.
- **SENSITIVITY:** As the nerves regenerate, the nipples commonly become hypersensitive. This sensation will subside with time. You may find that gentle massaging or ice packs at the sides of the ribs may help to alleviate the sensitivity.
- **"SLOSHING" SENSATION:** You may hear and feel "sloshing" in your breast after surgery. This sensation is not the implant; this sensation is caused by the air trapped in the space around the implant and the natural fluid that accumulates after an operation. The body will absorb this fluid within a few weeks and the sensation will subside. After

healing, you may experience a similar sensation when traveling to higher elevations such as the mountains, non-pressurized flights, etc. Do not be alarmed; it is a normal occurrence which will subside upon returning to sea level.

- **SHINY SKIN:** The skin of your breasts may become shiny. This is a result of the swelling that occurs after surgery. You may use moisturizers and lotions to the skin, but do not apply anything along the incisions. Within a few weeks, the swelling will subside and the skin will look more normal.

Patient Copy

POST OPERATIVE INSTRUCTIONS

- **ACTIVITY/SPORTS:** We want you to avoid straining or any aerobic activity for at least 3 weeks after surgery. The main objective is to keep your heart rate under 120 beats per minute. 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, generally in 3-4 days. 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 or possibly even tattoo the skin leaving a permanent scar. Always use sunscreen. Take extra care and precautions if the area operated on is slightly numb—you might not “feel” sunburn developing! If you have any postoperative bruising then you must stay out of the sun until the bruising is completely gone, as the sun can hypo-pigment the area.
- **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.

POST OPERATIVE INSTRUCTIONS

BREAST AUGMENTATION

- **POSITION:** During the first three weeks, you will need to sleep on your back instead of on your side. We want your implants to stay in a perfect position during the initial healing process. Sometimes it is helpful for the patient to sleep in a “recliner” or with the head of the bed elevated to help you to remain on your back during sleep. After the first three weeks, if you cannot sleep on your back, sleep in another comfortable position, but not on your stomach. Additionally, you should not lift more than 20 pounds or raise your elbows above shoulder height for the first three to four weeks.
- **DRESSINGS:** Dr. Mills uses a bra as a dressing immediately postoperatively. Do not remove the wrap or bra until you come to the office for your post-operative appointment the day following your surgery. Dr. Mills will instruct you when to discontinue the use of a bra. The use of a bra is highly individualized, and Dr. Mills will let you know what is appropriate at your post-operative visits. If you have questions about whether you should be using a bra, do not hesitate to ask him.
- **SHOWERING AND BATHING:** You may shower the day after surgery, but do not allow the spray to hit directly on your incisions until your sutures are removed. Continue to use the Hibiclens soap under your arms 2-3 times per day until all sutures have been removed. Do not bathe; do not allow the incision lines to soak for more than a few minutes in water for two months following surgery. Leave the adhesive strips (steri-strips) on your skin.
- **EXPOSURE TO SUNLIGHT:** Scars take at least one year to fade completely. During this time, you must protect them from the sun.

Even through a bathing suit, a good deal of sunlight can reach the skin and cause damage. Wear a sunscreen with a skin-protection factor (SPF) of at least 30 at all times when in the sunshine. Be extremely careful if areas of your breast skin have reduced sensitivity.

- **DRIVING:** You may drive when driving does not cause pain and when you are no longer taking pain medications. Most patients are usually ready to drive in four or five days if the car is equipped with power steering and automatic transmission.
- **DISPLACEMENT EXERCISES:** Dr. Mills will teach you how to do your displacement exercises at your 24 hour post-operative visit. Your adherence to the instructions for your exercises is of utmost importance, and is the one thing that will best ensure that you do not develop a capsular contracture. If you have someone who can help you to do your exercises at home, it is helpful to have them come with you to your 24 hour post-operative appointment. It is much easier to do these exercises with someone's assistance. If you do not have someone to help you, it is advisable to make arrangements to come to the office to have one of the staff members help you every day for the first two weeks. The exercises must be done correctly in order to be effective and we will make every effort to help you with them. You must perform these exercises a minimum of 5 times a day for at least the first six months.
- **SUTURES:** Your first set of sutures will be removed at your one-week post-operative visit. The second set of sutures is removed at your two-week appointment. For this 2-week period, you will not be able to shave or use deodorant. If you live in warmer climates such as Riverside, Moreno Valley or the Desert regions, you will want to make sure that you do not allow your incisions to stay moist for long periods of time. This could cause delayed wound healing, infection and possible need for revision. We suggest that you stay in air-conditioned

