



Diagnostic Radiologists
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BREAST PROCEDURE – INFORMED CONSENT AND DESCRIPTION OF PROCEDURE

You have been referred for a **RIGHT /LEFT** (circle one) breast procedure

We would like to inform you about the procedure

- The breast biopsy will be performed after the administration of local anesthetic, using either the mammogram machine or the ultrasound machine to determine the correct position to put the needle in your breast.
- The radiologist will then obtain samples of tissue from the area in question in your breast. A tiny metallic clip is then placed in the breast to mark the biopsy site for future reference and the position documented on mammogram.
- The tissue is sent to a pathology laboratory for evaluation.
- Laboratory billing (costs) are billed separately to Parklane radiology. If you have any lab queries, please direct to relevant laboratory.

POSSIBLE 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
- Bruising
- Subsequent infection
- If you have breast implants, caution will be taken to avoid your implant, however, piercing the implant envelope is a potential risk
- Pneumothorax – a puncture of the underlying lung which is a rare complication

Following the biopsy, you may have some tenderness, 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, iodine solutions, latex and/or bandages/dressings 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, including Aspirin.

EXPECTED OUTCOME - As a result of this biopsy, a definite 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.

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 and consent to the procedure being performed.

I have been advised that Parklane Radiology charges Medical Aid rates on all procedures. However, some consumables are short paid by certain medical aids and this shortfall is for my account and is payable after the procedure.

I agree to pay any shortfall on consumables or procedures not covered by my medical aid.

PATIENT: _____

DATE: _____
