

ID :

Name : 様

Needle Biopsy Explanation/Consent Form 針生検説明・同意書

We have explained about the following treatments and also answered your questions.
Name of surgery, treatment, examination etc.: Needle Biopsy

[Content of Explanation]

1. Present diagnosis, medical condition, presumed cause of Mammary Gland Tumor
2. Contents of surgery, treatment, examination, expected effects, and expected risks
For mammary gland lesions, after local anesthesia, a biopsy needle is inserted to aspirate a portion of the tissue from the lesion and will be submit for pathological examination. After surgery, there is a small possibility of hematoma or infection. In addition, there are cases where lesions are not collected well, and even if they are collected, pathological diagnosis may be difficult, in which case additional examination may be required.
3. There may or may not be alternative methods, Incisional biopsy or surgery may be selected. Also, without this examination, an accurate diagnosis may be difficult.
4. Methods of sedation (medication which induce nervous system to calm), risks associated with sedation, complications and postoperative expectations
Mainly, only local anesthesia will be used, and sedation will not be performed. Allergic reactions (administration of anti-allergic drugs) may occur as a complication.
5. The prospect and management of pain associated with surgery, procedures, examination, and interventions, it will be dealt with in an appropriate manner.
6. Beside that it will takes 1 week to 10 days to get the results of the pathological examination.

I have explained the necessity and content of the above medical procedures, as well as changes to the content depending on the situation and possible risks.

Date:

Explaining Doctor:

Attendant:

I have received an explanation about the above medical treatment and agree to its implementation.

Date:

Patient's signature:

Family's Signature:

(Relation :)