environments or sit with you arms elevated (no more than 90 degrees) with a fan blowing under your arms for 3-4 hours per day until all sutures have been removed.

- **EXERCISE:** You may take gentle walks within a few days. Do not return to aerobic exercise for three to four weeks.
- **VITAMIN E:** We will have you start taking Vitamin E after it has been two weeks following surgery. You will take 2000 I.U. daily for 6-9 months.

Patient Copy

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 a clean cotton tipped swab and then the application of an antibiotic ointment.

- **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.

- **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, and 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, pneumothorax, and hypothermia are rare but serious and life-threatening problems. There are also possible anesthesia risks such as enzyme deficiency and malignant hyperthermia. A C.R.N.A. 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.)

- **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.

YOUR INFORMED DECISION

BREAST AUGMENTATION RISKS

- **CALCIFICATION:** Some patients will develop a thin layer of calcium 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 ability to detect lesions close to the scar on mammograms. Lesions 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 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 tell the technician 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, it is possible that some breast tissue will remain unseen, and a suspicious lesion may be 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 somehow merge to form a single pocket. In the more minor form, the pockets remain separate, but the skin tents upward. Reduced fibrous or elastic “strength” in the subcutaneous tissues may contribute, but this 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 a causal relationship between silicone gel and such symptoms have been published in the media. 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:** Because the skin around the breast is stretched, it is possible, but rare to develop stretch marks.
- **ALTERNATIVES:** Breast augmentation is an elective procedure. Enlargement of breast with fat transfer is not an acceptable procedure. Chest wall muscle exercises may be minimally helpful.

BREAST AUGMENTATION

Breast augmentation is accomplished by inserting a breast implant either behind the breast tissue or under the breast muscle in order to enlarge its size. Breast implants do **not** have an indefinite life span, regardless of type, and will most likely eventually require replacement surgery.

I authorize Daniel C. Mills, M.D., F.A.C.S. with associates or assistants of his or her choice, to perform breast augmentation on

_____.

(Patient Name)

I further authorize the physician(s) and assistants to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

The details of the procedure have been explained to me in terms I understand, including but not limited to:

- Location of implant-subglandular vs. submuscular
- Available methods of anesthesia
- Anticipated size and shape
- Location of incisions
- Constraints of individual anatomy
- Preferred technique and why
- If asymmetry exists, complete correction unlikely

_____The doctor has explained to me the difference between saline-filled prostheses and silicone gel-filled prostheses, as well as advantages and disadvantages of each. I fully understand this explanation and choose to have _____-filled implants used in my surgery.

_____Alternative methods and their benefits and disadvantages have been explained to me.

_____I understand and accept the most likely risks and complications include but are not limited to:

- Capsular contracure (hardness)
- Rippling appearance of skin
- Uncertain life span of implant
- Change in nipple sensation, including numbness

- Bleeding or hematoma formation
- Asymmetry
- Malposition of an implant
- Ability to feel the implant
- Rupture/leakage requiring replacement

_____I understand and accept the less likely risk and complications include but are not limited to:

- Pneumothorax (air in chest)
- Chronic pain
- Unsightly scarring
- Infection that may require removal of implant
- Compromised detection of early breast cancer
- Possible effects on breastfeeding
- Possibility of late calcification

_____I understand and accept the even less common complications, including the remote risk of death or serious disability that exist with any surgical procedure.

_____I understand that tissue cannot heal without scarring and that how one scars is dependent on individual genetic characteristics. The physician will do his best to minimize scarring, but cannot control its ultimate appearance.

_____I am aware that smoking during the pre- and postoperative periods **increases** the risk of complications.

_____I have informed the doctor of all my known allergies.

_____I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies and supplements, and any other recreational drug or alcohol use.

_____I have been advised whether I should avoid taking any or all of these medications on the days surrounding the procedure.

_____I am aware and accept that no guarantees about the results of the procedure have been made.

_____I have been informed of what to expect postoperatively, including but not limited to: estimated recovery time, anticipated activity level, and the possibility of additional procedures.

_____Pre-and postoperative photos and/or videos will be taken of the treatment for record purposes. I understand that these photos and/or videos will be the property of the attending physician and may not be used publicly without my express permission.

_____The doctor has answered all of my questions regarding this procedure.

Patients must be off all aspirin-containing products (including ibuprofen) for _____week(s) before and for _____week(s) after surgery. I understand that many over-the-counter remedies contain aspirin and that I am responsible for avoiding them.

For patients over age 35, there is a need for an initial mammography prior to breast implantation. It is possible that health insurance carriers may exclude coverage for breast disease of any kind for women who have had implants.

PATIENT CONSENT

I certify that I have read and understand this treatment agreement and that all blanks were filled in prior to my signature.

Patient or Legal Representative

Relationship (self, parent, etc.)

Print Patient or Legal Representative Name

Witness Signature

PHYSICIAN CONSENT

I certify that I have explained the nature, purpose, benefits, risks, complications, and alternatives to the proposed procedure to the patient or the patient's legal representative. I have answered all questions fully, and I believe that the patient/legal representative fully understands what I have explained.

Physician's Signature

Date

BREAST IMPLANT

Patient Review and Advisory

The following items should be discussed with the patient prior to the performance of the breast implant procedure.

General Information:

- _____ Description of alternative operative procedures
- _____ Preferred technique and why
- _____ Available methods of anesthesia/sedation and discussion of surgeon's preference
- _____ Postoperative recovery time and limitation of normal activities
- _____ Long-term limitations on individual lifestyles, if any

Anticipated Outcome:

- _____ Anticipated size, shape and aesthetics
- _____ Constraints of individual's anatomy
- _____ If asymmetry exists, complete correction unlikely
- _____ Location and probable nature of the scar (three possible incisions)

The Implants:

- _____ Types available
- _____ Advantages/disadvantages
- _____ Type to be used and why
- _____ Sub glandular vs. sub muscular

Inherent Risks:

- _____ Inherent risk assumed by patient as part of the procedure
- _____ Nature and unpredictability of capsular contracture (firmness of breast caused by shrinking scar) and its physical effects

- _____ Treatment options, including open or closed capsulotomy (release of scar by external compression) and risks
- _____ Possible need for future implant replacement
- _____ Uncertain life span of implant, including possibility of rupture, leakage or gel migration
- _____ Risk of compromised detection of EARLY breast cancer, even with improving mammography techniques
- _____ Rare and unsubstantiated, but possible, relationship to connective tissue disorders such as arthritis
- _____ Possible effects on future pregnancy and nursing
- _____ Possible exclusion for breast diseases by some health insurance carriers
- _____ Need for initial mammography prior to breast implantation in patients over 35
- _____ Possibility of late calcification
- _____ Standard anesthesia risks

Complications:

- _____ Infection
- _____ Bleeding requiring return to O.R.
- _____ Hematoma
- _____ Excess or obvious scar
- _____ Changes in nipple sensation
- _____ Chronic pain
- _____ Asymmetry
- _____ Stretch Marks
- _____ Breast indentation with position change
- _____ General disappointment

Economics:

- _____ Costs of procedure
- _____ Responsibilities for possible later revisions or complications

_____ Even though the risks and complications cited occur infrequently, these are the ones that are particularly peculiar to the operation; other complications and risks can occur but are even more uncommon.

