

INFORMED CONSENT FOR CARRYING OUT THE MAMMOGRAPHY

Date _____

DEFINITION

It is a study that uses low-dose ionizing radiation (x-rays) for the diagnosis of breast diseases. Since it is an examination that exposes ionizing radiation, its use must be avoided in absence of a specific clinical indication; in women of childbearing age, an ongoing pregnancy must be excluded.

PURPOSE

It is the investigation, in women over 40 years of age, for the early diagnosis of breast cancer, even small ones, still not palpable (asymptomatic).

EXECUTION

The examination is performed by a specially trained radiologist; involves a slow and progressive compression of the breast, it can **sometimes** be **unpleasant, rarely painful**. Generally, two radiographies are acquired with different projections for each side.

POSSIBLE COMPLICATIONS

There are no complications related to the execution of the exam. In the case of prostheses, there is a risk of breakage, usually due more to the compromised state of the prosthesis than to the compression exerted for mammography.

NECESSARY PREPARATION - RECOMMENDATIONS

The investigation does not require any preparation and is also performed in the presence of aesthetic breast implants, with appropriate precautions, therefore it is necessary to inform the radiologist who performs the examination. Avoid spreading creams or talcum powder on the day of the exam because they could create artifacts on the images. It is recommended to always bring mammographies and any other previously performed breast exams. The first mammography is indicated around the age of 40 (or earlier in the case of clinical indication), then it must be repeated at the intervals recommended by the radiologist. Ultrasound is frequently used to complete the mammography investigation, at the discretion of the radiologist. Having acknowledged the information provided in the consent form, the patient may ask the radiologist for further explanations.

EXPRESSION AND ACQUISITION OF INFORMED CONSENT / DISSENT TO THE EXECUTION OF THE MAMMOGRAPHY

The patient

LAST AND FIRST NAME	
Place of birth	
Date of birth	

OR: For the patient indicated above, the undersigned

LAST NAME			
FIRST NAME			
Place of birth	Prov.		
Date of birth		Fiscal Code.	

As:

parent caregiver legal guardian (other) _____

Informed:

on the type of diagnostic investigation to be performed and precisely the Conventional Radiological Examination.

Made aware:

of the opinion of the healthcare professional that the proposed treatment is the one that offers the best risk / benefit ratio on the basis of current knowledge;

of the possibility that the investigation, once started, can be interrupted at my request, without prejudice to the assistance activity, but without obtaining the information sought with this examination;

the relative risks of any damage to health (temporary and permanent) and to life.

Having read the information relating to the investigation / procedure in question

Having evaluated the information received and the clarifications that have been provided to me, having understood what is briefly reported above:

I accept the proposed investigation

I DO NOT accept the proposed investigation

Radiologist _____

Date _____ Patient's signature _____

DECLARATION OF CERTAIN OR PRESUMED PREGNANCY

YES

NO

Date _____

Patient's signature _____

CAN I CHANGE MY DECISION REGARDING THE EXECUTION OF THE EXAM?

You are absolutely not obliged to carry out the examination; alternatively, the doctor will use other procedures that are currently available for which your consent will still be required.

All information collected, and in particular personal information, are protected by Legislative Decree 196/2003 concerning the "Protection of persons and other subjects regarding the processing of personal data".

Thank you for your attention in reading these notes. Please date and sign this form for acknowledgement.

Date _____ Patient's signature _____