

Patient information and consent to breast surgery

ID: _____

Surname: _____ First names: _____

Date of birth: _____ Male/Female: _____

Preoperative Diagnosis: _____ Side: (left/right)

Overview

You have been recommended to undergo a (mastectomy / partial mastectomy) and (sentinel lymph node (SLN) biopsy / axillary clearance) as the surgical treatment for your breast cancer. The operation usually lasts for about two hours (or more) and involves several night stays in hospital.

Risk of an untreated breast cancer

The goal of surgery is to remove all of the breast cancer, so that it does not spread in the area of the breast, in your armpit, or elsewhere in your body. Without treatment, or with inadequate treatment, your risk of recurrent or progressive cancer increases. Eventually death from cancer is expected if treatment is not performed.

Description of the procedure

Mastectomy: This involves making incisions around the breast, removing most of the breast tissue, including the nipple and areola (dark skin around the nipple), and some of the breast skin, which leaves a scar that is flat against the chest wall.

Partial mastectomy (Lumpectomy): The area around the breast lump will be removed along with the breast lump itself. This is done to remove as much of the tumor as possible. We will make a cut over the lump and remove all the breast tissue that lies close to the tumor. After surgery, radiation therapy is required. After first operation, we will offer a second operation to remove further breast tissue judging from the result of the detailed pathological analysis

Sentinel lymph node biopsy: This involves making a small incision in

the armpit and removing about one to several lymph nodes.

In the past, surgery involved removing most of these lymph nodes, even though we know that cancer cells affect lymph nodes in only a third of all patients. A new technique has recently been developed that allows us to examine the first lymph nodes that drain the breast and using this information, remove only the lymph nodes that are affected. We call the first lymph nodes draining the breast, sentinel lymph nodes (SLNs).

Immediately before your operation and under general anaesthesia, blue dye will be injected around the areola (the pigmented area around the nipple).

The blue dye will help us to identify the SLNs during the operation, which are then removed, and sent to the pathology department for analysis. If the SLNs are affected by cancer, we will remove the remaining lymph nodes in your armpit. This is called axillary clearance. In all other cases, we will do no further surgery to the armpit. After your operation, we will need to wait for the result of the detailed pathological analysis. This will show us whether the SLNs have cancer cells in them. If we find cancer cells in the SLNs, you will be offered a second operation to remove further lymph nodes in the armpit.

Risks/Complications of treatment

In any sort of medical treatment, it is impossible to predict all the things that could go wrong. Fortunately, complications are the exception rather than the rule. Every reasonable effort is made to avoid complications. The most common possible complications are as follows:

Possible complications of major surgery

1. *Bleeding* – this is a problem that could happen any time the skin is cut. The need for a blood transfusion is rare.
2. *Infection*
3. *Reactions to medications* – this could be many things from a minor rash to possible death.
4. *Reactions to anaesthesia and surgery* – this could show up as a heart attack, blood clots, pneumonia, sore throat, or, in rare cases, death.

5. *Poor wound healing*

Possible complications of a breast surgery

1. *Breast deformity*
2. *Numbness* on the inside of the arm
3. *Chronic breast pain or tenderness.*
4. *Seroma formation* – this is a collection of fluid beneath the wound.
5. *Recurrence of the cancer* – this could occur either within the area of the breast operation or somewhere else in the body.
6. *Lymphoedema* – this is a swelling in the tissue below the skin caused by lymph fluid which cannot drain away.

After the procedure

- After the operation, you will be able to drink when you are fully awake again. This usually takes six hours. Meal will be served on the first days.
- The drains will usually be removed in several days.
- The time that you stay in hospital will depend on how you are feeling after your operation, the type of operation, and your doctor's opinion.
- You will be given a date to return to clinic for the results of your surgery. By then the tissues removed at the operation will have examined and your results discussed by the breast care team. Any further treatment, if recommended, will be discussed with you then.

Consent for Treatment

I understand my condition to be breast cancer and am aware of its risks if untreated. I have read and understand the above explanation of the procedure being proposed. My surgeon has answered my questions, and I choose to proceed with surgery.

I understand that every operation may yield unexpected finding. I give the surgeon permission to act on his best judgment in deciding to remove or biopsy tissues that appear to be diseased, understanding that complications may arise from that action.

I understand that while most people receiving a breast cancer benefit from the operation, I may not. My condition may not improve, and it may worsen. No absolute guarantee can be made.

Print Name of Patient

Signature _____

Date _____

Witness _____

Date _____

Surgeon _____

Date _____

Relationship to Patient if Signature of Legal Guardian
