



Wire Guide Localisation and Biopsy of a Breast Lesion

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Introduction

This booklet is not meant to replace the discussion between you, your surgeon and your breast care nurse, but helps you to understand more about what is discussed.

What is a wire guided excision?

A wire guided excision biopsy means putting a thin wire into the breast tissue to show the surgeon the exact area to remove.

What will happen on the day of surgery?

On the morning of your operation you will be asked to attend the imaging department for insertion of your wire. This will either be at:

The Breast Clinic, at the Women's Hospital (QE site operations).

or Coventry Screening Unit (if you have been there previously).

or Solihull Hospital – in this case please go to the ward and the team will take you to the radiology department at your appointed time.

You will have been starved for at least six hours.

You will be asked to change into a gown ready for the procedure.

The radiographers will explain the procedure and stay with you throughout.

You may need a mammogram or ultrasound scan. When the lesion is identified, a local anaesthetic will be injected to numb the area. Then a fine wire is inserted into the lesion and a dressing applied on top. Once the team are satisfied with the position of the wire, you can go to the surgical ward.

Sometimes this will involve going outside so it is advisable to bring a coat or jacket with you to wear over your gown.

The operation is performed under general anaesthetic

In some cases, some lymph glands from the armpit may be removed at the same time. This will have been discussed with you and you will have given your consent for this.

What are the risks and complications?

Complications are rare and seldom serious.

Pain, bruising and swelling are common. Swelling generally may take four to six weeks to settle down.

Other risks include:

- Bleeding from the wound: You should not be concerned if you find a small amount of blood spotting on the dressing, but if more bleeding than this occurs after your discharge, you should contact you breast care nurse or GP immediately
- Infection: If your wound becomes inflamed, red, hot, sore, or oozes pus you should contact your GP or the specialist nurses.
 In some cases antibiotic treatment may be required
- Swelling: this is normal. Wear a supportive bra that is comfortable but firm. This will help reduce swelling and discomfort
- Numbness in the scar and surrounding skin, itching or pins and needles: this is normal and usually temporary
- Pain: this is natural following an operation and you will be sent home with a supply of painkillers. Take them regularly for the first few days
- Thrombosis: You will also be fitted with support stockings which should be worn prior to the operation and until you have recovered fully. These are to minimise the risk of deep vein thrombosis (DVT). An anticoagulation injection will be prescribed daily for you to further reduce the chances of DVT. This will be given for one week

Remember, if the wound becomes very painful, inflamed, swells or oozes please contact your own GP or the breast care nurses.

What will happen before the operation?

Before your admission you will be asked to attend a pre-operative assessment clinic. Here, relevant tests and examinations are done, i.e. physical examination, blood tests, urine test, MRSA screening, and possibly heart monitoring also known as electrocardiogram (ECG). These can take two to three hours.

You will be asked to starve for a period of time before your operation – Usually for at least six hours.

Your surgeon or nurse will clarify this for you.

You will be asked to take a bath or shower on the morning of surgery prior to admission and remove make-up, nail varnish and all jewellery except for a wedding ring.

How will I feel after the operation?

When you wake up you may feel a little drowsy. Some patients can feel a little nauseated, but this passes. You may also feel some soreness and discomfort from your wound. If you do experience pain you will be offered some pain killing medication for this.

When can I return home?

The length of time you will need to stay in hospital will be discussed with you at your clinic visit and does vary from person to person. Most patients are able to return home on the day of their surgery.

How will I feel over the next few days?

Once you are back at home, you may find that you have a few days feeling low. This is normal. If this does not go away and you would like to talk further, please ring your breast care nurse who will give you information, advice and support.

You can expect to feel a little sore for a few days. You will be offered pain killers to take home. Take them regularly for a few days. If these are not effective, please tell your GP.

Your wound will be covered with waterproof dressings so you can shower or bath as normal. This dressing can stay on for 7–10 days. The stitches are dissolvable.

It is important to wear a comfortable, supportive and well–fitted bra as soon as possible after your operation. This will give support to your breast and prevent pulling on the wound. Elasticated crop tops are not advised as they do not offer enough support.

If you have also had surgery to the armpit area it is important to continue with the exercises that you have been shown. They will help you get a full range of movement back into your shoulder. You should feel able to do most things as normal, but it is best to avoid heavy lifting and housework at first.

When can I drive?

You can drive as soon as you can make an emergency stop without discomfort in the wound. This may be about ten to fourteen days after the operation. You must also be comfortable wearing a seat belt. You should speak to your insurance company about any restrictions following surgery. It is advisable to go out with another driver if possible on the first trip to ensure you feel fully confident.

When can I return to work?

This will depend upon the type of work you do but in general you may return as soon as you wish, generally about 2 weeks following surgery. The recovery period may be a little longer if you have had your lymph nodes removed and you might consider taking a little extra time off.

What about sex?

You can resume sexual relations when you feel comfortable doing so. Please ask about contraception issues if you have been using the oral contraceptive pill or other hormone based medication (such as HRT). Your breast care nurse or doctor will be happy to discuss this with you if you have any concerns.

What follow-up treatment will I have?

When the surgical results are available and your treatment plan is finalised, you will be seen by the Breast Team to discuss any further treatments you may need.

Local sources of further information

University Hospital Birmingham NHS Foundation Trust

The Patrick Room
Cancer Centre
Heritage Building (Queen Elizabeth Hospital)
Edgbaston
Birmingham B15 2TH

Telephone: 0121 371 3537

Breast Care Nursing Team

Queen Elizabeth Hospital team: 0121 371 4499 or 07771 940 368

or Solihull Hospital team: 0121 424 5306

f you require this information in another format, such as a different anguage, large print, braille or audio version please ask a member of taff or email patientexperience@uhb.nhs.uk .
Breast Care University hospitals Birmingham NHS Foundation Trust