

James L. Pertsch, M.D., F.A.C.S. CERTIFIED, AMERICAN BOARD OF PLASTIC SURGERY

104 ST. MATTHEWS AVENUE SAN MATEO CALIFORNIA 94401-2807 FAX 650 344 8187 VOICE 650 344 8700

Patient's name: _____ Date: _____

BREAST AUGMENTATION CONSULTATION

Please place check mark before each line you have reviewed, circle items you wish further explanation, and initial bottom of each page:

children: _____ Last breast feeding: _____ yr. / months ago
Change in breasts afterwards?: _____ Previous breast disease / surgery?: _____
Family history of breast cancer?: _____
Is nipple stimulation of significant/ critical importance in your sexual activity? : _____No_____Yes (realize:
always a chance of significant and permanent loss of nipple/areola/skin sensation after breast augmentation
because nerves come through where/near space is needed/made for the implant.)
Excessive bruising or bleeding with menstruation in the past?: _____No_____Yes. If yes, detail: _____

GENERAL: _____ Surgery you do not need--elective surgery to please yourself, not others.
_____ Realistic expectation is the key to success:
"Plastic and salt water being used to try to imitate the wonder of a natural breast"

CONDITION: MAMMARY HYPOPLASIA (is the medical term for small or underdeveloped breasts):
_____ Developmental (failure to develop desired fullness and size)
_____ Involution (loss of size/fullness following pregnancy or significant weight loss)
_____ Unilateral (one breast smaller than the other)

GOALS:
_____ Establish more normal proportions--size, shape, aesthetic appearance.
_____ If size/fullness changed by pregnancy or weight loss; goal to reestablish size and contour.

LIMITATIONS:
_____ Cannot stimulate normal breast tissue to increase in size.
_____ Tightest, unstretched skin may limit initial size (second surgery at additional expense?).
_____ Cannot create younger skin or eliminate "stretch marks".
_____ Short distance between nipple and fold under breast increases chance of excessive fullness in the upper breast.
_____ If sagging is severe, cannot eliminate with implant alone (options? mastopexy?)
_____ Existing breast tissue will continue to age / change with time:
less breast tissue -> less change with time, more breast tissue -> more change with time.
i.e. Greater quantity of 'real' breast tissue -> greater changes in breast appearance with time.
_____ Cannot eliminate asymmetries such as differences in breast size, shape or position, rib cage irregularities,
or nipple/areola size. Implants must be placed so nipple is properly located on breast.
_____ Augmented breast is more firm and less mobile than natural breast of similar size.
_____ 'Increased cleavage' may or may not occur. Cleavage can only be achieved with the assistance of clothing.
_____ Thinner patient, less breast tissue, bigger implant chosen -> tendency to look less 'natural'
Less thin patient, more breast tissue, smaller implant chosen -> tendency to look more 'natural'
_____ Final size and shape may be different than expected / predicted. Can't predict exact cup/bra size.
_____ There may be better long term satisfaction with moderate rather than larger implant size (?)
_____ Cannot solve personal problems.
_____ GOALS MAY BE ONLY PARTIALLY MET.

ALTERNATIVES:
_____ No surgery (adverse consequences?) or exercise and/or medications
_____ Surgery
_____ Tissues from somewhere else in the body (autogenous fat/dermal fat grafts, skin and muscle flaps)
_____ Synthetic silicone implant

