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www.health.qld.gov.au/consent/consent-forms-and-patient-information-sheets
Contact: PSQ_Comms@health.qld.gov.au

Queensland Government

Mastectomy 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

This consent form and patient information sheet uses the words 'I/you/your/me/my' to mean the patient or another person who is providing consent on behalf of the patient.

A. Does the patient have capacity to provide consent?

☐ 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?

☐ Yes ☐ No

If *yes*, the interpreter has translated:

☐ in person ☐ over the telephone

A verbal translation is a summary of the form.

Name of interpreter:

National Accreditation Authority for Translators and Interpreters (NAATI) code:

Language:

C. Procedure details

I confirm that the doctor has informed me about the following procedure(s) and I consent to:

Mastectomy with:

- Immediate reconstruction: ☐ Yes
- No reconstruction: ☐ Yes

Sentinel node biopsy: ☐ Yes ☐ No

Axillary node dissection: ☐ Yes ☐ No

Site/side of procedure; additional information:

D. Risks specific to the patient in having a mastectomy

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

E. Risks specific to the patient in *not* having a mastectomy

(Doctor to document specific risks in not having a mastectomy)

DO NOT WRITE IN THIS BINDING MARGIN

MASTECTOMY CONSENT

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Published: 11/2026
SW9112

Queensland Government

Mastectomy Consent

Adult (18 years and over)

(Affix identification label here)

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F. Alternative procedure options

(Doctor to document alternative procedure not included in the patient information sheet)

G. Acknowledgment and consent

I acknowledge that the doctor has explained and I understand:

- the 'Mastectomy' patient information sheet
- the medical condition and proposed procedure, including the possibility of additional treatment
- this procedure requires a general anaesthetic
- the specific risks and benefits of the procedure
- the risks of not having the procedure
- alternative procedure options
- that there is no guarantee the procedure will improve the medical condition
- that tissues/blood may be removed and used for diagnosis/management of the condition
- that if an immediate life-threatening event happens during the procedure, health care will be provided based on my AHD (Advance Health Directive) or ARP (Acute Resuscitation Plan). If no AHD or ARP is in place, health care will be provided in accordance with good clinical practice and the *Guardianship and Administration Act 2000 (Qld)*
- that a doctor other than the consultant/specialist may assist with/conduct the clinically appropriate procedure; this may include a doctor undergoing further training under supervision
- that if the doctor 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.

I understand I have the right to change my mind regarding consent at any time, including after signing this form.

I have received the following patient information sheet(s):

☐ 'Mastectomy'
☐ 'About Your Anaesthesia'
☐ 'Blood and/or Manufactured Blood Products Transfusion'
☐ Other *(specify)*:

Blood transfusion consent

I consent to having a blood and/or manufactured blood products transfusion if required during, or as a result of, the procedure:

☐ Yes ☐ No

If *no*, a 'Blood and/or Manufactured Blood Products Transfusion (Limited Consent)' *OR* 'Refusal to Consent for Blood and/or Manufactured Blood Products' form must be completed.

On the basis of the above statements,

I consent to having a mastectomy.

Name of patient/substitute decision-maker:

Signature: Date:

H. Doctor confirms

I have explained to you the contents of this form and am of the opinion that the information has been understood.

Name of doctor:

Designation:

Signature: Date:

I. Clinical student involvement

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

I 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

Note: you will also have the opportunity to say yes or no to student involvement, on the day of your procedure.
For further information please see www.health.qld.gov.au/consent/students

DO NOT WRITE IN THIS BINDING MARGIN

Queensland Government

Mastectomy

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

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

This patient information sheet has been given to you to read carefully and allow time to ask your doctor any questions about this procedure. Your doctor will include the consent form and a copy of this patient information sheet in your medical record.

This patient information sheet uses the words 'I/you/your/me/my' to mean the patient or another person who is providing consent on behalf of the patient.

1. What is a mastectomy and how will it help me?

A mastectomy is a procedure to treat or prevent breast cancer, and is needed:
- if breast cancer is in more than one area of the breast
- when the cancer is large compared with the size of the breast
- to prevent breast cancer when there is a high risk because of family history.

