



## **MARKER PLACEMENT CONSENT FOR BIOPSY**

You have been recommended for a stereotactic and/or ultrasound guided core biopsy. At the end of the procedure, the radiologist may place a tiny marker at the biopsy site. In the event that surgery will be needed, the marker will serve as aid for the surgeon. If surgery is not needed, it will inform the radiologists of a benign biopsy site on future mammograms.

The marker consists of non-ferromagnetic, which means that you are able to go through any metal detectors and it will not trigger any alarm(s). The marker is also MRI safe. There is always a possibility the marker may migrate within the breast.

I acknowledge that no guarantees or assurances have been made to me concerning the result intended from the procedure. I confirm that I have read and fully understand the above.

Patient, Relative or Guardian Witness: \_\_\_\_\_

Signature: \_\_\_\_\_

Interpreter (if required): \_\_\_\_\_

Signature: \_\_\_\_\_



**BREAST BIOPSY PREPARATION**

The medications listed must NOT be taken one week prior to the procedure. These medications either contain aspirin or aspirin-like drugs such as ibuprofen which can reduce blood clotting. Many "over the counter" drugs, especially cold and sinus medicines, contain aspirin. Please check with your pharmacist, physician or nurse to be certain that any of the medications you take do not contain aspirin or ibuprofen.

Tylenol is an acceptable pain-reliever before or after the procedure

**IMPORTANT** : If you are on any anti-coagulant medication such as COUMADIN or PLAVIX or any anti-depressants such as NARDIL you must inform your physician as well as our office.

Here is a list of some common products/medications/Nutritional Supplements/Vitamins/herbals which may impair blood clotting:

Advil	Empirin	Sine-Aid	St. John's Wort
Alka-Seltzer	Excedrin	Trilisate	Zinc
Aleve	Excedrin PM	Vanquish	Bromelain
Anacin	Feldene(Propiroxican)	Vioxx	Chondroitin
A.P.C.	Fiorinal	Celebrex	Diet Pills
Arthritis Pain Formula	Ibuprofen	Vitamin E	Flaxseed
Ascriptin	Indocin		Garlic
Aspergum	Midol		Ginko-biloba
Bayer	Motrin		Glucosamine
Bayer-Time Release	Naprosyn		Gotu Kola
Bufferin	Non-Steroidal Anti-Inflammatory Drugs		Herbal Teas
Darvon Compound	Nuprin		Horse Chestnut
Ecotrin	Percodan		Licorice
			Omega 3-Fatty Acids

NOTE : If you are having a Core Biopsy you should bring a sports bra or large ace bandage the day of your appointment.

Appointment Date: \_\_\_\_\_

Appointment Time: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Type of Procedure: \_\_\_\_\_



### PATIENT SATISFACTION SURVEY

We are striving to provide you with the best possible care. Please help us to achieve this goal by taking a few minutes of your time to answer the following questions. In doing so you will help us to provide optimum care for all our patients.

Date: \_\_\_\_\_

Name: (optional) \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of examination: \_\_\_\_\_

Was it easy to schedule your appointment for today's test?  Yes  No

If no, explain why? \_\_\_\_\_

Was your scheduler: *(Check all that apply.)*

- Courteous?  Yes  No
- Attentive to your needs?  Yes  No
- Efficient?  Yes  No

Was your examination started on time?  Yes  No

If not, how long did you wait for your examination:

- Less than 15 minutes
- 15 – 30 minutes
- 30 minutes or more

If more than 15 minutes, did someone explain the reason for delay?  Yes  No

Was your receptionist: *(Check all that apply.)*

- Courteous?  Yes  No
- Attentive to your needs?  Yes  No
- Efficient?  Yes  No

Was the technologist who performed the procedure: *(Check all that apply.)*

- Courteous?  Yes  No
- Attentive to your needs?  Yes  No
- Efficient?  Yes  No

If your exam required a Radiologist (Doctor): *(Check all that apply.)*

- Courteous?  Yes  No
- Attentive to your needs?  Yes  No
- Efficient?  Yes  No

Please rate your overall experience. *(Circle a number on the scale below to indicate your level of satisfaction)*

1 2  
⏟  
Poor

3 4  
⏟  
Fair

5 6  
⏟  
Satisfied

7 8  
⏟  
Very Satisfied

9 10  
⏟  
Excellent

Any additional comments that you can make would be helpful: *(The use of names would be helpful.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check here if willing to be contacted to provide an online review.

*Thank you for taking the time to complete this survey.*



## **CORE BIOPSY OF THE BREAST WITH ULTRASOUND GUIDANCE**

Based on the results of your last mammogram and/or sonogram it has been recommended that an area of your breast be biopsied in order to obtain further information. This can be accomplished through a technique known as ultrasound guided core biopsy. During this procedure small samples of tissue are taken from the breast using a special needle which is precisely guided to the correct location via ultrasound.

### **PRIOR TO THE EXAM**

Please do not take any aspirin or aspirin products (i.e. Advil, Aleve, Bufferin, Celebrex, or blood thinning medications, Vioxx, Coumadin, Heparin, etc.) as well as any Vitamin E for a week prior to the biopsy. If you are currently taking any medications or have any allergies please inform this office.

### **DURING THE EXAM**

During the exam you will be on the ultrasound table. You will be informed of what is involved in the procedure. The breast will be cleaned and the skin of the breast will be anesthetized with a small hypodermic needle. A small cut is made in the skin and a sampling needle will be placed in the breast to extract pieces of tissue. These pieces of tissue are from the area that is being biopsied. You may sense a slight pressure but you should not experience any pain. Between three and five samples will be removed. These samples will be sent to the pathology laboratory for diagnosis. A metallic clip may be inserted to mark the biopsy site if the lesion is too small.

### **AFTER THE EXAM**

The exam will last approximately 15-30 minutes. There will be some bleeding where the needle was placed and a bandage will be applied. You may take Tylenol (2 tablets) every 4 to 6 hours for discomfort, if needed. You may notice some bruising of the area, which should resolve in 5-7 days. If you notice any excessive swelling, bleeding, drainage, redness, or heat, please call (212) 523-6707 between 9 a.m.-5 p.m. We will forward the results to your referring physician as soon as they become available. This can be anywhere from 3-10 days.

**NOTE: Please bring or wear a tight fitting bra or sports bra after the procedure.**