

Breast Care Unit

Information for patients visiting a 'symptomatic breast clinic' at the Medway NHS Foundation Trust Breast Care Unit, with breast symptoms.

Your doctor has referred you to our 'symptomatic breast clinic. This may be because you have a breast lump, or because of a different symptom such as discomfort or discharge. At the Medway Maritime Foundation Trust breast care unit, you are likely to spend up to two hours in the department.

This leaflet describes what might happen in the unit. You might have a mammogram or breast ultrasound, or both. You may also have a small needle put into the breast. Although these things sound rather worrying, most women do not find the experience too painful.

It may be reassuring to know that THE MAJORITY OF BREAST LUMPS ARE NOT CANCERS (many turn out to be cysts or harmless breast changes). In addition, if breast cancers are found, the majority can be treated successfully.

Note

The leaflet that follows is designed for women although it appreciated that men sometimes also visit symptomatic breast clinics to have breast lumps examined.

How long will I be at the clinic?

Our symptomatic breast clinics are often very busy but we do try hard to keep you for as short a time as possible. Sometimes several women need mammograms or ultrasound at the same time. As each test takes about 15 minutes, queues can develop. Further tests may also need to be done. Generally nearly all tests take place on the same day, If you need to see the breast surgeon or other specialist doctor afterwards, you may spend on average 2 hours within the unit

Can you bring a relative or friend to the clinic?

Yes, but friends or relatives are not usually allowed beyond the main waiting room, out of respect for other patients who may be waiting in other areas of the unit dressed only in hospital gowns. Alternatively you may sit in the main waiting area with your relative.

Friends and relatives are also not allowed in the x-ray room. Small children are not encouraged to accompany you due to the size of the waiting area and the length of time you may be with us.

What tests might be undertaken?

It is standard practice that any woman with a breast lump is offered a 'triple assessment'. Using several tests increases the thoroughness of the examination, in case any of the individual tests fails to detect an abnormality. If you have recently had any of these tests please tell us.

1. The triple assessment means that your breast will be examined by a doctor trained in breast disease.

2. Then your breast will be imaged, by x-rays (mammograms) or by ultrasound. (The choice between mammography or ultrasound for imaging depends largely on your age, although some women have both tests. Ultrasound alone is used more often for women under 35, to avoid the slight risk associated with x-rays. Younger women's breast tissue is also often very dense and unusual features may not show on x-rays.)
3. Finally, some fluid or cells may need to be removed by means of a small needle through the skin (a fine needle aspiration or FNA). Sometimes it is necessary to perform a core biopsy if a lump is found, which removes a small piece of the lump using a slightly larger needle. Local anaesthetic is usually used for these needle tests.

On arrival in the breast care unit

A receptionist will book you in. You will be shown to a private cubicle and asked to remove the clothes above your waist (wearing something like a blouse and trousers/skirt is ideal). A hospital gown is provided; please keep your clothing with you. **It is very important you should mention if you are pregnant, have breast implants or are taking anticoagulants (blood-thinning tablets).**

If you wish to keep your own clothes on that's fine or you may wish to wear the gown with a top over it and sit in the main waiting area with your relatives.

When are the results available?

You will get the results of your mammogram or ultrasound on the day of your visit. The results of an FNA or core biopsy, if these have been required, generally take a week to 10 days to come back to us. If you have either of these needle tests, you will probably be given another appointment in a week or so to discuss the results with a breast surgeon.

Everyone working in the breast care unit here at Medway are very aware that this can be a most worrying and stressful time. They know that you want results as soon as possible and make every attempt to process things quickly but they do need all the results before giving you advice.

The different tests you might have are now described:

1. MAMMOGRAM

What is a mammogram?

A mammogram is the name for an x-ray carried out on the breast. The x-ray is a picture which shows internal structures of the body. It is produced by exposure to a controlled source of x-rays and is generally recorded on special photographic film.

These days, some x-ray images are kept in digital form on computer and viewed on screen. Despite all the newer, more sophisticated forms of scanning (such as MRI or a CT scan) a plain x-ray remains one of the most accurate ways of breast imaging.

Are there any risks in having a mammogram?

