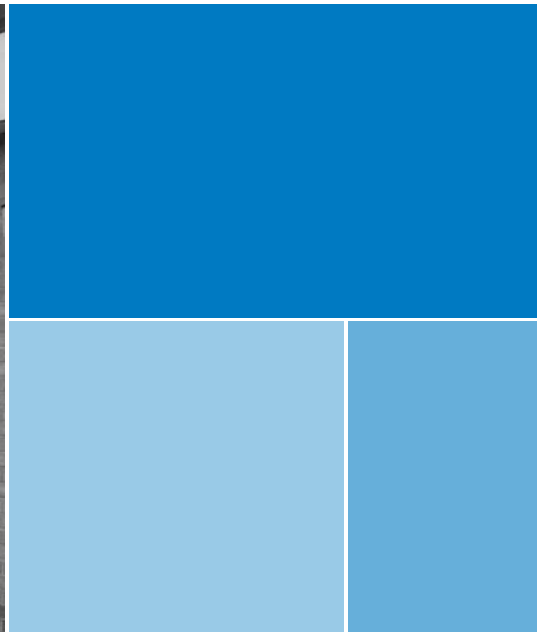


# Information for patients attending Breast Imaging



Patient Information  
Department Folder

**Telephone: 01493 452885**



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## Introduction

Patients visit our department for different reasons.

### **Screening Mammograms**

Most of the women we see are having screening mammograms. These women are not having a problem investigated and go home after having their mammogram. They will get their results from the NHS Breast Screening Programme.

### **Follow-up Mammograms**

Some patients have had problems in the past and are having follow-up mammograms. These patients will often have a mammogram and go home. They will get their results from their breast surgeon.

### **Assessment and Surgical Referrals**

Most patients having a problem investigated will have imaging examinations according to their clinical need.

Because different patients receive different investigations according to the findings of the radiologist (doctor specialised in medical imaging) there can sometimes be a wait for the procedure that you need

Information about these investigations can be found in this folder.

## Staff involved in Breast Imaging

### **Clerical Team**

This team mans our telephones and reception desk. They manage our appointments, type the reports to go to the surgeons and, where necessary, get patients changed before they see the clinical staff.

They wear pink tunics.

### **Radiographers**

This team of female only staff undertake mammograms, supervise assistant practitioners and assist the radiologist with procedures.

They wear white tunics with blue on them.

### **Advanced Practitioners / Consultant Radiographers**

These radiographers can undertake radiology work without a radiologist. They can specialise in stereotactic procedures, ultrasound and / or read films.

They wear white tunics with blue on them.

### **Assistant Practitioners**

This team of female only staff also undertake mammograms and assist radiologists and radiographers with procedures.

They wear plain white tunics.

### **Consultant Radiologist**

Consultant radiologists are doctors who specialise in diagnosing medical conditions from images. They can also use imaging equipment to guide needles to an area of interest.

### **Breast Care Nurse**

Breast Care Nurses are trained to provide help and support for patients with breast problems. They are normally only here on an Assessment Clinic in the ultrasound room. However if you wish to talk to a Breast Care Nurse at a different clinic please ask the reception staff and they will contact them.

They can also be contacted Monday to Friday, 9:00 - 4:30 on 01493 452447

**Pathologist**

You won't meet the pathologist. They are doctors who specialised in making a diagnosis by looking at cells and tissue using a microscope. They advise the radiologists and breast surgeons of their findings.

**Breast Surgeons**

You may have already seen the surgeon or we may need to refer you to them. They give the results of any biopsies that may have been taken and if there is a need they will advise on the best treatment for you.

# Mammography

## **Why?**

Mammograms show the whole of the breast at once. The images can be compared with previous images to look for change. Mammograms can show cancers and pre-cancerous changes before they can be felt.

If you have found a lump, mammograms provide different information to that an ultrasound provides.

## **What does it involve?**

You will be asked to undress from the waist up. Your breasts will be x-rayed one at a time. Two pictures will be taken of each breast (one up and down, the other sideways). It takes under 10 minutes for the examination.

Your breasts will be placed onto the table of the mammography machine and a plastic plate will press the breast firmly for a few seconds so that a clear picture can be taken.

