

Breast Biopsy

What does it mean when your doctor recommends a breast biopsy? A small piece of breast tissue is taken out. The breast tissue is sent to a pathologist, a doctor who looks at the tissue under a microscope to see if there are cancer cells. A radiologist or surgeon may do the biopsy.

There are three ways of doing a breast biopsy, excisional, stereotactic and ultrasound guided core. The advantages and disadvantages will be explained and your primary doctor, a radiologist or surgeon will help you choose which is best for you.

Excisional Breast Biopsy

(Open biopsy)

An excisional biopsy removes the whole area of suspected abnormal breast tissue (or lump). This biopsy is done in the hospital as outpatient at the Center for Ambulatory Services. You may be put to sleep. If the surgeon can feel the lump, he / she will remove it. If the lump cannot be felt and only seen on mammogram or ultrasound a radiologist will help by first putting a needle into the breast to guide the surgeon in locating the area or lump. This procedure is called a Marking Mammogram or Needle Localization.

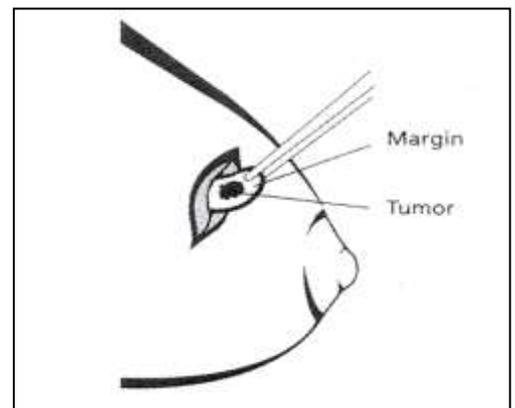
After the lump is removed, the breast will be sewn together with stitches. There can be a scar, but usually over time the scar will fade.

Advantages:

- The whole area of abnormal breast tissue (lump) is removed.

Disadvantages:

- You may be put to sleep with the risk of problems.
- If the lump is not cancer, normal breast tissue has been removed.
- Soreness at the biopsy site.
- Requires the day of surgery off work.
- If the lump is cancer, you will need a second surgery to make sure the margins are clean (no cancer cells are left) and/or to check the lymph nodes in your axilla (underarm area) for spread of cancer cells.



Marking Mammogram or Needle Localization

Breast needle localization is a safe and easy procedure. Most patients experience only a small amount of discomfort.

Your surgeon will schedule your procedure. You will register at the Center for Ambulatory Services and be directed to the pre-op area. About 1 to 1 ½ hours before your scheduled surgery time, you will be taken to the Breast Center in a wheelchair. A radiologist will use ultrasound or x-ray to locate the area of abnormal tissue.

The radiologist will numb the area with local anesthetic. You may feel a prick and a small amount of burning due to the numbing medicine. Then a special type of needle with a fine wire inside it will be guided to the area. Another x-ray or ultrasound is taken to show that the needle is in the abnormal tissue. The needle and wire are left in the breast until you are brought to surgery. The needle and wire mark the area of abnormal tissue for the surgeon. By locating this area, the surgeon is able to remove the abnormal tissue without removing a large amount of normal tissue.

After the needle localization procedure is completed, you will return to the pre-op area. From there you will be taken to the operating room. A local or general anesthetic will be given before the surgery. The surgeon makes an incision and removes the abnormal tissue and the needle and wire. This tissue will be sent to the Breast Center to be either x-rayed or evaluated with ultrasound. This will confirm that the abnormal area is removed. The tissue will be sent to the Pathology Department.