There are some risks involved with the use of any x-rays. Most of these relate to the slightly increased risk of developing a cancer. This should, though, be kept in perspective. The amount of radiation involved is equal to that which we receive

naturally from the environment over a period of a few months to a year. All risks are relative, and the possible benefits of the examination have to be taken into account as well. If you do have a breast lump, or other significant problem, then the risk of not having the examination will be much greater than the risk associated with the radiation.

If you are pregnant, or think you might be, it is essential that you tell the radiographer. Ultrasound may be used instead. If mammograms are required, then the radiographer will cover your lower stomach with a lead apron. This reduces the radiation dose to your baby even though it is actually a very small dose.

You must also tell the radiographer if you have breast implants.

Who will you see when you have a mammogram?

One of our specialist radiographers will do the mammogram, but your film will be examined later by the radiologist, sometimes assisted by a radiographer.

Are you required to make any special preparations for a mammogram?

Yes, it is important that you do not wear talcum powder. Also make sure that there is no deodorant, antiperspirant or perfume on your breasts.

What does the mammogram entail?

Once you are in the x-ray room, your breasts will in turn be positioned against part of an x-ray machine. Each breast needs to be compressed between the x-ray machine and a flat x-ray plate. A certain amount of heavy pressure is felt briefly. Remember this pressure is important to get good results. Two x-ray views are taken of each breast from different angles. The radiographer goes behind a screen, but at all times you are in view of the radiographer, and can be heard, should you have a problem. You need to keep still. You may hear a slight whirring from the x-ray machine.

How long will the mammogram take?

Time will be spent getting you into the correct position for the x-rays. As a total of four x-rays are required, you are generally in the room for about 10 minutes. A further five minutes is needed while the radiographer develops the films, checks that the position and exposure are correct and, if necessary, repeats part of the process.

Will the mammogram hurt?

Generally people find the pressure on the breast while having a mammogram is uncomfortable and some find it painful. However, the process is quickly over. Tenderness in the breasts can make the process more uncomfortable.

2. AN ULTRASOUND SCAN OF THE BREAST

What is an ultrasound scan of the breast?

An ultrasound scan builds up a picture of the inside of the breast. It uses sound waves of a frequency above the range at which the human ear can hear. A small hand-held sensor is pressed against the skin surface. It both generates sound waves and detects any echoes reflected back off the surfaces and tissue boundaries of internal organs. The sensor can be moved over the skin to view the breast from different angles. The pictures are displayed on a monitor and recorded for subsequent study.

Are there any risks in having an ultrasound scan?

No, there are no known risks and it is considered to be very safe. It is a commonly used method of breast imaging.

Who will you see when you have an ultrasound scan?

A radiologist who specialises in breast imaging will perform the scan and look at the images on the screen and, if necessary, look at the record of the images later

Are you required to make any special preparations before an ultrasound examination?

No.

Are you required to make any special preparations before an ultrasound examination?

No.

Will the ultrasound scan hurt?

No.

3. FINE NEEDLE ASPIRATION OF THE BREAST (FNA)**What is a fine needle aspiration of the breast?**

Not everyone attending the Medway breast unit symptomatic clinic will require a fine needle aspiration of the breast. If you do then the procedure involves extracting fluid or a few cells, so that they can be examined under a microscope. It is not actually a biopsy, as intact tissue is not removed, although some people may call it a biopsy. The abbreviation is FNA.

Are there any risks in having an FNA?

It should be stressed that the answer is generally no. Occasionally, there may be some bleeding inside the breast and a bruise or swelling (haematoma) will form. Obviously care has to be taken that no infection occurs. Care must also be taken that the needle does not pass beyond the breast through the chest wall (special care would be taken if a lump is at the back of a small breast).

Needle procedures of this kind often require the patient's consent.

Who will you see when you have an FNA?

Normally the specialist breast Radiologist will do the fine needle aspirations here in the Medway breast unit; sometimes the breast Surgeon will perform this procedure if the lump can be felt.

Are you required to make any special preparations for an FNA?

No, but you might like to wash your breasts before coming to the clinic. If you are taking tablets to thin the blood (anticoagulants) you should tell the doctor or radiographer.

What does an FNA entail?

