

# Patient agreement to investigation or treatment

<p><b>For staff use only:</b>  <b>Surname:</b>  <b>First names:</b>  <b>Date of birth:</b>  <b>Hospital no:</b>  <b>Male/Female:</b>  <b>(Use hospital identification label)</b></p>
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**Name of proposed procedure or course of treatment**  
**Breast biopsy +/- Axillary Biopsy – under ultrasound guidance**

How can this procedure help?	When we find a potential abnormality in the breast, it is useful to remove some tissue from the area to send to the laboratory to find out what has caused it (including whether or not it is a cancer). Occasionally it will also be necessary to biopsy a gland (lymph node) in the armpit (Axilla). We use an ultrasound machine to guide the needle that obtains the biopsy (specimen). This will be done, or be closely supervised, by a medical expert in the field.
Will the procedure hurt?	To numb the area we are working on, we will use a local anaesthetic using a small needle. This might sting for a few seconds until it takes effect. We will need to make a small nick in the skin to introduce the needle. The needle we use to take the biopsy tissue makes a small noise but most patients report that this procedure does not cause them any particular discomfort. If additional pain relief is required we can also use "gas and air" (as used during baby delivery).
How much tissue will be removed?	We usually remove two to three small pieces of tissue for each biopsy performed to be sure we have enough for an accurate diagnosis.
Are there any side effects?	Most commonly after this procedure you might experience some bruising or bleeding around the area. We try to reduce this by applying some hand pressure at the time. Please tell the doctor if you have any disorders of bleeding/clotting or if you take anticoagulant tablets (eg that thin the blood). More severe side effects or problems such as infection are extremely rare.
When will I get the result?	We try to get the result of this test ready for you within a week. You will be given an appointment before you leave us on the day of the procedure. This appointment is timed so that you will see the most appropriate doctor.
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 test to go ahead. The choice is yours, but we will only recommend that you have a breast biopsy when it is essential to confirm the diagnosis of the problem.

**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): .....

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

- The patient has withdrawn consent (ask patient to sign/date here) .....
- See also advance directive/living will (eg Jehovah's Witness form)

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

**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(s) to the patient. In particular, I have explained:

- The intended benefits of the procedure(s).
- 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 discussed what the procedure(s) 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 .....

**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. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. 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 read the following:**

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

**I understand** that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

**I understand** that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

**I understand** that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

**Please tick boxes to indicate you either agree/disagree to the three points below.** Yes No

**I agree** that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research**. **If you wish** to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

**I agree** to the use of photography for the purpose of diagnosis and treatment.

**I agree** to anonymised photographs being used for medical teaching.

**I confirm** that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

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

**Name (PRINT):** .....

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

**Witness' signature:** ..... Date: .....

Name (PRINT): .....

**Confirmation of consent** (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature ..... Date: .....

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