Thomas Hospital
INFIRMARY HEALTH

More devoted to Your life.

The enclosed folder contains educational material about breast procedures performed at Thomas Hospital. A radiologist at Thomas Hospital will determine, which breast procedure is best for you. Please remember that most breast procedure results are benign (non-cancer).

In the folder, you will find:

- Information on our breast biopsy procedures
- Day of procedure & discharge information.
- Nurse navigator information
- Information regarding surgeons that practice at Thomas Hospital
- Information about your SCOUT procedure should surgery be needed.

The Breast Center team is here to support you along the way. Should you have any questions, feel free to call us.

Sincerely,

The Breast Center Staff
251.279.1645

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The Breast Center

Breast Biopsy Information

Core needle biopsy

Core needle biopsy uses a hollow needle to remove samples of tissue from the breast. It is the standard way to diagnose breast cancer. (It may also rule out breast cancer). Once the tissue is removed a pathologist will study the tissue samples under a microscope to see if the tissue samples contain cancer. If the tissue does contain cancer cells, then more tests will be done to help plan for future treatment.

Core needle biopsy with breast ultrasound

Before the procedure the radiologist will explain the procedure and answer any questions. During the biopsy you will be lying on your back. The radiologist will use local anesthetic to numb the area. The technologist and radiologist will work together to image the area of interest. The ultrasound images guide the biopsy device to the area of interest. The radiologist will remove several samples of tissue. You may fell pressure during the biopsy, please inform the radiologists if you feel discomfort. Once adequate tissue samples have been removed a breast marker will be placed in your breast to mark the area that was biopsied. Two additional mammogram images will be performed to document the placement of the marker.

- *Please refer to your discharge instructions for your post care.*

Core needle biopsy with 3D upright s mammography

Before the procedure the radiologists will explain the procedure and answer any questions. During the biopsy you are sitting up, your breast will be positioned much like it is for a mammogram. Before the procedure, the radiologist will use local anesthetic to numb the area. Several mammogram images will be taken, and

these images help the radiologist guide the biopsy device to the suspicious area in the breast.

A needle will be inserted, and several tissue samples will be removed utilizing vacuum assistance. The small tissue samples are then imaged in another room to verify that the area of interest has been sampled. You may feel pressure during the biopsy, please inform the radiologist if you feel discomfort. Once it is determined that adequate samples have been taken, a breast marker will be placed in the breast to mark the area that was biopsied. Two additional mammogram images will be performed to document the placement of the marker.

- *Please refer to your discharge instruction for your post care.*

Core needle biopsy with breast MRI (performed at Thomas Medical Center/TMC)

Before the procedure the radiologists will explain the procedure and answer any questions. During the procedure you lie on your stomach on a special table with a hole through which your breast will be placed.

Before the procedure, you will be given a contrast agent by IV. The radiologist will use a local anesthetic to numb the breast area.

Your breast will be compressed like it is for a mammogram, and several MRI images will be taken. These images help the radiologists guide the biopsy device to the suspicious area. A needle in the device removes samples of tissue with a vacuum-assisted device. You may feel pressure during the biopsy, please inform the radiologist if you feel discomfort. Once adequate tissue samples have been removed a breast marker will be placed in your breast to mark the area that was biopsied. Two additional mammograms images will be performed to document the placement of the marker.

- *Please refer to your discharge instructions for your post care.*

The Breast Center at Thomas Hospital
Breast Biopsy
251-279-1633

Day of Procedure

Reminders:

- No blood thinners at least 2 days prior to your biopsy procedure.
  - No Aspirin
- You do not need a driver for your procedure.
- Please eat a light breakfast or lunch depending on the time of your appointment.
- Please arrive 30 minutes prior to your appointment. This allows us time to complete your paperwork.
- Attire: wear two-piece comfortable outfit. Reminder a sports bra is preferred or a good fitting bra.

