

to work straight away. But don't do any strenuous lifting or exercise for the first 24 hours. It's unlikely that you will have noticeable scars after a breast biopsy. However, this can vary from person to person.

What are the risks?

Having a breast biopsy is a commonly performed and generally safe procedure. For most women the benefit of having a clear diagnosis is much greater than any disadvantages. However, all surgical

Procedures carry an element of risk. This can be divided into the risk of side-effects and the risk of complications.

Side-effects

These are the unwanted but mostly temporary effects of a successful treatment. An example of a side-effect is feeling some discomfort for a few days.

Complications

This is when problems occur during or after the procedure. Most women are not affected. The possible complications of any procedure include excessive bleeding, infection, and an unexpected reaction to the anaesthetic

Occasionally, women faint if they are having a biopsy done standing up. If this happens, you will be looked after until you feel ready to go home, and another appointment will be made

Most women experience no problems

following a breast biopsy. But please contact the hospital if you develop any of the following symptoms.

- Your breast swells considerably after you return home.
- You become short of breath.
- You have bleeding from the biopsy site that doesn't stop when you apply pressure, or that lasts for more than half an hour.
- You are in severe pain that is not improved by painkillers.
- You have a fever or high temperature

Your surgeon will be very experienced at doing breast biopsies but, even so, the biopsy may not be able to confirm if the problematic area in your breast is cancer. If this is the case you may need to have another biopsy or an operation to have the breast area removed. For more information, please see the separate Spire Healthcare patient information leaflet, Having a breast lump removed.

The chance of complications depends on the exact type of biopsy that you are having and other factors such as your general health. Ask your surgeon to explain how these risks apply to you.

The information contained in this leaflet is not intended nor implied to be a substitute for professional medical advice nor is it intended to be for medical diagnosis or treatment.



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Patient information Having a breast problem investigated

This leaflet provides some information about having a breast lump investigated. The treatment described here may be adapted to meet your individual medical needs, so it's important to follow your surgeon's advice. Please raise any concerns or questions with your surgeon or nurse. It is natural to feel anxious before hospital treatment, but knowing what to expect can help.



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Looking after you.

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Having a breast lump investigated
Breast clinics use a system called triple assessment to diagnose breast lumps as quickly as possible. Triple assessment means that there are three stages.

- Examination – your breast will be examined by a consultant.
- Imaging – images will be made of your breast using ultrasound or X-rays.
- Biopsy – a breast tissue sample or biopsy may need to be taken to find out what the lump is.

This leaflet describes some of the techniques that are available to image and biopsy a breast lump. During a biopsy the lump, or a piece of it, is removed and sent to a laboratory for testing. The biopsy results help your surgeon to decide if you need any further treatment. The biopsies described in this leaflet are routinely done at an out-patient appointment. You will usually be able to go home after the procedure, with no overnight stay in hospital.

Consent

If you are happy to proceed with the treatment, you may be asked to sign a consent form.

This confirms that you have given permission for the procedure to go ahead. You need to know about the possible side effects and complications of this procedure in order to give your consent. Please see the back of this leaflet for more information about these.

Breast examination

In a private room or cubicle, you will be asked to remove all your clothes above your waist. Your surgeon will examine your breasts and armpits, pressing gently on the skin to feel any changes in texture.

Breast imaging

A picture of the inside of your breast may be needed to see where the lump is. This is called imaging. Imaging is normally done in the X-ray department by a specially-trained breast radiologist & Radiographer. There are a number of ways to get images of the breasts.

Ultrasound

Ultrasound uses high-frequency sound waves to create a picture of the tissues on a computer screen. This involves putting some gel on your breast and moving a sensor over the skin. You will usually be asked to sit or lie on an examination couch for an ultrasound. Ultrasound is painless and only takes a few minutes.

Mammography

This uses X-rays to create a picture of the breast. Mammography is usually done while you are standing up. The breast is pressed between two plastic plates to keep it still. This may be a bit uncomfortable, but it takes less than a minute.

Stereotactic guidance

This method uses X-rays to create an image of the breast in a similar way to mammography. A computer calculates information from the pictures, and positions a biopsy needle in the correct place (so the imaging and biopsy stages are done at the same time). Sometimes this is done on a special table with a hole in it. Lying on your front, with your breast over the hole, your surgeon or radiologist will do the X-rays and the biopsy from below the table.

Different types of biopsy

If a breast abnormality has been found during an examination, or seen on an image, you may need a biopsy to find out whether it is harmless or cancer. Your biopsy may be performed under local anaesthesia, which means that the area will be numb but you will still be awake. For more information please see the separate Spire Healthcare patient information leaflet, Having a local anaesthetic or sedation. If you are having the biopsy under local anaesthesia, the anaesthetic will be injected into the breast. The injection may sting briefly, but the area will start to feel numb within a few minutes. There are a number of different types of biopsy. This leaflet describes fine needle aspiration, core biopsy and vacuum assisted core biopsy. Your surgeon will explain which is most suitable for you. Fine needle aspiration (FNA) Your surgeon will put a thin needle through the skin of your breast (usually just once). You may find it uncomfortable when the needle is inserted, but local anaesthesia is often not necessary. Your surgeon will direct the needle into the lump several times and draw some cells out into the syringe. This only takes a few minutes. The pin-prick left by the needle is covered with a plaster. You won't need any stitches.

Core biopsy

A core biopsy is usually done under local anaesthesia. Once the anaesthetic has taken effect your radiologist makes a tiny nick on the skin over the lump using a fine blade. A special, hollow needle is inserted through this cut. By releasing a spring, a piece of tissue is collected inside the hollow cylinder of the needle. Your radiologist may insert the needle several times, so that there are a number of samples to send to the laboratory. The

spring action is quite sudden, and does come as a surprise the first time.

Your nurse will apply firm pressure to the area for at least five minutes before covering the cut(s) with a plaster or a paper stitch.

Vacuum assisted core biopsy (VACB)

VACB is done under local anaesthesia. Once the anaesthetic has taken effect your surgeon or radiologist makes a small cut (about 5mm) on the skin over the lump. He or she then inserts a special, hollow probe that is attached to a gentle vacuum pump. This probe sucks breast tissue into the hollow cylinder. A number of samples can be taken without removing the probe.

VACB is useful for sampling larger pieces of tissue, and sometimes the whole lump can be removed. This type of biopsy is usually done under ultrasound or stereotactic guidance (meaning that the imaging and biopsy stages are done at the same time). The cut will be closed with a plaster or paper stitch. A bandage may be wrapped round your breasts to minimise any swelling.

After your biopsy

Your breast will be sore and bruised for a few days afterwards. Painkillers will be available which can usually be taken every four to six hours. You will be free to leave as soon as you feel ready. Your nurse will give you advice about caring for the area and bathing. Your nurse will also give you a contact telephone number for the hospital in case you need to ask any further advice.

A follow-up appointment with your surgeon and specialist breast-care nurse may be arranged to discuss the results of any other tests. You should be able to return to most normal activities and