



Montclair Breast Center MRI
 37 North Fullerton Avenue
 Montclair, NJ 07042
 (973) 746-5531
 Fax: (973) 509-2031
 www.montclairbreastcenter.com

INFORMED PATIENT CONSENT FORM FOR CORE BIOPSY

Patient's Name _____ Age _____ Date _____ Time _____

Physician(s) Performing Core Breast Biopsy _____

Procedure : **Core Biopsy** of _____ breast(s).

Have you taken **aspirin** within 7 days? Yes No

If yes, please inform us before having procedure done.

Thank you for entrusting us with your health care. This is an "Informed Consent Form." Its purpose is to inform you about core breast biopsy, which physician(s) has recommended you undergo. You should read this form carefully and ask any questions before you decide whether or not to give your consent for this procedure.

1. **PURPOSE OF THIS PROCEDURE:** The purpose of core breast biopsy is to obtain a small quantity of tissue in the precise location of your breast where there is an abnormality. The ultrasound may or may not be used to localize the abnormality. After numbing the skin with a local anesthetic, a biopsy needle is then placed into the abnormality through a small skin nick, obtaining a sample of tissue, which can then be microscopically analyzed. In order to obtain a satisfactory quantity of tissue for analysis, the needle will be passed three to five times into the abnormality through the same skin nick. A tiny titanium clip will be left at the site of the biopsy. You will leave the office with a dressing and ACE bandage on your breast.
2. **BENEFITS:** Core breast biopsy is a way to obtain a tissue specimen satisfactory for microscopic analysis. The results from this biopsy should be adequate to provide your doctors with the information they need to make recommendations regarding your care. There is a small chance, however, that the tissue obtained in this manner may be insufficient to provide a conclusive diagnosis. In this instance, you may have to undergo surgical biopsy or your doctor may recommend that your breast abnormality be closely followed with physical examination, self breast examination, and/or mammography.
3. **RISKS:** The main risk of core breast biopsy is localized bleeding in the breast as a result of placement of the needle. This bleeding may cause minor discomfort and may cause your breast to be bruised for a few days. In extremely rare circumstances (less than 1%), this bleeding is severe enough to require further care. If you have a history of excessive bleeding, or if you are receiving medication that might increase your risk of bleeding (such as aspirin, Comuadin, or heparin), you must notify the physician performing the procedure. Though this procedure is performed with "sterile technique," infection of the breast may occur in extremely rare circumstances, requiring treatment with antibiotics.
4. **ALLERGIES:** You must notify the physician performing this procedure if you have any allergies or a history of adverse reaction to medication.
5. **ALTERNATIVES:** The alternative to core breast biopsy is surgical biopsy. Surgery may be necessary in the event of an indeterminate core breast result.

Your signature on this form indicates (1) that you have read and understand the information provided in this form, (2) that you have been verbally informed about this procedure by the physician, (3) that you have had a chance to ask questions, (4) that you have received all of the information you desire concerning the procedure, and (5) that you authorize and consent to the performance of the procedure.

Patient's Signature _____ **Date** _____

Signature of other responsible person _____ Relationship _____

Witness _____ Time _____

Signature of Responsible Physician _____