



## **PATIENT INFORMATION AND CONSENT FOR MAMMOGRAPHY FOR PATIENTS WITH BREAST IMPLANTS**

It is Advanced Radiology Clinics duty of care to provide patients with information regarding mammography and breast implantation, so that you may make the decision whether or not to undergo this diagnostic procedure after knowing the risk and hazards involved. This disclosure is not meant to scare or alarm; but to simply provide clear and concise information in an effort to make you better informed so that you may give or withhold your consent to the procedure.

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 implant 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 slight discomfort for a few seconds 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 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 greatly outweighs this risk. We hope you understand the benefit of early detection and proceed with your mammogram.

### **ACKNOWLEDGEMENT:**

I have been given an opportunity to ask questions about the risks and benefits associated with breast implantation and mammography. I believe that I have sufficient information to give this informed consent and I certify that 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 Advanced Radiology Clinics to perform my mammography exam.

Patient signature \_\_\_\_\_ Date \_\_\_\_\_