

DIAGNOSTIC RADIOLOGY, ULTRASOUND AND BREAST CENTER, PC
Consent for Mammography for Patients with Breast Implants

Patient Name: _____ Chart#: _____ DOB: _____ DOS: _____

Dear Patient:

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 implants 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 discomfort 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 to 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 that 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 risk 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 Diagnostic Radiology, Ultrasound and Breast Center, PC to perform my mammography exam.

Patient signature: _____ Date: _____