

**BREAST AUGMENTATION AND TIGHTENING - EVALUATION AND CONSULTATION**

**PATIENT SIDE (FRONT) - please answer all questions**

1. Today's date: \_\_\_\_\_ 2. Your name: \_\_\_\_\_
3. How old are you? \_\_\_\_\_ (usually >22 to use gel implant) 4. Are you married or have a partner? **Yes** **No**
5. What is your job? \_\_\_\_\_
6. Describe your problem:      developed breast tissue but lost volume after pregnancy **yes** **no**  
never developed breast tissue **yes** **no**  
breast has become droopy **yes** **no**
7. How many children have you had? \_\_\_\_\_
8. How many children did you breast feed for more than two weeks? \_\_\_\_\_
9. Did you have problems with breast feeding? **no** **yes (describe)**
10. Did you like the size when you were breast feeding? **no** **yes (describe)**  
what size were you? A B C D DD >DD not known
11. How tall are you? \_\_\_\_\_ feet \_\_\_\_\_ inches 12. How much do you weigh? \_\_\_\_\_ lb.
13. What is your current cup? AA A B C D DD
14. What cup size would you like to be? just larger no change just tighter tighter & larger  
I would like to be about a: B C D DD larger than DD
15. Have you had problems with the breast? **no** **yes (describe)**  
breast biopsy that was normal fibrocystic disease other \_\_\_\_\_
16. Do you have a family history of breast cancer? **No** **yes (describe)**  
mother sister aunt (mother's sister) aunt (father's sister)  
grandmother (mother's mother) grandmother (father's mother)
17. Have you had a mammogram in the last year? **no** **yes (describe)**  
normal within last year abnormal within last year
18. Do you exercise regularly? **no** **yes (describe)** aerobic/running weight machine free weights
19. Do you take hormones or birth control pills? **no** **yes**

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Patient name: \_\_\_\_\_

**DR. HUDSON WILL COMPLETE THIS PAGE (BACK) - DO NOT ANSWER THESE QUESTIONS**

**Tuberous:** NO R L **Asymmetry:** NO YES shape size: R larger left larger  
amount: 25 50 >50 **Bothers Patient:** NO YES

**Nipple to SSN:** R= L= **Nipple diameter:** R= L= **Nipple discharge or bleeding:** NO YES

**Ptosis:** NO YES Pseudo (nipple above crease but breast below)

nipple: 1 cm below crease (1) 1-3 cm below crease (2) >3 cm below crease (3)

**Stretch marks:** NO YES **Elasticity of skin:** good poor **Round-barrel-chest:** NO YES

**Mass:** NO R L location: \_\_\_\_\_

**LNs:** axillary : NO R L supraclavicular : NO R L

**Spine scoliosis:** NO YES **General Exam:** BP significant abnormal findings: \_\_\_\_\_

**PROBLEM:** Hypoplasia tuberous giant areola Ptosis: pseudo grade 1 grade 2 grade 3

**RECOMMENDATION**

**BAM:** **position:** above muscle below muscle **size:** R= L=  
**surface:** textured smooth **contents:** saline gel **shape:** round mod mod-plus high profile  
**incision:** inframammary nipple axilla navel

**BAM + mastopexy:** **position:** above muscle below muscle **size:** R= L=  
**surface:** textured smooth **contents:** saline gel  
**shape:** round mod mod-plus high profile **method:** crescent periareolar lollipop inverted T

**Mastopexy alone:** crescent periareolar lollipop inverted T

**COMPLICATIONS**

**GENERAL:** BRUISING • SWELLING • BLEEDING • INFECTION • NUMBNESS • SCAR • ASYMMETRY • POOR HEALING • GA  
NO GUARANTEE • THROMBOEMBOLISM (CLOTS) • STOP BCPS/HORMONES • SMOKING-SECOND HAND • 90% SATISFACTION

**IMPLANT:** LEAKAGE • CAPSULE • WRINKLING • EXAM BETTER/MAMMOGRAPHY WORSE • WARRANTY

IMPLANT PALPABLE • ANATOMICAL • TEXTURED MORE RIPPLING • SMOOTH MORE HARDNESS • EXTRUSION

**FDA:** MRI • ADDITIONAL SURGERY • LONGEVITY **MASTO:** • NIPPLE LOSS • PUCKERING

**OTHER:** INTERNET • FUTURE KNOWLEDGE DIFFERENT • OTHER \_\_\_\_\_

These issues were discussed with me by Dr. Hudson: \_\_\_\_\_ (patient initials) \_\_\_\_\_ (witness initials)

**Date:** \_\_\_\_\_