Desert West Surgery

BREAST CANCER SURGERY CONSENT

You will be scheduled to have breast cancer surgery. You and your surgeon have discussed your diagnosis of breast cancer and the options of treatment. Your have decided on the type of surgery you will have, either breast conserving surgery or a mastectomy (modified radical mastectomy). If you are having breast conserving surgery in most instances you will be able to have your surgery performed as an out patient procedure, which allows you to go home after it is completed and you have recovered from anesthesia. If you are having a mastectomy you will probably be kept in the hospital for 23 hours.

In breast conserving surgery the breast cancer is removed without removing the entire breast. In addition, a second incision is made in the axilla (armpit) to sample the lymph nodes. To sample the lymph nodes a sentinel lymph node biopsy or an axillary dissection may be performed. When a mastectomy is performed all of the breast tissue is removed. In addition the axillary lymph nodes are removed through the same incision. There may be on (1) or two (2) drains placed to collect fluid so it does not accumulate. These drains are usually removed in one week.

Our surgeons perform numerous breast surgeries every year. Breast surgery is generally a very safe operation, but complications can occur as with any operative procedure. It would be impractical and possibly misleading to describe all very rare complications in detail. Complications from breast cancer surgery can include bleeding, infections, seromas (accumulation of clear fluid), or hematomas (accumulation of blood), failure of the skin to heal, and numbness of the skin along the incision and under the arm. If fluid accumulates it can be aspirated. If the skin along the incision does not heal minimal treatment is usually successful and skin graft is rarely needed. In time the numbness on the chest wall and under the arm will decrease. With removal of the lymph nodes you can develop swelling of the arm and hand (lymphedema). Although this is less common, the swelling can be troublesome. This should be addressed with your surgeon as soon as you notice any changes. In some cases should motion and strength may be slightly limited. Usually this can be improved with physical therapy. If during your surgery something arises that could lead to one of these complications your surgeon will do everything that is possible to prevent it. Even though everything possible is done to avoid a complication one may still occur. If a complication arises it is important that your contact the Desert West Surgery nurse or physician. This will allow us to treat you in an appropriate manner.

It is not uncommon to experience some pain and discomfort after your breast surgery. You will be prescribed pain medication to make you more comfortable. Dressings may be needed over the incision for several days. If you have breast conserving surgery a properly fitting bra is recommended for support. You may feel fatigued after your surgery but you should return to feeling normal within a few days.

Your surgeon will discuss the pathology results of your surgery at your postoperative appointment. With breast conserving surgery an additional surgery may be needed depending on these results. Also depending on the type of breast cancer you have and the stage of your cancer, additional therapy may be needed. These can be radiation, chemotherapy, and/or hormonal therapy. The type of additional therapy needed will be discussed in full detail by your medical oncologist and radiation oncologist.

For your safety and comfort an anesthesiologist will be present at your surgery. He/she will ensure that proper measures are undertaken to protect your medical health and keep you as comfortable as possible during your procedure. You will meet with him/her prior to surgery and be given the opportunity to discuss your anesthesia.

We hope this helps to clarify the risks involved with your breast surgery. If you have further questions or concerns regarding the risks of your surgery, be sure to ask to discuss them with your surgeon or nurse prior to signing this consent.

| I, Please Print Your Name | , , certify that I have read the above or had read to me the contents of this | | |
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| form, and give my consent to have the abovementi | oned surgery performed. I understand that in spite of every skill and prudent | | |
| effort made to avoid complications during this procedure, there is no guarantee that a complication will not occur. | | | |
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| Patient Signature (Guardian/Parent) | Witness | Date |