## **Are there any disadvantages?**

Most find having a mammogram uncomfortable. Some find it painful, but only for a few seconds. Very few find the pain lasts longer than this.

Having a mammogram means your breasts are exposed to a small amount of radiation.

Sometimes a mammogram will look normal, even if a cancer is present.

Sometimes a mammogram will not look normal and you will be recalled for more tests, but cancer is not present.

## Additional Mammography Films

We may need to do some or all of the following views and they take about 10 minutes to complete. We may only need to repeat one or more of the standard mammography films. The radiologist will advise on what is appropriate in individual cases.

### **Are there any disadvantages?**

The compression view squashes a smaller area than a normal mammogram so it can be more uncomfortable but it is just as quick.

For the other views the level of discomfort is about the same as a normal mammogram.

A small amount of radiation is used.

## **COMPRESSION VIEWS**

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### **Why?**

Because of its shape, it can be difficult to get even pressure over the whole of the breast. Some areas of breast tissue may not, therefore, be as clearly seen as others and sometimes the overlapping structures in the breast may give the false impression that there is an abnormality present.

### **What does it involve?**

By using a device known as a "compression paddle" a smaller area of breast can be compressed on its own. If the abnormal appearance on the original view is due to overlapping normal breast tissue, the compression view will help because the structures will be spread apart. If there is a little abnormality hiding behind the overlapping structures, a compression view will make it more obvious by pushing these out of the way.



## **EXTENDED VIEWS**

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### **Why?**

Sometimes an area of breast tissue needing further examination is a long way back in the breast and is only partly shown on the routine mammograms. Occasionally, an area like this is seen in one position, but not in a different position.

### **What does it involve?**

It is very similar to a standard mammogram, but the radiographer will adjust the angle of the machine and your position to ensure that the part of the breast in question is demonstrated on the image.

## **TRUE LATERAL**

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### **Why?**

As explained under compression views, overlapping breast tissues can give the impression of an abnormality being present in the breast. A true lateral view is a way of looking at the tissue from another angle.

### **What does it involve?**

It is very similar to a standard mammogram, but the radiographer will turn the machine to its side before placing your breast in position and taking the image.

### **Are there any disadvantages?**

The level of discomfort is about the same as a normal mammogram.

A small amount of radiation is used.

## **MAGNIFICATION VIEWS**

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### **Why?**

Calcification (small calcium deposits) in the breast are very common. In most cases, it is entirely benign (not cancerous). Many “normal” structures calcify, including skin glands and blood vessels.

Certain types of calcification can, however, be associated with breast cancer. Other types can be associated with the possibility that you may have an increased risk of breast cancer in the future. These kinds of calcification usually look slightly different from benign calcification. When we see calcification on a mammogram, we sometimes wish to have a closer look at it. To do this, we would ask for a magnification view. When the area is magnified on a film, it is easier to identify the type of the calcifications.

### **What does it involve?**

It is very similar to having a basic mammogram taken, but a platform device is attached to the mammography machine to increase the distance between your breast and the image plate. This has the effect of magnifying the appearance of the breast tissue on the image, enabling the doctor to examine it more closely.

## Ultrasound (U/S):

### **Why?**

Ultrasound is a way of looking at the breast using sound waves. Many women may have had an ultrasound when pregnant. If there is an area that we are uncertain about, or if you have a lump that we cannot fully explain on the mammogram, we may wish to look at it with ultrasound.

### **What does this involve?**

It is a painless procedure that takes about 10 minutes. The area we are interested in is covered with ultrasound jelly. This is to exclude air to improve contact between the skin and the ultrasound probe, (the instrument we use to do the scan). We can then scan the area and take pictures to record what we have seen. Ultrasound and mammography are complementary. Often the things that are very difficult to see on mammography are easier on ultrasound and vice versa.

### **Are there any disadvantages?**

U/S is very good at looking at small areas of the breast. It is not a good technique for screening where an overview is needed to allow for comparison.

# Needle Biopsies

## CORE BIOPSY

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### **Why?**

Where there is a mass a core biopsy will take a sample of tissue to enable the pathologist to make a diagnosis.

