

INFORMED CONSENT FOR LOCALIZATION OF BREAST LESION

DESCRIPTION OF PROCEDURE:

Your doctor, _____, has referred you for a localization procedure, prior to biopsy. We would like to inform you of what we are going to do and of possible complications that could result from this procedure.

The mammography-guided localization uses x-rays in conjunction with a special needle to position a wire or dye in your breast. The needle will be removed, leaving the wire or dye as a guide for the surgeon to pinpoint the suspicious area and biopsy it.

The ultrasound-guided breast localization uses very high frequency sound waves to guide a special needle with a wire or dye into your breast. The needle will be removed, leaving the wire or dye as a guide for the surgeon to pinpoint the suspicious area and biopsy it.

For each type of procedure, a local anesthetic will be administered. The risks and benefits of this anesthetic will be explained by the physician.

RISKS OF THE PROCEDURE:

Most patients experience only mild discomfort during the localization procedure. If you have any allergies to local anesthetic medications, iodine, latex, or tape, please inform us prior to having this procedure. Following the localization, you may have some tenderness in the breast, some bruising, or slight bleeding. If you have any significant allergies to local anesthetic medicines or have ever had a bad reaction to an x-ray, medical or dental procedure, please inform us before signing this form.

ALTERNATIVE METHOD OF TREATMENT:

There is no alternative to this procedure.

ANTICIPATED BENEFITS OF PROCEDURE:

The benefit of this procedure is that your surgeon will have a wire or dye to guide him/her to the suspicious area in your breast, in order to biopsy it.

CONSENT:

I have been informed of the nature, risks, and benefits of this procedure. No guarantee has been made as to the results which may be obtained. I certify that I have read and fully understand the above information, that the explanations of the procedure and risks are understood by me. I consent to have a local anesthetic administered during my procedure.