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## BREAST CANCER CRYOABLATION - INFORMED CONSENT AND DESCRIPTION OF PROCEDURE

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

We would like to inform you about the procedure

- Cryoablation involves the freezing of a breast tumor. This is done as an outpatient procedure, under local anesthesia and ultrasound guidance.
- After the skin and breast tissue is anesthetized, a needle is inserted through the skin and into the tumor. Liquid Nitrogen flowing through the needle causes a ball of ice to engulf the tumor. This results in cell and tissue death of the tumor.
- Great care is taken to protect surrounding tissue from injury due to the ice ball.
- The procedure will take between 40 and 50 minutes

## POSSIBLE RISKS OF THE PROCEDURE

Most patients will experience only mild discomfort during the cryoablation procedure, with mild after-effects. However, the following rare complications are possible;

- · Abnormal bleeding or pain at the site
- Bruising
- Subsequent infection
- Frostbite of the skin
- Injury to pectoralis muscle
- Allergic reaction to local anesthetic

Following the procedure, 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.

You will be left with a palpable lump. This is the dead tumor tissue surrounded by scarring (fat necrosis). It will resolve with time but may remain palpable for up to a year.

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** – The goal of the cryoablation procedure is to kill the tumor. Based on multiple clinical trials, over 90% of tumors less than 1.5cm are effectively destroyed by cryoablation. There is a small chance that your cancer will not be fully destroyed, and in a small percentage of cases, the tumor will grow back. This is the reason we encourage close post procedure surveillance including mammograms, ultrasound and breast MRI.

**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:
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