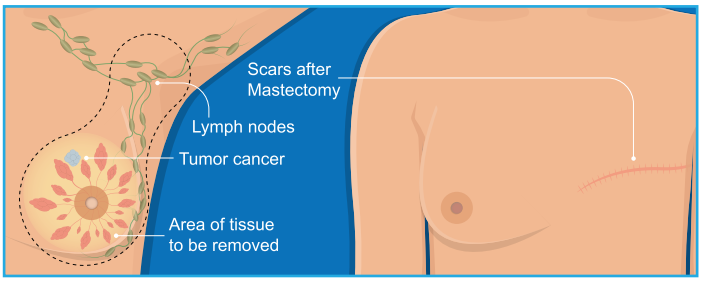


Image: Mastectomy breast cancer lymph node. ID: 1484214188. www.shutterstock.com

A mastectomy is the removal of all or part of one breast or both breasts (bilateral mastectomy). There are different types of mastectomies depending on the type of cancer, whether further treatment is needed, and patient preference for reconstruction of the breast(s).

Lymph nodes are small round glands that are part of the lymphatic system, which helps drain fluid from the body and fight infection. The sentinel lymph nodes are the first lymph nodes that cancer cells are likely to spread to. These are usually found in the armpit (also called the axilla).

A **sentinel node biopsy** removes the first lymph node(s) that receives drainage from the breast. This is to check if the breast cancer has possibly spread into the armpit (axilla).

An **axillary node dissection** is the removal of lymph nodes from the armpit (axilla) when they contain or are likely to contain cancer cells. This procedure helps reduce the risk of cancer spreading and helps doctors know if further treatment is necessary.

Preparing for the procedure

The healthcare team will give you instructions on how to prepare for the procedure. It is important to follow these instructions otherwise your procedure might be delayed.

Please tell the doctor if you:
- are breastfeeding or pregnant, or think that you may be pregnant
- have other medical conditions or health problems
- have allergies
- take prescribed, over the counter, or herbal medications (including blood-thinning medications or weight-loss medications)
- use recreational or illegal drugs.

Do not drink alcohol, smoke, vape or take recreational drugs for at least 24 hours before the procedure as these may alter the effects of the anaesthetic.

(Affix identification label here)

URN:

Family name:

Given name(s):

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Date of birth: Sex: ☐ M ☐ F ☐ I

Fasting instructions: you will be told when to have your last meal and drink. After this time, **do not** eat (including lollies or gum) or drink. This ensures the stomach is empty and prevents food or fluid from getting into the lungs.

Medication instructions: most medications should be taken as usual. The healthcare team will notify you beforehand if you are required to stop taking any medications, such as blood thinners.

During the procedure

An intravenous (I.V.) cannula is a small plastic tube that will be inserted into a vein, usually in your hand or arm. This is for any medications or fluids required during the procedure, including anaesthetic medications.

If you are having a **total mastectomy** (sometimes called complete or simple mastectomy) the doctor will remove the entire breast including the skin and nipple.

A **subcutaneous mastectomy** (sometimes called skin sparing/skin saving mastectomy) is the removal of the entire breast tissue while saving the overlying skin, and sometimes the nipple. This procedure allows for immediate reconstruction.

If required, the doctor will make another cut in the armpit to remove the sentinel lymph nodes or the axillary nodes for testing. A small drain may be placed in the breast to remove excess fluid.



2. What are the risks?

In recommending the procedure, the doctor believes that the benefits to you from having the procedure exceed the risks involved. There are risks and possible complications associated with the procedure which can occur with all patients – these are set out below.

Your doctor will discuss any additional risks, specific to your individual condition and circumstances, with you. These should be written on the consent form before you sign it.

Common risks

- pain and swelling in the breast area or armpit
- changes in sensation, which can include numbness, tingling, or sensitivity, and can be temporary or permanent
- permanent scarring, although the appearance and visibility vary between individuals
- bleeding or bruising; this is more common if you have been taking blood-thinning medications
- fluid build-up under the skin (seroma) which may need to be drained
- stiffness or weakness in the arm or shoulder after axillary dissection.

Uncommon risks

- infection requiring antibiotics, or further surgery
- delayed wound healing
- blood clots in the legs or lungs
- leaking lymphatic fluid (lymphorrhea) that can lead to dehydration or infection
- moderate swelling in the arm (lymphoedema) after axillary dissection.

