

To: Dr _____

From: _____

Re: Goals and Expectations for My Breast Implant Removal Surgery

The purpose of this document is to provide my surgeon, Dr _____, with a clear understanding of my goals, decision points, and expectations regarding my upcoming breast implant removal surgery.

1. I want to have en bloc/total capsulectomy of my implants, if possible. I understand that the surgeon cannot be certain whether an en bloc/total capsulectomy can be done until surgery has begun.
2. Although en bloc/total capsulectomy may result in a larger incision/scar than other types of removal, I still prefer having a total capsulectomy.
3. I understand that my breasts will not look as they did prior to surgery.
4. If total capsulectomy is not medically advisable because, for example, the scar tissue is too thick or too tightly attached to the chest wall, I want the surgeon to remove as much of the capsular scar tissue as possible.

Please sign/acknowledge and date, and place a copy of this document into my medical file.
Thank you

Patient

Surgeon