NHS
University Hospitals
Coventry and Warwickshire
NHS Trust

Breast Screening / Radiology

Breast Biopsy

Introduction

You may have been advised by your consultant to have a needle test on your breast or armpit (axilla). This may be a core biopsy or a fine needle aspiration test which will be carried out in the Breast Unit. This information explains these procedures.

Please read this leaflet carefully to make sure you are well prepared for the examination.

It is very important that you **inform us in advance** if you are on **blood thinning medication (anticoagulants)** such as those listed below. If this leaflet has been sent to you by post, please ring the unit as soon as possible on **024 7696 7200** to inform us if you are on any of these medications as some of them may need to be stopped before the procedure:

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

- If you are not sure whether you are taking blood thinning medication, please contact the Breast Unit for advice;
- Please bring any sprays or inhalers with you.

Why do I need this procedure?

A core or fine needle aspiration biopsy is carried out when a lump is found in the breast, or if an abnormality is found on a breast test such as a mammogram (breast X-ray), ultrasound or MRI. Compared to surgery, these procedures are quicker and less painful methods of finding out about the nature of breast abnormalities. The fluid or tissue taken during a biopsy is sent to a pathology laboratory for testing.

The reasons for this procedure should have been discussed with you in the clinic. You should make sure that you understand these.

What is a Fine Needle Aspiration Biopsy?

A fine needle aspiration biopsy (FNA) is a procedure performed to remove a small amount of fluid or cells by passing a needle through the skin. Local anaesthetic is not generally given – the procedure is like a blood test. Usually an ultrasound scan is used to guide the biopsy needle to the correct area.

What is a Core Biopsy?

A core biopsy is a needle test which removes tiny slices (cores) of tissue under local anaesthetic (an injection to numb the skin). Usually imaging is used to guide the biopsy needle to the correct area. For example, ultrasound-guided core biopsy or mammogram-guided (stereotactic) core biopsy.

What is a Vacuum Needle (Core) Biopsy?

This is done to obtain a larger sample of breast tissue than a standard core biopsy. This is needed for certain types of appearances on a mammogram, or if a core biopsy needs to be repeated. Vacuum biopsies are done with ultrasound, mammogram or MRI guidance. More local anaesthetic is given than for a standard core biopsy **and it is therefore important that you do not drive yourself home after this procedure.** This is because side effects can include sleepiness and reduced speed of your reactions. Please make suitable arrangements to be driven home.

Marker clips

Sometimes it is necessary to mark where the biopsy has been taken, for example if the area is very small. This is done by placing a small titanium

clip in the area where the biopsy is taken. If this is needed, it will be discussed with you first. These clips do not cause any symptoms or side effects.

What happens during the biopsy?

The procedure may be performed by a radiologist (a doctor) or a consultant or advanced practice radiographer (a specialist in breast diagnosis). They will explain the procedure and confirm that you understand why it is being done and discuss any potential risks as listed below. You will then be asked for your verbal agreement (consent) for the procedure to be carried out. You can ask any questions you have at any time.

- You may need to change into a hospital gown;
- The radiologist/ radiographer performing the procedure will be assisted by an assistant practitioner, radiology assistant or breast care nurse;
- You will be asked to lie down on the examination table and the clinician will use a scan or a mammogram to locate the precise area;
- If a mammogram is used, the compression plate is in place throughout the procedure;
- Your skin will be cleaned with antiseptic liquid;
- An anaesthetic may be injected into the skin; this may cause minor stinging for a couple of seconds and then the area will be numb. **Further anaesthetic will be introduced if needed;**
- The clinician will then insert the needle through the skin (possibly through a small skin nick) to remove a small amount of fluid or tissue;
- The procedure may take 10 - 30 minutes depending on whether ultrasound or mammogram is used to find the correct area;
- It is very important to keep still during the biopsy;
- Afterwards a small dressing will be applied to the biopsy site**. Please let us know if you are allergic to any plasters or dressings.**

Are there any risks?

These procedures are very safe but a summary of all the possible complications is included below for completeness. At all times staff will be looking after you and taking steps to minimise any complications.

Biopsy

- A needle biopsy is a quick and effective test for finding out about the nature of uncertain tissue. Compared to a surgical biopsy, needle biopsies involve minimal chances of scarring, infection or pain, and have a significantly shorter recovery time.
- Localised minimal bleeding or bruising is common - this usually settles quickly.
- Sometimes bruising is more extensive (for example, with larger biopsies such as vacuum biopsies) and on very rare occasions this can affect the whole breast. This is more common if you are on blood thinning medication and it can take some weeks to settle.
- There is an extremely small risk of infection which very rarely could require antibiotic treatment.
- The risks of nearby tissues being damaged as the needle passes to the target area is very small when biopsies are done under ultrasound or mammogram - for example, the risk of a collapsed lung is possible but almost never happens.
- Imaging is used to make sure that breast implants are avoided during biopsies; it is possible that implants could rupture if the needle entered an implant.
- A core or FNA biopsy can only sample a small number of cells from a mass or lump; this means that there is a possibility that any abnormal cells might be missed and not detected.
- Sometimes a repeat biopsy sample may need to be taken but this does not mean that the initial biopsy was done incorrectly.
- Occasionally, repeat biopsies may need to be postponed if bruising is very extensive.
- The titanium clips we use to identify the site of the biopsy will be left in the breast if surgery is not required. They do not set off metal detectors at airports and will not prevent you having an MRI scan in the future.
- Check images will be taken after any clips are placed. If a clip is not in a satisfactory position, then sometimes another one will need to be placed.
- There is a risk of sleepiness when additional local anaesthetic is used for vacuum biopsies.
- If you are having a vacuum biopsy, please bring someone with you who is able to drive you home afterwards. If you are using public transport, we will ask you to sit within the department for a minimum of 30 minutes before leaving.

Ultrasound uses sound waves to take pictures of the part of the body being examined. It does not involve X-rays. Ultrasound has no known harmful effects.

Mammogram (breast X-ray) is a type of radiation. Exposure to any X-ray carries a small risk, but your doctor feels that this risk is outweighed by the benefits of having the test. The X-rays used in mammography are very low dose and will be kept to the minimum needed to perform the procedure.

Breast MRI is a diagnostic test to view your breast using magnetic fields and radiowaves (not X-rays). An injection of contrast medium (dye) may be given into a vein during breast MRI. Further information is available in the Breast MRI leaflet.

After your examination

- You may go home or back to the clinic if you have an appointment.
- You may prefer for someone to drive you home after the procedure but this is not absolutely necessary unless you are having a vacuum biopsy.
- You will be given an information leaflet after a core biopsy so you will know what to expect and look out for.

When can I expect the result of my biopsy?

Your biopsy result will usually be ready within 3 weeks but can take longer. Results will be reviewed at a Multi-Disciplinary Team (MDT) meeting before you receive your results.

Further information

If you have any queries or concerns, please do not hesitate to ask a member of the clinical staff while you are in the Breast Screening Unit. You can also call the Breast Screening Unit on 024 7696 7200.

If you feel unhappy with any part of your care within the unit, please ask to speak to the Breast Imaging Service Manager on the above number.

Patient Information

The Trust has access to interpreting and translation services. If you need to make use of these services, please contact the Breast Screening Unit on 024 7696 7200.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

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