

## Surgical Consent for Mastectomy

### Diagnosis:

- Breast Cancer

### Name of Procedure/Treatment:

- Mastectomy, removal of the breast

### Nature and Purpose of proposed treatment:

- After a breast biopsy has shown cancer, a mastectomy will be performed. An incision will be made across the breast. The nipple, along with all of the breast tissue, will be removed. Lymph nodes in the axilla (underarm) will also be removed. This incision will then be surgically closed using stitches and/or staples. The surgeon will insert drains below the incision site to help keep fluid and blood from collecting under the incision. They will be removed in a few days or weeks, depending on the amount of drainage. The incision will then be covered with a dressing or bandage. Reconstruction, if desired, can be immediate or delayed.

### 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 complications of the proposed treatment:

- Pain after surgery, which may require you to take pain medication
- Bleeding with hematoma formation. A hematoma is a swollen area in which blood has pooled. It may result in an area that resembles a large bruise.
- An infection, which may require you to take antibiotics
- Recurrence or progression of the cancer
- Scars after surgery
- Damage to nerve or blood vessels going to the arm
- Sloughing (loss of) skin due to decreased blood supply to the wound
- Arm swelling
- Prolonged fluid accumulation in the wound requiring multiple drainage procedures

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

### Alternative treatments:

- Observation
- Conservative surgery
- Irradiation
- Chemotherapy

### Prognosis if the proposed treatment is NOT accepted:

- If you choose not to have surgery, you may experience progression (worsening) of the disease

## **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.

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Signature of Patient

\_\_\_\_\_  
Date/Time

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Signature of Patient Representative

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Date/Time

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Signature of Witness

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Print Representative's Name

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Relationship to Patient