BREAST PROCEDURE PATIENT INFORMATION

Please see the reverse side for further information.

☐ STEREOTACTIC CORE BIOPSY* Right / Left / Bilateral # of Areas:_____

☐ ULTRASOUND GUIDED CORE BIOPSY Right / Left / Bilateral # of Areas:_____

☐ CYST ASPIRATION/FNA Right / Left / Bilateral # of Areas:_____

*Due to the mechanics there is a weight limit on the stereotactic table of 300lbs.

• Tylenol can be taken safely before and after the procedure.
• If you have a bleeding disorder, please notify us.
• Discontinue aspirin and aspirin-containing products (Anacin, Bufferin, generic aspirin products), nonsteroidal anti-inflammatory drugs (Advil, Aleve, Motrin, Naprin, Celebrex, Naprosyn, Naproxen, generic NSAIDs) and other blood-thinning medication 5 days prior to your appointment, unless otherwise directed by your M.D.
• If you are taking a medication and are uncertain if it is a blood thinner, please call our office or your M.D.
• If you take Coumadin, Plavix, Pradaxa, or Heparin, call your M.D. prior to biopsy. We recommend stopping these medications 5 days prior to biopsy, as advised by your M.D. Coumadin and Heparin patients need PT/PTT tests 1 day prior to the biopsy appointment. The blood work should be ordered by your physician with RESULTS SENT/FAXED TO OUR CENTER ASAP.
• If you are required to take antibiotics when having dental work or other invasive procedures due to heart valve replacement, joint replacement, or for other reasons, please call your M.D. prior to biopsy to arrange for antibiotic coverage.
• If you have an allergy to local anesthetic, medications, adhesive tape or latex, please advise the biopsy technologist.
• Eat a light meal before reporting for the procedure.
• Wear comfortable clothing.
• You may wish to have someone accompany you to drive you home after the procedure.
• Following a core biopsy procedure you will need to apply ice to the area for the remainder of the day and refrain from strenuous activity for 48 hours.
• Most patients can return to work the day after the biopsy.

☐ DUCTOGRAM

• Eat a light meal before reporting for the procedure.
• If you have an allergy to local anesthetic, x-ray contrast, medications, adhesive tape or latex, please advise the technologist.

Patient Name: ____________________________ ID #: _______________________

Biopsy Appointment Date and Time: ______________________________________

F/U Appointment (if applicable): ______________________________________

Nurse Practitioner Appointment Date and Time: __________________________

Person Booking: __________________________ Discontinued Medication Form Given: □
Your physician has requested a biopsy of the breast.

**STEREOTACTIC CORE BIOPSY**

Biopsy will be performed using computer assisted mammography (stereotactic guidance). The procedure requires lying on your abdomen. Your breast will be compressed and a series of x-rays will be taken to guide placement of the biopsy device.

**ULTRASOUND GUIDED CORE BIOPSY**

Biopsy will be performed using ultrasound guidance. You will lie on your back on an examination table with your arm behind your head.

**CYST ASPIRATION/FNA**

With these procedures cells and/or fluid are removed from a mass, usually using a small needle with ultrasound guidance. A clip may be placed after the procedure. Possible risks and complications are uncommon but similar to those for core biopsy.

Stereotactic and Ultrasound Core Biopsies

Your skin will be washed with sterilizing solution (Betadine, an iodine-containing antiseptic) and will be numbed with local anesthetic (lidocaine). Lidocaine mixed with epinephrine may be used as well to minimize bleeding. A small skin incision will be made to allow placement of the needle. The device used for the biopsy makes noise when taking tissue samples. It is extremely important that you remain still during the procedure. Motion reduces the accuracy of the procedure and may lead to complications. Once the area is localized, several samples are usually taken from different parts of the abnormality.

At the end of the procedure, a tiny metallic clip measuring approximately 1/10th of one inch may be placed into the breast through the biopsy probe, to help localize the area for future surgery if a concerning finding is diagnosed by the biopsy.

This procedure will last from 30-60 minutes. When finished, a dressing will be applied and you will be given written and verbal instructions for care of the puncture site and dressing.

The risks associated with the procedure are low. You will experience some soreness and bruising in the breast for several days. A hematoma (collection of blood) may develop in the breast that may rarely require drainage. Infection is another rare but possible complication, which may require antibiotic treatment and possibly drainage. Chest wall injury and pneumothorax (punctured lung) are extremely rare but possible complications. Positioning during the procedure may cause neck and/or back discomfort that may persist after the procedure, especially if any arthritic conditions exist.

Although the procedure has been proven to be extremely accurate, there is a chance that the abnormality may not be sufficiently sampled and surgical biopsy may be needed. Surgery will also be recommended if the core biopsy results indicate a malignancy, a lesion with malignant potential, or a lesion that is commonly associated with malignancy.

Cyst Aspiration/FNA

With these procedures cells and/or fluid are removed from a mass, usually using a small needle with ultrasound guidance. A clip may be placed after the procedure. Possible risks and complications are uncommon but similar to those for core biopsy.