Patient Advisory and Consent for Mammography for Patients with Breast Implants

Your physician has recommended that you have a mammogram. This procedure is currently the best way to detect a cancer that cannot be detected by breast palpation.

Breast implants can interfere with the interpretation of your mammogram because they obscure some of the breast tissue. Therefore, two sets of images are required to visualize as much tissue as possible. The first set of pictures involves slight compression to the entire breast and implant to hold it in place and prevent motion. The second set of pictures, called implant displaced views, are achieved by pushing the implant back and compressing the breast tissue in front of the implant. This may cause slight discomfort for a few seconds, as with any mammogram.

While thousands of implant patients have undergone successful mammography without problems, there have been reports of an occasional rupture of the implant that may not be detected immediately and may require surgical replacement. Although our technologists are aware of this possibility and take the utmost care in their technique, you should be aware that there is some risk of a rupture occurring. Implants that have been in place for a number of years may be more vulnerable.

Since the risk of implant rupture during mammography is far less than the risk of breast cancer, a mammogram is recommended in an effort to provide early detection.

I have read this advisory and have had the opportunity to ask questions. I understand that complications such as implant rupture, leakage, or displacement may occur with mammography. Because removal or replacement of breast implants may not be covered by my health insurance, I recognize that I will be financially responsible for medical services related to an implant failure if this complication occurs.

I consent and authorize South Sound Radiology to perform my mammography exam.

Patient Signature __________________________ Date __________________

Witness ________________________________