

Price, Hoffman, Stone & Associates, M.D.'s, P.A.  
747 6<sup>th</sup> Avenue South  
St. Petersburg, FL 33701  
727-898-3647

**Cyst Aspiration Consent Form**

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

The aspiration is performed as an outpatient procedure with local anesthesia using lidocaine. The aspiration will be performed using ultrasound to help guide the needle to the cyst in your breast. Usually the anesthesia will eliminate any pain. A small needle will be placed into the cyst and the fluid will be removed. The fluid is not typically send to the lab unless the radiologist feels it needs to be tested.

*There are potential complications you should understand:*

- *Infection:* It is possible the biopsy site could become infected, although it is uncommon. Some slight bruising may be noted post aspiration.

***It is important for the doctor to know if:***

1. You tend to bleed excessively with minor cuts
2. You take any medications that are anticoagulants or blood thinners such as:  

_____ Coumadin	_____ Persantine
_____ Lovenox	_____ Ticlid
_____ Heparin	_____ Vitamin E
_____ Aspirin	_____ Arthritis Medications
_____ Other: _____	

3. Please list any and all allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Patient Signature / Responsible Party

\_\_\_\_\_  
Witness Signature