

Breast Imaging

San Radiology & Nuclear Medicine



fine needle aspiration biopsy patient information

SO YOU NEED A FINE NEEDLE ASPIRATION BIOPSY OF YOUR BREAST. YOU MAY LIKE TO KNOW...

A fine needle aspiration biopsy of your breast is a safe, minimally invasive method of obtaining a sample of breast tissue cells from an area needing further investigation. It may be requested by your doctor if they, or you, can feel a lump or change in the breast, or may be recommended by a radiologist after evaluating your breast imaging results either from mammography and tomosynthesis, ultrasound and/or MRI. These tissue cells are then examined under a microscope by a pathologist to determine the underlying reason for the change or imaging abnormality and determine what further treatment, if any, is required.

These biopsies are performed to obtain answers without subjecting you to a surgical biopsy which requires a general anaesthetic and a larger incision.

The results allow conservative or non-surgical management of benign abnormalities and can also provide very valuable information to assist in the management of a breast cancer.

WHAT IS THE DIFFERENCE BETWEEN A FINE NEEDLE ASPIRATION BIOPSY & A CORE BIOPSY?

Obtaining a fine needle aspiration biopsy is similar to obtaining a core biopsy. The main difference to you as the patient is that a fine needle biopsy uses a small needle to obtain individual cells or clusters of cells, whereas a core biopsy needle is a little larger and obtains a larger cell sample that looks like a very small worm. The equipment used to obtain the biopsy sample is also slightly different. Fine needle biopsies typically result in less bruising. The need for a fine needle aspiration or core biopsy is determined by the Radiologist. Sometimes a fine needle biopsy will be performed to avoid discontinuing blood thinning medications (anticoagulants). If you take these medications that thin the blood, bleeding and bruising is less of an issue with fine needle biopsies.

Who is involved with my fine needle aspiration biopsy & how is it performed?

The procedure is performed with the assistance of a number of health care professionals who each have slightly different duties. There will be a radiologist, a radiographer (trained in sonography, mammography or MRI) and sometimes a nurse in the room with you. There is also a pathologist present to evaluate if enough cells have been obtained for accurate analysis, or if a larger sample is required. However they are not able to provide a diagnosis

on the spot as this takes more time. There is always someone with you - you are never left on your own. We will be talking to you throughout, keeping you comfortable. If you experience pain or have any other concerns, make sure you tell us so we can address it for you immediately.

The biopsy is performed with image guidance so the radiologist can accurately target the area of interest. The type of image guidance chosen is determined by which imaging shows this area best, combined with what will be the most comfortable for you. This is usually ultrasound, however may also be mammography.

Regardless of which imaging technique is used, the skin is cleaned with an appropriate antiseptic solution and local anaesthetic is usually given. This involves an injection into the skin and underlying breast during which time you will feel a needle prick and a sting, lasting up to about 30 seconds.

The number of samples taken typically ranges from 1 to 5, and our aim is to ensure adequate sampling to allow for maximum confidence in deciding what management or treatment is required based on the pathology results. The samples are sent off to pathology and it usually takes three working days for your referring doctor to receive the results.

We may put in a marker clip to indicate the biopsy site at the end of the procedure, should this be considered necessary. This will be discussed with you. You may need a gentle mammogram after the biopsy to show the position of the marker. The marker will be removed if further surgery is required but if not it can remain in the breast without causing any harm. See our breast tissue marker (clip) patient information sheet for more information.

What imaging equipment is used?

The procedure for a fine needle aspiration biopsy is essentially the same regardless of the imaging technique used. The difference is largely in the positioning of you and your breast and in the imaging equipment itself. Imaging is performed once the breast is positioned in order to localise the area for biopsy prior to commencing, as well as during and/or after the biopsy.

With ultrasound guided procedures, you will be either lying down flat on your back or rolled slightly to one side with your arm resting above your head. Minor movement is not usually a problem.

When imaging with mammography, once you are in position you will be asked to remain still. This is extremely important as even small movements can shift the breast enough to move the area being targeted. If you feel the need to adjust your head, arm or shoulder please talk to us so we can assist you.

Please turn over...

When the radiologist is sure they have adequate samples, firm pressure will be applied to the biopsy area for approximately 5 minutes before a dressing and ice are applied.

Where does the biopsy happen?

The biopsy is performed in San Radiology. The biopsy itself is relatively quick and the entire procedure should take approximately 30 minutes. We will have you stay with us for a short time after the procedure so we can check the biopsy site and ensure there is no significant bleeding, before we discharge you with an information sheet.

What preparation is necessary?

Please bring all your breast imaging studies with their reports on the day of the procedure.

Please **do not** use deodorant or talcum powder on the day of the procedure. These substances can be seen on mammograms and can impact the interpretation of the image.

You may find it easier to wear separate top and bottoms, as you will need to remove your top and bra. We will provide you with a gown and you can leave on your skirt or pants.

We need to know if you are taking blood thinning medications such as aspirin, clopidogrel, pradaxa, eliquis or warfarin in the days prior to the procedure. If you are taking these sorts of medications, please contact San Radiology on **(02) 9480 9850** to discuss this with one of our nurses.

What happens after the biopsy?

Most women have bruising which, on occasion, can be quite spectacular. This can last for some days up to a few weeks. Simple measures including ice-packs and Panadol are usually adequate to help with this bruising and variable levels of discomfort. We recommend you keep the site dry and avoid strenuous activities for 24 hours to allow the breast time to heal.

When will I get the biopsy results?

The results of the biopsy will take approximately three working days and will be sent to your referring doctor and any other relevant healthcare workers involved in your care. This referring doctor is usually the best placed to discuss your results and further management. Make sure you understand how your doctor wants to communicate these results to you and make any necessary appointments.

WHAT ARE THE RISKS OF A BIOPSY?

As with any medical procedure there are risks but usually the risks are small.

As noted previously, bleeding occurs. This is more likely if you have been taking blood thinning medications including low dose aspirin and non-steroidal anti-inflammatory medications in the recent past. Usually bleeding is relatively minor but on rare occasions it can be significant, with a large bruise that can be painful and slow to resolve. This is why we keep compression on your breast after the procedure and observe you before you go home. Rarely, delayed bleeding can occur. If you notice visible or increasing bleeding onto the dressing, or if the breast starts to swell and become painful, you should ideally have someone put firm pressure over the area with the palm of their hand. You can apply this pressure yourself if you are on your own. If this occurs please contact the hospital on **(02) 9480 9111**.

Whenever a biopsy is performed there is a small chance of infection, which for a breast biopsy is estimated at less than 1 in 1,000 procedures. Everything possible is done to minimise this risk but should you notice the development of redness, swelling and/or heat with increasing pain in the days following the procedure, you should see your GP initially for review and advice.

Other reported risks are extremely rare. These include damage to a breast implant if present, a pneumothorax (collapsed lung due to the needle entering the chest cavity), and the seeding of tumour cells along the biopsy track.

FURTHER INFORMATION

On the day of the procedure we will review the process in full with you and will be happy to answer any questions you may have. We also obtain your written consent as part of the procedure.

Of course, if you have concerns before the day you can contact San Radiology on **(02) 9480 9850**.

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