

Patientenaufklärung / Englisch

Mammapunktion

A **breast biopsy** is an outpatient examination. It is used to diagnose suspicious structures in the breast. Using ultrasound as a guide, a thin biopsy needle will be inserted through your skin directly into the area which needs to be examined. A histological test will be made on the tissue sample in the laboratory at the Lucerne Cantonal Hospital. The analysis will normally take 3-5 working days. The results (histology report) will go directly to the doctor who referred you. You will be able to discuss the next steps with them.

You will be under the care of a radiology specialist. The biopsy will be carried out by a radiologist. After you have been given a local anaesthetic (local numbing), the tissue samples will be painlessly removed. At the end, a small compression bandage will be put on the site of the puncture. You will be able to remove this in the evening on the same day. You will be able to remove it easily by dampening the micropore plaster. You may remove the waterproof plaster underneath the bandage the next day after showering.

On the day of the biopsy you may not do any strenuous activities. You should also refrain from bathing or exercising. The next day everything will be allowed again.

Temporary slight discomfort such as mild pain or small bruises at the site of the puncture may occur, but these are harmless and mostly will not require any treatment. If your breast becomes reddened, overheated or painful, please contact either us or the doctor who referred you. **To enable the examination to run smoothly we need your cooperation and the answers to the following questions:**

Name: _____ **First name:** _____ **Date of birth:** _____

1. Have you had a breast biopsy before? Yes No

When/where was the last time?

2. Do you take blood thinning medication?.....Yes No

If so, which?

3. Have you stopped taking the blood thinning medication? How long since?.....Yes No

4. Are you allergic to local anaesthetics? Yes No

Do you have any other allergies? If so, which?

5. Are you aware if you have any infectious diseases? (Hepatitis, HIV+, TBC)? Yes No

If so, which?.....

6. Are you currently suffering from any respiratory symptoms? If so, which? Yes No

I do not have any further questions and I consent to the planned procedure.

With my signature, I give my consent for the Zuger Kantonsspital to obtain necessary medical information and image files from hospitals, radiology institutes and doctors involved in my treatment and to forward them to them.

Date _____ **Signature** _____

The form was filled in by a representative: _____