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6927

# *BREAST LYMPHATIC MAPPING DATABASE*

## Complications

**Patient Study ID**

**Physician ID**

**Date of Complication** / / 

**Date of Original Surgery** / /

**Primary Site** (mark all that apply)

☐ seroma Total Aspirations:

☐ infection Treatment: ☐ I & D ☐ antibiotics alone ☐ I & D and antibiotics

☐ hematoma Treatment: ☐ observed ☐ I & D

☐ none

Other Primary Site Complication

**Axilla** (mark all that apply)

☐ seroma Total Aspirations:

☐ infection Treatment: ☐ I & D ☐ antibiotics alone ☐ I & D and antibiotics

☐ hematoma Treatment: ☐ observed ☐ I & D

☐ none

Lymphedema
☐ mild ☐ severe ☐ none

Costobrachial Nerve Damage
☐ mild ☐ severe ☐ none

Long Thoracic Nerve Damage
☐ mild ☐ severe ☐ none

Thoracodorsal Nerve Damage
☐ mild ☐ severe ☐ none

Other Axillary Complication

**Blue Stain** in Breast or
Axilla 3 Months Post Surgery: ☐ yes ☐ no



**Fax Completed Forms to: 800-284-2190**