



University Hospital Birmingham
Breast Service

X-ray guided
Vacuum Assisted Biopsy
Information for patients

Building healthier lives

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Understanding the procedure

This leaflet aims to explain a vacuum assisted biopsy procedure and to answer some of the questions you may have. You will have the opportunity to ask the radiologist/consultant radiographer further questions when you arrive for your appointment and before your written consent to the procedure is obtained.

Why do I need a vacuum assisted biopsy?

Your mammogram has shown an abnormality in your breast. In the past patients with such abnormalities may have been monitored over a period of time to check for change. In some cases it may have been recommended that the area was removed by an operation. However, in most cases this type of abnormality would turn out to be benign (of no health risk) and the patient could have had an operation that turned out to have been unnecessary.

Vacuum assisted biopsy is a very accurate technique. It allows us to assess an abnormality in a less invasive way than a surgical operation and without the need for a general anaesthetic. Recovery time is much faster and scarring is minimal.

Alternatives

There is no suitable alternative procedure that can be offered to you other than a vacuum assisted biopsy within this Trust.

Risks

With this procedure there is a risk that you may experience post procedure bleeding in the area where the vacuum assisted biopsy has pierced the skin. There is also a small risk of infection. If you are concerned about the risks associated with this procedure please do not hesitate to contact the Breast Unit on **0121 335 8050**.

As part of the vacuum assisted biopsy procedure an X-ray will be used to locate the area of concern. You will receive the lowest dose of radiation to minimise any risk. As with all radiation based examinations there is a potential risk of causing a cancer.

How is the vacuum assisted biopsy performed?

The biopsy is performed by a radiologist/consultant radiographer, a radiographer and an assistant. You should allow about one hour, in total, for the appointment. Occasionally if the biopsy is technically difficult it may take longer, but most of the time is taken in preparation, positioning and aftercare. The actual taking of the biopsy lasts only a few minutes. Once the procedure has been explained to you and you have had the opportunity to ask questions, we will ask you to sign a form giving your consent to the procedure.

In the examination room the radiographer and assistant will position you for the procedure. We will do everything we can to get you as comfortable as possible at this stage.

Your breast will then be compressed in a manner similar to a normal mammogram but using a plastic compression paddle with a 'window' cut out, through which the biopsy will be taken. An X-ray is taken to check the accuracy of the position at this stage. From this point onwards it is essential that your position doesn't change therefore you will need to keep completely still. When the correct position has been confirmed, two further X-rays are taken from different angles from which the computer calculates the exact position for the biopsy needle.

The radiologist/consultant radiographer will now clean the skin and inject a local anaesthetic (this feels a bit like a bee sting for a few seconds) to make the area go numb. When the area is numb the radiologist/consultant radiographer will make a very small cut in the skin (about 4–5mm) to allow the biopsy needle to pass through. Further X-rays will be taken as a final check on the accuracy of the needle position. The tissue samples are then obtained.

Whilst sensitivity and pain thresholds vary, most people find that the biopsy is only slightly uncomfortable for brief periods of time.

It is unusual for people to find it very painful and we will be talking to you throughout the procedure and endeavouring to minimise your discomfort.

The biopsy needle is attached to a suction tube and will clear any bleeding from the area. The equipment makes a variety of noises whilst in operation but we will warn you about this at the time.

When the tissue samples have been obtained we can usually X-ray them to check that we are happy that the right area has been biopsied.

Use of a marker clip

Sometimes we will have removed all or most of the area of concern. If these cells turn out to be cancerous or pre-cancerous, then it is likely that a larger area of normal tissue around the site would need to be removed during an operation. So that we can feel confident that no suspicious cells have been left behind we will insert a very small metal clip into the site of the biopsy so that the area can easily and accurately be located again if necessary. The clip is about 2–3 mm in size, 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 any alarms at airports and should you need no further treatment it can be left in your breast forever. You will not be aware that it is there.

