



**NEW ZEALAND
Breast Device
REGISTRY**
TE RĒHITA TAPUTAPU
UMA O AOTEAROA

OPERATIVE DATE: _____

HOSPITAL: _____

SURGEON: _____

FUNDING: Self Funded ☐ ACC ☐ Public ☐ Insurance ☐ Company? _____

PLACE PATIENT STICKER HERE or complete the following:

NHI: _____ DATE OF BIRTH: _____

NAME: _____

ADDRESS: _____

MOBILE NUMBER: _____

EMAIL: _____

AFFIX RIGHT DEVICE STICKER

[COMPLETE IF NO DEVICE STICKER]

Manufacturer: _____

Reference no: _____

Serial no: _____

AFFIX LEFT DEVICE STICKER

[COMPLETE IF NO DEVICE STICKER]

Manufacturer: _____

Reference no: _____

Serial no: _____

AFFIX MESH/DERMAL SHEET STICKER

[COMPLETE IF NO DEVICE STICKER]

Manufacturer: _____

Reference no: _____

Serial no: _____

AFFIX MESH/DERMAL SHEET STICKER

[COMPLETE IF NO DEVICE STICKER]

Manufacturer: _____

Reference no: _____

Serial no: _____

Right Breast

☐ Right - Tick if previous radiotherapy - Left ☐

Procedure Title:

- ☐ Implant – insertion
- ☐ Implant – removal only
- ☐ Implant – remove and replace
- ☐ Implant – remove and expander insertion
- ☐ Expander – insertion
- ☐ Expander – removal only
- ☐ Expander – remove and replace
- ☐ Expander – remove and implant insertion

Tick if neoadjuvant chemotherapy ☐

Procedure Reason - Insertion:

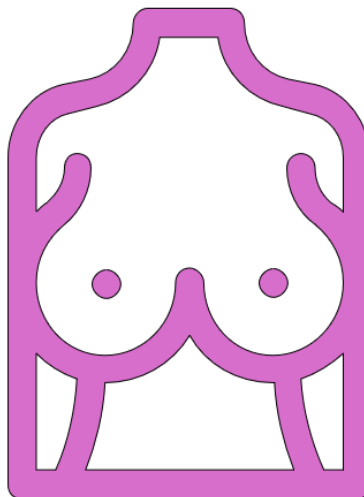
- ☐ Cosmetic augmentation
- ☐ Reconstruction – post cancer
- ☐ Reconstruction – prophylactic / risk reducing
- ☐ Reconstruction – benign pathology / other
- ☐ Revision / Secondary surgery

Body Site (circle)

Pre-Pectoral / Sub – Pectoral / Sub-Glandular

Procedure Reason – Removal (tick & circle):

- ☐ **Symptomatic** – cap con / pain / malposition / rotation
- ☐ **Pathologic** – br cancer / BIA-ALCL / infection / seroma / haematoma / wound / rupture / deflation
- ☐ **Requested by Patient** – asymptomatic/ implant anxiety/ BII



Left Breast

Procedure Title:

- ☐ Implant – insertion
- ☐ Implant – removal only
- ☐ Implant – remove and replace
- ☐ Implant – remove and expander insertion
- ☐ Expander – insertion
- ☐ Expander – removal only
- ☐ Expander – remove and replace
- ☐ Expander – remove and implant insertion

Procedure Reason - Insertion:

- ☐ Cosmetic augmentation
- ☐ Reconstruction – post cancer
- ☐ Reconstruction – prophylactic / risk reducing
- ☐ Reconstruction – benign / other
- ☐ Revision / Secondary surgery

Body Site (circle)

Pre-Pectoral / Sub-Pectoral / Sub-Glandular

Procedure Reason – Removal (tick & circle):

- cap con / pain / malposition / rotation - **Symptomatic** ☐
- br cancer / BIA-ALCL / infection / seroma - **Pathologic** ☐
- haematoma / wound / rupture / deflation
- asymptomatic/ implant anxiety/ BII - **Requested by Patient** ☐

REMOVED RIGHT DEVICE

[PROVIDE ANY INFORMATION KNOWN]

Date Inserted: _____

Manufacturer / _____

Size: _____

Ref. or Serial No.: _____

REMOVED LEFT DEVICE

[PROVIDE ANY INFORMATION KNOWN]

Date Inserted: _____

Manufacturer / _____

Size: _____

Ref. or Serial No.: _____