



Important Information For Patients With Breast Implants Undergoing Mammography

Patient Name: _____ DOB: _____ Age: _____

ACC: _____ MRN: _____ Referring Provider: _____

The purpose of mammography is to attempt to diagnose breast cancer at an earlier stage to hopefully improve the chances of successful treatment of this potentially deadly disease.

A mammogram requires that the breasts be compressed and manipulated in various positions in order to obtain the best picture of my breast tissue. I understand this manipulation and compression of my breasts can be quite uncomfortable, but is done for very important reasons.

My breast implants can create problems with this goal of trying to detect breast cancer.

First, my breast implants can hide a breast cancer from view, thereby preventing an earlier diagnosis.

Second, in order to increase the chances of finding a breast cancer in a patient with implants, the technologist will try to pull the breast tissue forward and away from the implants so as much breast tissue as possible can be visualized. Again, this manipulation and compression can be quite uncomfortable, but necessary to increase the chances of detecting a cancer. However, while not common, there is a risk that the manipulation and compression of the breasts can cause the breast implants to either move from their ideal position and / or rupture (break open). Importantly, the older the implants, the more likely they are to rupture / break open. If the breast implants move and or rupture / break open, surgery may be required.

I understand and agree that the doctors, technologists, and staff of Main Street radiology are not, and cannot be, responsible for any damage to the implants, or any complications or surgery necessitated by the rupture or movement of my implants that may occur during the mammography procedure.

I acknowledge that I have read this paper and understand that my breast implants cause certain risks during mammography, but I nevertheless want to proceed with my mammography as it is more important to me that I maximize my chances of detecting a potential breast cancer. Any questions I may have had were answered to my satisfaction.

Signature of Patient or Authorized Representative

Date

Name of Authorized Representative

Relationship of Authorized Representative