### **What does this involve?**

The nature of the area we need to biopsy will determine if the ultrasound machine (U/S) or the x-ray stereotactic machine is used. When using U/S it is often undertaken immediately following your standard U/S and takes about 10 minutes.

When using an x-ray machine you may be either sitting or lying with your breast in compression. X-rays are taken throughout the procedure to ensure accuracy. This technique can take 30 minutes so may need a separate appointment.

This type of biopsy takes several samples of tissue and because of this, we give you a local anaesthetic.

A special needle is put into an automatic device known as a "gun". We will show you how this sounds before we start the procedure. The needle is put into the breast through a small hole in the skin. Because we need to get a good sample of tissue, the gun may need to be used up to 10 times. The local anaesthetic should prevent you feeling this, so do not worry too much.

A clip (marker) may be put in the breast so that the area can be found again if a follow-up examination is needed.

When the procedure is finished pressure will be used to help stop the bleeding and prevent bruising. A pressure dressing will also be used to help with this.

An appointment will be made for you with a surgeon so that you can get the results as quickly as possible.

### **Are there any disadvantages?**

Strenuous work, household or sporting activities should be avoided for the next 24 hours.

As this biopsy takes several samples, you are likely to get a bruise around the area after the procedure. We suggest that when you get home you take some painkillers. **Aspirin should not be taken.** You may feel more comfortable wearing a non-wired bra at night.

At the time of the biopsy there may have been quite a lot of bleeding. We will have already shown you how to compress the breast to stop the bleeding before allowing you to go home. Rarely, the bleeding may start again. If this happens do not panic. Sit or lie down and firmly compress the breast until it stops bleeding.

It is very unusual to get an infection in the breast following a biopsy, but in the same way a small cut or bite can become infected, it is a possibility.

## **VACUUM ASSISTED BIOPSY / EXCISION**

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### **Why?**

When a sample needs to be taken of an area of calcification or a larger sample than a core biopsy.

### **What does this involve?**

This examination may need a separate appointment as it can take 45 minutes.

The nature of the area we need to biopsy will determine whether the ultrasound machine (U/S) or the x-ray stereotactic machine is used. The U/S technique is the same as a standard U/S.

When using an x-ray machine you will be lying on your tummy. X-rays are taken throughout the procedure to ensure accuracy. This type of biopsy takes several samples of tissue and because of this, we give you a local anaesthetic with adrenaline to reduce bleeding.

The needle is put into the breast through a small hole in the skin. You will hear a mechanical noise as the machine takes the samples. Up to 12 samples may be taken. The local anaesthetic

should prevent you feeling this, so do not worry too much.

A clip (marker) may be put in the breast so that the area can be found again if a follow-up examination is needed.

When the procedure has finished pressure will be used for 10 minutes to help to stop the bleeding and prevent bruising. A pressure dressing and bandage around your body will also be used to help with this.

An appointment will be made for you with a surgeon so that you can get the results as quickly as possible.

### **Are there any disadvantages?**

Strenuous work, household or sporting activities should be avoided for the next 24 hours.

As this biopsy takes several samples, you are likely to get a bruise around the area after the procedure. We suggest that when you get home you take some painkillers. **Aspirin should not be taken.** It is best if the bandage stays on for 24 hours.

At the time of the biopsy there may have been quite a lot of bleeding. We will have already shown you how to compress the breast to stop the bleeding before allowing you to go home. Rarely, the bleeding may start again. If this happens do not panic. Sit or lie down and firmly compress the breast until it stops bleeding.

It is very unusual to get an infection in the breast following a biopsy, but in the same way a small cut or bite can become infected, it is a possibility.

## **FINE NEEDLE ASPIRATION BIOPSY (FNA)**

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### **Why?**

If a lymph node is enlarged or looks suspicious a fine needle aspiration will take a sample of cells to enable the pathologist to make a diagnosis.

### **What does this involve?**

The ultrasound machine is used to guide the procedure and only takes a couple of minutes.

