The following possible risks and complications of breast augmentation surgery have been discussed with you. They include but are not limited to:

- Bleeding (chance of emergency return to operating room)
- Infection
- Unsatisfactory permanent scarring, possible keloid formation
- Chest unevenness/asymmetry
- Tight or flattened look to breasts
- Indistinct, high or low crease under breast
- Visible or "feelable" implant edges or "rippling"
- Future hardening of breasts due to scar "capsule" formation
- Migration or movement of implant
- Leakage or rupture of breast implant
- Wound separation/delayed wound healing
- Loss of nipple sensation, loss of erectile function, erotic sensation (permanent with free nipple grafting)
- Hypersensitivity and or pain of chest skin, nipple and areola, which could be permanent
- Blood clots in your legs or lungs (deep venous thrombosis/DVT, pulmonary embolus/PE)
- Complications from anesthesia or medications
- Difficult psychological adjustment
- Negative impact on relationships with a significant other or sexual partner
- No assurance of achieving the desired breast size/shape
- If you have a wide space between your breasts you will still have one after with decreased "cleavage"
- Poor cosmetic outcome
- Breast size fluctuation with future weight change or change of hormone regimen
- Need for revision or further surgery
- Rare breast implant associated cancer:
  - The FDA reports that there is an association with breast implants and the development of breast implant associated anaplastic large cell lymphoma (BIA-ALCL).
  - There are over 10 million women worldwide with implants, and approximately 550,000 implants are placed per year in the United States for cosmetic and reconstructive indications.
  - Since the first case report in 1996, 285 cases have been identified in the US and a total of 732 worldwide as of June 14, 2019.
  - The current lifetime risk of BIA-ALCL is estimated to be 1:3817 - 1:30,000 women with textured implants (about 0.003%).
  - Of those diagnosed with BIA-ALCL, 93% of patients are disease free at 3 years follow-up, which is an excellent prognosis when treated appropriately.
KP SCAL Gender Affirming Surgery Program

Breast Augmentation Surgery Preparation Checklist

September 2019

Employment
- Notify employer 30-60 days before surgery date
- Apply for FMLA with employer
- Apply for SDI Online
  
  Submit online application 0-49 days after surgery
- Obtain documentation from surgeon. Surgeon will document “medically necessary surgery”

Caregivers
- Identify your post-operative caregiver. They will need to stay with you at least 24 hours after anesthesia
- Arrange for the care of your pets and children for several days

Cost
- Confirm share of cost with Member Services at 1-800-464-4000
- Plan for covering cost of living while out of work

Prepare Recovery Space
- Prepare recovery space
- Set up a bedside table for prescriptions, remote control, water, etc.
- You may want to put a mattress protector or “Chux” to protect the mattress and sheets
- Move needed items on lower shelves for access

Supplies
- Purchase all necessary supplies from surgeon list
- Consider purchasing an extra front-open compression garment so the one provided by the hospital can be washed
- Obtain prescriptions from surgeon at pre-op visit
- Fill prescriptions at your Kaiser Pharmacy

Transportation
- Prepare a ride home from hospital after surgery with an adult. You will not be permitted to drive.
- Prepare rides to/from follow-up appointments until your surgeon tells you when you can safely drive

Meal and Chore Planning
- Have simple, light foods for the first day like crackers, Jell-O, clear broth in case you are nauseated
- Meal/hydration planning (groceries, freeze foods)
- Plan who can do laundry, garbage, light housekeeping, errands, etc.

Advanced Directive
- Complete advanced directive
- Bring advanced directive to hospital on day of surgery

Smoking and Surgery
Smoking severely decreases the blood flow and the delivery of oxygen to the skin. This includes all nicotine containing products such as e-cigarettes, chew, snuff, lozenges, patches and gums. People who smoke have an increased risk of many complications including pneumonia, bleeding, infection, skin necrosis (loss of skin from inadequate blood supply), poor or delayed healing and prominent scarring. I recommended you stop smoking for at least 4-12 WEEKS BEFORE and AFTER surgery to reduce, but not eliminate, the smoking-related risks.

Assistance with smoking cessation is available at 888-883-7867 or at www.kp.org/healthylifestyles. Follow the link to personalized plans to quit smoking. Alternatively go to www.kaiserpermanente.org and search QUIT SMOKING
Breast Augmentation
Pre-Op Instructions

KP SCAL Gender Affirming Surgery Program

- You will be called directly by the surgical scheduler within one week to set up a surgery date and another for your pre-operative visit back in this office where we will take photographs, review and sign consent, give you prescriptions, after surgery care information and restrictions.

BEFORE SURGERY

- Stop all hormonal agents containing estrogen and progesterone before surgery:
  - If you take estrogen pills or patches, STOP 2 WEEKS before surgery date
  - If you take estrogen injections weekly, STOP 3 WEEKS before surgery date
  - If you take estrogen injections every 2 weeks, STOP 4 WEEKS before surgery date
  - If you take progesterone pills, STOP 2 WEEKS before surgery date

This will lower your risk for blood clots in the legs or lungs (pulmonary embolus). These medications can be restarted the day after surgery.

- IMPORTANT: Unless specifically instructed otherwise by your surgeon, you should not use Coumadin, Plavix, Aggrenox, aspirin or aspirin-containing products for TWO WEEKS before surgery and about one week after surgery. These products can thin the blood and increase the risk of bleeding and bruising. Also many other over-the-counter supplements, herbs and alternative or traditional remedies should be discontinued two weeks before surgery. Do not restart post-operatively until cleared by your doctor. If in doubt check with your pharmacist or doctor.