- Inflatable or prefilled (silicone envelope filled with saline--same as IV solution)
- Gel (silicone envelope filled with silicone gel)
- Combination/double lumen (gel implant surrounded by saline or visa versa)
- Implant surface: textured or smooth (less palpable, softer, more mobile, if gel >contracture)
- Round or teardrop 'anatomical' shape (anatomical implant is textured)
- Different implant projections to base diameters (round or anatomical)
- Implant placement--behind breast tissue either:
 - in front of muscle (subglandular) or
 - totally behind muscle (total submuscular) or
 - partially behind muscle (subpectoralis major muscle superiorly (upper part) and subglandular inferiorly (lower part))
- Scar location (along with +pros and -cons)
 - Periareolar (semicircular mark within the colored part of breast skin)
 - (+) least visible in colored skin
 - (+) least perceptible because of color change here anyway: regular skin to darker areola transition disguises any mark, tricks eye into overlooking mark.
 - (-) slightly higher chance of reduced nipple/areola sensation
 - (+) can use this access for replacement/revision
 - Submammary (under surface of breast)
 - (-) highest chance of being seen
 - (-) highest chance of persistent colored, thick or wide scar
 - (+) can use this access for replacement/revision
 - Axillary (arm pit) (may need additional scar on breast if problem develops during or after surgery)
 - (+) no mark on breast
 - (-)(+) mark may be visible in 2 piece/exercise clothing. Tan patients usually have pale axillae
 - (-) probably not be able to use for replacement/revision i.e. may need another scar later.
 - (-) may not be able to 'fine tune' fold under breast or appearance between breasts as well as other approaches
 - No additional scar if performed with abdominoplasty (tummy tuck)
 - (+) no mark on breast
 - (-) will not be able to use for replacement/revision i.e. will need another scar later.
 - (-) may not be able to 'fine tune' fold under breast or appearance between breasts as well as other approaches
 - (-) implant usually placed on top of muscle
 - TUBA Umbilicus(navel)(may need additional scar on breast initially or if problem, deflation)
 - (+) no mark on breast
 - (-) will not be able to use for replacement/revision i.e. will need another scar later.
 - (-) may not be able to 'fine tune' fold under breast or appearance between breasts as well as other approaches
 - (-) implant usually placed on top of muscle

BREAST CANCER

- Pre op mammogram recommended if more than 35 years old. Continue usual breast exam/screening.
- Incidence of breast cancer is not increased or decreased. Physical examinations are not affected since implants are placed behind breast tissue, not in breast tissue or in front of breast tissue.
- X-rays of the breast (mammograms) require a radiologist experienced in reading mammograms in patients with implants. You may require extra views (?cost, radiation) and should tell the technologist/ radiologist you have implants.
- Some reports indicate 'there is' reduced ability to detect earliest breast cancers with implants in place, even with improving mammography techniques. Detection reduced more if implants located above the pectoralis muscle or if implant firmness develops.

SURGICAL TECHNIQUE / ANESTHESIA / FACILITY / RECOVERY:

- ___ Local anesthesia and sedation by surgeon anesthesiologist vs. general anesthesia by anesthesiologist
- ___ Office OR / outpatient surgery facility / hospital OR.
- ___ Outpatient vs. hospitalization.
- ___ Betadine? (use reduces chance of capsular contraction and infection, may increase chance of rupture)
- ___ Incisions, dressings : keep dry for 5 days. ?drains ?endoscope
- ___ Restrictions / return to all normal activities: advance as tolerated (including sex) however no vigorous exercise or 'aerobic' activity for 2 weeks
- ___ Allow at least 3 months for implant and body to reach "final" appearance
- ___ ? long term limitations: none known/ recommended: get back to all usual activities
- ___ Massage for smooth implants : not been proven necessary but may be recommended in some cases.
- ___ Antibiotics before dental work, endoscopy, or other surgical procedure not proven necessary but is an option.

TRADEOFFS (Inherent risks assumed by patient i.e. Things we expect to occur as part of the procedure):Temporary

- ___ Discomfort, twinges or shooting sensations
- ___ Bruising/swelling(chest and abdomen)
- ___ Numbness, nipple hypersensitivity
- ___ Tightness / relaxation
- ___ Lumps / irregularities
- ___ Restricted activity
- ___ Standard anesthesia risks, ? recalled events
- ___ Psychological adjustment, stress,
- ___ New clothing costs ?
- ___ Ill fitting brassieres, ?custom bathing suits
- ___ Gurgle or sloshing sensation/ noise

Permanent

- ___ Scars, difficulty fitting brassieres, clothes?
- ___ Palpable/ visible implant edge or ripple /scalloping
- ___ Lifelong need for follow-up
- ___ Tendency towards firmness/capsular contraction 2-75%.(Approx.10% chance of need for surgery to correct then 33% chance of recurrent firmness.)
- ___ Motion of breast / implant with exercise.
- ___ Implant failure (leak or rupture) will happen
- ___ Uncertain life-span of implant, associated costs
- ___ Deflation from inflatable (7-10%/year) (need to replace implant as soon as practical)
- ___ Asymmetry (one side unlike the other)
- ___ Size being smaller, larger, different than expected
- ___ Tendency to perceive breasts as being smaller after a while

RISKS/COMPLICATIONS: (Revision surgery tends to have higher chance of risks and complications)

