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ULTRASOUND-GUIDED BREAST CYST ASPIRATION

New Jersey State law guarantees that you have both the right and obligation to make decisions concerning your healthcare. Your physician can provide you with necessary information and advice, but as a member of the healthcare team, you must enter into the decision making process. This form has been designed to acknowledge your acceptance of treatment recommended by your physician.

I, _____ PID#: _____ hereby authorize Dr. _____ and/or such associates or assistants as may be selected by the aforementioned physician to perform an **ULTRASOUND-GUIDED CYST ASPIRATION**. With a needle and Ultrasound guidance, our Radiologist will obtain fluid samples from the abnormal area in your breast. If no fluid is obtained, an Ultrasound-Guided Breast Biopsy may be performed.

RISKS

All procedures carry some risk. Most patients experience only minimal discomfort during the procedure. Because a needle is entering your breast, the possibilities of an infection, bleeding, or vessel injury at the site exist, but are rare. Because we use local anesthesia to numb the skin prior to the procedure, there may be a risk of allergy to the medications we use for anesthesia. If you had a prior abnormal reaction to any medical or dental procedure from anesthesia, please inform our staff. There is a small chance that the lesion will not be adequately sampled. Some cysts may recur.

BENEFITS

A definitive diagnosis of a cyst, avoidance of a surgical excisional biopsy, and relief of pain.

ALTERNATIVES TO THE PROCEDURE

1-Stereotactic Breast Biopsy, in certain cases. It is a surgical breast biopsy in which the abnormal area is first localized with a Mammographic or Ultrasound procedure, and then the abnormal area is excised by surgery. **2-**The other alternative is to have nothing done realizing that the lesion may indeed represent breast Cancer which would lead to a delay in the diagnosis and treatment of the breast Cancer.

CYSTOLOGY RESULTS

Most fluids can be classified as Benign (not Cancer) at the time of the procedure. Occasionally, the fluid needs to be analyzed by a pathologist. In this case, your referring physician will provide results and our final recommendation. Results will typically be available in 2-5 business days. If you have not heard from your physician within a week, you should call their office and inform them that you had a Biopsy and are waiting for the results. If you have any problems receiving your results, you should contact our office and we will contact your primary physician, so that you can receive your results.

You always have the right to refuse any procedure at any time. It is your responsibility to inform our staff if you do not want the procedure or wish to stop a procedure started. It is also your responsibility to inform our staff of any prior adverse outcome or reaction to a similar study or anesthetic.

I certify that the nature and character of this proposed procedure and the anticipated benefits involved in this proposed procedure have been explained to me. I recognize that during the course of this procedure, post-operative care, medical treatment, anesthesia or other procedure, and unforeseen conditions may necessitate additional or different methods than those set forth. I have been informed that various equipment and instrumentation may be used during this procedure.

I therefore authorize the physician named above and his/her assistants or designees to perform such procedure, as in his/her professional judgment is necessary and desirable. The authority granted under this paragraph shall extend to the treatment of all conditions that require treatment and are not known to my physician at the time of the medical procedure is commenced.

I certify that this form has been fully explained to me, that I have read it, or have had it read to me, and that I understand its contents.

Patient, Relative or Guardian Witness: _____

Signature: _____ **Date:** _____