



CEDARS-SINAI®

S. MARK TAPER FOUNDATION
IMAGING CENTER

**PATIENT ADVISORY FOR
MAMMOGRAPHY FOR PATIENTS
WITH BREAST IMPLANTS**

PATIENT I.D.

Your physician has recommended that you have a mammogram. This procedure is the best screening method to detect a cancer of the breast.

Breast implants can interfere with the interpretation of your mammogram because they obscure some of the breast tissue. Newer techniques that involve displacement of the implants allow for a good examination for most patients; however, this does require more pictures than a mammogram where implants are not involved. To provide adequate displacement of the implant, it is necessary to apply pressure with mammography equipment to the breast tissue in front of the mammography, but it is essential to the examination.

While thousands of implant patients have undergone successful mammography without problems, there have been a few reports of rupture of the implants that may not be detected immediately and may require surgical replacement. Although our technologists are aware of this possibility and take the utmost care in their technique, you should be aware that there is a very small risk of a rupture occurring.

It is not unusual for an implant rupture that was not felt by you or your physician to first be noticed on a mammogram. Implants that have been in place for a number of years may be more vulnerable. Mammography is one of the tools often used to help determine if there is a rupture. However, since the risk of an implant rupture is far less than the risk of a breast cancer, we hope that you understand the benefit of early detection and proceed with your mammogram.

If you suspect that your implant may already be ruptured or leaking because of a change in breast contour or other symptoms, please inform the technologist and she will take an initial film with minimal compression before proceeding.

If you have noticed any lump or mass in your breast or underarm area, it is important to inform the technologist of this. Special positioning may be necessary to adequately evaluate the lump.

“I HAVE READ THIS ADVISORY AND I AM AWARE OF THE MINIMAL RISK OF DAMAGE TO MY BREAST IMPLANTS AS A RESULT OF MAMMOGRAPHY, AND I BELIEVE IN THE VALUE OF EARLY DETECTION AND CONSENT TO THIS PROCEDURE.”

NAME OF PATIENT (please print)	SIGNATURE OF PATIENT	DATE	TIME
NAME OF TECHNOLOGIST (please print)	SIGNATURE OF TECHNOLOGIST	DATE	TIME