



Queensland Government

Breast Surgery – Wide Local Excision 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)

Wide local excision

Site/side of procedure:

D. Risks specific to the patient in having breast surgery – wide local excision

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

E. Risks specific to the patient in *not* having breast surgery – wide local excision

(Doctor/clinician to document specific risks in not having breast surgery – wide local excision):

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

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H. Patient/substitute decision-maker consent

I acknowledge that the doctor/clinician has explained:

- the “Breast surgery – wide local excision” 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 surgery, 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 surgery – wide local excision”
- “About your anaesthetic”
- “Fresh blood and blood products transfusion”

On the basis of the above statements,

1) I/substitute decision-maker consent to having breast surgery – wide local excision.

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 surgery – wide local excision

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 breast surgery – wide local excision and how will it help me/the patient?

The breast is a glandular tissue (can secrete substances). Around the breast are lymph nodes. These are part of the lymphatic system.

Lymphatic vessels run from the limbs towards the heart, usually beside veins. They carry fluid called lymph, which is a collection of dead cells, waste material and leakage from ordinary blood vessels.

At various points along a lymphatic vessel lie lymph nodes. These are usually small – 5mm or less in most places. Lymph nodes are scattered at various points around the body, but the most important ones for breast disease are in the armpit.

Cancer cells travel along lymphatic vessels and collect in lymph nodes. In breast cancer, the lymph nodes of the armpit are usually the first site of spread.

Wide local excision is the removal of a lump in the breast and the tissue around it. The lymph nodes under the arm on the same side as the tumour may also be removed and tested for cancer. If the lump cannot be felt, a marking wire may need to be placed before surgery. This is usually done in the x-ray department using ultrasound or mammogram.

Whilst still under anaesthetic, the pathologist may examine the lump to confirm that it did contain cancer. The pathologist may also be able to indicate if the cancer has been completely removed from the breast.

Some of the lymph nodes in the armpit on the same side of the cancer will also be removed for pathology tests for any evidence of cancer spread.

The aim of the surgery is to get rid of the tumour so it cannot spread. It is generally considered that surgery is effective for early breast cancer. For cancer that has spread outside of the breast and lymph nodes, the benefits of surgery are unclear. You need to discuss your options very carefully with your doctor so that you can make the best decision for your situation.

The decision whether or not to have a mastectomy is made before the operation, and will not be made during the operation.

Other types of breast surgery

It is important to understand that breast surgery for cancer is not cosmetic surgery. The appearance of the breast after surgery will be different from that before surgery. Each form of treatment has its advantages.

- **Partial or segmental mastectomy** – the removal of the tumour as well as some of the breast tissue around it and the lining over the chest muscles below. Usually some of the lymph nodes under the arm are taken out and tested for possible spread of cancer.

- **Total or simple mastectomy** – the removal of the whole breast. Sometimes lymph nodes under the arm are also taken out and tested for possible spread of cancer.
- **Modified radical mastectomy** – the removal of the breast, many of the lymph nodes under the arm, the lining over the chest muscles, and sometimes part of the chest wall muscles.
- **Radical mastectomy** – the removal of the breast, chest muscles, and all of the lymph nodes under the arm. It is used only when the tumour has spread to the chest muscles and the wound may burst open.
- **Reconstruction** – breast reconstruction involves the use of prostheses (artificial breast tissue) or tissue from other parts of the body. The type of prosthesis can be either silicone filled but are usually saline filled implants. Soft tissue may be taken from the other breast, the back or abdomen depending on body shape and size.

Additional treatments

Also known as adjuvant therapy, they are used in some women in addition to surgery. The treatment may be local (radiation) or systemic (whole body e.g. chemotherapy, hormone therapy). The aim is to treat undetectable tumours before surgery. The treatment of breast cancer depends very much on the type of tumour, the size and stage of the tumour and your age and health.

You need to carefully discuss with your doctor/clinician, treatments that are best for you.

The following treatments are all used either separately or together in the treatment of breast cancer.

Radiotherapy

Radiotherapy after breast conserving surgery can reduce the risk of cancer coming back in the same breast. Radiation is used to damage or kill cancer cells. Most women have radiotherapy to the breast find their health is not greatly affected by it. Tiredness is a most common problem.

Chemotherapy and hormone therapy

Chemotherapy is most effective if more than one drug is used and is more effective in women under the age of 50 years. The main side effects are nausea, vomiting, hair loss, marked tiredness and mood changes. They do not last for long periods and most can be controlled with good medical care. There are other side effects from chemotherapy, which you need to discuss with your doctor/clinician.

High dose chemotherapy

The theory is that high doses will kill off more cancer cells than normal doses of chemotherapy. However, it is experimental, very toxic and can be fatal.

Tamoxifen

Tamoxifen is a drug that works by blocking the effects of oestrogen on cells. It is thought that oestrogen may be causing the cancer to grow. In most cases, the cancer stops growing although it does not kill cancer cells.

