



**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: _____

Tick if previous radiotherapy

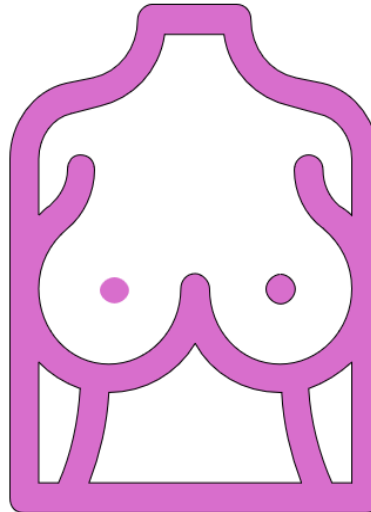
Right Breast

Left Breast

Previous radiotherapy – Yes

Procedure Title:

- Implant – insertion
- Implant – reposition (same device)
- Implant – removal only
- Implant – remove and replace
- Implant – remove and expander insertion
- Expander – insertion
- Expander – reposition (same device)
- Expander – removal only
- Expander – remove and replace
- Expander – remove and implant insertion



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Procedure Reason - Insertion:

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

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Procedure Reason – Removal (tick/circle):

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

Procedure Reason – Removal (tick/circle):

- Cap contracture / 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.: _____