

# South Sound Radiologists, Inc., P.S.

## INFORMED CONSENT ULTRASOUND-GUIDED BREAST CYST ASPIRATION

Washington State law guarantees that you have both the right and obligation to make decisions concerning your healthcare. Your clinician (physician or healthcare provider) can provide you with the necessary information and advice, but as a member of the health care team, you must enter into the decision making process. This form has been designed to acknowledge your acceptance of treatment recommended by your clinician.

**Patient:** \_\_\_\_\_ **Patient #:** \_\_\_\_\_

I hereby authorize Dr. \_\_\_\_\_ and/or such associates or assistants as may be selected by the aforementioned physician to perform an ULTRASOUND-GUIDED CYST ASPIRATION.

**PROCEDURE:** Ultrasound guided cyst aspiration uses ultrasound to position a small needle inside your breast. With this needle and ultrasound guidance, our radiologist will obtain fluid samples from the abnormal area in your breast. If no fluid is obtained, an ultrasound guided breast biopsy may be performed.

**RISKS:** All procedures carry some risk. Most patients experience only minimal discomfort during the procedure. Because a needle is entering your breast, the possibilities of infection, bleeding, or vessel injury at the site exist but are rare. Because we use local anesthesia to numb the skin prior to the procedure, there may be a risk of allergy to the medication we use for anesthesia. If you have had a prior abnormal reaction to any medical or dental procedure from anesthesia, please inform us. There is a small chance that the lesion will not be adequately sampled. Some cysts may recur.

**BENEFITS:** Definitive diagnosis of a cyst, avoidance of a surgical excisional biopsy, relief of pain.

**ALTERNATIVES TO PROCEDURE:** Stereotactic breast biopsy in certain cases. Surgical breast biopsy in which the abnormal area is first localized with a mammographic or ultrasound procedure and then the abnormal area is excised by surgery. The other alternative is to have nothing done realizing that the lesion may indeed represent breast cancer which would lead to a delay in the diagnosis and treatment of breast cancer.

**CYTOLOGY RESULTS:** Most times, fluid can be classified as benign (not cancer) at the time of the procedure. Occasionally, the fluid needs to be analyzed. In this case, your referring clinician will provide results and our final recommendation. Results will typically be available in 2-5 working days. If you have not heard from your clinician within one week, you should call their office and inform them you had a biopsy and are awaiting the results. If you have any problems receiving your results, you should give our office a call and we will get in touch with your clinician so that you receive your results.

**YOU ALWAYS HAVE THE RIGHT TO REFUSE ANY PROCEDURE AT ANY TIME. IT IS YOUR RESPONSIBILITY TO INFORM US IF YOU DO NOT WANT THE PROCEDURE OR WISH TO STOP DURING THE PROCEDURE AFTER IT HAS STARTED. IT IS ALSO YOUR RESPONSIBILITY TO INFORM US OF ANY PRIOR ADVERSE OUTCOME OR REACTION TO A SIMILAR STUDY OR X-RAY DYE / ANESTHETIC.**

I certify that the nature and character of this proposed procedure and the anticipated benefits involved in this proposed procedure have been explained to me. I recognize that during the course of this procedure, post-operative care, medical treatment, anesthesia or other procedure, unforeseen conditions may necessitate additional or different procedures than those set forth. I have been informed that various equipment and instrumentation may be used during my procedure. I, therefore, authorize the above-named physician, and his or her assistants or designees, to perform such procedures as in his or her professional judgment are necessary and desirable. The authority granted under this paragraph shall extend to the treatment of all conditions that require treatment and are not known to my physician at the time of the medical procedure is commenced.

I certify that 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.

\_\_\_\_\_  
Patient/Other Legally Responsible Person Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Witness