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

Taichung Armed Forces General Hospital
Ultrasound-guided Breast Biopsy Information
超音波導引穿刺乳房組織切片術說明書

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 Ultrasound-guided Breast Biopsy

The purpose of this procedure is to obtain a sample from unexplained tissue in the breast for pathological examination to develop the correct treatment or follow-up plan. The procedure uses ultrasound for guidance and localization, and a needle is inserted through the skin to collect a tissue sample for pathological analysis.

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.)

The advantage of this procedure is that it allows for highly accurate localization to sample the tissue. The process is safer and simpler than conventional surgical biopsy, and the wound heals quickly with minimal scarring. With this procedure, over 90% of patients have confirmed results and their treatment plans determined. If sufficiently reliable results cannot be obtained, a second biopsy, continued follow-up, or surgical removal of the lesion may be necessary.

Procedure risks (No surgery or 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 this examination include: Bruising at the puncture site, local infection, or hematoma. Therefore, pressure must be applied to the site for 20 to 30 minutes after the examination to stop the bleeding. The majority of the above issues are minor and can be alleviated with appropriate medical care. Another risk, which is rare, is the potential implantation of cancer cells along the puncture tract. 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-guided fine needle aspiration of the breast.
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.

Taichung Armed Forces General Hospital
Ultrasound-guided Breast Biopsy 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: Ultrasound-guided breast biopsy
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).

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 this examination include: Bruising at the puncture site, local infection, or hematoma. Therefore, pressure must be applied to the site for 20 to 30 minutes after the examination to stop the bleeding. The majority of these issues are minor and can be alleviated with appropriate medical care. Another risk, which is rare, is the potential implantation of cancer cells along the puncture tract. 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.

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-guided fine needle aspiration of the breast.
2. Surgery.