When the biopsy is completed and, where necessary, the clip inserted we will remove the compression paddle. One of the staff will compress the wound firmly for about 5–10 minutes to ensure any bleeding has stopped before putting a dressing on the wound.

After-care following biopsy

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, such as paracetamol, for a few days. If you need to take aspirin for any other condition continue to take your recommended dose but do not take extra aspirin as a painkiller, as this will encourage bleeding and bruising.

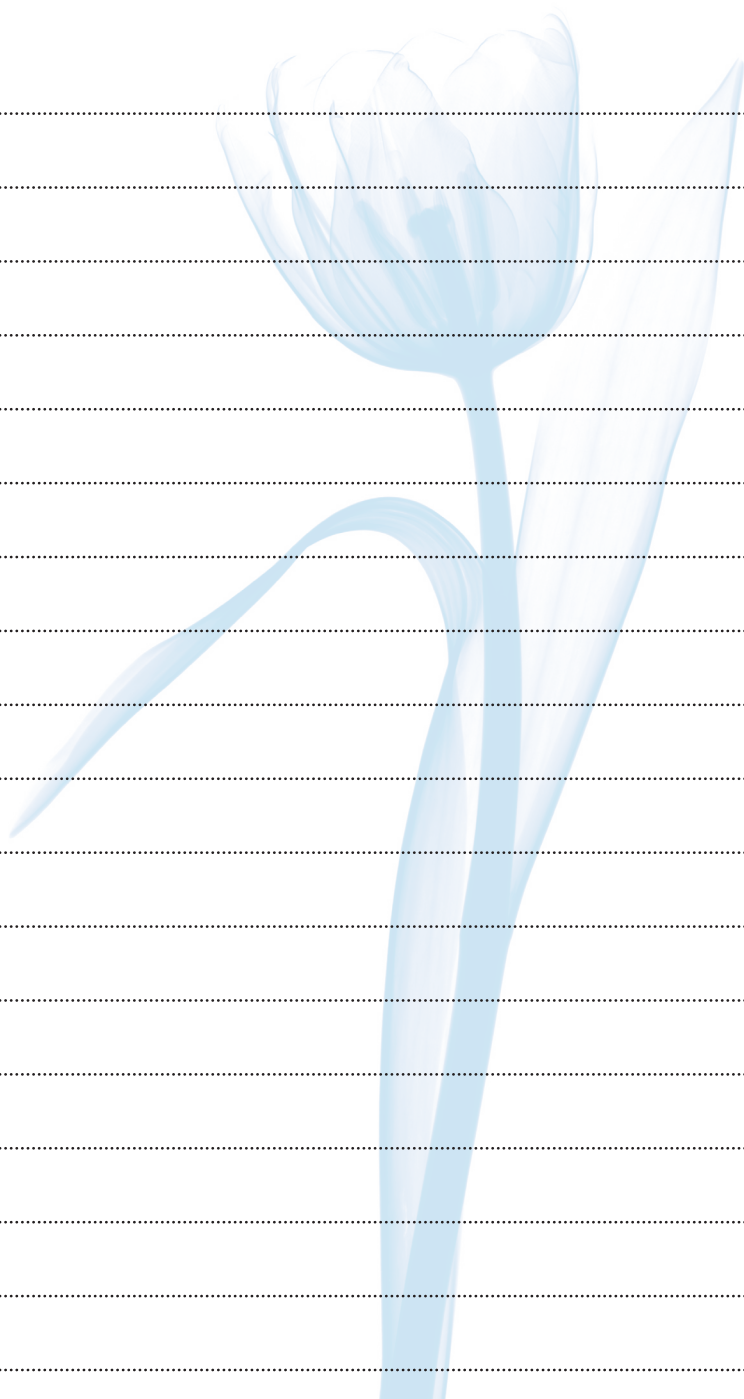
You may wash or shower but be careful to minimise wetting of the area. Do not soak the area in the bath for the next 48 hours.

