



Taichung Armed Forces General Hospital

Instructions for Mammographic Needle Localization

This instruction sheet
shall be kept by patient
(or patient's family)

乳房攝影之細針定位術說明書

These instructions provide details about the benefits, risks, and alternative options for the medical procedure you are about to undergo. It can serve as supplementary information for your discussion with your physician. It is important to us that you fully understand what is described in this file, so please read it carefully. If you still have questions after your doctor has explained the examination to you, please discuss your questions sufficiently with your physician before you sign the form. Your physician will be happy to answer your questions. Let's work together for your health.

Introduction to Mammographic Needle Localization

The purpose of this procedure is to precisely locate microcalcification lesions (or suspected lumps) found in the breast that need to be removed surgically to assist the surgeon in performing precise lesion removal. "Mammographic needle localization" uses a mammogram for guidance and lesion localization, where a fine needle is inserted through the skin into the breast tissue containing microcalcifications (or suspected lumps) after local anesthesia is administered for pain relief. Once the needle is inserted and fixed in position, the patient is sent to the operating room. This helps the surgeon perform the operation.

Benefits of the procedure (The following benefits may be gained through this procedure, but the doctor cannot guarantee that you will gain any of them; the decision between benefits and risks should be made by you.)

Mammographic needle localization is designed to locate lesions that are difficult to locate by palpation and contain microcalcifications (or suspected lumps). The advantage is that it allows highly accurate localization, helping the surgeon perform precise local excision.

Procedure risks (No surgery or medical procedure is without any risk. The risks listed below are recognized, but there are still potential unlisted risks that are not expected by the doctor.)

The potential risks of mammographic needle localization include: Bruising at the puncture site, local infection, or hematoma. The majority of these issues are minor and can be alleviated with appropriate medical care. In addition, if the patient is unable to cooperate, accurate localization may not be possible, and it may even lead to displacement of the localization needle, resulting in loss of accuracy. If you have an allergy to local anesthetics, a bleeding tendency, a blood clotting disorder, or is using anticoagulant medications, please inform the doctor performing the procedure for you in advance for proper management.

Alternative options (Below are the alternative options to this procedure. If you decide not to undergo this procedure, you may be at risk. Please talk to your doctor about your decision)

1. Ultrasound localization.
2. Surgery.

★ Note: If you wish to cancel the examination, please call the registration desk of the Radiology Department promptly at 04-23934191, extension 525415, to pass the opportunity of undergoing this examination to someone who needs it.

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Mammographic Needle Localization Consent Form

(Please review the examination instructions carefully and wait for the doctor to explain the examination to you before signing the consent form)

* Basic Information

Patient Name _____

Patient Date of Birth _____ YYYY _____ MM _____ DD

Patient Medical Record No. _____

Name of Attending Physician _____

I. Examination (procedure or treatment) planned (provide brief explanation if not familiar with the medical terms)

1. Disease name:

2. Name of examination (procedure or treatment)

recommended: Mammographic needle localization

3. Reason for recommended examination (procedure or treatment)

II. Physician statement

1. I have explained the examination (procedure or treatment) to the patient in ways as comprehensible as possible to provide the patient with the relevant information, particularly the following:

☐ Reason why the examination (procedure or treatment) must be performed, method and site of the examination (procedure or treatment), and risks of the examination (procedure or treatment)

☐ Examination (procedure or treatment) complications and possible management methods.

☐ I have given the patient any other information available related to the treatment. 2. I have provided the patient with adequate time to ask the following questions about the examination (procedure or treatment) and I have answered the questions:

(1) _____

(2) _____

(3) _____

Signature of attending physician:

Date: YYYY MM DD

Time: hh mm

III. Patient statement

1. The doctor has explained to me and I have understood the information related to the necessity, steps, and risks of the examination (procedure or treatment).
2. The doctor has explained to me and I have understood the possible prognosis of the examination (procedure or treatment) and risks if the examination is not performed.
3. I understand that during the examination (procedure or treatment), if an organ or tissue is removed for the purpose of the examination (procedure or treatment), the hospital may retain it for a period of time for examination and reporting, and will subsequently handle it carefully in accordance with the law.
4. I understand that this examination (procedure or treatment) may be the best option now.

Based on the above statement, I hereby give my consent to this examination (procedure or treatment).

Statement by woman of childbearing potential: The doctor has clearly informed me of the risks this examination may pose to a pregnant woman and the fetus.

Signature: _____

Consenter Signature:

Relationship to patient:

Address:

Telephone:

Date: YYYY MM DD

Time: hh mm

Witness:

Signature:

Date: YYYY MM DD

Time: hh mm

Notes: I. If the consenter is not the patient, the relationship to the patient should be indicated in the "Relationship to patient" field. II. The fields for the witness may be left blank if no witness is available. III. If the patient is a minor, a legal representative should sign the consent form.

IV. Procedure risks (No surgery or medical procedure is without any risk. The risks listed below are recognized, but there are still potential unlisted risks that are not expected by the doctor.)

The potential risks of mammographic needle localization include: Bruising at the puncture site, local infection, or hematoma. The majority of these issues are minor and can be alleviated with appropriate medical care. In addition, if the patient is unable to cooperate, accurate localization may not be possible, and it may even lead to displacement of the localization needle, resulting in loss of accuracy. If you have an allergy to local anesthetics, a bleeding tendency, a blood clotting disorder, or are using anticoagulant medications, please inform the doctor performing the procedure for you in advance for proper management.

V. Alternative options: (Below are the alternative options to this surgery or procedure. If you decide not to undergo this surgery or procedure, please talk to your doctor about your decision.)

1. Ultrasound localization.
2. Surgery.