

The ROYAL MARSDEN

NHS Foundation Trust

Having an ultrasound guided breast diagnostic procedure

Breast Unit

Patient Information



NHS

The sonographer (specialist radiographer or doctor) who has examined you has recommended that you have an ultrasound guided

- breast biopsy
- fine needle aspiration.

This leaflet may help you understand why the procedure is necessary and what to expect. If you have any questions please ask.

What is a biopsy?

A biopsy is a procedure that involves taking a sample or samples of tissue from an area needing further investigation. This procedure is done after numbing the area with lignocaine (local anaesthetic) injection. This is to ensure that you do not feel any pain and are as comfortable as possible during the procedure. A small cut is made in the skin and a special biopsy needle inserted to obtain a sample of tissue which is then sent to the laboratory for further tests.

What is a fine needle aspiration (FNA)?

A fine needle aspiration is a procedure that involves taking a sample of cells from the area needing further investigation. This procedure is done with a blood test needle and usually you will not need a local anaesthetic. The sample of cells is taken and then sent to the laboratory for further tests.

How do I prepare for the ultrasound diagnostic procedure?

There is no special preparation for this procedure. **Please tell the nurse or sonographer in the ultrasound room if you are taking any anticoagulation drugs (for example aspirin, heparin, warfarin or clopidogrel) before your biopsy.**

If you are pregnant, there is no risk to your unborn child.

What happens during the procedure?

We will call you from the waiting area into the ultrasound room. You may choose to have your friend or relative stay with you during the procedure. We will ask you to remove the top half of your clothing in the changing area and put on a hospital gown. A doctor or sonographer will take the sample(s) and a nurse or healthcare assistant will assist. The procedure can take 15 to 30 minutes to complete.

We recognise that this is an undignified procedure and will try to make you comfortable. We will ask you to lie on your back on the ultrasound couch. Your affected side will be slightly raised and your arm above your head. Please tell the staff if this position is likely to be difficult for you because of any shoulder, back or neck problems. The sonographer will perform a scan with the ultrasound to familiarise themselves with the breast area. They may need to reposition you. We will ask if you have any allergies to any tapes, plasters or drugs. The area to be investigated will then be numbed with local anaesthetic, if appropriate, given using a very fine needle. You may feel a slight stinging as the local anaesthetic is given, but this will wear off quickly.

If you are having a biopsy, the sonographer will make a small cut in your skin and, using the ultrasound as a guide, insert the biopsy needle into your breast. This may take several minutes as they guide the biopsy needle with the ultrasound. Once the needle is in the correct place we will take a sample of tissue. The biopsy needle makes a loud clicking noise as it takes the sample. Several samples may be taken. We will check with you throughout the procedure that you remain pain-free. Most people report that they feel pressure but no pain. After the samples have been taken, the nurse or healthcare assistant will apply pressure to the area before securing a dressing over the wound.

If you are having an FNA, the sonographer or doctor will insert the blood test needle using the ultrasound as a guide into the area to be investigated. This can take several minutes. After the sample has been taken, the nurse will apply pressure to the area before applying a plaster.

Are there any complications?

- Allergic reactions are rarely seen due to the type of local anaesthetic we use. However, you may experience skin redness, rash or hives.
- Very rarely a wound will begin to bleed a little after you have left the hospital. You should apply direct pressure to the wound for ten minutes. The wound should then stop bleeding.

What happens afterwards?

When the biopsy has been performed, paper stitches and a self-adhesive dry dressing will be applied to the wound. You should keep

the dressing on for 72 hours, after which it can be removed along with the paper stitches. Please keep your wound clean and dry during the first 72 hours. Occasionally it is necessary to use a more substantial pressure dressing. If this is the case we will give you any extra instructions at the time. **For FNAs**, a plaster is used which can be removed after 1 hour.

Most people feel fine following the procedure and return to their normal routine straight away. However, we recommend that you should avoid strenuous exercise for 24 hours to give the wound time to heal. You should feel fine to drive home.

After the procedure you may experience some tenderness and bruising in your breast. This is normal. To help with the tenderness, you may take a regular over-the-counter painkiller such as paracetamol or ibuprofen (not aspirin). The bruise should get better within a week.

When can I expect the result of my biopsy?

The result of your biopsy or FNA will be ready in about one week. Your clinic nurse will give you an appointment to receive the result. Occasionally, if results are not clear (usually this is for technical reasons) we may need to repeat the biopsy or FNA.

What if I have more questions?

If you have any questions or concerns please contact us:

Sutton - Rapid Diagnostic & Assessment Centre 020 8661 3845/3588

Chelsea - Breast Care Nurses 020 7808 2813

After 5pm please call the hospital switchboard on 020 8642 6011 and ask for the Clinical Site Practitioner (senior nurse) on call.

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