Patient information and consent to breast surgery (mastectomy)

Breast side: .........................................................

Key messages for patients

- Please read your admission letter carefully. It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your operation.

- Please read this information carefully, you and your health professional will sign it to document your consent.

- It is important that you bring the consent form with you when you are admitted for surgery. You will have an opportunity to ask any questions from the surgeon or anaesthetist when you are admitted. You may sign the consent form either before you come or when you are admitted.

- Please bring with you all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment and any information that you have been given relevant to your care in hospital, such as x rays or test results.

- Simple painkillers such as paracetamol and ibuprofen may be required after surgery. Simple bowel medication such as senna and lactulose may be required after surgery. It is suggested that you discuss with your pharmacist and have a seven day supply of these medications at home to take as you need according to the instructions.

- Take your medications as normal on the day of the procedure unless you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team. Do not take any medications used to treat diabetes.

- Please call a member of the breast specialist nurses on 01223 596291 or 01223 216313 if you have any questions or concerns about this procedure. Other contact numbers are listed in the information section of this leaflet.

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthetist, unless the urgency of your treatment prevents this.
We will also only carry out the procedure on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 1998.

**About mastectomy**
You have been recommended to have a mastectomy as the surgical treatment for your breast cancer. This will be performed under general anaesthetic.

The operation usually lasts up to one to two hours and you are usually able to be discharged home the same day.

**Intended benefits**
To remove the cancer in the breast as far as surgically possible and to plan the next stage of your treatment (adjuvant therapy) to help prevent recurrence of the cancer and improve your outcome.

**Who will perform my procedure?**
This procedure will be performed by a breast surgeon who is a member of the breast team.

**Before your procedure**
You will attend a pre-admission clinic, when you will meet a member of the pre assessment team. At this clinic, we will ask for details of your medical history and carry out any necessary clinical examinations and investigations. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have at any time.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you. Please tell the ward staff about all of the medicines you use. If you wish to take your medication yourself (self-medicate), please ask your nurse. Pharmacists visit the wards regularly and can help with any medicine queries.

This procedure involves the use of anaesthesia. We explain about the different types of anaesthesia or sedation we may use at the end of this leaflet. You will see an anaesthetist before your procedure.

You will normally be admitted to hospital on the day of surgery. If you have any questions about your procedure, please contact one of the breast specialist nurses.
During the procedure

At the start of your procedure, you will be given the necessary anaesthetic and/or sedation - see below for details of this.

This procedure involves making incisions around the breast, removing most of the breast tissue including the nipple and areola (dark skin around the nipple), and some of the breast skin, which leaves a scar on the chest wall.

After the procedure

Once your surgery is completed you will usually be transferred to the recovery ward where you will be looked after by specially trained nurses, under the direction of your anaesthetist. The nurses will monitor you closely until the effects of any general anaesthetic have adequately worn off and you are conscious. They will monitor your heart rate, blood pressure and oxygen levels too. You may be given oxygen via a facemask, fluids via your drip and appropriate pain relief until you are comfortable enough to return to your ward.

Sometimes, people feel sick after an operation and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you feel more comfortable.

When you wake up, you may have a drain (plastic tube) coming from your wound. The drain collects tissue fluid in a small collecting chamber, which is monitored daily. When there is less than a certain amount (usually 50mls) of fluid collected in the drain over 24 hours, the drainage tube will be removed, which is a simple procedure. It might be possible for you to be discharged on the day of your surgery, with your drain in place. Your district nurse will take over your care and remove the drain. Occasionally it may be possible to avoid the use of drains.

**Eating and drinking.** After the operation, you will be able to eat and drink when you are awake again. This usually takes two to four hours. How quickly you return to a normal diet will depend on how you feel. Most patients recover their appetite very quickly.

**Getting about after the procedure.** We will help you to become mobile as soon as possible after the procedure. This helps improve your recovery and reduces the risk of certain complications. The breast specialist nurses will also give you information on arm exercises for after your surgery.

**Leaving hospital.** The time that you stay in hospital will depend on how you are feeling after your operation, the type of operation, and your doctor’s opinion.

**Resuming normal activities including work.** You can usually begin gentle work within a week or two, but you might need to wait a little longer for more vigorous activity. It is not uncommon to feel a bit ‘down’ after any operation, so do ask your doctor or breast specialist nurse if you feel you need more psychological support.
Special measures after the procedure. You will be given more detailed information about any special measures you need to take after the procedure. You will also be given information about things to watch out for that might be early signs of problems (for example, infection).

Experienced staff are available to help you. Please tell your nurses or doctors about any concerns that you have, they will try to help you resolve them.

The skin stitches are dissolvable and will not need to be removed. You may have some surgical wound glue on top of your wound which helps the wound to heal and acts as a waterproof protection. The wound may be secured with steri-strips which are like small pieces of tape. They help to heal and support the wound. These will gradually come off in the bath or the shower.

You will have a light dressing covering your wound to keep it clean, and this will usually be in place for the first day or so. The breast specialist nurses will contact you at home the day following your surgery to discuss the care of your wound.

Check-ups and results. We will give you a date to return to clinic for the results of your surgery. By then the breast care team will have examined the tissue removed at the operation and discussed your results. Any further treatment, if recommended, will be discussed with you then.

Before you leave the ward, you will be given two temporary prostheses ‘comfies’. You will be contacted about arrangements for being fitted with a longer-term prosthesis. The fitting will be about six to eight weeks after your operation and the service is provided free of charge.

Significant, unavoidable or frequently occurring risks of this procedure

Surgery
All operations carry a small risk of side effects, such as pain, bleeding and infection. The risks associated with general anaesthesia include potential breathing and heart problems, as well as possible reactions to medications. For a woman who is otherwise in good health, the risk of a serious complication due to general anaesthesia is less than 1%.

Mastectomy
You might have tingly feelings or shooting pain where the breast was removed, this can last for six months or longer. Additionally, some women notice a change in their balance due to the loss of the breast weight. Wearing a prosthesis helps with this problem.

Seroma
There is a risk of a collection of fluid occurring under the skin flap after surgery. This is called a seroma. If this becomes uncomfortable the fluid might need to be drained using a needle. Draining is a very simple procedure that can be done by a member of the breast team during a visit to the breast unit.
Post surgical treatment

Your team will assess several factors when deciding if you need post-surgical treatment (called adjuvant therapy) including the risk of the cancer recurring; the characteristics of the cancer; and how much the treatment will benefit you.

A member of the breast team will discuss this with you.

Alternative procedures that are available

Anaesthesia

Before your operation

Other forms of treatment can be utilised in the treatment of your cancer, such as radiation therapy (using high-dose X-rays to kill cancer cells) and hormone therapy (using hormones to stop the cells from growing). However, the present recommendation by the breast team is that in your case, surgery is the best form of treatment at this stage. Anaesthesia means ‘loss of sensation’. There are three types of anaesthesia: general, regional and local. The type of anaesthesia chosen by your anaesthetist depends on the nature of your surgery as well as your health and fitness. Sometimes different types of anaesthesia are used together.

Before your operation you will meet an anaesthetist who will discuss with you the most appropriate type of anaesthetic for your operation, and pain relief after your surgery. To inform this decision, he/she will need to know about:

- your general health, including previous and current health problems
- whether you or anyone in your family has had problems with anaesthetics
- any medicines or drugs you use
- whether you smoke
- whether you have had any abnormal reactions to any drugs or have any other allergies
- your teeth, whether you wear dentures, or have caps or crowns.

Your anaesthetist may need to listen to your heart and lungs, ask you to open your mouth and move your neck and may review your test results.

Pre-medication

You may be prescribed a ‘premed’ prior to your operation. This a drug or combination of drugs which may be used to make you sleepy and relaxed before surgery, provide pain relief, reduce the risk of you being sick, or have effects specific for the procedure that you are going to have or for any medical conditions that you may have. Not all patients will be given a premed or will require one and the anaesthetist will often use drugs in the operating theatre to produce the same effects.

Moving to the operating room or theatre
Patient Information

Before starting your anaesthesia the medical team will perform a check of your name, personal details and confirm the operation you are expecting.

You will usually change into a gown before your operation and we will take you to the operating suite. When you arrive in the theatre or anaesthetic room, monitoring devices may be attached to you, such as a blood pressure cuff, heart monitor (ECG) and a monitor to check your oxygen levels (a pulse oximeter). An intravenous line (drip) may be inserted and you may be asked to breathe oxygen through a face mask.

It is common practice nowadays to allow a parent into the anaesthetic room with children; as the child goes unconscious, the parent will be asked to leave.

General anaesthesia
During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthetist achieves this by giving you a combination of drugs.

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you at the correct level of unconsciousness for the period of the surgery. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement.

What will I feel like afterwards?
How you will feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

Most people will feel fine after their operation. Some people may feel dizzy, sick or have general aches and pains. Others may experience some blurred vision, drowsiness, a sore throat, headache or breathing difficulties.

You may have fewer of these effects after local or regional anaesthesia. When the effects of the anaesthesia wear off you may need pain relieving medicines.