- ___ Asymmetry (one side unlike the other)
- ___ Bleeding/blood collection requiring re-operation
- ___ Infection, TSS (may require implant removal)
- ___ Standard anesthesia risks, ? recalled events
- ___ Sensory changes in nipple/ skin (numbness)
- ___ ? Cancer risk
- ___ Deflation reported after vigorous activity, motor vehicle accident, etc.)
- ___ Back pain: new or aggravation
- ___ Stretch marks
- ___ Altered cancer detection
- ___ Chronic pain
- ___ Breast indentation with or without position change, wrinkling/irregularity (increased with textured)
- ___ Fluid collection around implant after trauma / exercise (increased with textured implant surface)
- ___ Different appearance than planned/ expected
- ___ Implant malposition (increased with teardrop shaped implant) or
- ___ Persistent, original fold under breast i.e. "Double -bubble" or a double fold under breast
- ___ Breadloafing: (synmastia) prominence, fold or band between breasts
- ___ 'Rock in a sock' appearance
- ___ 'Snoopy' appearance
- ___ Excessive / obvious scar (thick, red, wide or colored) and /or local injection marks / scars
- ___ Delayed wound healing
- ___ Possible effects on future pregnancy / nursing (reduced success with breast feeding?)
- ___ Late calcification around implant (needing biopsy?)
- ___ Thinning of overlying tissue, extrusion
- ___ Gradual implant migration
- ___ Severe tightening of scar tissue around implant producing marked firmness (2-75%) (reduced? if submuscular? and/or if gel: textured surface)
- ___ FDA reviewing saline filled implants, expect media attention, off the market?
- ___ Palpable implant filling valve(s)
- ___ Difficulty breathing, collapsed lung
- ___ Need for more surgery, revisions, removal
- ___ Implant shift with unnatural appearance/pain

EXAM: Current bra sizes: _____ Height: _____ Weight: _____

(Dr Pertsch will complete the rest of this 'EXAM' section during your examination. For preoperative photography please remove any jewelry about your neck, undress from the waist up and allow your navel (umbilicus) to show.

Exam gown worn so opening is in the back)

Please resume your review of this material with 'Smoking Warning' below)

Ptosis:	'Adolescent'	Pseudo ptosis	Grade I	Grade II	Grade III
Right:	_____	_____	_____	_____	_____
Left:	_____	_____	_____	_____	_____

Masses/Tenderness: Axillary, supraclavicular nodes: None Yes

Previous scars/ Striae: None Yes _____

Asymmetry:

standing	R	L	Nipple higher by _____cm.
	R	L	Inframammary fold higher by _____cm.
	R	L	Larger. Difference approximately _____cc. Other _____
	R	L	rib cage, parasternal, musculature more prominent
	Scoliosis?		Visible AP? None Yes Visible PA: None Yes
supine:	R	L	Larger. Difference approximately _____cc. Other _____
	R	L	rib cage, parasternal, musculature more prominent

Patient used our stretchy 36C Patient liked sizes _____Pt's photos/ sizing consistent: Yes No

(intentionally left blank)

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SMOKING WARNING Although smoking has long term health consequences it is the short term effects hat increase the risk of problems around the time of your surgery.

No smoking is allowed starting two weeks before your surgery and continuing until two weeks after surgery, not even one cigarette. Therefore it is recommended you not smoke for one month before and one month after your surgery in case you have difficulty stopping. If you smoke even one cigarette within two seeks before surgery please bring this to the attention of Dr. Pertsch and his staff.

Smoking within two weeks before surgery and two weeks after surgery markedly increases the risk of certain complications and healing problems. These problems may dramatically increase the healing time, require re-operation, or surgical revision. Even with revisions your appearance may not ever regain that sought with your planned surgery and may appear worse that before your surgery.

Most medications to stop smoking, including and nicotine patches, may be used without the increasing the following risks. Smoking significantly increases the following risks:

Tissue necrosis: Certain products in the cigarette smoke can reduce blood flow significantly. This reduced blood flow can greatly reduce your chances of proper healing. Blood flow might be so reduced that your skin could die (necrosis) leaving open wounds for months and/or require surgical revisions.