Post Procedure

Discharge Instructions:

- Keep the ice pack on your affected breast for the rest of the day. Alternate the ice pack off and about every 15 minutes.
- Do not participate in strenuous activities (aerobics, jogging, tennis, heavy lifting and etc.) for 24 hours following your biopsy.
- You may experience mild discomfort and some bruising at the biopsy site.
- You make take acetaminophen products for discomfort, such as Tylenol, and ibuprofen products, such as Advil or Motrin. **DO not take Aspirin for 48 hours** following the procedure.

- Watch for excessive bleeding, pain, or fever. If any of these occur, call your physician's office or Thomas Hospital Emergency Department at 279-1150.

- Depending on which biopsy was performed, you will have a bandage or steri-strips over the biopsy site. No stitches are generally needed.
    - If you have a bandage, it can be removed the morning after your biopsy. After the bandage is removed, you may bathe your breast very carefully.
    - If you have steri-strips they can be removed two days after the biopsy (unless otherwise instructed). Once you remove them very carefully you may bathe that area.

- **Your pathology report will be sent to your referring physician. He/she will contact you with the results of the biopsy in about 5 to 7 business days.**

If you have any further questions, please contact us at the number provided above.

Thank you from the Breast Center Staff

What to expect after your Breast Biopsy

Waiting for the results of your breast biopsy can be stressful, and, when finally available, the answers can be confusing. Although many women worry that the results will show cancer, most biopsies are benign (not cancer). The purpose of this handout is to describe the most common diagnoses found during breast biopsy. When you receive your breast biopsy results, this handout may help you better understand your results.

Benign

Fortunately, most breast biopsies come back as "benign." This means that the biopsied area shows no signs of cancer or anything dangerous. When a biopsy comes back with one of these benign diagnoses, no treatment is usually necessary, and we usually recommend returning to routine yearly screening for women over age 40.

1) **Cysts** are pockets of fluid that are found in the breast tissue of many women (about half of all women of childbearing age have cysts). Cysts may be big or small and may even change size over time, but they are not dangerous and do not turn into cancer.
2) **Fibroadenomas** are a normal part of the breast tissue in many women and are one of the most common results of biopsy. Fibroadenomas can grow slowly in some women, but they do not increase a woman's risk of developing breast cancer. These typically do not cause symptoms and do not require any treatment, but larger fibroadenomas can be removed if they cause discomfort.
3) **Fibrocystic change** is simply another form of normal breast tissue that may have a confusing appearance on imaging that prompts biopsy. It refers to a combination of tiny cysts (described above) and connective tissue.
4) **Fat necrosis** can sound concerning but is just another term for how the breast heals from an injury to normal fatty breast tissue. Fat necrosis can be the result of trauma such as a car accident or surgery, or the injury may have been so minor that a woman may not remember the particular event. It can appear any time…even years after the injury. It represents a type of normal healing and never turns into breast cancer.
5) **Lymph nodes** are a normal part of your immune system, and all women have lymph nodes in the armpit and often in the breast itself. Lymph nodes may change size due to infection or inflammation.
6) **Pseudoangiomatous stromal hyperplasia (PASH)** is a benign type of tissue in the breast that does not turn into breast cancer. It may look like a mass on a mammogram or may occasionally be felt as a lump. Despite the worrisome sounding name, PASH is benign and usually doesn't require any treatment at all.

Intermediate Risk

Biopsy results may show "intermediate risk" findings, which means no cancer is seen but the result is concerning enough that surgery may be necessary to remove the rest of the abnormal tissue (not the whole breast).

7) **Papillomas** are small non-cancerous growths within a milk duct that often cause nipple discharge or pain. Not all papillomas need to be removed. If the biopsy shows a papilloma with no atypical cells then the papilloma usually does not have to be removed. We typically recommend follow-up imaging in 6 months for benign papillomas, but a surgeon may suggest surgical removal if the papilloma is causing bloody nipple discharge.
8) **Atypical papillomas** have particular patterns to their cells that are more concerning than typical benign papillomas. We will frequently suggest removing atypical papillomas to make sure the pathologist has enough tissue to make an accurate diagnosis and to make sure it does not go on to develop into a form of breast cancer.