Patient DOES wish to have these described _____.

Patient DOES NOT wish to have these described _____.

The practice of medicine and surgery is not an exact science. Although good results are expected, there cannot be any guarantee or warranty, expressed or implied, as to the results that may be obtained.

Additional Comments:

"I certify that I have read and understand all of the above and that all blank spaces were checked or filled in prior to my signature."

Patient's Signature: _____

Date: _____

"I certify that I or a member of my staff has discussed all of the above with the patient and have offered to answer any questions regarding the procedure. We believe that the patient fully understands the explanations and answers."

Surgeon's

Signature: _____ Date: _____

Initial when copy given to patient: _____

Copy placed in chart: _____

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:

➤ **BREAST AUGMENTATION** (Surgical Operation To Increase The Size And Shape Of My Breasts)

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 Daniel C. Mills, M.D., F.A.C.S., or a qualified Certified Nurse Anesthetist and 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

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

Initials: _____

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: _____

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

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 #5 just 1 tablet 1 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 day before surgery so they are in your bloodstream at the time of surgery. Take the Avelox until they are all gone.

DARVOCET N-100 #30 1-2 every 4-6 HRS as needed for MODERATE PAIN

This is a pain reliever. Darvocet will relieve minor discomfort. Usually, you will use this for a couple of days after surgery. Do not take the pain medication on an empty stomach as it may cause nausea. Start with the Darvocet, then move on to the Lortab if needed. If you awake in the middle of the night, try and take Tylenol instead of the Darvocet to prevent nausea.

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. You will also use this soap after surgery to wash the incisions and the breast itself.

LORTAB 7.5MG #30 1-2 every 4-6 Hrs. as needed for SEVERE PAIN

In order to insure 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). If you awake in the middle of the night, try to take Tylenol instead of the Lortab to prevent nausea.

ROBAXIN 750MG #30 1 every 6 Hrs as needed for MUSCLE SPASMS

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 Robaxin up to four times a day. Refills are also available to you as needed and may help in the amount of pain pills you need by relaxing your muscles. You should wait at least 30 minutes after taking Darvocet or Lortab to take Robaxin.

PERI-COLACE is an over the counter medication

Peri-colace is a stool softener. This will keep you from getting constipated. Take this once a day at bedtime. If you do not have to

strain it will be much more comfortable for you. This is an over the counter medication.

SONATA 10MG #6 *Take one at bedtime*

Sonata is a sleeping pill. It will help you to fall asleep, but is not so strong that you have a hard time waking up in the morning. Do not take this during the daytime, as it will interfere with your normal sleep habits.

ZOFRAN ODT 8MG #2 *BRING THIS WITH YOU TO SURGERY*

The nurses will have you take 2 tablets when you arrive at surgery center. This medication is used to prevent nausea. Please bring these tablets to the surgery center with you, as you will take them while you are admitting rather than at home. If you are nauseous the next day let us know and we will phone in a refill.

BROMELAIN AND ARNICA MONTANA

OTC

Bromelain inhibits prostaglandins that cause inflammation and Arnica Montana reduces the discomfort, bruising and swelling associated with soft tissue injury that often accompanies a surgical procedure.

Start taking Bromelain 3 days prior to your surgery 2 tablets 3 times a day in between meals.

Start taking Arnica Montana after your surgery 3 tablets 3 times a day. These pills go under your tongue and dissolve.

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 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: breast augmentation 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.

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, the information described above may no longer be protected by HIPAA and may be redisclosed 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_____

INTERNET CONSENT

Daniel C. Mills, M.D., F.A.C.S.

Aesthetic Plastic Surgical Institute

Authorization to Release

Medical Photographs, Slides, and/or Videotapes

I hereby authorize Daniel C. Mills, M.D., F.A.C.S. and/or his associates and or Surgery.com or its licensees and/or American Society for Aesthetic Plastic Surgery, Inc. or its licensees [hereafter collectively referred to as "my doctor"] to take photographs, slides, and/or videotapes appropriate for my surgery. In addition, I authorize "my doctor", and/or his associates to take photographs, slides, and/or videotapes of my interview concerning my surgery.