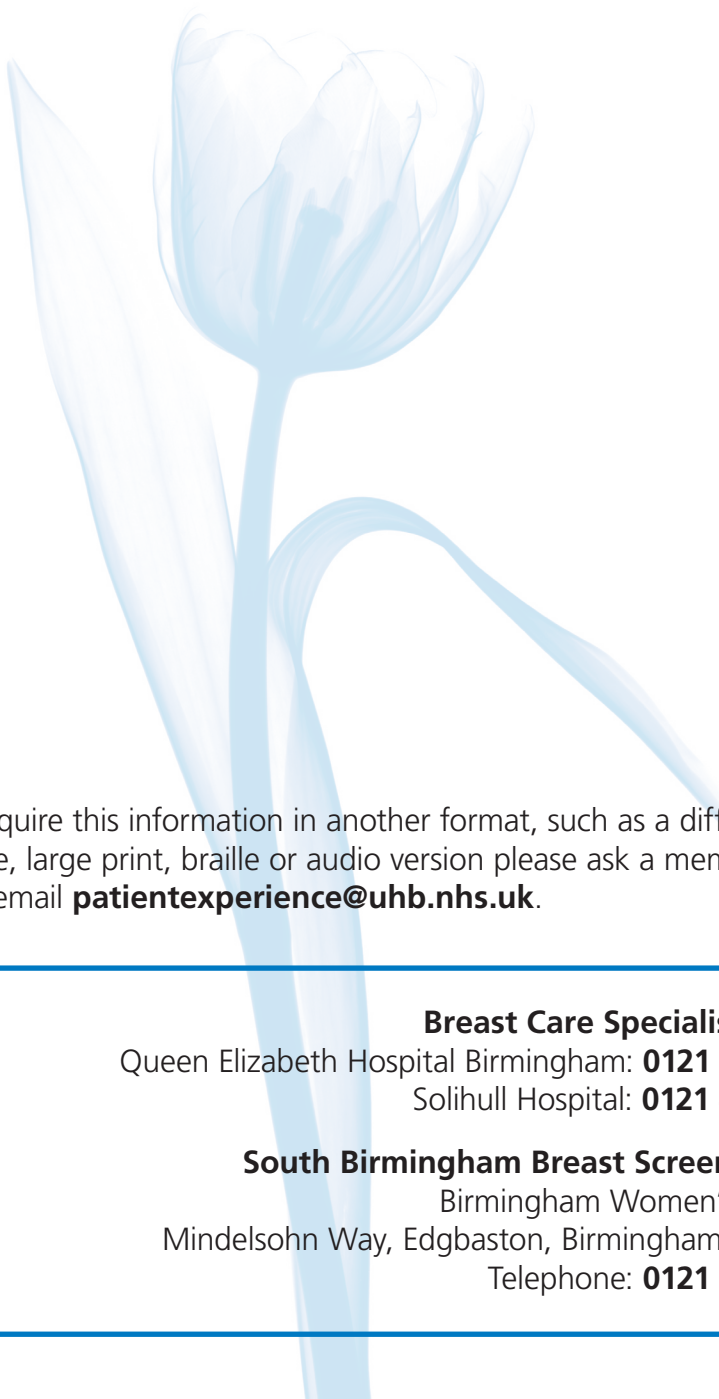
For the next two days (24–48 hours) after the procedure avoid strenuous exercise or heavy lifting. Other than this you can carry on with your normal routine if you feel you want to. It's probably a good idea not to have any particular plans for the rest of the day of the test though, so you can rest a little.

The tissue will be sent to the laboratories for careful analysis. Before you leave the department we will ensure you have an appointment for your results. This will normally be one to two weeks after the biopsy.

Please use the space below to write down any questions you may have and bring this with you to your next appointment.

A faint, light blue illustration of a tulip flower with a long stem and a single leaf, positioned on the left side of the page. The flower is in the upper left, and the stem extends downwards. The leaf is on the right side of the stem, curving outwards. The entire illustration is very light and serves as a background element.





If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email **patientexperience@uhb.nhs.uk**.

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