

**Baljit Dheansa FRCS MSc FRCS(Plast)**  
**Consultant Plastic, Cosmetic & Reconstructive Surgeon**

Patient:	Procedure: <b>Mastopexy</b>	On Date:
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**RISKS / COMPLICATIONS (rare or unusual complications can occur and may not be listed)**

**General**

Allergic reactions to any drugs, antiseptics or equipment used	Dehiscence – wound opening up – may require prolonged dressings
Asymmetry (this may be better or worse than pre-operatively)	Skin loss/necrosis – may require prolonged dressings or surgery including skin grafts
Bleeding – may require further procedure	Swelling, Inflammation – may take months to resolve
Bruising – may take weeks to resolve	Slow healing
Haematoma (collection of blood under skin) – may require further procedure	Poor scarring – Keloid, Hypertrophic, unsightly – may be difficult to treat or improve
Infection – may require antibiotics or surgery or may cause tissue loss	Numbness around or beyond the area treated – may increase risk of inadvertent injury in future
Pain – may be long term	Pulmonary Embolus or Deep Vein Thrombosis – clots in the lung or legs
Changes in contour of tissues – may be visually apparent	Change over time – tissues may become thinner, droop or lose the effect of surgery

**Specific to: Mastopexy**

Nipple loss (partial or full) – may not be possible to reconstruct – will require prolonged dressings	Further breast procedures may be required as breasts change over time
Loss of nipple sensation or sensitivity	Nipple protrusion may change
No guarantee of size or shape – may be smaller	Ability to breast feed may be affected
Pregnancy or weight change will change breasts	Disappointment with final shape or size
Stretch marks may not be removed, new ones may appear	Detection of breast cancer may be affected
Breasts will continue to change/droop over time	Areola size will change and may stretch over time
Some breast tissue may need to be removed	Areola shape will change and may be asymmetrical – difficult to change

Mr Baljit Dheansa has discussed the above risks and complications with me. I understand these. I have read Mr Dheansa's Mastopexy information leaflet  **(Please Tick)**. I also understand other risks and complications can occur but may be less common as the practice of medicine and surgery is not an exact science. I understand the risks, benefits and limitations of the proposed procedure. Certain complications may affect my ability to work, socialise or do certain activities. This may sometimes be long term.

I permit the use of my non-identifiable photographs (pre-and post-operative) to be used for teaching, publication and to be shown to other patients. I can withdraw this permission at any time.

Patient Signature:

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Patient Name:

Date:

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**ADDITIONAL NOTES OR COMMENTS:**

