

Information Protocol for Breast Surgery for Benign 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. You can be accompanied by a person you trust during the explanatory consultation.

Reasons for the procedure:

Benign or inflammatory changes are an indication for this procedure. If a lesion is assessed to be benign or most probably benign, various tests will first be carried out, such as ultrasound, mammography and/or MRI, fine needle puncture and biopsy. Even if all these test results suggest a benign change, there is still a residual risk of a malignant tumour. For this reason, it is sensible to remove a tumour that is showing a tendency to grow, or is causing symptoms or anxiety, even if it is very probably benign. This can avoid unnecessary follow-ups.

Surgical methods:

a) Open surgical removal

The surgery generally consists of the removal of the suspicious change. This intervention is usually carried out under general anaesthetic. It may be necessary to mark the area with a wire so that it can be safely found during the operation. Depending on the size and location of the change, a drain (tube to remove blood and fluid) may be placed in the wound cavity. A decision on this is made on an individual basis.

b) Minimal procedure

If x-ray or ultrasound images have shown a mass that is assessed as benign according to the usual criteria, this can also be removed using Mammotome® (a hollow needle that gradually sucks out tissue) with ultrasound or x-ray image guidance. For this, local anaesthesia is used. After a small incision is made, the biopsy needle is inserted and the opening is positioned below the finding. The whole mass is then removed in small parts and sent for microscopic analysis. After removal of the needle, pressure is applied to the sampling site and a dressing is then applied for 24 hours.

Risks and complications:

Most frequently, with the breast procedures given under a) and b), bleeding occurs, which can lead to haematoma. Generally, this heals without the need for further surgical intervention. In rare cases, a second procedure may be required to remove the haematoma. While inflammation, wound complications, thrombosis and embolism can never be fully ruled out, they are particularly rare with this procedure.

After the operation:

Generally, the results of the tissue analysis are available after 2-3 days. At this point, you will be back at home, and the result will be given to you by your referring doctor.

Cost:

The operation is a standard benefit covered by health insurance.

The Mammotome® biopsy is covered by health insurance if the doctor who carries it out is included on the list of doctors authorised to carry out such procedures.

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:
