



**Queensland
Government**

Breast Aspiration Under Imaging Consent

Adult (18 years and over)

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A. Does the patient have capacity?

- Yes → **GO TO section B**
 No → **COMPLETE section A**

You must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker in the following order: Category 1. Tribunal-appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.

Name of substitute decision-maker:

Category of substitute decision-maker:

B. Is an interpreter required?

If yes, the interpreter has:

- provided a sight translation of the informed consent form in person
 translated the informed consent form over the telephone

Name of interpreter:

Interpreter code:

Language:

C. Patient/substitute decision-maker requests the following procedure(s)

Breast aspiration under imaging

Site/side of procedure and imaging modality:

D. Risks specific to the patient in having a breast aspiration under imaging

(Doctor/clinician to document additional risks not included in the patient information sheet):

E. Risks specific to the patient in *not* having a breast aspiration under imaging

(Doctor/clinician to document specific risks in not having a breast aspiration under imaging):

F. Alternative treatment options

(Doctor/clinician to document alternative treatment not included in the patient information sheet):

G. Information for the doctor/clinician

The information in this consent form is not intended to be a substitute for direct communication between the doctor/clinician and the patient/substitute decision-maker.

I have explained to the patient/substitute decision-maker the contents of this form and am of the opinion that the information has been understood.

Name of doctor/clinician:

Designation:

Signature:

Date:

DO NOT WRITE IN THIS BINDING MARGIN

v3.00
 Clinical content review: 2011
 Clinical check: 01/2021
 Published: 01/2021



SW9238

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H. Patient/substitute decision-maker consent

I acknowledge that the doctor/clinician has explained:

- the "Breast aspiration under imaging" patient information sheet
- the medical condition and proposed treatment, including the possibility of additional treatment
- the specific risks and benefits of the procedure
- the prognosis, and risks of not having the procedure
- alternative treatment options
- that there is no guarantee the procedure will improve the medical condition
- that the procedure may involve a blood transfusion
- that tissues/blood may be removed and used for diagnosis/management of the condition
- that if a life-threatening event occurs during the procedure, I will be treated based on documented discussions (e.g. AHD or ARP [Acute Resuscitation Plan])
- that a doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure/treatment/investigation/examination; this may include a doctor/clinician undergoing further training under supervision
- that if the doctor/clinician wishes to record video, audio or images during the procedure where the recording is not required as part of the treatment (e.g. for training or research purposes), I will be asked to sign a separate consent form. If I choose not to consent, it will not adversely affect my access, outcome or rights to medical treatment in any way.

I was able to ask questions and raise concerns with the doctor/clinician.

I understand I have the right to change my mind regarding consent at any time, including after signing this form (*this should be in consultation with the doctor/clinician*).

I/substitute decision-maker have received the following consent and patient information sheet(s):

- "Breast aspiration under imaging"
- "About your anaesthetic"

On the basis of the above statements,

1) I/substitute decision-maker consent to having a breast aspiration under imaging

Name of patient/substitute decision-maker:

Signature:

Date:

2) Student examination/procedure for professional training purposes:

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to patient/substitute decision-maker consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

I/substitute decision-maker consent to a clinical student(s) undergoing training to:

- observe examination(s)/procedure(s) Yes No
- assist with examination(s)/procedure(s) Yes No
- conduct examination(s)/procedure(s) Yes No

Breast aspiration under imaging

Adult (18 years and over) | Informed consent: patient information

A copy of this form should be given to the patient/substitute decision-maker to read carefully and allow time to ask any questions about the procedure. The consent form and patient information sheet should be included in the patient's medical record.



1. What is a breast aspiration under imaging and how will it help me/the patient?

A breast aspiration is a procedure that removes liquid from a pool of fluid (collection) in the breast. A collection may contain clear fluid, pus or blood.

A breast aspiration is where a needle is put into the breast and the collected fluid is removed. If needed, a sample may be taken and sent to pathology for testing.

This procedure is done with guidance from imaging machines such as ultrasound or mammography (x-ray).

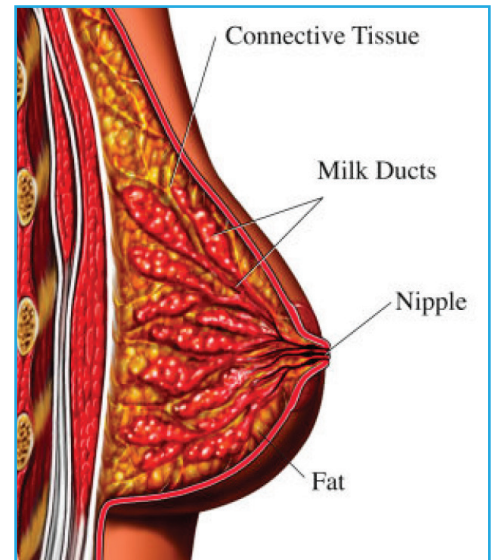


Image 1: Breast anatomy.
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Preparation for the procedure

The medical imaging department will give you instructions on how to prepare for your procedure.

