



### Implant Patient Consent for Mammography

Mammography is currently the best method to detect a change in the breast that cannot be felt. Mammography can also help clarify a change in the breast that can be felt. Breast Implants require a special type of exam that includes more images than a regular mammogram. This is because the implant obscures some of the breast tissue. In most cases, the implant will be gently pushed back and out of the way of the tissue for some of the images while other images will include views of the implant on the image.

As with all mammograms, some compression must be applied. In images that include the implants, light compression will only be used to prevent motion, which can degrade the image. In order to see the breast tissue on the images that don't include the implant, compression will be applied, possibly causing some slight discomfort for a few seconds as is usual with any type of mammogram.

Problems caused by compression or moving the implant are extremely rare but cannot be excluded, especially for older or weakened implants. Mammography is one of the tools often used to help determine if there is a rupture of the implant. It is not unusual for an implant rupture that was not felt by you or your physician to first be noticed on a mammogram.

Since the risk of rupture caused by the mammogram procedure is extremely low and the risk of breast cancer is greater, we hope that you understand the benefit of early detection and proceed with your mammogram.

By signing below, I certify that (a) I have read the information provided in this consent, (b) I understand the risks involved and have been given the opportunity to ask questions, (c) I authorize and consent the performance of this exam and (d) I agree to release Dakota Radiology, the performing technologist and reading radiologist of any responsibility should rupture occur during this exam.

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Patient's Name (print)

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Date

\_\_\_\_\_  
Technologist's Name (print)

\_\_\_\_\_  
Technologist's Signature

\_\_\_\_\_  
Date