What are the risks of general anaesthesia?
In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or performed in an emergency.
Very common (1 in 10 people) and common side effects (1 in 100 people)
Feeling sick and vomiting after surgery
Sore throat
Dizziness, blurred vision
Headache
Bladder problems
Damage to lips or tongue (usually minor)
Itching
Aches, pains and backache
Pain during injection of drugs
Bruising and soreness
Confusion or memory loss

Uncommon side effects and complications (1 in 1000 people)
Chest infection
Muscle pains
Slow breathing (depressed respiration)
Damage to teeth
An existing medical condition getting worse
Awareness (becoming conscious during your operation)

Rare (1 in 10,000 people) and very rare (1 in 100,000 people) complications
Damage to the eyes
Heart attack or stroke
Serious allergy to drugs
Nerve damage
Death
Equipment failure

Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK.

Information and support
We will give you a patient information breast care pack which will give you additional information and your care plan. Do feel free to speak to the breast specialist nurses if you have any questions or anxieties.
The breast care nurses can be contacted on: 08:00 -17:00 Monday – Friday
01223 596291 01223 216313
01223 586960 01223 348272 01223 586573

Further information is also available from:
• www.breastcancercare.org.uk
• www.breastcancernow.org
Privacy & Dignity
Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

We are a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:
If you would like this information in another language or audio, please contact Interpreting services on telephone: 01223 256998, or email: interpreting@addenbrookes.nhs.uk For Large Print information please contact the patient information team: patient.info@addenbrookes.nhs.uk.

Document history
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Information about important questions on the consent form

1  Creutzfeldt Jakob Disease (‘CJD’)
We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2  Photography, Audio or Visual Recordings
As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment, they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3  Students in training
Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

4  Use of Tissue
As a leading bio-medical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet ‘Donating tissue or cells for research’ gives more detailed information. Please ask for a copy.

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.
Consent Form

Mastectomy

A Patient’s side  left / right or N/A

Consultant or other responsible health professional

Name and job title:  

☐ Any special needs of the patient (e.g. help with communication)?

Please use 'Procedure completed' stamp here on completion:

B Statement of health professional (details of treatment, risks and benefits)

1 I confirm I am a health professional with an appropriate knowledge of the proposed procedure, as specified in the hospital’s consent policy. I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure (please state)

To remove the cancer in the breast as far as surgically possible and plan the next stage of your treatment.

b) the possible risks involved. Addenbrooke’s always ensures any risks are minimised. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient

- pain
- bleeding
- infection
- tingly feelings or shooting pain where the breast was removed
- collection of fluid occurring under the skin flap after surgery

c) what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:
Mastectomy

2 The following information leaflet has been provided:

Mastectomy

Version, reference and date: CF219, version 6, June 2019

or □ I have offered the patient information about the procedure but this has been declined.

3 This procedure will involve:

☑ General and/or regional anaesthesia ☑ Local anaesthesia ☑ Sedation ☑ None

Signed (Health professional): ______________________________ Date: D.D/M.M./Y.Y.Y

Name (PRINT): ______________________________ Time (24hr): H.H.:M.M

Designation: ______________________________ Contact/bleep no: ______________________________

C Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding. Important: please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

1 Creutzfeldt Jakob disease (CJD)
Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional.

☐ Yes ☐ No

2 Photography, Audio or Visual Recording
a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment.

☐ Yes ☐ No

b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting.

☐ Yes ☐ No

3 Students in training
I agree to the involvement of medical and other students as part of their formal training.

☐ Yes ☐ No
4 Use of Tissue

a) I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research.

[ ] Yes [ ] No

b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records.

[ ] Yes [ ] No

I have listed below any procedures that I do not wish to be carried out without further discussion.

_________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

I have read and understood the Patient Information about this procedure and the above additional information. I agree to the procedure or treatment.

Signed (Patient): ___________________________ Date: __/__/____.

Name of patient (PRINT): ___________________________

If signing for a child or young person; delete if not applicable.
I confirm I am a person with parental responsibility for the patient named on this form.

Signed: ___________________________ Date: __/__/____

Relationship to patient:

_____________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness): ___________________________ Date: __/__/____.

Name of witness (PRINT): ___________________________

Address: __________________________________________________________________________________________

______________________________________________________________________________________________
Consent Form

Mastectomy

D Confirmation of consent

Confirmation of consent (where the treatment/procedure has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): ................................................................. Date: ............................... ............................... ............................... ............................... ............................... ...........................

Name (PRINT): .................................................................................. Job title: .................................................................

Please initial to confirm all sections have been completed:

E Interpreter’s statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): ................................................................. Date: ............................... ............................... ............................... ............................... ............................... ...........................

Name (PRINT): ..................................................................................

Or, please note the language line reference ID number:

F Withdrawal of patient consent

☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): ................................................................. Date: ............................... ............................... ............................... ............................... ............................... ...........................

Signed (Health professional): ................................................................. Date: ............................... ............................... ............................... ............................... ............................... ...........................

Name (PRINT): .................................................................................. Job title: .................................................................