Please tell staff if you are pregnant, or suspect you might be pregnant.

Talk to your doctor/clinician about the medicines and supplements you take. Some of these products thin the blood and may need to be stopped or changed prior to the procedure.

List or bring all your prescribed drugs, those drugs you buy over the counter, herbal remedies and supplements.

Do not drink any alcohol and stop recreational drugs 24 hours before the procedure.

If you have a drug habit please tell your doctor/clinician.

During the procedure

Mammography or ultrasound pictures will be taken of the procedure site.

The doctor/clinician will inject local anaesthetic.

Using imaging as a guide the doctor/clinician will insert a needle. Once the needle is in the collection, the fluid will be removed.

You must remain as still as possible. At times, you may be asked to hold your breath.

At the end of the procedure, the needle will be removed and a dressing applied.



2. What are the risks?

There are risks and complications with this procedure. There may also be risks specific to each person's individual condition and circumstances. Please discuss these with the doctor/clinician and ensure they are written on the consent form before you sign it. Risks include but are not limited to the following:

Common risks and complications

- pain or discomfort where the needle enters your skin. This may require medication
- bleeding or bruising may occur
- bleeding is more common if you have been taking blood thinning drugs, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric
- failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia may be used
- nerve damage is usually temporary and should get better over a period of time. Permanent nerve damage is rare.

Less common risks and complications

- infection, requiring antibiotics and further treatment
- damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment
- excessive bleeding from the puncture site. This may require other treatment and/or corrective surgery
- an allergy to injected drugs, requiring further treatment
- the procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications

- pneumothorax – a collection of air around the lining of the lungs. This usually stops by itself but sometimes may require the insertion of a tube into the chest
- (*mammography only*) a small increased lifetime cancer risk due to the exposure to x-rays

- seizures and/or cardiac arrest due to local anaesthetic toxicity
- death as a result of this procedure is very rare.

This procedure may require an injection of local anaesthetic. It is used to reduce and relieve pain, as it is important you keep very still during the aspiration. The anaesthetic will not put you to sleep.

For more information about the anaesthetic and the risks involved, please refer to the anaesthetic information sheet that has been provided to you. Discuss any concerns with the doctor/clinician.

If you have not been given an anaesthetic information sheet, please ask for one.

What are the risks of not having a breast aspiration under imaging?

There may be consequences if you choose not to have the proposed procedure/treatment/investigation/examination. Please discuss these with the doctor/clinician.

If you choose not to have the procedure, you will not be required to sign a consent form.

If you have signed a consent form, you have the right to change your mind at any time prior to the procedure/treatment/investigation/examination. Please contact the doctor/clinician to discuss.



3. Are there alternatives?

Making the decision to have a procedure requires the patient/substitute decision-maker to understand the options available. Please discuss any alternative treatment options with your doctor/clinician before signing the consent form.



4. What should I expect after the procedure?

The recovery time varies between 15 minutes to 2 hours.

Staff will discuss with you what level of activity is suitable after your procedure.

What are the safety issues when you leave hospital?

Take care not to injure or bump the area that has been numbed with the local anaesthetic as you will not be able to feel it.

Go to your nearest emergency department or GP if you become unwell or have:

- pain, unrelieved by simple pain medication
- continuous bleeding or swelling at the puncture site
- redness or inflammation at the puncture site
- fever
- other warning signs the doctor/clinician may have asked you to be aware of.



5. Who will be performing the procedure?

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure/treatment/investigation/examination. This could be a doctor/clinician undergoing further training, however all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the procedure, please discuss with the doctor/clinician.

For the purpose of undertaking professional training in this teaching hospital, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to your consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way. You are under no obligation to consent to an examination(s) or a procedure(s) being undertaken by a clinical student(s) for training purposes.



6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website www.qld.gov.au/health/services/hospital-care/before-after where you can read about your healthcare rights.

You can also see a list of blood thinning medications at www.health.qld.gov.au/consent/bloodthinner.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.



7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your/the patient's medical condition, treatment options and proposed procedure/treatment/investigation/examination.



8. Contact us

In an emergency, call Triple Zero (000).

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.