Breast Symptomatic Service
X-ray guided vacuum assisted biopsy

Understanding the procedure

This leaflet explains a vacuum assisted biopsy and answers some questions you may have. You will be able to ask the radiologist or consultant radiographer further questions when you arrive, before you give written consent.

Why do I need a vacuum assisted biopsy?

Your mammogram has shown an abnormal area in your breast.

A vacuum assisted biopsy is a very accurate test. It allows us to assess the area without surgery or a general anaesthetic. Recovery is quicker and there is minimal scarring.

Alternatives

There is no suitable alternative to this procedure within the Trust.

Risks

There is a risk of bleeding where the biopsy needle enters the skin. There is also a small risk of infection.

If you have any concerns, please contact the breast imaging symptomatic team on 0121 424 5271.

This procedure uses X-rays to locate the area. You will receive the lowest possible dose of radiation. As with all radiation-based tests, there is a very small risk of causing cancer.

Blood thinning medication (anticoagulants)

Please tell us in advance if you are taking blood thinning medication such as:

Warfarin	Dipyridamole	Enoxaparin	Dabigatran
Sinthrome	Clopidogrel	Tinzaparin	Apixaban
Dindevan	Prasugrel	Daltelparin	Rivaroxaban
Aspirin	Ticagrelor	Fondaparinux	Edoxaban

Please call the breast imaging symptomatic team on 0121 424 5271 or 0121 424 7374. Some medications may need to be stopped before the procedure.

How is the vacuum assisted biopsy performed?

The biopsy is carried out by a radiologist or consultant radiographer, supported by a radiographer and an assistant.

Your appointment will take about one hour. The biopsy itself only takes a few minutes.

Occasionally, it may take longer if it is technically difficult. Most of the appointment is spent on preparation, positioning and aftercare.

Before the procedure, it will be explained to you, and you will have the chance to ask questions.

You will then be asked to sign a consent form.

In the examination room, the radiographer and assistant will position you. We will do everything we can to help you feel comfortable.

Your breast will then be compressed in a similar way to a mammogram, using a plastic paddle with a small opening. X-rays are taken to check the position.

From this point onwards, it is important that you keep completely still. Further X-rays are taken from different angles. The computer then calculates the exact position for the biopsy needle.

The radiologist will clean the skin and inject local anaesthetic. This may feel like a brief stinging sensation. A small cut (about 4–5mm) will then be made to allow the needle to pass through.

More X-rays are taken to check the position before samples are taken.

People experience pain differently, but most find the procedure only mildly uncomfortable for short periods. It is unusual for it to be very painful. We will talk to you throughout and do our best to keep you comfortable.

The biopsy needle is attached to a suction tube, which clears any bleeding from the area. The equipment makes a variety of noises while it is operating, but we will explain these to you at the time.

Once the tissue samples have been taken, we can usually X-ray them to check that the correct area has been biopsied

Use of a marker clip

During the biopsy, we may remove most or all of the area of concern.

If these cells are found to be cancerous or pre-cancerous, you may need an operation to remove a larger area of tissue. To help us find the exact area again, we may place a very small metal clip in the biopsy site.

The clip:

- is about 2–3mm in size
- is made of titanium (a metal commonly used in medical implants)
- will not cause any problems or side effects
- will not set off airport alarms

If no further treatment is needed, the clip can remain in your breast permanently. You will not be aware of it.

When the biopsy is complete, and if a clip is inserted, the compression paddle will be removed. A member of staff will press firmly on the area for 5–10 minutes to stop any bleeding. A dressing will then be applied.

If a clip is placed, a check mammogram will be taken to confirm it is in the correct position.

Aftercare following biopsy

When the local anaesthetic wears off after a few hours, the area may feel sore. You can take a normal dose of paracetamol if needed for a few days.

If you take aspirin for another condition, continue your usual dose. Do not take extra aspirin for pain relief, as this can increase bleeding and bruising.

You can wash or shower but try to keep the area as dry as possible. Do not soak the area in a bath for 48 hours.

For the next 24–48 hours, avoid heavy lifting or strenuous exercise. Otherwise, you can return to your normal routine if you feel able. It is best to rest for the remainder of the day after your procedure.

The tissue samples will be sent to the laboratory for analysis. The results will be reviewed by a multidisciplinary team (MDT).

Your consultant will arrange a telephone or outpatient appointment to discuss your results. This usually takes up to 4 to 6 weeks.

If you have not heard after 4 weeks, please contact your consultant's secretary.

Accessibility

To view this information in a different language or use text-to-speech reader visit **www.uhb.nhs.uk,** click the yellow and black circular icon in the bottom right of the web page to open the ReachDeck toolbar and then use the search bar to search by the name of the leaflet. If you require this information in another format such as braille, please email **interpreting.service@uhb.nhs.uk.**

How did we do? ☺😐☹

If you have recently used our services we'd love to hear about your experience. Please scan the QR code or follow the link to share your feedback to help us improve our services. **Thank you. www.uhb.nhs.uk/fft**