Ovarian treatment

The purpose of ovarian treatment is to reduce the amount of oestrogen produced by the ovary. It is only useful in women who have not yet reached menopause. Ovarian treatment is performed using either implants under the skin, surgical removal of the ovaries or radiation to the ovaries.

Combined treatments

Overall, the evidence of benefits from using one or more treatments at the same time does not suggest that there is any large benefit to be gained, but there may be some benefit if the cancer cells are hormone sensitive.



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:

Specific risks

- the operation site under the arm continues to ooze fluid, which collects beneath the cut. This may need to be drained with a needle and syringe
- the layers of the wound may not heal adequately and the wound may burst open. This may require long-term wound care with dressings and antibiotics
- the wound may not heal normally. The scar can be thickened and red and may be painful. This is permanent and can be disfiguring
- loss of sensation to the nipple when the surgery is close to the nipple. This may be permanent
- difficulty with arm movement due to shoulder stiffness and scarring under the arm after the operation. This is usually temporary when treated with physiotherapy and/or exercises
- swelling of the arm (lymphoedema) on the side of the operation. It is usually treated with a special type of garment, which squeezes the arm to reduce the fluid build-up. Regular massage is also used
- the tumour may grow again in or around the scar. This may need further treatment such as surgery, chemotherapy or radiotherapy or a combination of all three
- feelings of anxiety and depression due to the disease and possible recurrence
- loss of sexuality due to distress at the change in body image or depression due to the disease. Professional counselling before and after the surgery may help
- increased risk in smokers of wound and chest infections, heart and lung complications, and thrombosis
- weakness and numbness of the arms and chest may happen due to certain nerves being cut during the operation. This may include difficulty with arm movement after the operation.

General risks

- infection can occur, requiring antibiotics and further treatment
- bleeding could occur and may require a return to the operating room. 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

- small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy
- increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis
- heart attack or stroke could occur due to the strain on the heart
- blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs
- death as a result of this procedure is possible.

This procedure will require an anaesthetic.

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 breast surgery – wide local excision?

If you choose not to have surgery, you may be shortening your life expectancy. The tumour may also grow outside the breast and spread to other parts of the body. This can cause significant pain and discomfort.

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?

As with most solid tumours, removing the tumour surgically is considered the first part of treatment in almost all cases.



4. What should I expect after the procedure?

After the operation, you will go back to the ward when you have recovered from the anaesthetic, until you are well enough to go home, about 2 days after wide local excision. If you have any side effects from the anaesthetic, such as headache, nausea, vomiting, tell the nurse looking after you, who will be able to give you some medication to help.

Pain

You can expect to have pain in the operation site. There are a number of ways in managing your pain. You may have:

- a drip with painkillers into the vein
- a drip with painkillers that you can give yourself when you feel pain
- injections.

It is important that you tell the nursing staff if you are having pain. Your pain should wear off within 7–10 days. If it does not, you must tell your doctor/clinician.

Diet

You will have a drip in your arm when you come back from surgery. This will be removed before you go home when you are able to take food and fluids by mouth and you are no longer feeling sick. To begin with, you can have small sips of water then slowly take more until you are eating normally.

Wounds

You may have clips, stitches and/or stitches that are dissolvable or a combination of both. Your wound may have a dressing and you will also have a wound drain, which is removed after 3–4 days or as soon as the drainage has stopped. Continue to keep your wound clean and protected until healed and no seepage is present.

Your lungs and blood supply

It is very important after surgery that you start moving as soon as possible. This is to prevent blood clots forming in your legs and possibly traveling to your lungs. This can be fatal. To help prevent against clots forming in your legs, you may have support stockings (TEDS) on before you go to surgery and these will stay on until you are walking on your own. You may also be put on drugs to thin your blood.

Also, you need to do your deep breathing exercises to get the secretions in your lungs moving and help prevent a chest infection.

Avoid smoking after surgery as this increases your risk of chest infection which causes coughing – a painful experience after surgery.

Exercise

You will feel tired for some time after surgery. (You need to take things easy and gradually return to normal duties, as you feel able to.) You should not drive during the first 1–2 weeks and until you have a reasonable range of movement in your shoulder. You will be taught how to do arm exercises. It is important that you follow these to help you return to a normal range of shoulder movements.

If you have had surgery and/or radiotherapy to the armpit

The arm on the same side of the surgery and/or radiotherapy needs care to help in the prevention of lymphoedema (swelling in the armpit). You should avoid the following with that arm:

- blood taking or blood pressure measurement
- carrying anything heavy
- tight clothing or jewellery
- cuts, burns and insect bites.

And use:

- skin cream to keep the arm moist
- cooling devices during the hot summer
- gloves to wash up
- gloves and long sleeved shirt when gardening.

Sexuality and self-esteem

Many women may have problems with their sexuality and self-esteem after breast cancer surgery. Your doctor/clinician may refer you for psychological counselling before and after your surgery so that you and your partner can work through these problems.

Tell your doctor/clinician if you have:

- fever and chills
- pain that is not relieved by prescribed pain killers
- swelling, tenderness, redness at or around the cut
- swelling of the arm
- a cut or infection to the arm on the same side as your treatment.



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.