

Needle Localization — Breast Abnormality

When a suspicious area is found on a mammogram or ultrasound but cannot be felt and requires further evaluation by a surgeon, needle localization may be recommended. The procedure is performed under mammography or ultrasound visualization by a radiologist prior to a scheduled surgical biopsy. The radiologist marks the area to be biopsied by the surgeon with a needle and wire. The wire is used later to guide the surgeon to the abnormal marked area for removal.

Prior to your surgery, the radiologist will position the wire in your breast. Since you must be alert, sedation is usually not recommended. The technologist will take a mammogram x-ray of your breast. Your breast will remain compressed, and you will be asked to remain very still so that the position of the breast does not move between the compression paddles. Small holes in the paddles allow the technologist to cleanse the area with alcohol prior to the radiologist placing a needle into the breast. Numbing medication may or may not be used because the compression of the breast decreases the sensation of the needle. The procedure is mildly uncomfortable.

Second pictures will confirm if the needle is located in the suspicious area. If the tip of the needle is not accurately placed, it will be repositioned and another picture taken. When the film confirms correct placement, the pressure paddles will be released and another picture at a different angle will be taken. This

picture confirms the depth of the needle and its accurate placement and may also determine if an adjustment in placement of the needle is needed.

Mammography localization differs from ultrasound placement in that compression of the breast is not needed with ultrasound. Needle placement uses the same method.

When it is confirmed that the needle is positioned in the correct area, the radiologist will slide the wire out of the tip of the needle into your breast and then remove the needle, leaving the wire in place. The wire has a hooked tip that holds it in the area. Two final pictures are made to confirm the accuracy of the wire placement. The wire is taped to the outside of your breast. You will be able to feel the wire being inserted, but after the placement it is not painful. Copies of your films will be sent with you to surgery to enable the surgeon to locate the tip of the wire during the surgery.

In the surgery room, you will be given anesthesia. The surgeon will make an incision into the breast to remove the area marked by the tip of the wire. When the tissue is removed, it is sent back to the radiology department to be x-rayed so that the surgeon is assured it is the suspicious area that was seen on the mammogram. The pathology lab then analyzes the biopsy specimen to determine what types of cells are present. Pathology reports are sent to your physician when the results are complete.

The localization procedure may take 30 minutes or longer. The surgery will take from 30 minutes to one hour. You will be allowed to leave the outpatient surgery recovery area when your vital signs are normal. This is usually several hours, depending on the type of anesthesia you receive. You will be given instructions on how to care for the wound before you are discharged.

Needle Localization Scheduled at:



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