



BREAST BIOPSY – INFORMED CONSENT

DESCRIPTION OF PROCEDURE - You have been referred for a **RIGHT / LEFT** (*circle one*) breast biopsy. We would like to inform you about the procedure, and of possible complications that may result.

The breast biopsy will be performed either using a specialized mammogram machine or ultrasound machine to position a needle in your breast. The radiologist will obtain samples of tissue from the abnormal area in your breast. In most cases, a tiny metallic clip is placed in the breast to mark the biopsy site for future reference. The tissue is sent to a pathology laboratory for evaluation.

RISKS OF THE PROCEDURE – Most patients will experience only mild discomfort during the ultrasound guided breast biopsy procedure. However, some patients may experience:

- Abnormal bleeding or pain at the site
- Contusion or hematoma
- Pneumothorax
- Subsequent infection
- If you have breast implants, caution will be taken to avoid your implant; however, piercing the implant envelope is a potential risk.

Following the biopsy, you may have some tenderness, some bruising, and slight bleeding or oozing at the site that will have a small dressing on it. This may last several days, but should cause no long-term effects or debilitation.

If you have any significant allergies to local anesthetic medicines, iodine solutions, latex and/or antibiotic ointments, or have ever had a bad reaction to a medical or dental procedure, please inform us before having this procedure.

Please inform us if you have any bleeding problems or are on blood thinning medications.

ADDITIONAL RISKS _____

LIST OF KNOWN ALLERGIES _____

ALTERNATIVES TO THIS PROCEDURE – Removal of the abnormal tissue by surgical excision.

EXPECTED OUTCOME – As a result of this biopsy, a definitive diagnosis can usually be made. If there is any question when the results return, a repeat biopsy or a surgical biopsy (complete removal of the area) may be recommended.

TIMEOUT – Correct patient identity Correct site identity Procedure to be performed

CONSENT - I have been informed of the nature, risks and consequences of the procedure and the alternatives and that no guarantee has been made as to the results that may be obtained. My questions about this procedure have been answered to my satisfaction.

I certify that I have read and fully understand the above information.

PATIENT _____ DATE _____
(OR LEGALLY AUTHORIZED PERSON FOR MINOR OR INCAPACITATED PERSON)

RELATIONSHIP TO PATIENT _____

WITNESS TO SIGNATURE _____ DATE _____

RADIOLOGIST SIGNATURE _____ DATE _____