Bleeding/hematoma: Coughing increases your blood pressure briefly and increases your risk of bleeding. Although extra bruising could result and is a mere nuance, bleeding could be severe enough to require re-operation. A re-operation could be necessary if a blood collection is tense and painful, tissue blood flow is reduced (with risk of necrosis), or if vision is threatened.

Pain: Smoking increases the frequency of coughing (even if you are not aware of it). Coughing increases pain after surgery. Suppressing a cough when your body feels it is necessary could lead to pneumonia.

Hernias, bulges and contour irregularities after abdominoplasty ('tummy tuck'): Coughing can cause sutures (stitches) to break undoing the benefit of surgery. Coughing can cause hernias to form in the operated area. Surgically reduced abdominal bulges can reoccur.

It is not known whether exposure to second hand smoke, i.e. being around smoke from other smokers, does or does not have these associated increased risks. Avoidance of second hand smoke is recommended.

“I certify that I have read and understand this smoking warning. All of my questions regarding smoking prior to and after surgery have been thoroughly explained to me. I agree to not smoke for the specified period. Further, I will inform Dr. Pertsch personally if I am unable to refrain from smoking before surgery.”

_____ I do not smoke cigarettes _____ I do smoke cigarettes

PATIENT: _____

DATE: _____

CONSULTANT: _____

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 smoking. We believe the patient fully understands the risks, explanations, and answers.

James L. Pertsch, M.D.

DATE: _____

REQUEST FOR SURGICAL PROCEDURE

(Company: _____
(cat # R _____ L _____
(implant size R _____ L _____
(implant dimensions: diameter _____ projection _____

“Dr. James L. Pertsch and I have discussed my problem, namely ‘small’ breasts. Further, we have discussed the procedure to enlarge the breasts: breast augmentation.”

Approximate implant volume: Right _____ Left _____
Subglandular/ sub pectoralis major above and subglandular below/ _____ totally submuscular implant location.
Periareolar, submammary, axillary, umbilical, abdominoplasty incisions / insertion site
Open technique (Direct vision) _____ endoscopic technique _____
Textured/ smooth saline filled silicone shell implant.
Betadine use: Yes PRN (as needed) No
Without or with additional procedures to correct sagging breasts (mastopexy). Anticipated scar with mastopexy:
around areola , around areola and vertical line, or around the areola with the inverted “T” pattern.
Round teardrop (anatomical) shape
Patient elected anesthesia: IV Local by surgeon (no anesthesiologist present) vs. IV Local / General +anesthesiologist

_____ Alternate means of treatment have been discussed including implant location, insertion sites, implant shapes, textures, and other procedures to correct sagging breasts.

_____ I have received and reviewed the implant manufacturers insert or reviewed it on the FDA’s internet site.

A preoperative mammogram is recommended if patient’s age is greater than 35 years. (Cost not included in quote)

A manufacturers extended warrantee may be available and purchased directly by the patient.

“ I hereby request, authorize, and give consent to Dr. Pertsch to perform upon me the above named procedures. I further give permission to have medications and anesthesia administered as he may deem necessary.”

“I hereby request, authorize, and give consent to Dr. Pertsch and assistants of his choice to perform upon me the above named procedures and any other procedure(s) that in their judgment may be necessary or advisable should unforeseen circumstances arise during surgery.”

“The operation I am to undergo has been explained to me in detail. I understand what is to be done and that there are certain calculated risks to be taken. Dr. Pertsch has not made any guarantee to me whatsoever. I understand what has been told to me about my condition and what will be done to me.”

“I agree to allow details of my case reviewed with staff, physicians as necessary for quality control/ peer review purposes.”

“ I certify that I have read and understand all of the above pages and that all blank spaces were checked or filled in prior to my signature. I agree to read and abide by all the ‘instructions before and after your surgery’ on the following pages.”

PATIENT: _____

DATE: _____

DATE: _____

James L. Pertsch, M.D.

AUGMENTATION MAMMOPLASTY (BREAST ENLARGEMENT)
RECOMMENDATIONS BEFORE AND AFTER THE PROCEDURE

Important Dates and Numbers:

Surgery date: _____ **Time to arrive:** _____

Phone where you will be night after surgery: _____

Appointment with Dr. Pertsch after surgery: _____

YOUR SURGERY:

1. Your surgery will be at our office operating room: The ABJ Surgery Center, Inc. A Medical Corporation at 104 St. Matthews Avenue San Mateo, Ca or other location_____.
2. A "History and Physical" is a general health check to be sure you are fit for your procedure. Dr Pertsch may perform this or request you see another physician.
3. Laboratory tests and EKG (as necessary) must be accomplished before your surgery.

