

BREAST IMPLANT IMAGING INFORMATION FORM

You are scheduled to have a mammogram. Mammography is currently the best method for early detection of breast cancer.

Women who have breast implants require a special type of exam that includes more images than a regular mammogram. These additional images are necessary because implants may obscure some of the breast tissue. First, a mammogram consisting of two views of each breast will be performed with the implants in the usual position. Then the implants will be moved out of the way and two additional views of each breast will be obtained.

As with all mammograms, compression will be applied. In the views with the implants in their usual position, compression will be used only to prevent motion that could blur the image. In the views with the implants moved, compression will be applied normally. This may cause slight discomfort for a few seconds, as may occur with any mammogram. Compression is important because it separates the breast tissue structures allowing the radiologist to detect possible abnormalities.

A leaking or collapsed implant not felt by you or your physician may first be discovered on a mammogram. Mammography is one of the tests commonly used to determine if an implant leak or collapse is present. Our technologists have received special training in performing mammography on patients with implants as required by the Food and Drug Administration (FDA) and the Mammography Quality Standards Reauthorization Act (MQSRA).

Damage to the implant caused by compression or moving of the implants is very unusual but can occur. It is more likely with older and weakened implants. Since the risk for implant rupture with a mammogram is very small our desire is that you understand the benefit of early detection and proceed with your mammogram. If you are in agreement with the following statement, please sign in the designated area below to allow us to proceed with your mammogram.

I have read the above advisory and I am aware there is a possible risk of damage to my implants. However, I believe in the value of early detection and consent to have the mammogram performed.

Patient Name: _____ Patient Signature: _____

(Please Print)

Technologist Name: _____ Technologist Signature: _____

(Please Print)

Date: _____