Breast Surgery – Wide Local Excision +/- Sentinel Lymph Node Biopsy

A. Interpreter / cultural needs

An Interpreter Service is required? ________ Yes ________ No
If Yes, is a qualified Interpreter present? ________ Yes ________ No
A Cultural Support Person is required? ________ Yes ________ No
If Yes, is a Cultural Support Person present? ________ Yes ________ No

B. Condition and treatment

The doctor has explained that you have the following condition: (Doctor to document in patient’s own words)

This condition requires the following procedure. (Doctor to document - include site and/or side where relevant to the procedure)

The following will be performed:

☐ Wide Local Excision

Complete removal of the breast lump. Whilst still under anaesthetic, the pathologist may examine the lump to confirm that it did contain cancer.

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.

☐ Sentinel Lymph Node Biopsy

This may be an alternative. This procedure is still considered experimental but is widely practiced in centres of excellence around the world. Final results from research will take up to another five (5) years. This alternative has found to reduce complications:

- reduced lymphoedema risk
- reduced risk of shoulder stiffness
- reduced risk of numbness in the axilla

Sentinel lymph node biopsy may be an alternative to routine axillary (under the arm) dissection in selected patients. This involves the removal of the lymph node(s) that the area of the breast, in which the tumour lies, would drain to first.

These are localised (pin pointed) by a nuclear scan (lymphoscintigraphy) and/or blue dye (patent blue V) injection, just prior to surgery.

If the sentinel lymph node is not involved, then it is highly unlikely that any of the other lymph nodes in the armpit are involved and the risk of complications from standard axillary dissection (shoulder stiffness, armpit tenderness and lymphoedema) are reduced.

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

C. Risks of breast surgery - wide local excision +/- sentinel lymph node biopsy

There are risks and complications with this procedure. They include but are not limited to the following.

**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 or Iscover) or Dipyridamole (Persantin or Asasantin).
- 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.

**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.
- 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.
- 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.
- Increased risk in smokers of wound and chest infections, heart and lung complications and thrombosis.
Further risks if sentinel lymph node biopsy performed:

- Small risk of incorrect information (i.e. negative sentinel lymph node biopsy) with positive axillary (armpit) nodes being left behind.
- There is a 1% or less possibility that subsequent treatment decisions will be altered by such information.
- If sentinel lymph node biopsy is positive, then it is likely that formal axillary dissection (cutting up of) will be required, with attendant risks of that procedure.
- If sentinel lymph node biopsy is unable to be located at the time of surgery, the axillary dissection will be performed immediately (there is a possibility that the technique did not work because of malignant – cancerous – lymph nodes).
- Sometimes the sentinel lymph node is an unusual site, such as the internal mammary nodes (between the ribs) where a further incision may be required with temporary partial separation of the ribs. There is a small risk of lung injury and bleeding in this situation.
- Possibility of an additional incision depending on the location of the sentinel lymph node – this will not be known until immediately prior to the operation.
- Small risk of permanent skin staining from the blue dye used.
- Allergy to the blue dye.
- Passage of blue/green urine for a short time after surgery (because of the blue dye used).
- Small radiation risk (from the nuclear study to localise the sentinel lymph node) if pregnant.

D. Significant risks and procedure options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)

F. Anaesthetic

This procedure may require an anaesthetic. (Doctor to document type of anaesthetic discussed)

G. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
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Facility:

- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the consultant/specialist may conduct/assist with the clinically appropriate procedure/treatment/investigation/examination. I understand this could be a doctor undergoing further training. I understand that all surgical trainees are supervised according to relevant professional guidelines.

I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.

I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

Student examination/procedure for educational purposes
For the purpose of undertaking professional training, a student/s may observe the medical examination/s or procedure/s and may also, subject to patient consent, perform an examination/s or assist in performing the procedure/s on a patient while the patient is under anaesthetic. This is for education purposes only. A student/s who undertakes an examination/s or assists in performing the procedure/s will be under the supervision of the treating doctor, in accordance with the relevant professional guidelines.

For the purposes of education I consent to a student/s undergoing training to:
- observe examination/s or procedure/s
- assist and/or perform examination/s or procedure/s

Student - this may include medical, nursing, midwifery, allied health or ambulance students.

I have been given the following Patient Information Sheet/s:
- About Your Anaesthetic
- Wide Local Excision +/- Sentinel Lymph Node Biopsy
- Blood & Blood Products Transfusion

On the basis of the above statements, I request to have the procedure

Name of Patient: ____________________________
Signature: ____________________________
Date: ____________________________

Patients who lack capacity to provide consent
Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

☐ Yes □ No

☐ Location of the original or certified copy of the AHD:

☐ Name of Substitute Decision Maker/s:

☐ Signature: ____________________________

☐ Relationship: ____________________________

☐ Date: ____________________________ PH No: ____________________________

Source of decision making authority (tick one):
- ☐ Tribunal-appointed Guardian
- ☐ Attorney/s for health matters under Enduring Power of Attorney or AHD
- ☐ Statutory Health Attorney
- ☐ If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

H. Doctor/delegate statement
I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate: ____________________________
Signature: ____________________________
Date: ____________________________

I. Interpreter’s statement
I have given a sight translation in

__________________________________________________________

(state the patient’s language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter: ____________________________
Signature: ____________________________
Date: ____________________________
1. The condition?

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.

2. What is breast surgery - wide local excision +/- sentinel lymph node biopsy?

☐ Wide Local Excision

Complete removal of the breast lump. Whilst still under anaesthetic, the pathologist may examine the lump to confirm that it did contain cancer. 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.

☐ Sentinel Lymph Node Biopsy may be an alternative. This procedure is still considered experimental but is widely practiced in centres of excellence around the world. Final results from research will take up to another five (5) years. This alternative has found to reduce complications:
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The decision whether or not to have a mastectomy is made before the operation, and will not be made during the operation.

3. My anaesthetic:

This procedure will require an anaesthetic. See About Your Anaesthetic information sheet for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor. If you have not been given an information sheet, please ask for one.

4. What are the risks of this specific procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

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 or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
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- Small risk of permanent skin staining from the blue dye used.
- Allergy to the blue dye.
- Passage of blue/green urine for a short time after surgery (because of the blue dye used).
- Small radiation risk (from the nuclear study to localise the sentinel lymph node) if pregnant.

5. Who will be performing the procedure?

A doctor other than the consultant/specialist may conduct/assist with the clinically appropriate procedure/treatment/investigation/examination.

I understand this could be a doctor undergoing further training, and that 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 student/s may observe the medical examination/s or procedure/s.

Subject to your consent, a student/s may perform an examination/s or assist in performing the procedure/s while you are under anaesthetic. This is for education purposes only. A student/s who undertakes an examination/s or assists in performing the procedure/s will be under the supervision of the treating doctor, in accordance with relevant professional guidelines.

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 student/s for education purposes.

Notes to talk to my doctor about:

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