

## POSH: Surgery

Date Of Birth:

Hospital:

Height (m):

Weight (Kg):

Clinician:

Ethnic Origin:

Hospital Number:

### Section 1 - Date Of Definitive Surgery

Please enter the date that the definitive surgery took place

Date of definitive surgery: \_\_/\_\_/\_\_

### Section 2 - Definitive Surgical Treatment Of Primary Tumor

Please tick where appropriate

#### Surgical Treatment Of Primary Tumor

- Excision biopsy
- Nodes only
- None
- Radical mastectomy
- Segmentectomy/quadrantectomy
- Simple mastectomy
- Subcutaneous mastectomy
- Wide local excision

### Section 3 - Lymph Node Procedure

Please tick the appropriate Lymph node procedure(s)

#### Lymph Node Procedure

- Axillary clearance
- Axillary sample
- IMC node biopsy
- lymph node dissection
- SCF lymph node biopsy
- Sentinel node biopsy

### Section 4 - Breast Reconstruction

If breast reconstruction has been performed, please provide the date of surgery

Date of breast reconstruction: \_\_/\_\_/\_\_