Intermediate Risk

9) **Radial Scar (or Complex Sclerosing Lesion)** are not scars and have nothing to do with trauma or injury. These are collections of milk ducts trapped in an area of twisted connective tissue. They can look just like breast cancer on mammograms or ultrasound, but they are not cancerous. However, in a small number of cases, unexpected breast cancers may be found near a radial scar. We recommend speaking with a breast surgeon about whether to surgically remove radial scars.
10) **Phyllodes tumors** are rare tumors that are most often non-cancerous, but they tend to grow. In a small number of cases, phyllodes tumors may behave aggressively and spread to other sites in the body just like a cancer. We usually recommend surgical removal of phyllodes tumors.

High Risk

Sometimes a biopsy shows "high risk" findings that do not appear to be cancer now but that are associated with a higher risk of getting breast cancer in the future. In a small number of cases, we may sample only a small part of pre-cancerous lesion or actual breast cancer, and the pathologist may only see enough to call it "high risk" but not enough to diagnose a cancer that is already there (this is uncommon). We recommend speaking with a breast surgeon about whether to surgically remove one of the high risk lesions listed here.

11) **Flat epithelial atypia (FEA**)
12) **Lobular carcinoma in situ (LCIS)**
13) **Atypical lobular hyperplasia**
14) **Atypical ductal hyperplasia**

Cancer/Pre-Cancer

15) **Ductal carcinoma in situ (DCIS)** means that abnormal cancer-like cells have started in the milk ducts but have not yet broken out of the milk duct into the surrounding breast tissue. This is sometimes called "pre-cancer." DCIS is frequently treated with surgical removal and often radiation therapy to the affected part of the breast, but research is being done at Duke and other centers to learn whether some cases of DCIS can be safely treated with a pill and close follow-up rather than with surgery.
16) **Invasive ductal carcinoma (IDC)** is the most common form of breast cancer. Treatment for breast cancer will depend on how big it is and whether or not it has spread to the lymph nodes or other parts of the body. Treatment of breast cancer usually includes at least surgical removal. Your doctors may also recommend chemotherapy and radiation therapy depending on the exact type of breast cancer.
17) **Invasive lobular carcinoma (ILC)** is the second most common form of breast cancer. Treatment for this type of breast cancer is similar to the treatment for IDC (above). Invasive lobular carcinoma can be very difficult to see on mammogram, ultrasound or MRI (magnetic resonance imaging), so it may be larger, but it is not more aggressive than the more common invasive ductal carcinoma.

Levels of Invasiveness

A. **Normal milk duct**
B. **Hyperplasia (Benign)**
C. **Atypical Ductal Hyperplasia (High Risk**
D. **DCIS (Pre-cancer)**
E. **Invasive Ductal Carcinoma (Cancer)**

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Your Navigator(s),

Receiving a cancer diagnosis is overwhelming. At Infirmary Cancer Care, we pride ourselves on providing one-on-one navigation through each phase of your journey. We want you to know that you are not alone.

Our navigators are members of your cancer care team and will be with you throughout your care. We are here to assist you, your caregivers and family by providing information about your treatment process. We will be available prior to your appointments, treatments, and procedures. We are your cancer care guides and with you every step of the way.

CANCER NAVIGATOR
As your cancer navigators, we can help you with:

- making informed decisions regarding your care;
- providing emotional and problem-solving support;
- managing appointment dates and times;
- communicating with your physician's office;
- securing directions, lodging, meals, medication, transportation;
- navigating the healthcare system;
- advocating on your behalf with other providers;
- providing information about community resources and support.

Patti Johnson, B.S.N., R.N.
Infirmary Cancer Care Manager of Navigation/Support Services

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