



**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

**Procedure Reason - Insertion:**

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

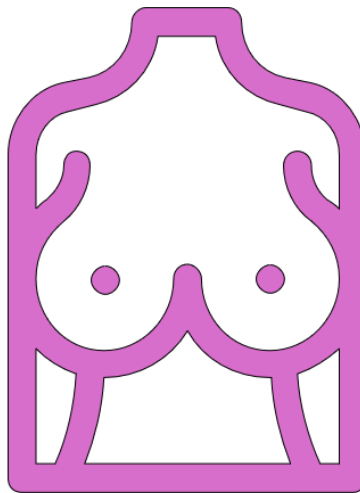
**Body Site (circle)**

Pre-Pec(Sub-Gland)/ Sub – Pec / Sub Flap

**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

Tick if neoadjuvant chemotherapy ☐



**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
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**Body Site (circle)**

Pre-Pec (Sub-Gland)/ Sub-Pec/ Sub Flap

**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.: \_\_\_\_\_