

BREAST LUMPECTOMY

Lumpectomy is the surgical removal of an abnormal x-ray finding or an abnormal lump in the breast, along with a small margin of the surrounding normal breast tissue, for the purpose of diagnosis and/or treatment. Lumpectomy may also be called wide excision biopsy, breast conserving surgery, or quadrantectomy (this latter term is used when up to one-fourth of the breast is removed). The procedure is often performed on women with small or localized breast cancers and can be an attractive surgical treatment option for breast cancer because it allows women to maintain most of their breast after surgery. If lumpectomy is used in the treatment of a breast cancer, the subsequent use of radiation treatment is almost always required.

Patient's
Initials

_____ The details of the procedure including the anticipated benefits and material risks have been explained to me in terms I understand.

_____ Alternative methods and therapies, their benefits, material risks and disadvantages have been explained to me.

_____ I understand and accept that the most likely material risks and complications of breast lumpectomy have been discussed with me and may include but are not limited to:

- *asymmetry*
- *bleeding*
- *change in breast appearance*
- *infection*
- *injury to nearby tissues*
- *postoperative pain and soreness*
- *recurrence*
- *scarring, dimpling*

_____ I understand and accept that there are complications, including the remote risk of death or serious disability, that exist with any surgical procedure.

_____ I understand and accept the risks of blood transfusion(s) that may be necessary.

_____ I understand that tissue cannot heal without scarring and that how one scars is dependent on individual genetic characteristics. The physician will do his/her best to minimize scarring but cannot control its ultimate appearance.

_____ I understand that the amount of breast tissue that must be removed with the "lump" varies with the physician's findings and thus no prediction of the tissue loss can be made ahead of time.

_____ I am aware that smoking during the pre- and postoperative periods could increase chances of complications.

_____ I have informed the doctor of all my known allergies.

_____ I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies and supplements, aspirin, and any other recreational drug or alcohol use.

_____ I have been advised whether I should avoid taking any or all of these medications on the days surrounding the procedure.

_____ I am aware and accept that no guarantees about the results of the procedure have been made.

_____ I have been advised of the probable consequences of declining recommended or alternative therapies.

_____ I have been informed of what to expect postoperatively, including but not limited to: estimated recovery time, anticipated activity level, and the possibility of additional procedures.

_____ I understand that any tissue/specimen removed during the surgery may be sent to pathology for evaluation.

_____ The doctor has answered all of my questions regarding this procedure.

I certify that I have read and understand this treatment agreement and that all blanks were filled in prior to my signature.

Continued

I authorize and direct _____, M.D., with associates or assistants of his or her choice, to perform a lumpectomy on _____ at _____, on my
(patient name) (name of facility)

right breast

left breast

I further authorize the physician(s) and assistants to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

Patient or Legal Representative Signature/Date/Time

Relationship to Patient

Print Patient or Legal Representative Name

Witness Signature/Date/Time

I certify that I have explained the nature, purpose, anticipated benefits, material risks, complications, and alternatives to the proposed procedure to the patient. I have answered all questions fully, and I believe that the patient fully understands what I have explained.

Physician Signature/Date/Time

_____ copy given to patient
initial

_____ original placed in chart
initial