



**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: _____

<p>AFFIX RIGHT DEVICE STICKER [COMPLETE IF <u>NO DEVICE STICKER</u>]</p> <p>Manufacturer: _____ Reference no: _____ Serial no: _____</p>	<p>AFFIX LEFT DEVICE STICKER [COMPLETE IF <u>NO DEVICE STICKER</u>]</p> <p>Manufacturer: _____ Reference no: _____ Serial no: _____</p>
<p>AFFIX MESH/DERMAL SHEET STICKER [COMPLETE IF <u>NO DEVICE STICKER</u>]</p> <p>Manufacturer: _____ Reference no: _____ Serial no: _____</p>	<p>AFFIX MESH/DERMAL SHEET STICKER [COMPLETE IF <u>NO DEVICE STICKER</u>]</p> <p>Manufacturer: _____ Reference no: _____ Serial no: _____</p>

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

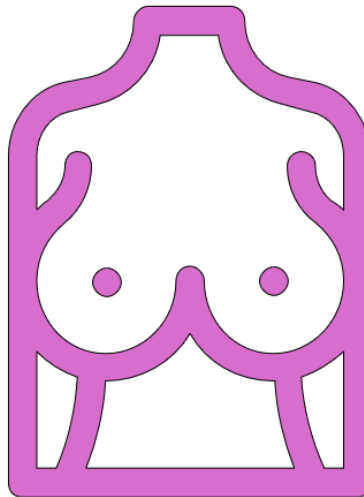
Body Site (circle)

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
- Staged / Planned** - asymptomatic

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

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**
- asymptomatic – **Staged / planned**

<p>REMOVED RIGHT DEVICE [PROVIDE ANY INFORMATION KNOWN]</p> <p>Date Inserted: _____ Manufacturer / Size: _____ Ref. or Serial No.: _____</p>	<p>REMOVED LEFT DEVICE [PROVIDE ANY INFORMATION KNOWN]</p> <p>Date Inserted: _____ Manufacturer / Size: _____ Ref. or Serial No.: _____</p>
---	--