

Information Protocol for Breast Surgery for Potentially 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 surgery and procedure:

Breast lumps that are visible on mammography (breast x-ray) or ultrasound and/or palpable, which could be malignant.

1. Breast lumps that are found on a mammography, ultrasound or MRI and are not palpable will be marked before the operation with a thin wire so that they are easier to find during the surgery. Microscopic tissue analysis to determine the diagnosis is generally carried out after the operation (two-step procedure).
2. A breast lump that is palpable and looks suspicious in images (mammography, ultrasound, MRI) can be investigated under the microscope during the operation (called frozen section analysis). If the lump is shown to be benign, the operation is ended. If there is a malignant disease, the underarm lymph nodes are usually removed to determine whether the disease has spread. If there are suspicious breast lumps, a two-step procedure, without frozen section analysis, is also possible. This means that the lumps are first removed and the tissue analysis is carried out after the operation, not during it. The further steps to be taken will be discussed with you at a later point and may potentially require a second operation.

Surgical methods:

1. The suspicious area marked before the operation is removed surgically with a layer of healthy tissue. The removed tissue is then checked again using an x-ray to determine whether the suspicious area is covered. Before the wound is closed, bleeding is staunched precisely and a tube may be placed to drain fluids and blood.
2. If during the surgery it is determined under the microscope that you have breast cancer, either a breast-preserving operation or a breast removal including removal of the underarm lymph nodes will be carried out, depending on the preliminary discussion. With a two-step procedure, you will be given the microscopic diagnosis after the operation and your further treatment will be discussed with you.

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 minor 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: With the two-step procedure, the precise results of the tissue analysis are generally available after a few days. It is therefore possible that you will already be back at home before you are informed of the results. This normally takes place in consultation with the doctor who referred you. With breast-preserving treatment, radiotherapy of the remaining breast is required. This generally lasts up to 5 weeks (usually 5 treatments per week) and can be carried out as an outpatient procedure. If the breast must be removed, radiotherapy is generally not required. It is possible to reconstruct the breast using a prosthesis or your own tissue. 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:
