

Surgical Consent for Fine Aspiration or Core Breast Biopsy

Diagnosis:

- You have been diagnosed with a mass or cyst in the breast. Any noticeable change, thickening, or localized swelling in your breast that wasn't there before may be classified as a mass. Most women will develop some type of mass in their breast during their lifetime. The majority of these masses are benign (not cancer).

Name of Procedure/Treatment:

- Fine needle aspiration or core biopsy of the breast mass or cyst. This procedure is done to make a diagnosis. Needle aspiration is done with a syringe and needle. The core biopsy is done with a special needle that removes a core (portion) of tissue from the mass.

Nature and purpose of proposed treatment:

- A needle will be inserted into the mass or cyst. Fluid, cells, or cores of tissue are then removed and sent to the lab for the pathologist to look at.

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 in which blood has pooled. It may result in an area resembling a large bruise.
- Soreness which may require you to take pain medicine
- In rare instances, a puncture of the lung may occur
- A diagnosis may not always be made by needle biopsy. A surgical incision may be required. The biopsy is being performed on a specific palpable mass. This does not rule out the possibility of a malignancy (cancer) elsewhere in the breast that may develop later.

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

Alternative Treatments:

- Observation of the area
- Surgical excision of the mass

Prognosis if the proposed treatment is NOT accepted:

- If you choose not to have the biopsy, a diagnosis cannot be made
- If the mass is malignant (cancer), treatment will be delayed

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