GENERAL INSTRUCTIONS BEFORE YOUR SURGERY

1. At this time, you may wish to alter your clothing selection to help disguise from others a sudden change in your breast volume after surgery. Consider clothing that fits more loosely about your upper body. Consider wearing a larger size brassiere and gradually add padding to it.
2. Do not shave under arm (axilla) for two days prior to surgery (regardless of incision location chosen).
3. Do not take aspirin (acetylsalicylic acid) or aspirin-containing products for two weeks before your surgery to minimize bruising. Do not smoke for two weeks prior to surgery.
4. Do not eat or drink anything after 12:01 a.m. on the day of your surgery, i.e. nothing after midnight the night before your surgery. No coffee, liquids or anything by mouth (except medication) the morning of surgery
5. Special soap should be obtained from our office. Wash entire body with this the evening before and the morning of your procedure. Best to remove nipple or navel jewelry the night before surgery. If necessary we have special device to remove the morning of surgery. Other body piercing jewelry may remain in place.
6. Remove all make-up the evening before surgery and double check the morning of surgery.
7. Have your antibiotic, pain medication, VALIUM, and muscle relaxant prescription filled before the surgery. Take antibiotic and muscle relaxant prescribed starting the night before your surgery. Take the antibiotic and muscle relaxant the morning of surgery with a small sip of water.
8. Please call Dr. Pertsch's office the day before surgery to confirm time to arrive the morning of surgery. If your arrival time is scheduled after 9:00 am please call the OR one hour ahead of your scheduled arrival to confirm the OR is on time for you. Call the office if postoperative phone number or other arrangements change.
9. Please disconnect any answering device or service on the phone line where you will be the night after surgery and the next day after surgery. Our nurses or Dr. Pertsch may try to check up on you and must be able to get through.
10. Arrangements need to be made to have someone take you home from after your surgery. A cab or public transportation is not adequate as you will still be under the influence of medications. You will be able to leave the surgery center 1-2 hours after completion of your procedure when you are awake enough to help care for yourself.
11. Someone should stay with you the night after surgery. Arrangements are best completed before surgery.

CHECKLIST THE DAY OF YOUR PROCEDURE

1. Shampoo and shower with the special soap provided by Dr. Pertsch. Double check that all make-up is removed.
2. Take the antibiotic and muscle relaxant and all your usual medication with a sip of water, except aspirin and aspirin-containing products.
3. Come to the OR at the time indicated. This will be at an interval before your surgery to allow final preparations.
4. Wear loosely fitting, comfortable clothing. Avoid pullover tops or elastic waistbands. Wear socks to keep your toes warm during surgery. Loose panties may be worn during surgery although they may be stained by prep solutions.
5. If having your period wear your usual protection.
6. Bring your antibiotic and pain medication with you to the place of surgery. Bring your copy of this consultation and any other instructions with you.
7. Leave valuables at home.

AFTER YOUR SURGERY:

1. Continue taking the antibiotic prescribed until all tablets are gone. Take pain medication as necessary. Hydrocodone is the medium -strong pain medication to be tried first. Propoxyphene is less strong but should be taken instead of the hydrocodone if nausea develops 30-45 minutes after taking hydrocodone. Do not take both or these pain medications the same time because both contain Tylenol.
2. Drink plenty of fluids for the first 24 hours.
- 3.** If nauseated after surgery switch to the less strong pain medication. Call Dr. Pertsch if any nausea continues such that you are unable to tolerate liquids for six hours or more. Call if pain is not eased significantly by the medications available.
4. Sleeping may be more comfortable if shoulders are kept 'rounded'. Allowing shoulders to fall back puts chest skin/ breasts under maximum stretch. Try one pillow under left shoulder and one under the right to elevate them off the bed slightly higher than your neck/head.
5. You may walk and slowly advance your physical activity (including sexual activity) as tolerated. Avoid any vigorous work or straining that may increase your blood pressure for two weeks.
6. You may remove dressing and then shower briefly five days after surgery. The incisions must be kept dry except for a brief shower. You may reapply a dry dressing if you wish. No swimming until two weeks after surgery.
7. Do not wear a regular brassiere, unless so directed by Dr. Pertsch, until one month after surgery. You may wear an exercise type brassiere or "tube top" immediately provided no underwire or cup-like support.
8. Be careful with heat/cold exposure (ex. skiing, sunbathing, tanning booths) as your breast skin sensation may not be normal for some time. Apply sunscreen daily (SPF greater than 15) when exposing scars until skin color returns to normal (1 month or up to 2.5 years).