Rare risks

- internal bleeding requiring further treatment
- long-term (chronic) pain in the breast area or arm
- damage to nearby nerves or blood vessels causing long-term numbness and weakness in the chest or arm
- thickened scar tissue (keloids) which may be painful
- swelling in the arm (lymphoedema) after axillary dissection, or after a sentinel node biopsy, but this is less common. The swelling can range from mild to severe
- death is extremely rare but possible with any surgical procedure.

(Affix identification label here)

URN:

Family name:

Given name(s):

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For more information about the anaesthetic and the risks involved, please read the information sheet '*About Your Anaesthesia*'. Discuss any concerns with the doctor. If you do not have one of these information sheets, please ask for one.

What are the risks of not having a mastectomy?

There may be adverse consequences for your health if you choose not to have the proposed procedure. You and your doctor should discuss these risks.

The cancer may grow larger and spread to other parts of the body such as the lungs, liver, bones, or brain.

The doctor may not know if the cancer has spread, and whether further treatment is needed.



3. Are there alternatives?

Making the decision to have a procedure requires you to understand the options available.

Depending on the type of cancer, treatments such as hormone therapy and chemotherapy may shrink the cancer.

Many people find this decision emotionally challenging. Support services are available if you would like to talk through how this may affect you.

Your doctor will discuss any alternative procedure options and their risks or benefits with you before signing the consent form.



4. What should I expect after the procedure?

Your healthcare team will talk to you about what to expect after your procedure and upon discharge from hospital.

Recovery varies from person to person. Many people experience a period of reduced activity and may need time away from work or usual responsibilities, including driving and other activities that require upper body movement, while healing occurs.

Keep the dressing on the wound clean and dry to prevent infection. You may need to avoid having a bath or soaking the wound until it is fully healed.

If you have a drain to collect fluid from the surgical site, your healthcare team will tell you how to care for it.

Pain management is important for recovery. You may be given medications to manage pain.

Follow-up appointments will be made to monitor wound healing and to discuss other treatments if needed. Physiotherapy or exercises may be recommended to restore arm strength and movement.

Go to your nearest Emergency department or GP (your local doctor) if you become unwell or have:

- pain unrelieved by simple pain relievers or those prescribed for you
- bleeding, swelling, redness or inflammation at the wound site
- a fever (temperature 38ºC or higher)
- other warning signs the doctor may have asked you to be aware of.

An anaesthetic will affect your judgement for about 24 hours. It is very important that you do not drive a car, travel on public transport alone, operate machinery, sign legal documents, or drink alcohol for 24 hours after the procedure. It is strongly advised that a responsible adult takes you home and stays with you for 24 hours after the procedure.

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

5. Who will be performing the procedure?

A doctor other than the consultant/specialist may assist with/conduct your procedure. This could include a registered doctor who is undergoing further training. All trainees are supervised according to relevant professional guidelines. If you have any concerns about who will be performing your procedure, please discuss this with the doctor.

Clinical students

For the purpose of undertaking professional training in this teaching hospital, subject to your consent, a clinical student(s) may observe medical examination(s) or procedure(s). A clinical student may also, subject to your consent, assist with/conduct a clinically necessary examination or procedure on you while you are under the influence of anaesthetic.

You are under no obligation to agree to an examination(s) or a procedure(s) being observed or undertaken by a clinical student(s) for training purposes. If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way. For more information on student care, please visit www.health.qld.gov.au/consent/students

6. Where can I find support or more information?

For information about going to hospital and your rights as a patient, visit www.qld.gov.au/health/services/hospital-care/going-to-hospital

Queensland Health respects the privacy of patients and their families. To learn more about health records and personal information visit our website www.health.qld.gov.au/system-governance/records-privacy/health-personal

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

Further information about informed consent can be found on the Informed Consent website www.health.qld.gov.au/consent. Additional statewide consent forms and patient information sheets are also available.

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

Queensland Health recognises that First Nations peoples' cultures must be considered in the patient's clinical care to ensure their holistic health and individual needs are met.

7. Questions

Please ask the doctor if you do not understand any aspect of this patient information sheet or if you have questions about your proposed procedure.

If you have further questions prior to your appointment, please contact the facility where your procedure is booked.

