

Breast Biopsy

Surgical biopsies

Large core biopsy - A hollow instrument is used to remove a tissue sample. Guided imaging may be required to find the mass.

Open surgical biopsy- A tissue sample is removed through an incision in the skin.

Needle biopsies

Fine needle aspiration - A very thin needle is used to remove fluid or a sample of cells.

Core needle biopsy - A hollow needle is used to remove small samples of breast tissue. Guided imaging may be used.

Stereotactic biopsy – A special probe is used to gently vacuum, cut, and remove breast tissue. Guided imaging may be used.

Understanding the surgical biopsy procedure and risks

Surgical biopsies are done on an outpatient basis in a hospital or clinic. A surgical biopsy allows the doctor to take a large sample of tissue or remove a lump completely. The sample is then sent to the pathologist for study.

The risks that may occur with a surgical biopsy include:

- Excessive bleeding or bruising
- Infection
- Problems from the anesthesia
- Poor wound healing
- Small change in breast contour

Before surgery

It may be necessary for you to have a wire localization if your breast lump is too small to feel. You will be taken to the radiology department and the radiologist will place a thin guide wire in your breast. This will mark the tissue that is to be removed. This is done under mammogram or ultrasound. The wire will be removed during surgery.

After the wire is placed it will be secured in place and you may have a short wait before you are taken to surgery. You will be given intravenous sedation to produce a light sleep. The surgeon makes an incision in the breast and will remove tissue or the entire lump. The incision is closed with stitches, usually ones that will dissolve and do not require removal.

After Surgery

You will be monitored until you are fully awake and ready to go home. There will be a dressing covering your biopsy site and the hospital will send you home with instructions on how to care for your dressing. You will be given a prescription for pain medication if necessary. An appointment will be made for you to return to see the surgeon a week after your surgery. At the appointment he will discuss the results of your biopsy and any further care you may need.

You may have bruising and swelling for a couple of days. If you have pain this can be relieved with pain medication as instructed by your surgeon.

Call your surgeon if you have any of the following problems:

- A fever over 101° F (38.3° C)
- Increased pain, warmth, or redness at the incision site
- Severe swelling that doesn't go away in a few days
- Drainage from the incision site
- Bleeding that soaks through the dressing
- Cough, chest pain, or shortness of breath

Understanding the needle biopsy procedure and risks

A needle biopsy can be done in a doctor's office or in an outpatient setting. Once the sample is removed, the biopsy is sent to the pathologist for study. If the lump can't be felt, an image guided biopsy is done using mammography or ultrasound.

Risks that may occur with a needle biopsy

- Bruising
- Infection
- False-negative result requiring you to have another type of biopsy

During the biopsy

- With an aspiration, a very thin needle is placed into the lump. It takes only a few minutes to perform. The tissue or cells are then examined by the pathologist.
- With a core needle biopsy, more than one sample will be taken. Inserting the needle for each sample.
- With the vacuum assisted (Stereotactic) biopsy, the probe is usually inserted only once.
- The core needle biopsy and the vacuum assisted biopsy may be done with image guidance as an outpatient.

After the biopsy

You can go home shortly after the biopsy, regardless of the method used. You can return to your normal routine usually the same day. You may have some bruising and swelling for a few days. You will follow up with the surgeon in approximately one week to discuss your biopsy results.

The biopsy results

If the lump is benign

Many benign lumps need no care at all, but it is recommended you continue with monthly self-breast exams, routine mammograms, and clinical breast exams.

If the lump is malignant

This means that some cells in your breast are growing abnormally. The cells divide more quickly than normal cells. There are many different treatment options available.

Treating Malignant Lumps

Your surgeon will discuss which options are available for you. This will depend on the type and stage of cancer you have. It is important to carefully consider all of your options and learn as much as you can about breast cancer.

The doctor may order more tests to be done to help determine if adjuvant therapy should be used along with surgery.

- Tests may include further testing of the biopsy sample to determine how fast the cancer is growing, and to determine if the cancer has hormone receptors that respond to estrogen and progesterone.
- Other tests may include blood tests, chest x-ray, or a bone scan to see if the cancer cells have spread to other parts of the body.

Planning Surgery

After discussing your biopsy results your surgeon, surgery may be recommended before or after other types of treatment. If you desire breast reconstruction this will also be discussed.

Planning Adjuvant Therapy

Adjuvant therapy kills cancer cells, and helps keep breast cancer from returning.

Types of adjuvant therapy are:

- Chemotherapy
- Radiation therapy
- Hormone therapy