Generally, a small needle, similar to the one used for taking a blood sample, is placed into the breast and into the area being studied. A local anaesthetic will be used. Using a syringe on the end of the needle, suction is applied to draw up fluid

and cells. The needle is moved up and down through the breast tissue while this is happening. The needle is then removed, and the material placed in a special bottle or on to a microscope slide. The procedure may then be repeated once or twice more.

If the abnormal area can only be seen on ultrasound, the radiologist needs to use the ultrasound sensor at the same time to make sure that the correct area is sampled.

If the abnormal area can only be seen on the mammograms, then the procedure needs to be done in association with the x-ray machine. This is called a stereotactic-guided biopsy. For this, the breast needs to be compressed in exactly the same way as for a mammogram, but for a longer period of time while the needle is put into the breast.

If a stereotactic biopsy is requested an appointment for you may be made to return to the Breast care unit to have this procedure done on a different day.

How long does an FNA take?

Again, this depends on how it is being done. If the doctor can feel the abnormal area, it only takes a few moments. It will not take much longer with ultrasound guidance. It may take 15 or 20 minutes if it is necessary to use the mammography machine.

Will an FNA hurt?

If you have one, you might feel some stinging or a stabbing pain while it is being done, but this does not last and the local anaesthetic should reduce any discomfort. If there is bruising and a hard swelling (haematoma) forms afterwards, this may be uncomfortable for a day or two. Most women do not find an FNA too painful, and tolerate it very well.

4. A CORE BIOPSY OF THE BREAST

What is a core biopsy of the breast?

Not everyone attending Medway breast unit's symptomatic clinic has a core biopsy. While a fine needle aspiration is a way of taking a few cells from an abnormal area, a core biopsy takes a larger specimen of tissue. It is a method which avoids taking the specimen by means of an operation. This tissue can then be examined under a microscope.

Are there any risks in having a core biopsy?

It should be stressed that the answer is generally no. Occasionally, there may be some bleeding inside the breast and a bruise or swelling (haematoma) will form. Obviously care has to be taken that no infection occurs. Care must also be taken that the needle does not pass beyond the breast through the chest wall (special care must be taken if the lump is at the back of a small breast).

Needle procedures of this kind often require the patient's consent.

Who will you see when you have a core biopsy?

The specialist breast Radiologist will do the core biopsy

Are you required to make any special preparations for a needle core biopsy?

No, but you might like to wash your breasts before coming to the clinic in case you have one. If you are taking tablets to thin the blood (anticoagulants), you should tell the doctor or radiographer.

What does a core biopsy entail?

This depends on whether the abnormal area can be felt, or whether it can only be seen on ultrasound or mammograms.

If a definite lump can be felt, the skin over the lump will be numbed by local anaesthetic, which may sting briefly. A small nick may be made in the skin to assist in placing the biopsy needle close to the lump. The needle is generally attached to a small device, or 'gun' which quickly fires the needle into the lump with a clicking noise and takes a narrow tubular core of tissue from it. The needle is then withdrawn from the breast and the specimen removed from it. The process may be repeated.

If the abnormal area can only be seen on ultrasound, the radiologist needs to use the ultrasound sensor at the same time to make sure that the correct area is sampled. The same procedure is followed, except that in addition the ultrasound sensor is used.

If the abnormal area can only be seen on the mammograms, then the procedure needs the x-ray machine to help guide the needle. This is called a stereo tactic-guided biopsy. For this, the breast needs to be compressed in exactly the same way as for a mammogram, but for a longer period of time while the needle is put into the breast.

If a stereotactic biopsy is requested an appointment for you may be made to return to the Breast care unit to have this procedure done on a different day.

How long will the core biopsy take?

Again, this depends on how it is being done. If the doctor can feel the abnormal area, it only takes a few moments. It will not take much longer with ultrasound guidance. It may take 15 or 20 minutes if it is necessary to use the mammography machine.

Will the core biopsy hurt?

If you have one, you will feel some stinging as the local anaesthetic goes in, but the area soon goes numb. During the actual biopsy, you will probably only notice the loud clicking of the biopsy 'gun'. If there is bruising and a swelling (haematoma) forms afterwards, this may be uncomfortable for a day or two afterwards.

Finally...

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctor looking after you.

(Adapted from Clinical Radiology patients liaison a group of the royal college of Radiologists, November 2009)