Privacy disclaimer

Queensland Health is collecting your personal information, including sensitive information, to provide healthcare services and manage your treatment. Your information will be handled in accordance with the *Information Privacy Act 2009* (Qld). For more details, please refer to the Queensland Health Queensland Privacy Principles Policy at: www.health.qld.gov.au/system-governance/records-privacy/queensland-health-privacy-policy

Mastectomy

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

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Breast Reconstruction

Choosing whether to have a breast reconstruction is a personal decision. Some patients prefer not to have a reconstruction for a range of personal, emotional, or practical reasons. Each option has its own benefits and considerations, and patients are encouraged to choose the approach that best aligns with their individual needs, values, and lifestyle.

Patients may choose to wear external artificial breasts (breast prostheses), which can be worn inside a bra to create the shape of a natural breast. These prostheses come in a range of sizes and styles, allowing patients to select what feels most comfortable and appropriate for their daily activities.

A breast reconstruction can be performed at the same time as the mastectomy (immediate reconstruction) or at a later date (delayed reconstruction).

Immediate reconstruction
This happens during the same surgery as the mastectomy. The doctor keeps the skin of the breast intact and inserts an implant often made of silicone or saline, or tissue that has been taken from another part of your body to rebuild the shape of the breast.

An immediate reconstruction will require a longer surgery time, but can reduce multiple operations later and may help with an earlier emotional recovery.

Specific risks and complications include a greater risk of infection due to the multiple surgery sites when tissue is removed from other parts of your body and used to reshape the breast. There is also a risk that part of the skin flap or fatty tissue that was saved for an immediate reconstruction may die.

Delayed reconstruction
A delayed breast reconstruction can be performed weeks, months or years after a mastectomy. Following the mastectomy, the chest area will be smooth. A delayed reconstruction may be recommended if your treatment also includes radiation or chemotherapy as these therapies can cause damage to reconstructed tissue.

Reconstruction may involve surgery to insert a temporary tissue expander to gradually stretch the skin and/or move tissue from another part of your body to rebuild the shape of the breast. If a tissue expander has been inserted, once the chest has healed, the doctor fills the expander over a period of weeks to create space under the skin to insert a breast implant at a later surgery.

A delayed reconstruction may become a more difficult surgery later because scar tissue has formed and there may be changes in skin elasticity.

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.

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Queensland Government

Blood and/or Manufactured Blood Products Transfusion

Informed consent: patient information

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

What is a blood/blood product transfusion?

A blood transfusion is a medical treatment where blood or blood products are given directly into the bloodstream. A blood transfusion may be used during surgery when there is excessive or rapid blood loss, or when severe anaemia (where the body does not have enough red blood cells or haemoglobin, a protein found in red blood cells) affects the body's ability to deliver oxygen to tissues and organs.

Types of blood products

Usually, part of the blood is given rather than the whole blood. These may include fresh blood products, such as red blood cells (these cells carry oxygen throughout the body. They may be given if your levels are low or if you have lost blood), platelets (help your blood form clots to stop bleeding by sticking together at the site of an injury), plasma (contains factors that help blood clot and may be given to help stop bleeding) and cryoprecipitate; or manufactured blood products made from human plasma. Other blood products may be given for other reasons, such as boosting the immune system or replacing clotting factors.

Risks of not having a blood transfusion, if required

If a necessary transfusion is refused or not received during surgery, the main risk is severe anaemia causing a dangerous lack of oxygen to vital organs. This can lead to organ damage, including damage to the heart or brain, shock, and in cases of extreme blood loss, life-threatening complications or loss of life.

Risks of having a blood transfusion, if required

There are risks and possible complications associated with a blood transfusion, and the doctor or clinician will discuss risks specific to the individual's condition and circumstances.

Common risks and complications

- high temperature or chills
- rash, itching and hives.

Rare risks and complications

- shortness of breath due to a blood transfusion reaction
- haemolysis – the abnormal break down of red blood cells
- the development of antibodies that may complicate future transfusions and/or organ and tissue transplants (may potentially cause problems for future babies in some females)
- transfer of viral or other infectious germs including hepatitis virus, HIV and bacteria
- very rarely, the reactions listed above may cause serious harm or possibly death.

Alternatives that may be considered

In some situations, there may be patient blood management options or other treatments besides a blood or manufactured blood products transfusion, although these are not suitable for everybody. Despite these measures, blood products may still be recommended as appropriate treatment.

Further information

Scan the QR code *(right)* for further information on *Blood and/or Manufactured Blood Products Transfusion* or please ask if you would like a printed copy.

Scan the QR code for further information

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