



IMPORTANT INFORMATION: PATIENT ADVISORY AND CONSENT FOR MAMMOGRAPHY FOR PATIENTS WITH BREAST IMPLANTS

TO THE PATIENT:

You have the right, as a patient, to be informed about your condition and the recommended diagnostic procedure to be used so that you may make the decision whether or not to undergo the diagnostic procedure after knowing the risk and hazards involved. This disclosure is not meant to scare or alarm; it is simply an effort to make you better informed so that you may give or withhold your consent to the procedure.

Mammography is currently the most accurate method of detecting early breast cancer.

Breast implants pose a special situation for the techniques in mammography and require a special type of exam that includes more pictures than a mammogram done on women without implants. This is because the implant obscures some of the breast tissue and can make interpretation more difficult.

As with all mammograms, some compression is necessary to obtain the best exam possible. In the pictures with the implants, compression will be used in an attempt to prevent motion from occurring which could blur information. In the pictures of the breast tissue that lies in front of the implant, compression will be applied; this may cause slight discomfort for a few seconds as with any mammogram.

Problems caused by compression or moving of the implant are extremely rare but cannot be excluded, especially for older or weakened implants. It is not unusual for an implant rupture that was not felt by you or your physician to first be noticed on a mammogram; however, not all ruptures can be identified on a mammogram.

The risk of implant rupture, leakage, or displacement is rare. But the benefit of mammography in the early detection of breast cancer outweighs this risk. We hope you understand the benefit of early detection and proceed with your mammogram.

If you agree with the statement, please sign below and we will proceed with your mammogram.

ACKNOWLEDGEMENT:

I have been given an opportunity to ask questions about my condition, mammography and breast implants, the risk of not having a mammogram, the mammography procedures to be used, and the risks and hazards involved. I believe that I have sufficient information to give this informed consent.

Just as there may be risks and hazards in not having a mammogram it has been fully explained to me, complications such as implant rupture, leakage or displacement may occur with mammography. Because removal or replacement of breast implants may not be covered by my health insurance, I may be required to pay for these medical services if this complication occurs.

I certify this form has been fully explained to me, that I have read it or have had it read to me, and that I understand its contents.

I voluntarily consent and authorize Austin Radiological Association to perform my mammography exam.

Patient signature _____ Date _____