

# Patient agreement to investigation or treatment

**For staff use only:**

**Surname:**  
**First names:**  
**Date of birth:**  
**Hospital no:**  
**Male/Female:**  
**(Use hospital identification label)**

**Responsible health professional/job title**  
 .....

- Special requirements .....  
 (For example, other language/other communication method)

**Name of proposed procedure or course of treatment**

**Breast localisation prior to surgery**

|  |   |
|--|---|
| What will this procedure involve and how will it help? | In order to help the surgeon locate the area of your breast that needs to be removed, it will be localised. This procedure will be performed, or closely supervised, by a medical expert in the field.  |
| How will this be done?                                 | The procedure will be performed in one of the following ways depending upon the nature of the area to be localised:<br><b>Either</b> using a breast ultrasound, the skin is marked with waterproof ink over the area of concern in your breast <b>or</b> ;<br>Under local anaesthetic, a fine guide wire will be directed using ultrasound or X-ray guidance, to the area of concern in your breast.  |
| Will the procedure hurt?                               | If you are having a skin mark, you will not feel any discomfort. If a wire is to be inserted, the area we are working on will be numbed by local anaesthetic using a small needle. This might sting for a few seconds until it takes effect. We might need to make a small nick in the skin to introduce the needle carrying the wire. If the wire passes through an area of bruising remaining after your previous core biopsy, you may experience some short-lived tenderness as it is positioned.                      |
| What happens next?                                     | If you have had a skin mark, you will then be ready to return to the ward or to go to day surgery to await your operation.<br>If a wire has been inserted, we will need to perform mammograms to check the wire's position. Following this, the position of the wire may occasionally need to be adjusted or a second wire inserted.<br>You will then be escorted back to the ward or to day surgery.<br>Later, you will go to theatre and under a general anaesthetic, the area of concern and the wire will be removed. |
| Will I have to give consent for this procedure?        | It is important that you understand what will happen during the procedure and why it might help you. We will ask you to sign this form to confirm that the doctor has explained the procedure and that you are happy for the procedure to go ahead. The choice is yours, but we will only recommend that you have localisation when it is essential to help the surgeon locate the area of your breast that needs to be removed.  |

**Statement of the interpreter (if appropriate)**

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand: Interpreter's signature ..... Date: .....  
 Name (PRINT): .....

**Statement of health professional**

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- The intended benefits of the procedure.
- Serious or frequently occurring risks and what can be done to reduce, detect and treat them (see previous page for discussed risks).
- I have also explained risks specific to the patient .....

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

The following information leaflet has been provided: Breast localisation

**Health professional's signature** ..... Date: .....

Name (PRINT): ..... Job title: .....

Contact details (if patient wishes to discuss details later) Cambridge Breast Unit Tel. 01223 217 627

**Statement of patient**

Please read this form carefully. Do ask if you have any further questions, we are here to help you. **You have the right to change your mind at any time, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

**Please tick boxes to indicate you understand and either agree/disagree to the statements below.**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| I agree to the procedure described on this form.   | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience. | <input type="checkbox"/> | <input type="checkbox"/> |
| I agree to the use of photography for the purpose of diagnosis and treatment.  | <input type="checkbox"/> | <input type="checkbox"/> |
| I agree to anonymised photographs being used for medical teaching.   | <input type="checkbox"/> | <input type="checkbox"/> |

**Patient's own signature:** ..... Date: .....

Name (PRINT): .....

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

**Witness's own signature:** ..... Date: .....

Name (PRINT): .....

**Important notes: (tick if applicable)**

- The patient has withdrawn consent (ask patient to sign/date here) .....
- See also advance directive/living will

Copy accepted by patient: yes / no (please circle)