

ASCENSION ST VINCENTS / OPTIMAL IMAGING BREAST BIOPSY & ASPIRATION PATIENT HANDOUT

Radiologist who performed your procedure:

Procedure Description:

- An image-guided breast biopsy/aspiration is a procedure used to take a tissue sample or fluid sample of an area found on a breast imaging study. The procedure helps find out if the area is benign (not cancer) or malignant (cancer). Sometimes the procedure is performed to reduce pain from a large benign cyst. During the procedure, a radiologist uses imaging to precisely target the area. The skin is cleaned with antiseptic, and local anesthetic is used to numb the area.
- For a biopsy procedure, a small needle is used to obtain several tissue samples of the area. These samples are sent to the pathology department for testing. A tiny metallic marker will be placed at the site to help find the area again if additional treatment is needed.
- For an aspiration procedure, a small needle is used to obtain a fluid sample from the area. The sample may be sent to the laboratory for testing. A tiny metallic marker may be placed at the site to help find the area again if additional treatment is needed.
- The procedure usually takes 15-30 minutes.

Benefits:

- Minimally invasive: The procedure uses small needles with no incisions or stitches.
- Accurate diagnosis: The procedure provides the best non-surgical way to determine the nature of an area.
- Help guide treatment: The results allow doctors to decide the best course of treatment.
- Avoids unnecessary surgery: If the procedure shows a benign result, most patients can avoid surgery.
- Low risk of complications: The risk of serious complications is low, with most side effects being mild and temporary.
- Rapid recovery: Most patients return to normal activities soon after the procedure.

Risks & Potential Complications:

- Pain: Pain can occur (up to 10% of cases). The pain is usually mild, usually goes away within a few days and can be managed with over-the-counter pain medicine.
- Bruising: Bruising can occur (up to 15% of cases). The bruising is usually mild and usually goes away on its own over several days.
- Bleeding: Formation of a collection of blood (hematoma) can occur (up to 15% of cases). Most cases are mild and do not need treatment. Serious bleeding that needs medical attention is rare (less than 0.5% of cases).
- Infection: Infection is rare (less than 0.3% of cases). Most infections are mild and can be treated with antibiotics.
- Marker movement: The tiny metallic marker placed during the procedure can move (up to 15% of cases). This movement rarely causes problems.

- Inaccurate results: Results showing no cancer when the lesion is cancer (up to 9% of cases) and results showing cancer when the lesion is not cancer (up to 2% of cases) can occur. Sometimes a repeat procedure or surgical biopsy may be needed.
- Vasovagal reaction: Feeling faint or lightheaded can occur during or after the procedure (up to 7% of cases). It is usually mild and goes away quickly.
- Serious complications: Serious complications needing medical care are uncommon (less than 2% of cases).
- Allergic reaction: A reaction to the local anesthetic, topical antiseptic or metallic marker is rare (less than 1% of cases).

Alternatives:

- Surgical (excisional) biopsy: A surgeon removes the entire area in the operating room. This provides a definite diagnosis but is more invasive, requires stitches, has a longer recovery and is usually more expensive.
- Observation: Your provider may recommend follow-up imaging with mammogram, ultrasound or MRI instead of immediate biopsy.
- No further evaluation: Some patients choose not to investigate the area, although this carries the risk of missing or delaying a cancer diagnosis and is generally not recommended.

Aftercare:

- A bandage will be applied over the procedure site. Skin glue may also be applied to the site. You may remove the bandage 24 hours after your procedure, however, do not pick the glue off (allow it to flake off on its own over several days).
- If you were provided with an ice pack, apply it to the site periodically for 15-30 minutes after your procedure.
- You may shower and allow water to flow over the site 24 hours after your procedure, however, do not submerge the site in water (bath, pool, hot tub or ocean) until the site has healed.
- Do not apply lotion/ointment to the site until it has healed unless you are instructed to do so.
- Avoid strenuous physical activity for at least 24 hours after your procedure. Then increase your activity level as tolerated.
- Wear a form-fitting bra for at least 48 hours after your procedure to help decrease breast movement. This helps reduce pain and bruising.
- It is normal to experience mild pain and bruising after your procedure. You can take acetaminophen (Tylenol), aspirin, ibuprofen (Motrin) or naproxen (Aleve) for relief. It is safe to take aspirin, ibuprofen or naproxen soon after your procedure, however you may experience more bruising if you do so.
- Contact Radiology or your ordering provider if you have any concerns or experience any of the following: persistent or significant bleeding, significant swelling, severe pain not responding to over-the-counter medications or signs of possible infection (significant redness or purulent drainage at the site, severe pain, fever or chills). Call 911 in the event of an emergency.
- Weekdays 8 am to 5 pm call 308-5488 (Riverside), 296-4277 (Southside), 602-1219 (Clay), 691-1286 (St Johns) or Optimal Imaging (450-6955). Weekdays 5 pm to 10 pm or weekends 6 am to 10 pm call 308-8401. If outside of these hours, call the hospital operator at 308-7300 and ask to speak to the Interventional Radiologist on call.

How Do I Receive Procedure Results?

- All breast biopsy and some breast aspiration procedures produce samples which are sent to the laboratory for testing. If a sample was sent, a radiologist will contact you by telephone to discuss the results. Results can take 2-4 days (sometimes longer) to become available. The provider who ordered the procedure may contact you with results prior to a radiologist contacting you. You will also receive follow-up instructions which may include returning to annual mammography, follow-up mammography and/or ultrasound in 3-6 months, further evaluation with breast MRI or evaluation by a breast surgeon and/or a medical or radiation oncologist. Occasionally additional procedures are needed.