Please call Dr. Pertsch's office if there are any other questions or concerns. If there is any increasing pain not responsive to medication, call Dr. Pertsch's office immediately. If any nausea or vomiting persists more than six hours, preventing you from taking liquids, please call Dr. Pertsch's office.

Appointments: (650) 344-8700 (this is the main office number)

ABJ Surgery Center, Inc. A Medical Corporation (the office operating room) back line morning of surgery:
(650) 344-8646

Dr. Pertsch's pager (650) 306-2172 (after dialing pager number you will hear three quick beeps. Enter the area code and number you wish him to dial, then touch the "pound" (#) sign. If no response in five minutes, call the office "appointment" number for further possible instructions and page Dr. Pertsch again. If a medical emergency and no response, proceed to the Emergency Room nearest you.

Dr. Pertsch's home (650) 579-7866 (best to try pager)

Received by: _____ Date: _____

Copy provided to patient by: _____

Copy placed in chart by: _____

MEDICATION REVIEW: KEEP THIS PAGE FOR REFERENCE (THIS IS NOT YOUR PRESCRIPTION!)

You have been prescribed multiple medications for before and after your surgery. These prescription medications allow you maximum control over your comfort. (These generics work as well as the more expensive trade name medications)

The following summary is a review of what medications you may have and how they may help you. Because of allergies or how medications have worked in the past you may have only some of the following: (please see individual medication container for specific instructions on how to take.

PAIN MEDICATIONS:

Vioxx 50 mg daily will reduce overall pain medication need. Do not take if sulfa/sulfer allergy or if stomach ulcer problem exists. Take only one other pain medication at a time otherwise your liver may be damaged by a acetaminophen (Tylenol) overdose. Constipation can be a problem with these medications: take usual measures to avoid constipation.

Take for pain only if needed. Don't take if you are comfortable.

Hydrocodone (generic for Vicodin) for 'moderate' pain. The strongest pain medicine most patients require. If nausea develops 30 to 45minutes after taking best to switch to a weaker pain medication. (Nausea that won't go away? Call Dr. Pertsch.)

Propoxyphene (generic for Darvocet N-100) for mild pain. Not as strong as hydrocodone but less chance of nausea.

Acetaminophen with codeine (generic for Tylenol with codeine or Tylenol #3) for mild pain.

Oxycodone with acetaminophen (generic for Percocet) strongest pain pills manufactured. Usually prescribed only for those with known problem with hydrocodone. Even if prescribed, you may be better off taking the weaker pain medication than this overly strong medication.

MUSCLE RELAXANT: . For sure: take night before and the morning of surgery (with the smallest sip of water possible) Take as needed.

Methocarbamol (generic for Robaxin) to avoid or treat muscle spasm. Side affect of feeling a little bit 'out of it' also helpful. Many patients report this medicine more helpful than pain medications. Swallow quickly to avoid lingering, bitter aftertaste. **If unavailable use: Diazepam** (generic for Valium) to reduce muscle spasms

ANTIBIOTICS: For sure: take night before and the morning of surgery (with the smallest sip of water possible)

Cephalexin (or similar) (generic for Keflex) take regularly after surgery until gone.

If you have a known tendency to get vaginal yeast infections when taking antibiotics purchase your usual over the counter remedy now. If vaginal yeast infection persists: see your regular physician.

Erythromycin antibiotic for those known to be penicillin allergic and have not had cephalexin before.

ANXIETY NIGHT BEFORE SURGERY: Very normal. For sure: take the night before surgery to reduce anxious feelings and sleep better.

Diazepam (generic for Valium) to reduce the usual anxious feelings the night before surgery

NAUSEA: Take only as needed. Stop any medication where you experience nausea 30-45 minutes afterwards.

Promethazine: (generic for Phenergan) suppository form: put into rectum (your 'bottom'). Although insertion slightly unpleasant for several seconds much better than continuing nausea. Suppository form has far better chance of working than putting medicine in your already upset stomach.

