



**CONSENT FORM
FOR
BREAST LUMPECTOMY**

Med Rec. No.
Surname:
Forename:
DOB:

AFFIX LABEL HERE

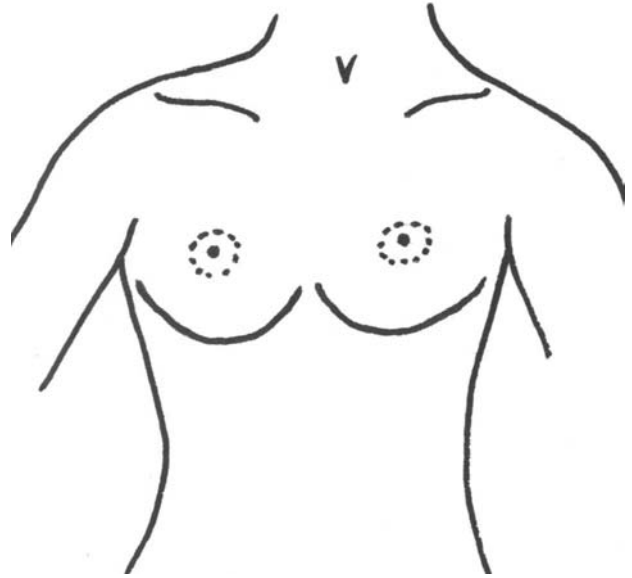
PROPOSED TREATMENT

The doctor has explained that I, *(name of patient)*, have a lump in my*(side)* .breast/s and that **surgical removal** is proposed:

This means an operation to remove a breast lump. If the abnormality can only be seen on a mammogram, but not felt, a guide wire may be hooked in the suspicious area of breast tissue using X ray control beforehand.

Under a general anaesthetic, the surgeon makes a cut in the skin of the breast close to the abnormality and cuts around the breast lump, including a rim of clinically normal tissue. If a guide wire is being used, the sample is X rayed after removal to ensure the suspicious area has been included. The specimen is then sent for detailed microscopic examination.

All bleeding points are sealed, a fine tube drain may be left in the wound to remove any fluid collection, and the wound is repaired.



RISKS

These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your general surgeon if you have any general or specific concerns.

I understand there are risks associated with any **anaesthetic** (see separate *Anaesthetic Consent Form*).

I may have side effects from any of the drugs used. The commoner side effects include light-headedness, nausea, skin rash and constipation.

I understand the procedure has the following **general risks and limitations**:

- I may develop a clot in my legs (deep vein thrombosis), causing pain and swelling and part of this may come loose and travel to my lungs (pulmonary embolus). This may make me short of breath. There is a small risk I might die from a pulmonary embolism if this occurs.
- I may develop areas of minor collapse in the lungs, increasing my risk of getting a chest infection. I may require treatment with physiotherapy.
- I may have a heart attack due to strain on my heart.

I understand the procedure has the following **specific risks and limitations**:

- I will have a scar on the breast.
- I may develop a bruise or collection of blood (haematoma), which will usually resolve in due course.
- My wound may become infected and may then require antibiotics.

I understand some of the above risks are more likely if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

INDIVIDUAL RISKS

I understand the following are **possible significant risks and complications specific to my individual circumstances**, that I have considered in deciding to have this operation:

.....
.....

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DECLARATION BY PATIENT

- I acknowledge the general surgeon has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with the general surgeon any significant risks and complications **specific to my individual circumstances** that I have considered in deciding to have this operation.
- I agree to **any other additional procedures** considered necessary in the judgement of my general surgeon during this operation.
- I agree to the disposal by the hospital authorities of any tissues that may be removed during the procedure. I understand that some tissues or samples may be kept as part of my hospital records.
- I understand that a doctor other than the specialist general surgeon may perform the procedure.
- I have received a copy of this form to take home with me.
- If any staff member is exposed to my blood (needlestick injury) then I consent to a sample of my blood being collected for testing for infectious diseases, such as Hepatitis B, C and HIV. I understand that the blood sample will not be tested until I have been informed and I have given my consent.

Signature of patient

Date

If the patient is an adult and unable to give consent, a proxy form must be completed and attached

DECLARATION BY DOCTOR

- I declare that I have explained the nature and consequences of the operation to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor's signature

Date

Doctor's name
(print name)

INTERPRETER'S DECLARATION - I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor

Interpreter's
signature

Date

Interpreter's name
(please print)