



ABSOLUTE
COSMETIC MEDICINE

IMPLANT REMOVAL CHECKLIST

PLEASE INITIAL IF UNDERSTOOD

Please be aware of the following -

We perform day Surgery in a licensed facility with deep sedation or general anaesthetic under the supervision of an excellent anaesthetist that does not leave unlike some cheaper clinics.

You **MUST** be picked up and supervised by an adult overnight.

The incision will be under the breast in the crease not the nipple or armpit.

Smoking must be ceased 2 weeks before the procedure takes place. Loss of the deposit or full fee may occur if non-compliant. A urine sample may be taken to confirm cessation.

Cost of the initial surgery does not include complication treatment and the need for a breast lift (this infrequently occurs)

INITIAL _____

POST OP CARE

Carer to supervise overnight (including medication and answering calls)

Two weeks full rest or as per instructed

Patient must be careful for 2 - 6 weeks, no repetitive lifting over 2kg

No driving for 1 week

Must wear surgical bra for the first 6 weeks, then supportive bra always in the future

Dressings are free of charge. There will be an additional charge for medications

We do not use drains routinely

Attendance to all post operative appointments is compulsory

In most cases you will wake up numb and in a little discomfort

Wear TED stockings for 2 weeks post op

No long flights for 2 weeks post op

INITIAL _____



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What is your Height? _____ Weight? _____ Top size? _____

Is your weight stable? Y/N _____

What is your target weight? _____

Are you left or right handed? _____

Please list your hobbies, gym routine or work that involves the upper body?

Do you have a partner or supportive family member? Name: _____

Do you have children? Y/N _____ Eldest _____ Youngest _____

Did you breastfeed? Y/N _____ If yes, for how long _____

Breast size when pregnant or breast feeding? Largest size _____ Smallest size _____

Breast Size now _____

Have you had a mammogram or ultrasound on your breasts? _____

If so, when and were there any abnormalities? _____

Do you have a personal or family history of breast/ovarian cancer? Y/N _____

Have you been in a hospital outside WA within the last 12 months? Y/N _____

Have you been in contact with any super bugs e.g. Golden Staph etc? Y/N _____

Do you smoke? Y/N _____ If so, how many per day? _____

Do you have any allergies? Y/N _____ If so, please list

Have you previously had surgery? Y/N _____ If so, please list and any complications

Do you bleed or bruise easily? Y/N _____