I further authorize "my doctor" to use the photographs, slides, and/or videotapes for professional medical purposes deemed appropriate including, but not limited to showing the photographs, slides, and/or videotapes on "my doctor's" web page on the world wide web [www]/internet and all other electronic media, or using the photographs, slides, and/or videotapes for purposes of medical publication, lay publication, medical education, patient education, or during lectures to medical or lay groups. I understand that these photographs, slides, and/or videotapes shall not identify me by name.

I understand that I will not be entitled to any payment or other form of remuneration as a result of any use of the photographs, slides, and/or videotapes of my surgery and/or the interview concerning that surgery.

Signed: _____ Date: _____
[Patient or Legal Guardian]

Signed: _____ Date: _____
[Witness]

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

BREAST IMPLANT

Patient Review and Advisory

The following items should be discussed with the patient prior to the performance of the breast implant procedure.

General Information:

- _____ Description of alternative operative procedures
- _____ Preferred technique and why
- _____ Available methods of anesthesia/sedation and discussion of surgeon's preference
- _____ Postoperative recovery time and limitation of normal activities
- _____ Long-term limitations on individual lifestyles, if any

Anticipated Outcome:

- _____ Anticipated size, shape and aesthetics
- _____ Constraints of individual's anatomy
- _____ If asymmetry exists, complete correction unlikely
- _____ Location and probable nature of the scar (three possible incisions)

The Implants:

- _____ Types available
- _____ Advantages/disadvantages
- _____ Type to be used and why
- _____ Subglandular vs. submuscular

Inherent Risks:

- _____ Inherent risk assumed by patient as part of the procedure
- _____ Nature and unpredictability of capsular contracture (firmness of breast caused by shrinking scar) and its physical effects

- _____ Treatment options, including open or closed capsulotomy (release of scar by external compression) and risks
- _____ Possible need for future implant replacement
- _____ Uncertain life span of implant, including possibility of rupture, leakage or gel migration
- _____ Risk of compromised detection of EARLY breast cancer, even with improving mammography techniques
- _____ Rare and unsubstantiated, but possible, relationship to connective tissue disorders such as arthritis
- _____ Possible effects on future pregnancy and nursing
- _____ Possible exclusion for breast diseases by some health insurance carriers
- _____ Need for initial mammography prior to breast implantation in patients over 35
- _____ Possibility of late calcification
- _____ Standard anesthesia risks

Complications:

- _____ Infection
- _____ Bleeding requiring return to O.R.
- _____ Hematoma
- _____ Excess or obvious scar
- _____ Changes in nipple sensation
- _____ Chronic pain
- _____ Asymmetry
- _____ Stretch Marks
- _____ Breast indentation with position change
- _____ General disappointment

Economics:

- _____ Costs of procedure
- _____ Responsibilities for possible later revisions or complications

_____ Even though the risks and complications cited occur infrequently, these are the ones that are particularly peculiar to the operation; other complications and risks can occur but are even more uncommon.

_____Patient DOES wish to have these described.

_____Patient DOES NOT wish to have these described.

The practice of medicine and surgery is not an exact science. Although good results are expected, there cannot be any guarantee or warranty, expressed or implied, as to the results that may be obtained.

Additional Comments:

"I certify that I have read and understand all of the above and that all blank spaces were checked or filled in prior to my signature."

Patient's Signature: _____

Date: _____

"I certify that I or a member of my staff has discussed all of the above with the patient and have offered to answer any questions regarding the procedure. We believe that the patient fully understands the explanations and answers."

Surgeon's

Signature: _____Date: _____

Initial when copy given to patient: _____

Copy placed in chart: _____

BREAST AUGMENTATION

Breast augmentation is accomplished by inserting a breast implant either behind the breast tissue or under the breast muscle in order to enlarge its size. Breast implants do **not** have an indefinite life span, regardless of type, and may eventually require replacement surgery.