- Shave all the areas of your body that you normally shave (e.g. armpits) up to 3 DAYS before your surgery and then do not shave until after surgery.

- Fill prescription pain medications before surgery. These medications are to be used only AFTER the surgery for post-operative pain.

DAY OF SURGERY

- Shower and shampoo right before surgery. You will only be able to do sponge baths until your one week after surgery visit.

- Wear clothes that are loose fitting and comfortable. A button-down shirt works best. Wear something old or inexpensive as it may become stained with blood, iodine or ointments.

- Leave jewelry, watches, earrings/body piercings at home.

- STOP EATING SOLID FOOD AFTER ____ before surgery including candy, gum, mints, Jell-O, orange juice, grapefruit juice, juice with pulp, red colored drinks, and milk-based products. You may have CLEAR LIQUIDS (water, Gatorade, apple juice, 7-up) up to 2 hours before arrival to the hospital. Most medications, MAY BE taken with a sip of water.

- If you are diabetic, STOP EATING SOLID FOOD AFTER ____. You may continue to drink WATER until 2 hours before arrival to the hospital. check with your doctor about the dose of your medications or insulin before surgery. DO NOT take METFORMIN on the day of your procedure. If you feel like your blood sugar is low or glucose check <70mg/dl, drink apple juice, Gatorade (not red) or 7-up.

- If you have HIGH BLOOD PRESSURE make sure to take any medication for high blood pressure as usually scheduled.

- Arrive two hours before your surgery time for the pre-operative check-in. There is a considerable amount of paperwork and preparation necessary FOR YOUR SAFETY so please be on time. Also be available by phone on the day of your surgery as the time of surgery may be moved earlier.

- You will not be permitted to drive home afterward so arrange to be driven home by an adult. You also need to arrange having a responsible adult/caregiver stay with you for the first 24 hours after anesthesia.

- Make arrangement to be seen for an after surgery visit 5-7 days after your day of surgery.

November 2019
MEDICATIONS

• Take all the newly prescribed medications and your usual medications upon your return home unless specifically instructed otherwise. Do not take drugs containing aspirin or ibuprofen or any herbs or supplements until advised by your surgeon.

• Use prescription pain relievers, e.g. Norco (hydrocodone/acetaminophen), Percocet (oxycodone/acetaminophen), or Ultram (tramadol) after surgery as needed for severe pain. Frequently only Tylenol (acetaminophen) is needed. Do not overlap doses with Tylenol and prescribed narcotic-acetaminophen or you may receive a dangerous overdose of acetaminophen. Take pain medication after eating a small amount of food (e.g. cracker).

• No driving until off sedating pain medication and able to move arms safely; usually 1-2 weeks after surgery.

DIET

• For the first 4-6 hours after surgery start with clear liquid diet (Jell-O, Gatorade). If not nauseated you may add easily digested foods like crackers, toast, plain pasta, soups. Avoid fatty, spicy foods. The day after surgery, you can eat whatever you feel you can tolerate. If you experience prolonged nausea or vomiting, ask for anti-nausea medication.

ACTIVITY

• Rest is important for healing. Sleep on your back with your head elevated for one week after surgery. A recliner for the first 2 nights is best. Do not sleep on your side.

• You may be on work restrictions depending on the physical activity of your job.

• Avoid bending over from the waist and this can increase swelling.

• Avoid lifting more than 10 pounds for one week, 20 pounds the second week, then 30 pounds the third week.

• No contact sports, high impact exercise (running/aerobics), firm pressure on chest or weight lifting for 4-6 weeks after surgery.

WOUND CARE

• You will need to keep your surgical bra on (other than when sponge bathing after 24 hours) until your postop visit unless otherwise instructed by the surgeon.

• Apply an ice or cold pack to the surgical area to reduce pain, swelling and inflammation. First 72 hours, ice for 10 minutes once an hour. After 72 hours, ice for 15 minutes three times a day and after prolonged activity or exercise. Always keep a dry towel or cloth between the ice or cold pack and skin. Do not apply longer than 15 minutes and do not fall asleep with the ice on skin.

• Leave paper tape in place. If there are stitches in place, they will be removed about two weeks after surgery. The outer layer of dressing pads may be replaced if soiled. Gently remove them without disturbing the tape or skin glue. The skin glue is called Derma+Flex, which is the medical version of Krazy Glue.

• The skin glue will naturally slough off after 5-7 days. Do not rub, scratch or pick at the glue. This may cause an opening and make the final scar worse.

• You may sponge bathe and shower but do not submerge the wound in a bath, pool or hot tub.

• It is common to have drainage from each breast and you will likely have blood stains (sometimes the size of your palm) on your bra and the drain sponges (if you have drains) for the first few days. This should not be a cause of concern.

• Call the office immediately in you have heavy bleeding, redness, pus, fever or a sudden increase in pain, bruising or swelling (particularly if worse in one breast).

HEALING

• The initial appearance of the chest can be quite flattened. It will take about one year for your chest skin and muscle to stretch to allow a more natural appearance. After full healing, we will review scar-care products that can help the scars fade and flatten more quickly, especially around the areolas.

• Protect the wound from prolonged sunlight. No tanning beds. UV light can cause pigmentation, irregularities and scar thickening. Protect the surgical sites from the sun and use sunscreen (SPF 15 or greater) daily for 6 months after surgery.