James L. Pertsch, M.D., F.A.C.S.

G062677 BP3443417

104 ST. MATTHEWS AVENUE SAN MATEO CALIFORNIA 94401-2807 FAX 650 344 8187 VOICE 650 344 8700

ACTUAL PRESCRIPTION FOR MEDICATIONS: TAKE THIS PAGE TO THE PHARMACIST

PATIENT NAME: _____ DATE: _____

Dear Pharmacist: Prescriptions to be filled are circled and each separate prescription is signed. To reduce your need to call the office for clarification all are preprinted for legibility but written longhand and signed to comply with California State Pharmacy Law #1717.3.

Tylenol #3 sig: 1 -2 PO q 3-4 hr prn pain # (10) ten (20) twenty (30)thirty refill: 0 1 2

Signed: James L. Pertsch, M.D. _____

Darvocet N-100 sig: 1-2 PO q 4-6 hr prn **mild** pain # (10) ten (20) twenty (30)thirty refill: 0 1
Do not take Darvocet(propoxyphene) and Vicodin(hydrocodone) together i.e. follow directions to one or the other

Signed: James L. Pertsch, M.D. _____

Vicodin sig: 1-2 PO q 4-6 hr prn **moderate** pain # (10) ten (20) twenty (30)thirty refill: 0 1
D/C if nausea persistent after surgery and take other pain medication. Do not take Darvocet(propoxyphene) and Vicodin(hydrocodone) together i.e. follow directions to one or the other

Signed: James L. Pertsch, M.D. _____

Keflex 500 mg sig: Take one PO the **evening and am** before surgery then continue after surgery QID until gone # (20) twenty no refill

Signed: James L. Pertsch, M.D. _____

Erythromycin 250 mg sig: Take one PO the **evening and am** before surgery, then continue after surgery QID until gone # (20) twenty no refill

Signed: James L. Pertsch, M.D. _____

Phenergan 25 mg PR sig: One **suppository** q 6-8 PR hr prn nausea, vomiting # (3) three refill: 0 1

Signed: James L. Pertsch, M.D. _____

Robaxin 750 mg sig 2 tabs PO the **evening and am** before surgery then 3 times a day PRN muscle spasm. # (45)forty five refill: 1

Signed: James L. Pertsch, M.D. _____

Valium 5 mg sig: 1-2 tabs PO night before surgery PRN anxiety # (20) twenty refill: 0 1
Then continue 1/2 – 1 tab po q 6 hrs PRN muscle relaxation

Signed: James L. Pertsch, M.D. _____

Vioxx 50 mg sig: 1 tab PO q day x 5 days # (5) five refill: 0 1

Signed: James L. Pertsch, M.D. _____

Percocet please see triplicate

Sample signature of James L. Pertsch, M.D.: _____

HISTORY AND PHYSICAL by James L. Pertsch, M.D. _____

Patient _____ Today's date: _____ Height: _____ Weight: _____ Age: _____

General Health is : Excellent Good Fair Poor Employment: _____ Children: None age M/F _____

Allergies to medications: _____

'Pills' taken (including for weight loss, vitamins and herbal supplements): _____

How much daily: Smoke? _____ Alcohol? _____ Marijuana, cocaine, other? _____ Caffeine? _____

Previous surgery/dates: _____

Any anesthesia or bleeding problems with surgery? _____

Any family history of anesthesia problems? _____

Do you have a history of motion sickness (car sick, sea sick, air sick)? Y N

Your personal physicians: _____

Other problems? (Please circle all that apply) **back pain**/problem now or in past, bruise easily, heavy bleeding with menstrual cycle, depression or low feelings, **life stress**: separation/divorce, work change, loss, alcohol, drug recreational use/dependency or abuse in the past or currently? diabetes, high blood pressure, epilepsy, psychiatric treatment, hepatitis, cirrhosis, cancer, kidney disease, dizziness, convulsions, blackouts/ fainting, cold sores, lumps, nosebleeds, glaucoma, dry eyes, coughing up blood or colored sputum, wheezing, asthma, emphysema, pneumonia, shortness of breath, chest pain, leg swelling, palpitations, heart valve problems, rheumatic heart disease, bleeding problem, stomach ulcers, gallstones, leg cramps, hand problems, difficulty urinating, difficulty sleeping. Blood clots in legs, pulmonary embolism.