I authorize Daniel C. Mills, M.D., F.A.C.S. with associates or assistants of his or her choice, to perform breast augmentation on

_____.

(Patient Name)

I further authorize the physician(s) and assistants to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

The details of the procedure have been explained to me in terms I understand, including but not limited to:

- Location of implant-subglandular vs. submuscular
- Available methods of anesthesia
- Anticipated size and shape
- Location of incisions
- Constraints of individual anatomy
- Preferred technique and why
- If asymmetry exists, complete correction unlikely

_____The doctor has explained to me the difference between saline-filled prostheses and silicone gel-filled prostheses, as well as advantages and disadvantages of each. I fully understand this explanation and choose to have _____-filled implants used in my surgery.

_____Alternative methods and their benefits and disadvantages have been explained to me.

_____I understand and accept the most likely risks and complications include but are not limited to:

- Capsular contracure (hardness)
- Rippling appearance of skin
- Uncertain life span of implant
- Change in nipple sensation, including numbness
- Bleeding or hematoma formation

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

Initials: _____

- Asymmetry
- Malposition of an implant
- Ability to feel the implant
- Rupture/leakage requiring replacement

_____I understand and accept the less likely risk and complications include but are not limited to:

- Pneumothorax (air in chest)
- Chronic pain
- Unsightly scarring
- Infection that may require removal of implant
- Compromised detection of early breast cancer
- Possible effects on breastfeeding
- Possibility of late calcification

_____I understand and accept the even less common complications, including the remote risk of death or serious disability that exist with any surgical procedure.

_____I understand that tissue cannot heal without scarring and that how one scars is dependent on individual genetic characteristics. The physician will do his best to minimize scarring, but cannot control its ultimate appearance.

_____I am aware that smoking during the pre- and postoperative periods **increases** the risk of complications.

_____I have informed the doctor of all my known allergies.

_____I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies and supplements, and any other recreational drug or alcohol use.

_____I have been advised whether I should avoid taking any or all of these medications on the days surrounding the procedure.

_____I am aware and accept that no guarantees about the results of the procedure have been made.

_____I have been informed of what to expect postoperatively, including but not limited to: estimated recovery time, anticipated activity level, and the possibility of additional procedures.

_____Pre-and postoperative photos and/or videos will be taken of the treatment for record purposes. I understand that these photos and/or

videos will be the property of the attending physician and may not be used publicly without my express permission.

_____The doctor has answered all of my questions regarding this procedure.

Patients must be off all aspirin-containing products (including ibuprofen) for _____week(s) before and for _____week(s) after surgery. I understand that many over-the-counter remedies contain aspirin and that I am responsible for avoiding them.

For patients over age 35, there is a need for an initial mammography prior to breast implantation. It is possible that health insurance carriers may exclude coverage for breast disease of any kind for women who have had implants.

PATIENT CONSENT

I certify that I have read and understand this treatment agreement and that all blanks were filled in prior to my signature.

Patient or Legal Representative

Relationship (self, parent, etc.)

Print Patient or Legal Representative Name

Witness Signature

PHYSICIAN CONSENT

I certify that I have explained the nature, purpose, benefits, risks, complications, and alternatives to the proposed procedure to the patient or the patient's legal representative. I have answered all questions fully, and I believe that the patient/legal representative fully understands what I have explained.

Physician's Signature

Date

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, their 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.
- **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.

RECOVERING FROM SURGERY

BREAST AUGMENTATION

- **ASYMMETRY:** It is quite common for the breasts to heal differently, as each side may be considered a separate surgical procedure. One may swell more, one may feel more uncomfortable, or the shapes or levels may differ initially. When the implant is placed underneath the chest muscle it takes longer for the muscle to stretch than it does when the implant is placed just under the breast tissue and skin. The breasts may appear flatter the first few days. Do not be alarmed; this occurrence is normal at this stage. As the chest muscles stretch to accommodate the implant, the shape will relax and have a more natural appearance. After complete healing, the breasts should look remarkably similar and natural. Patience is required, but if you are concerned, please ask Dr. Mills, the nursing staff or the patient coordinators.
- **SENSORY NERVE HEALING:** Regeneration of the sensory nerves are accompanied by symptoms of tingling, itching, burning, or shooting pains. These feelings are normal and are nothing to be alarmed about. These will gradually lessen and disappear with time.
- **SENSITIVITY:** As the nerves regenerate, the nipples commonly become hypersensitive. This sensation will subside with time. You may find that gentle massaging or ice packs at the sides of the ribs may help to alleviate the sensitivity.
- **“SLOSHING” SENSATION:** You may hear and feel “sloshing” in your breast after surgery. This sensation is not the implant; this sensation is caused by the air trapped in the space around the implant and the natural fluid that accumulates after an operation. The body will absorb this fluid within a few weeks and the sensation will subside. After

healing, you may experience a similar sensation when traveling to higher elevations such as the mountains, non-pressurized flights, etc. Do not be alarmed; it is a normal occurrence which will subside upon returning to sea level.

- **SHINY SKIN:** The skin of your breasts may become shiny. This is a result of the swelling that occurs after surgery. You may use moisturizers and lotions to the skin, but do not apply anything along the incisions. Within a few weeks, the swelling will subside and the skin will look more normal.

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, generally in 3-4 days. 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 or possibly even tattoo the skin leaving a permanent scar. Always use sunscreen. Take extra care and precautions if the area operated on is slightly numb—you might not “feel” sunburn developing! If you have any postoperative bruising then you must stay out of the sun until the bruising is completely gone, as the sun can hypo-pigment the area.
- **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.

POST OPERATIVE INSTRUCTIONS

BREAST AUGMENTATION

- **POSITION:** During the first three weeks, you will need to sleep on your back instead of on your side. We want your implants to stay in a perfect position during the initial healing process. Sometimes it is helpful for the patient to sleep in a “recliner” or with the head of the bed elevated to help you to remain on your back during sleep. After the first three weeks, if you cannot sleep on your back, sleep in another comfortable position, but not on your stomach. Additionally, you should not lift more than 20 pounds or raise your elbows above shoulder height for the first three to four weeks.
- **DRESSINGS:** Dr. Mills uses a bra as a dressing immediately postoperatively. Do not remove the wrap or bra until you come to the office for your post-operative appointment the day following your surgery. Dr. Mills will instruct you when to discontinue the use of a bra. The use of a bra is highly individualized, and Dr. Mills will let you know what is appropriate at your post-operative visits. If you have questions about whether you should be using a bra, do not hesitate to ask him.
- **SHOWERING AND BATHING:** You may shower the day after surgery, but do not allow the spray to hit directly on your incisions until your sutures are removed. Continue to use the Hibiclens soap under your arms until all sutures have been removed. Do not bathe; do not allow the incision lines to soak for more than a few minutes in water for the first two months following surgery. Leave the adhesive strips (steri-strips) on your skin.
- **EXPOSURE TO SUNLIGHT:** Scars take at least one year to fade completely. During this time, you must protect them from the sun.

Even through a bathing suit, a good deal of sunlight can reach the skin and cause damage. Wear a sunscreen with a skin-protection factor (SPF) of at least 30 at all times when in the sunshine. Be extremely careful if areas of your breast skin have reduced sensitivity.

- **DRIVING:** You may drive when driving does not cause pain and when you are no longer taking pain medications. Most patients are usually ready to drive in four or five days if the car is equipped with power steering and automatic transmission.
- **DISPLACEMENT EXERCISES:** Dr. Mills will teach you how to do your displacement exercises at your 24 hour post-operative visit. Your adherence to the instructions for your exercises is of utmost importance, and is the one thing that will best ensure that you do not develop a capsular contracture. If you have someone who can help you to do your exercises at home, it is helpful to have them come with you to your 24 hour post-operative appointment. It is much easier to do these exercises with someone's assistance. If you do not have someone to help you, it is advisable to make arrangements to come to the office to have one of the staff members help you every day for the first two weeks. The exercises must be done correctly in order to be effective and we will make every effort to help you do that. You will do these exercises 5 times a day for at least the first six months.
- **SUTURES:** Your first set of sutures will be removed at your one-week post-operative visit. The second set of sutures is removed at your two-week appointment. For this 2-week period, you will not be able to shave or use deodorant. If you live in warmer climates such as Riverside, Moreno Valley or the Desert regions, you will want to make sure that you do not allow your incisions to stay moist for long periods of time. This could cause delayed wound healing and possible need for revision. We suggest that you stay in air-conditioned environments or sit with your arms elevated (no more than 90 degrees) with a fan

blowing under your arms for 3-4 hours per day until all sutures have been removed.

- **EXERCISE:** You may take gentle walks within a few days. Do not return to aerobic exercise for three to four weeks.
- **Vitamin E:** We will have you start taking Vitamin E after it has been two weeks following surgery. You will take 2000 I.U. daily for 6-9 months.

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 a clean cotton tipped swab and then the application of an antibiotic ointment.

- **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.

- **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, pneumothorax and hyperthermia are rare but serious and life-threatening problems. A C.R.N.A. 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.)

- **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.

YOUR INFORMED DECISION

BREAST AUGMENTATION RISKS

- **CALCIFICATION:** Some patients will develop a thin layer of calcium 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 detectability of lesions close to the scar on mammograms. Lesions may still be visible and detectable when specialized 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 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 tell the technician 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, it is possible that some breast tissue will remain unseen, and a suspicious lesion may be 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 somehow merge to form a single pocket. In the more minor form, the pockets remain

separate, but the skin tents upward. Reduced fibrous or elastic “strength” in the subcutaneous tissues may contribute, but this 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 a causal relationship between silicone gel and such symptoms have been published in the media. 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 Agency. 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:** Because the skin around the breast is stretched, it is possible, but rare to develop stretch marks.
- **ALTERNATIVES:** Breast augmentation is an elective procedure. Enlargement of breast with fat transfer is not an acceptable procedure. Chest wall muscle exercises may be minimally helpful.

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:

➤ **BREAST AUGMENTATION** (Surgical Operation To Increase The Size And Shape Of My Breasts)

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 Daniel C. Mills, M.D., F.A.C.S., or a qualified Certified Nurse Anesthetist and 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

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

Initials: _____

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: _____

REQUIRED POST OPERATIVE FOLLOW UP

BREAST AUGMENTATION

You will be required to return to the office for a 24 hour follow up appointment. At this appointment a member of Dr. Mills' staff will remove your dressing. Dr. Mills will exam your breasts and perform your first displacement exercises. Dr. Mills will also instruct your caregiver the proper procedure for the exercises. You will want to bring your primary caregiver to this visit since you will not be able to perform the exercises yourself for about the first 3-4 days. You will be required to perform these exercises 5 times per day for the first 6 months. It is best to have a light snack and take the Robaxin 30-40 minutes prior to arriving at this appointment. This will help your muscles to relax and ease some of the discomfort of the exercises. **DO NOT** take any medication if you are feeling nauseous.

You will also be required to return to the office 3 times a week for the first 2 weeks for the displacement exercises. The purpose of these visits is to ensure that you are performing the exercises correctly and it is your opportunity to ask questions or express any concerns about your recovery.

Dr. Mills or one of his staff will remove your 1st set of suture at 1 week and the 2nd set at 2 weeks. You will then be required to return 1 month, 3 months, 6 months and 1 year after surgery for follow up or as instructed by Dr. Mills or his staff. Post operative photos will be taken at each of these visits and your progress will be discussed.

Dr. Mills likes to see his patients yearly for follow up to continue to monitor your progress.