

BREAST BIOPSY

Prior to Breast Biopsy:

If you are on blood thinner or take aspirin daily, with doctor's guidance you must be off for one week prior to appointment.

What is Breast Biopsy?

A breast biopsy is a simple surgical procedure to remove a piece of breast tissue for examination. After your Radiologist removes the tissue, another doctor (a pathologist) examines the tissue under a microscope. If changes have occurred, the doctor will determine if they are benign (not cancer) or malignant (cancer). You must sign a consent form before a biopsy is done.

What to Expect During the Breast Biopsy:

A breast biopsy may be done using local freezing (like at the dentist) in a clinic setting.

Biopsy with a Local Anesthetic (Freezing):

You will be awake for this biopsy and you may eat, drink, and take most medications.

It is important to tell the Radiologist about the following:

- Any allergies
- Any medications (particularly aspirin products) that you take regularly
- Any blood thinners (Coumadin)
- Any reactions to local freezing
- A history of bleeding disorders

During the procedure you will be lying down until the biopsy is completed (about 30 —45 minutes), Your breast will be cleansed with a cool antiseptic solution. Sterile towels are then placed around your breast. You do not have to keep completely still, but is important that you do not touch these towels. If you have any questions or feel uncomfortable at any time please tell the technologist or doctor. We want you to be as comfortable as possible during your biopsy. Local anesthetic is injected through a small needle. You may feel some stinging as the freezing goes in. Numbness begins very quickly and will last 1 ½ to 2 hours.

When the doctor is performing the biopsy, you may feel some pressure and pulling. This should not hurt. If you feel anything sharp, it is important to tell the doctor

AFTER THE BIOPSY

Care of your breast:

A bra will provide support and can be worn day and night for the first few days unless it causes increased discomfort. Your breast may be bruised and sore. To reduce discomfort and minimize swelling and bruising:

Ice may be applied to the incision (cut) for about 20 minutes at a time in the first 24 hours. Keep the dressing dry by placing the ice in a plastic bag or use a bag of frozen vegetables. After the first 24 hours, heating pad or warm water bottle may be used. Both cold and warmth are not necessary but may be comforting.

Comfort:

Your breast biopsy may cause some discomfort or mild pain. A pain pill may be prescribed by your doctor Do not drink alcohol or drive while taking these pills. If the doctor does not suggest or prescribe a pain pill, regular or extra-strength Tylenol may be taken. If the medication does not help the pain, contact your doctor.

Avoid taking Aspirin (acetylsalicylic acid) or products containing aspirin as this can increase the chance of bleeding.

Activity:

Rest the day of your biopsy. You can return to your regular activities the next day as long as you do not feel pain. You may move freely, avoid bumping your breast.

Warning Signs: Notify your doctor if you notice any of the following:

- Increased blood on your dressing
- Increased swelling of our breast
- Increased temperature, pain, and redness around the incision

Fever higher than 38 degrees Celsius

Special Instructions: Keep your incision clean.

Remove your bandage in 24-48 hours unless you have other instructions from our doctor. You may shower in 24-48 hours.

Follow Up:

Make an appointment to see your surgeon/doctor in one week. Your doctor/surgeon will receive the results 5-7 business days from the date of your biopsy.

If you have skin tapes underneath the dressing, leave them in place for 3-5 days. If you have any questions or concerns, please call your doctor.

CONSENT TO TREATMENT FOR BREAST BIOPSY

I _____ consent to an ultrasound guided breast biopsy

Printed name of patient ! substitute decision maker

which may include the administration of blood and blood products and anesthetics as necessary for treatment.

I confirm that the risks, side effects, alternative courses of action, material effects and consequences of having or not having the proposed treatment have been discussed with me and that _____ has responded to my questions.

Name of Health Practitioner

I also consent to such variations and adjustments to the agreed upon treatment as in the opinion of _____ are immediately necessary.

Name of Health Practitioner

*Printed name of patient' substitute
decision maker*

*Signature of patient! substitute
decision maker*

Date

Printed name of witness

Signature of witness

Date

I confirm that the above information has been discussed with the patient/substitute decision maker. I have responded to any and all questions about the proposed treatment, alternative courses of action, material effects risks and side effects and consequences of not having the treatment.

Signature of Health Practitioner proposing treatment

Date

List of Allergies: _____

List of Medications: _____