Any other medical or other life problems not mentioned above? _____

Women only: Is there any chance you could be pregnant? i.e. unprotected intercourse, irregular or missed periods, nausea or swollen breasts? (if so a pregnancy test should be performed) Yes No
Do you perform monthly breast self-examinations? Yes No
Do you want Dr. Pertsch to perform a breast examination Yes No

PLEASE NOTE: Dr. Pertsch will complete the rest of this page: _____

BP
Head WNL Eyes Negative Ears Negative Nose _____ s obstruction Mouth No masses/ulcer Neck Trachea - M line, Thyroid - NP nodes Chest Clear A&P Heart NSR, NOM Abdomen No masses, tenderness, LKS - not palpable Rectal Pelvic Not done Breasts No masses (breast exam declined)

IMPRESSION: Relative 'breast hypoplasia' _____

PLAN: _____ Augmentation mammoplasty _____

Dictated: No Date _____
James L. Pertsch, M.D

Preop checklists summary:

Patient has: 1. NPO 2. No aspirin or vitamin E 3. Ride home arranged? 4. medication RX? 5. Body soap? 6. instructions p op 7. Payment 8. mammogram rx

Office has 1. ordered implants 2. received implants 3. labs, EKG back 4. mammography results back 6. H&P from outside physician back in chart? 7. arrival time and ride confirmed 8. payment? 9. staff for OR (anesthesiologist?) 10. correct time on OR schedule for signed consents? 11. Manufacturer's booklet to patient?

Presented for final OK for Surgery by Dr. Pertsch

Tax I.D. #94-3190980 Phone 650-348-8600 Fax 650-344-8187
104 St. Matthews Avenue San Mateo, California 94401-2807

BREAST AUGMENTATION: Brief summary, Expected effects, Risks and complications

Breast augmentation gives a fuller breast contour using an implant of saline or silicone. The implant is placed under the breast tissue, often under the pectoralis major muscle to provide a fuller breast contour. A better sense of self, improved clothing fit and selection, and restoration of volume lost due to pregnancy or weight loss is restored.

Although patients are generally very happy with their new contour no operation is ever perfect. The implant is usually felt at the undersurface of the breast. There is an adjustment period lasting about 3 months or so where the body and mind adjust to the change. Many patients experience some numbness of the skin and nipple/areolar area that may return in weeks to months. Assymetry will persist: the breasts will continue to not look exactly alike. The breasts will require some maintenance in the future when implants break or if your own breast tissue droops over time. Often there are residual twinges, sometimes pulling sensations different on one side or the other. You will need your usual medical care and attention for your breasts.

Occasionally there are unexpected problems around the time of the surgery. You might remember some activities in the operating room. There may be bleeding that might require another incision to control or a return to the operating room. Loss of some sensation may be permanent. One or both breasts could become too firm or shift requiring another operation, or need further surgery to better approach the look desired. You could have a bad reaction to one or more of the medications used during the procedure.

BREAST AUGMENTATION: Instructions after surgery

It is best to have someone with you the night after surgery incase there is an unexpected problem. You will need to go home with someone known to you and cannot drive yourself or take unaccompanied public transportation. Take any antibiotic as instructed by your doctor. Other medications are to use as needed for your comfort. Do not make big decisions, sign important documents until all medication effect gone, usually the 2nd day after your procedure. Keep your stitches dry until removed. Wear bandages or garments as directed by your physician. Activity should be limited until your follow-up appointment with your doctor.

BREAST AUGMENTATION: Consent for surgery and anesthesia

I understand the breast augmentation is being performed to increase the size of my breasts. I understand the above information and have thoroughly reviewed this and other information with my physician.

I hereby consent to the breast augmentation procedure. I further give permission to have medications and anesthesia administered as deemed necessary. No guarantee has been made to me whatsoever. I understand what has been told to me about my condition and what will be done to me.

I hereby request, authorize, and give consent my doctor and ABJSurgery Center, Inc. staff to perform upon me the above named procedures and any other procedure(s) that in their judgment may be necessary or advisable should unforeseen circumstances arise during surgery.”

I agree to allow details of my case reviewed with staff, physicians as necessary for quality control/ peer review purposes in order for the ABJ Surgery Center, Inc to maintain its accreditation and certification.

Patient: _____

Date: _____

Staff: _____

Date: _____