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MARKER PLACEMENT AND CONSENT FOR BIOPSY

You have been recommended for a stereotactic and/or ultrasound guided core biopsy. At the end of the procedure, if necessary, the radiologist may place a tiny marker at the biopsy site. In the event that surgery will be needed, the marker will serve as aid for the surgeon. If surgery is not needed, it will inform the radiologist of a benign biopsy site on future mammograms. The marker consists of non-ferromagnetic, which means that you are able to go through any metal detectors and it will not trigger any alarm(s). The marker is also MRI safe.

PURPOSE AND DESCRIPTION OF THIS PROCEDURE

The purpose of this procedure is to obtain a small quantity of tissue in the precise location in your breast where your diagnostic mammogram, ultrasound, MRI, or palpation has disclosed an abnormality. After sterilizing the entire site, the area may be anesthetized/numbed. A specifically designed biopsy needle is then placed into the breast through a small skin incision, obtaining tissue samples or fluid, which will then be microscopically analyzed by the pathologist. You will leave the office with a dressing over the biopsy site and after care instructions.

BENEFITS

This procedure is minimally invasive and used to obtain a tissue specimen satisfactory for microscopic analysis. It requires no general anesthetic and generally causes mild discomfort. The result from this biopsy will be used to provide your doctor with the information needed to make recommendations regarding your care.

RISKS

The risks associated with this procedure may include, but are not limited to, bleeding, infection, breakage of the needle in the breast, pneumothorax, unsatisfactory biopsy specimen, and allergic reaction to the anesthetic. Most patients experience mild discomfort during the procedure. Some patients may develop bruising or swelling. There is a small chance that the tissue obtained may be insufficient to provide a conclusive diagnosis. In this case, you may have to undergo a repeat needle biopsy, surgical biopsy, or your doctor may recommend that your breast abnormality be closely followed with physical examination, self-breast examination, mammography and/or ultrasound, and/or MRI.

ALLERGIES / MEDICATIONS / MEDICAL CONDITIONS

You must notify the physician performing the procedure if you have any allergies, a history of adverse reaction to medication, a history of heart disease, kidney disease, high blood pressure, diabetes, asthma or other serious medical conditions. If you have a history of excessive bleeding or if you are taking medications that may increase your risk of bleeding (Aspirin, Coumadin, Heparin, Vitamin E, etc.), you **MUST** notify the staff and physicians performing the procedure.

ALTERNATIVES

The alternative to the procedure is open surgical biopsy. In any case, surgery may be necessary in the event of an indeterminate biopsy result or radiologic/pathologic discordance.

I acknowledge that no guarantees or assurances have been made to me concerning the result intended from the procedure. I confirm that I have read and fully understand the information provided, authorize the performance of this procedure, and had a chance to ask questions.

Patient, Relative or Guardian Witness: _____

Signature: _____ **Date:** _____