Consent Form: Full / Partial Lumpectomy / Mastectomy with / without Sentinel Node Biopsy / Axillary Lymph Node Dissection

A full / partial mastectomy is used to remove a tumor from the breast. The scope of surgery depends on tumor size, location in the breast and additional disease data.

Patient's name: _____
Last name **First name** **Father's name** **I.D.**

I hereby declare and confirm having received a detailed oral explanation from Dr. _____
Last name **First name**

regarding the **full / partial*** mastectomy with / without **sentinel node biopsy / axillary lymph node dissection*** of the **right / left breast*** (hereinafter the "**Main Surgery**").

I hereby declare and confirm that **the hoped for results and the post-operative side effects** have been explained to me, including: pain, discomfort, limitation of movement of the operated areas, which normally pass with time.

In addition, **the possible post-operative complications** have been explained to me, including: hemorrhaging, infection of the surgical area, incomplete removal of the finding and the need for repeat surgery, fluid collection (seroma) and a deformity of the breast. In cases of axillary **lymph node** dissection it was explained to me that the possible complications may include: nerves or blood vessel injuries, and possible damage to the lymphatic draining of the arm which may cause a swelling of the arm (lymphedema).

I hereby give my consent to carry out the Main Surgery.

In addition I hereby declare and confirm that it has been explained to me and that I understand that there is a possibility that during the Main Surgery, its scope may need to be expanded, changed, or that other or additional lifesaving or preventive procedures may need to be taken, including additional surgical actions which cannot be anticipated with certainty or fully at the moment, but their meaning has been made clear to me. Therefore I agree to said expansion, change, or execution of other or additional procedures which in the opinion of the institute's doctors are vital or necessary during the Main Surgery.

It has been explained to me that the Main Surgery is carried out under general anesthesia and an explanation will be provided to me by an anesthesiologist.

I am aware of and consent to having the Main Surgery and all other procedures be executed by whomever may be charged with doing so, in accordance with the procedures and instructions of the institute and I was not promised that they would all or part thereof be conducted by a certain person, so long as they are done with the customary warranty established in the hospital or ambulant medical institution and as stipulated by current legislation and that the person responsible for the surgery will be**

_____
Doctor's name

Date	Time	Patient's signature

I hereby confirm that I have orally explained to the patient all of the above with the necessary specifications and that she has signed this consent before me having been convinced that she understood my explanations in full.

Doctor's name	License number	Doctor's signature

*****Delete the unnecessary and circle what is planned.
** To be completed in case of a private surgery.