It is similar to having a routine injection, but instead of injecting a liquid into your body we use a needle and empty syringe to remove a few cells. The cells are then sent to the pathologist. We will make you an appointment with a surgeon so you can get the results as quickly as possible.

### **Will it hurt?**

It may be a little uncomfortable but is all over very quickly. We do not recommend the use of local anaesthetic because the needle for the anaesthetic often hurts more than the biopsy. Also, the local anaesthetic can occasionally confuse the result.

### **Are there any disadvantages?**

Because only a few cells are taken the pathologist may not have enough information to give a result.

There is the possibility of an infection in the same way a small cut or bite can become infected.

## **ASPIRATION (CYST DRAINAGE)**

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### **Why?**

When a cyst is causing discomfort aspiration (removing the fluid) can give relief. Aspirating it can also allow more detail to be seen of other areas in the breast.

### **What does this involve?**

The ultrasound machine is used and takes about 5 minutes.

It is similar to having a routine injection but instead of injecting a liquid into your body we use a needle and empty syringe to remove the fluid. If it is a simple cyst the fluid is disposed of.

### **Will it hurt?**

It may be a little uncomfortable but is all over very quickly. We do not recommend the use of local anaesthetic because the needle for the anaesthetic often hurts more than the aspiration.

### **Are there any disadvantages?**

The cyst may refill.

There is the possibility of an infection in the same way a small cut or bite can become infected.



## **DRAINAGE**

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### **Why?**

If an infection has developed in the breast there may be a collection of fluid that needs removing.

### **What does this involve?**

The ultrasound machine is used and can take 15 minutes.

It is similar to having a routine injection but instead of injecting a liquid into your body we use a needle and empty syringe to remove the fluid. Local anaesthetic is used. The fluid removed may be sent to the pathologist. If this is so we will make you an appointment with a surgeon so you can get the results as quickly as possible.

### **Will it hurt?**

An infected breast is already very painful and unfortunately the local anaesthetic doesn't always work as well as we would wish.

### **Are there any disadvantages?**

The fluid can build up again.

## **LOCALISATION**

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### **Why?**

If surgery has been decided as the best treatment we can assist by putting a localising wire in.

### **What does this involve?**

This is usually done in the morning on the day of your surgery and can take 30 minutes. The nature of the area to be removed will determine whether the ultrasound machine (U/S) or the x-ray stereotactic machine is used. The U/S technique is the same as a standard U/S.

When using an x-ray machine you may be sitting or lying with your breast in compression. X-rays are taken throughout the procedure to ensure accuracy.

Local anaesthetic is given before a localising wire is inserted into the breast. The area is then covered and two mammograms are taken (one up and down, the other sideways).

A dressing is applied.

When the area is removed by the surgeons in theatre it is then x-rayed in our department to ensure that as much of the area seen on your x-rays has been removed.

## More Information and Support

If you have any questions about the service you can:

- Contact the department on **01493 452885**  
Monday – Thursday 8.30am to 5pm. Friday 8.30am to 4pm
- Contact the Breast Care Nurses on **01493 452447**  
Monday – Friday 9am to 4.30pm
- Visit the cancer-screening programme website at **[www.cancerscreening.nhs.uk](http://www.cancerscreening.nhs.uk)**
- Visit NHS Choices at **[www.nhs.uk](http://www.nhs.uk)**
- Contact NHS Direct on **0845 4647**
- Contact Health Talk Online at **[www.healthtalkonline.org](http://www.healthtalkonline.org)**
- Contact Cancer Research UK by phoning **08080 800 4040** or by going to **[info.cancerresearchuk.org](mailto:info.cancerresearchuk.org)**
- Contact Breakthrough Breast Cancer by phoning **08080 100 200** or by going to **[breakthrough.org.uk](http://breakthrough.org.uk)**
- Contact Breast Cancer Care by phoning **0808 800 6000** or by going to **[www.breastcancercare.org.uk](http://www.breastcancercare.org.uk)**



The hospital is able to arrange for an interpreter to assist you in communicating effectively with staff during your stay through INTRAN.

communication for all  
If you need an interpreter or a person to sign, please let us know.

If you require a large print version of this booklet, please contact PALS on  
**01493 453240**