

Care after your biopsy

When the biopsy is completed a member of the team will press firmly over the wound for about 5–10 minutes to ensure any bleeding has stopped before putting a dressing on the skin.

Before you leave the department we will ensure you have an appointment for your results. This will normally be within two weeks of your biopsy.

Following the biopsy it is usual to develop some bruising. This may be mild or quite marked in some cases. It does depend very much on the individual.

When the local anaesthetic wears off after a few hours the area may feel sore and we would recommend that you take a normal dose of a painkiller if you wish for a couple of days – such as paracetamol or codeine.

If you need to take Aspirin for any other condition continue to take your recommended dose but do not take extra Aspirin as a pain killer, as this will encourage bleeding and bruising.

Wash or shower the area but being careful to minimise wetting of the area. Do not soak the area in the bath during the 48 hours after the biopsy.

For 24–48 hours avoid strenuous activity or heavy lifting. Other than this you can carry on with your normal routine if you feel you want to. It's

probably a good idea not to have any particular plans for the rest of the day though, so you can rest a little.

If you experience any bleeding at the biopsy site then apply firm pressure over the dressing for 10–15 minutes. After 5 days the steristrips should be gently eased away from the wound. Please do not pull the steristrips as this may encourage the wound to open.

If you are at all concerned please contact one of our Breast Care Nurses on: **0121 371 4499**.

(Any messages left on the answer phone will be dealt with as soon as possible).



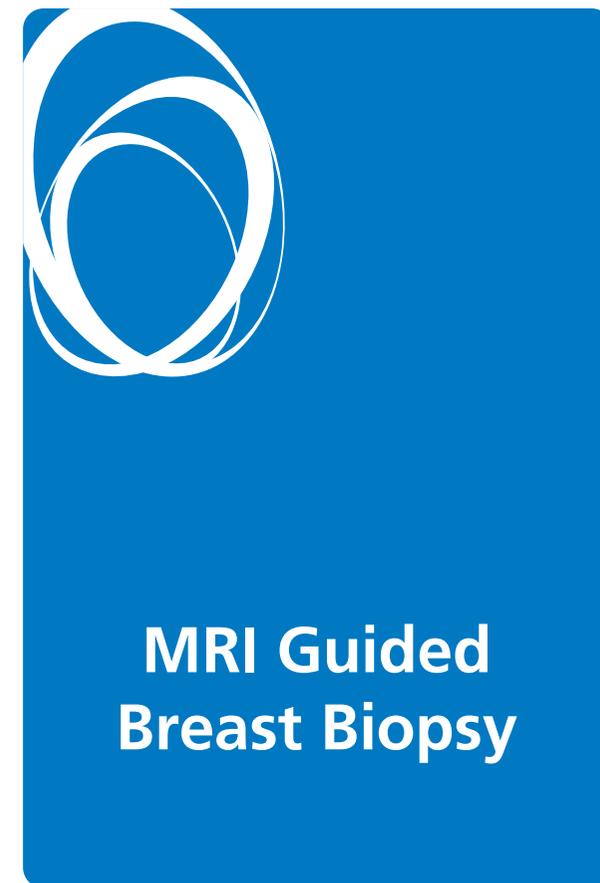
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Understanding your MRI breast biopsy

This leaflet aims to explain the biopsy procedure and hopefully answer some of the questions you may have.

The intended benefit of this biopsy is to determine the nature of an area identified on a previous scan. Risks of the biopsy are bleeding, bruising and a small scar.

Biopsies are performed under MRI (Magnetic Resonance Imaging) guidance when an area cannot be seen with other imaging techniques and as a result can only be biopsied using MRI.

During the procedure small samples of breast tissue are removed for examination. The biopsy is performed by a imaging consultant with assistance from radiographers.

Allow about 1½ hours in total for the appointment. Most of this time is taken in preparation and positioning. The actual taking of the biopsy only lasts a few minutes.

The procedure

Before entering the MRI scan room the procedure will be explained to you once more. Please feel free to ask any questions. You will then be asked to sign a form giving your consent to the biopsy procedure.

The first part of the procedure is very much like your previous MRI scan. Contrast may need to be injected during the initial scans and the images produced will be used to find the exact area to be biopsied.

It is therefore very important to keep as still as possible so that the position of the area to be sampled does not change.

During the procedure a piece of equipment will be attached to the MRI scan table which we will use to guide the needle to the correct area in the breast. The imaging consultant will adjust the needle to the correct position and will then inject some local anaesthetic into your breast (this feels like a bee sting for a few seconds) to make a small area go numb.

When the area is numb the imaging consultant will then make a small cut in the skin to allow the biopsy needle to pass through. A further short scan is performed to check the position of the needle in the breast.

The imaging consultant will then return to the scan room to perform the actual biopsy. Using a biopsy device, samples are taken. The cores are processed and examined by the pathologist and this can often take up to two weeks.

Use of a marker clip

During an MRI guided breast biopsy a very small metal marker clip is routinely placed in the site of the biopsy. This ensures that if the area of concern turns out to be cancerous or pre-cancerous and requires removal at an operation, the same area can be accurately located again. It also means that we can locate the same area using other forms of imaging – such as mammography or ultrasound.

The clip is about 2mm in size and is made of titanium (the same metal that many artificial joints are made of) and will cause no problems or side effects. It will not set off alarms at airports and can remain in the breast forever without you being aware of its presence.