

Information Protocol for Breast Surgery for Malignant Changes

Name:

First name:

Date of birth:

This page should provide you with information, not worry you. It is only part of the information you will receive. The planned intervention will be discussed with you in person. Please ask about anything that is unclear or important to you. Don't hesitate to say if you would prefer not to know too much about the forthcoming procedure. You can be accompanied by a person you trust during the explanatory consultation.

Reasons for the procedure: During preliminary investigations, a malignant change was found in your breast tissue. In addition to the surgical removal of this tumour, lymph nodes must also be removed from your underarm area during the surgery to determine whether the disease has spread.

Surgical method:

Your doctor will discuss with you before the surgery whether it will be possible to carry out a breast-preserving procedure.

1. If this is possible, the cancerous growth will be removed with a layer of healthy tissue. The removal of underarm lymph nodes is usually carried out through an additional incision. The remaining breast tissue must then be treated with radiotherapy. Radiotherapy generally lasts up to 5 weeks (usually 5 treatments per week) and can be carried out as an outpatient procedure. You will be informed of the procedure and side effects of radiotherapy later.
2. If breast-preserving treatment is not possible, the breast must be removed. Radiotherapy is then generally not required. Breast removal includes the removal of the nipple, and is mostly done through a horizontal incision. The breast gland is separated from the skin on all sides and removed from the pectoral muscle. Before the skin is sutured, bleeding is staunched precisely and a tube may be placed to drain fluids and blood. A compression dressing is usually then applied to the breast. In most cases, the underarm lymph nodes are removed from the same incision. If the breast must be removed, it is possible to reconstruct the breast using a prosthesis or your own tissue.

Risks and complications: The most common complication after breast surgery is bleeding after the procedure, which can lead to haematoma. Generally, this heals without the need for further surgical intervention. In exceptional cases, a further procedure may be required to remove the haematoma. Inflammation, wound complications, thrombosis and embolism can never be fully ruled out, despite medical progress. Blood vessels or nerves can be damaged during removal of the underarm lymph nodes, particularly if the cancer has spread to them. Most commonly, this takes the form of injuries to cutaneous nerves, which can lead to changes in sensitivity and pain in the upper arm area. Injuries to muscle nerves, which lead to limited arm mobility, are very rare. As a consequence of lymph node removal from the underarm, in some cases there may be permanent arm swelling due to lymph congestion (an accumulation of fluid). In addition, it is possible that the tissue fluid in the underarm forms a pocket (seroma), which may require aspiration or surgical drainage for excessive amounts of fluid.

After the operation: Generally, the precise results of the tissue analysis are available after a few days. It is therefore possible that you will already be back at home before you are informed of the results. Subsequent treatment in the form of chemotherapy or hormone therapy depends on the specific results of the microscopic tissue analysis.

Cost: The operation is a standard benefit covered by health insurance. If you have supplementary insurance: Are the costs covered by your supplementary insurance?

Your questions:

Explanatory consultation

Interpreter: _____

Proposed operation:

Outline of the operation (surgical method, incision, what will be removed, reconstructed etc. side designation left/right)

Doctor's notes on explanatory consultation (waiver of explanation stating reason, individual risk factors: age, heart disease, obesity, etc.).

Alternative treatment possibilities:

Date:

Time:

Duration of explanatory consultation:

Treatment Order

Dr _____ carried out an explanatory consultation with me. I have understood the explanation and could ask any questions I had. I have been given a copy of the consultation protocol. I consent to the planned procedure, including any discussed changes and extensions that may be found necessary during the operation.

Place, date

Patient:

The text on the front page has been discussed with the patient, any questions answered, and a copy of this information protocol has been given to the patient.

Date, time

Doctor:
