

# ASCENSION ST VINCENTS / OPTIMAL IMAGING

## BREAST BIOPSY, ASPIRATION & DRAIN PLACEMENT PATIENT HANDOUT

### Radiologist who performed your procedure:

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### Procedure Description

- Image-guided breast biopsy, aspiration, and drain placement are procedures performed to evaluate or treat an area in the breast identified on imaging.
- During the procedure, a radiologist uses imaging (such as ultrasound, mammography, MRI or CT) to precisely target the area. The skin is cleaned with antiseptic, and local anesthetic is used to numb the area.
- For a biopsy, a small needle is used to obtain several tissue samples from the area. These samples are sent to the laboratory for testing. A tiny metallic marker will be placed at the site to help locate the area again if surgery is needed.
- For an aspiration, a small needle is used to remove fluid from the area. The fluid may be sent to the laboratory for testing. A tiny metallic marker may be placed at the site if needed.
- For a drain placement, a drainage tube is placed into a fluid collection or abscess to allow continuous drainage. In some cases, the drain remains in place for several days. A portion of the drain is secured to the skin with a suture.
- The tiny metallic marker is similar to a surgical clip used in some surgeries. The marker does not set off metal detectors, is safe for MRI, and is only very rarely felt by the patient.
- The procedure usually takes about 15-30 minutes.

### Benefits:

- Imaging allows the radiologist to precisely target the area of concern.
- Provides a minimally invasive way to obtain tissue or fluid for diagnosis.
- Helps determine whether an area is benign (not cancer) or malignant (cancer), when applicable.
- Can relieve pain, swelling, or pressure caused by fluid collections or abscesses.
- Uses small needles or thin drainage tubes.
- May avoid the need for more invasive surgical procedures.
- Most patients tolerate the procedure well and return to normal activities shortly afterward.

### Risks & Potential Complications:

- The following list includes some, but not all, possible complications.
- Pain is common but usually mild, typically resolves within a few days, and can be managed with over-the-counter pain medication. Severe pain can occur but is uncommon.
- Minor bleeding is common and usually does not require medical treatment. Any resulting bruising typically resolves on its own over several days. Serious bleeding that requires medical treatment can occur but is uncommon.
- Infection can occur but is uncommon. Most infections are mild and can be treated with antibiotics.
- Injury to nearby blood vessels or nerves can occur but is uncommon.

- The metallic marker placed during the procedure can sometimes move; however, this movement rarely causes problems.
- Inaccurate or inconclusive results can occur. This may include results showing no cancer when cancer is present or suggesting cancer when it is not. In some cases, a repeat procedure or surgical biopsy may be needed.
- The fluid collection or abscess may not resolve with drainage alone and may require surgery. In addition, it may return and need to be drained again.
- Feeling faint or lightheaded (a vasovagal reaction) can occur during or after the procedure. This is usually mild and resolves quickly.
- Allergic reactions to the local anesthetic, topical antiseptic, or metallic marker are uncommon.

### **Alternatives:**

- Surgical biopsy or drainage, which is more invasive and involves stitches and a longer recovery.
- Imaging follow-up (observation), where your provider may recommend repeat mammogram, ultrasound, or MRI instead of immediate biopsy or drainage.
- Medical treatment alone (such as antibiotics for infection or pain medication) in select cases.
- Some patients choose no further evaluation or treatment; however, this carries the risk of delayed diagnosis, persistent symptoms, or progression of disease and is generally not recommended.

### **Aftercare:**

- A bandage will be applied over the procedure site. Skin glue may also be applied. Do not pick off the glue—allow it to flake off on its own over several days.
- If a drainage tube was not left in place:
  - You may remove the bandaging after 24 hours.
  - 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.
- If a drainage tube was left in place:
  - Change the bandaging as needed and anytime the bandaging gets wet.
  - 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 drain has been removed, and the site has healed.
  - You may receive instructions to inject 10 mL of sterile saline into the catheter every 12 hours to keep the catheter from clogging up.
  - Record the volume of fluid draining from the catheter (output) every 24 hours. Contact your ordering provider once the output drops to less than 10 mL per 24 hours to determine if it is time for the catheter to be removed.
- If you were provided with an ice pack, apply it to the site periodically for 15–30 minutes after your procedure.
- Do not apply lotion or ointment to the site until it has healed unless instructed to do so.
- Avoid strenuous physical activity for at least 24 hours after your procedure. Then gradually 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 may 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 increased bruising if you do so.

- Contact Radiology, your ordering provider, or your nurse 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?**

- Biopsy results are typically available within 2-4 business days (sometimes longer).
- Many aspiration and drainage procedures produce samples which are sent to the laboratory for testing. Results can take up to 5 business days (sometimes longer).
- A radiologist will contact you by telephone to review the results. Your ordering provider may contact you with results before the radiologist.
- You will also receive follow-up instructions, which may include returning to annual mammography, follow-up mammography and/or ultrasound in 3–6 months, additional imaging such as breast MRI, or evaluation by a breast surgeon and/or medical or radiation oncologist. Occasionally, additional procedures are needed.