

Surgical Consent for Breast Biopsy

Diagnosis:

- You have been diagnosed with a breast mass. Any noticeable change, thickening or localized swelling in your breast that wasn't there before can be considered a mass. Most women will experience some type of breast mass in their lifetime.

Name of Procedure/Treatment:

- A breast biopsy is the removal of part or all of the breast mass for further examination.

Nature and purpose of proposed treatment:

- An incision is made on the breast and the abnormal area is removed. The tissue is sent to the lab for examination by a pathologist. This will determine if the mass is cancerous or not. The majority of breast masses are benign (not cancer).
- Your breast mass may need to be "needle localized" in order for the surgeon to easily find it. Needle localization is done by the radiologist. A small wire will be inserted into the mass before surgery; this is done using a mammogram. The x-rays will be sent with you to surgery to aid the surgeon in the removal of the mass.

Risks common to all surgical procedures:

- Injury to a blood vessel or excessive bleeding. This may require a blood transfusion.
- Infection, which may require the use of antibiotics. In rare cases, another surgical procedure may be necessary to remove the infection.
- Complications with anesthesia. This may include nausea, vomiting, or in rare cases, death.
- Tobacco use, excessive alcohol use and obesity can increase the risk of any surgical procedure or general anesthetic. Any of these factors may substantially affect healing and can result in an increase of major complications including pneumonia, wound infection, blood clots in the legs and lungs, or death.

Risks and possible complications of the proposed treatment:

- Bleeding with hematoma formation. A hematoma is a swollen area where blood has pooled. It may result in an area resembling a large bruise.
- Infection which may require you to take antibiotics
- Pain after surgery that may require you to take pain medication
- Scarring after surgery in the area of the incision
- Nipple retraction
- Breast cancers can be multifocal (occurring in more than one place). They may not be detected by a physician on a physical examination, by mammogram or sonogram, or at the time your surgery is performed. Even though the area of concern is removed, a cancer can still appear in your breast following surgery. This is called interval carcinoma and it is independent of the removed breast tissue, but occurs in the remaining breast tissue.

Risks or complications of the proposed treatment that is specific and unique to the patient:

Alternative Treatments:

- Observation of the breast mass
- Needle aspiration of tissue from the breast mass
- Stereotactic biopsy of the breast mass

Prognosis if the proposed treatment is NOT accepted:

- If you choose not to have the recommended procedure, your breast mass may become larger
- You are at risk for developing undiagnosed breast cancer

I understand the above information and give my consent to have the described treatment performed.

Patient Signature

Date

Physician Signature

Date

CONSENT

Consent: I hereby authorize and direct the designated authorized physician/group, together with associates and assistants of his choice, to administer or perform the medical treatment or surgical procedure described in this Consent Form, including any additional procedures or services as they may deem necessary or reasonable, including the administration of any general or regional anesthetic agent, x-ray or other radiological services, laboratory services, and the disposal of any tissue removed during a diagnostic or surgical procedure, and I hereby consent thereto.

I have read and understand all information set forth in this document and all applicable blanks were filled in prior to my signing. This authorization for and consent to medical treatment or surgical procedure is and shall remain valid until revoked by me in writing.

I acknowledge that I have had the opportunity to ask any questions about the contemplated medical procedure or surgical procedure described in this consent form, including risks or alternatives, and acknowledge that my questions have been answered to my satisfaction.

Signature of Patient _____ Date/Time _____

Signature of Patient Representative Date/Time

Signature of Witness _____ Date/Time _____

Print Representative's Name

Relationship to Patient