



The Center for Women

Obstetrics & Gynecology

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Breast Biopsy

A breast biopsy is the removal of cells or tissue from a suspicious lump or mass. The tissue or cells are then examined under a microscope by a pathologist to check for cancer cells for more definitive testing. A biopsy may be performed when an abnormal breast change is found during a mammogram, ultrasound or physical examination. A biopsy is the only way to determine if a potential trouble spot is cancerous or benign.

There are many types of biopsy procedures. The method recommended by your doctor will depend on how large the breast lump or abnormal area is; where in the breast it is located; how many lumps or abnormal areas -- such as suspicious calcifications -- are present; if you have any other medical problems; and what your personal preferences are.

The types of biopsies include:

- **Fine needle aspiration (FNA):** A non-surgical form of breast biopsy in which a small needle is used to withdraw a sample of cells from the breast lump. If the lump is a cyst (fluid-filled sac), removal of the fluid will cause the cyst to collapse. If the lump is solid, cells can be smeared onto slides for examination.
- **Core biopsy:** Similar to FNA, but a larger needle is used because actual breast tissue is removed, rather than a tiny sampling of cells. A sample of the lump is removed, but not the entire lump. The types of core biopsies include ultrasound-guided core biopsy and stereotactic biopsy.
 - **Ultrasound-guided core biopsy:** This technique obtains breast tissue without surgery. A biopsy needle is placed into the breast tissue. Ultrasound helps confirm correct needle placement -- using sound waves reflected off breast tissue -- so the exact location of the abnormality is biopsied. Ultrasound can distinguish many benign lesions, such as fluid-filled cysts, from solid lesions. Tissue samples are then taken through the needle.
 - **Stereotactic biopsy:** This involves centering the area to be tested in the window of a specially designed instrument. Mammogram films called SCOUT films are taken so the radiologist can examine the breast tissue. Using a local anesthetic, the radiologist makes a small opening in the skin. A sterile biopsy needle is placed into the breast tissue area to be biopsied. Computerized pictures help confirm the exact needle placement. Tissue samples are taken through the needle. It is common to take multiple tissue samples (about three to five).
- **Minimally Invasive Breast Biopsy:** This is an image-guided needle biopsy. This is a technique that does not require surgery. The needle biopsy can be performed using ultrasound guidance. Tissue samples are taken through the needle. It is common to take multiple tissue samples (about three to five). There are a number of biopsy instruments that can be utilized to obtain the tissue sample. They include core biopsy which uses a needle to obtain a piece of tissue about 1/16 inch across and ½ inch long, and a vacuum assisted needle biopsy device (VAD), which uses vacuum suction to obtain a tissue sample. Upon completion, sterile strips and a small adhesive bandage are applied to the skin. The entire procedure takes approximately 30 minutes to an hour. Results are usually available in three to five working days.
- **Open excisional biopsy:** Surgical removal of the entire lump. The tissue is then studied under a microscope. If a rim of normal breast tissue is taken all the way around a lump (called a lumpectomy), then the biopsy can also serve as part of breast cancer treatment (removal of the cancerous tumor). This is sometimes done with wire localization. In this technique, a wire is inserted through a needle into the area to be biopsied. An X-ray is taken

to make sure it is in the right place. A small hook at the end of the wire keeps it in position. The surgeon uses this wire as a guide to locate the abnormal tissue to be removed.

- **Sentinel node biopsy:** A newer biopsy method can be used to pinpoint the first lymph node into which a tumor drains (called the sentinel node) and remove only the nodes most likely to contain cancer cells. To locate the sentinel node, a radioactive tracer, a blue dye or both are injected into the area around the tumor before a mastectomy is performed. The tracer travels the same path to the lymph nodes that the cancer cells would take, making it possible for the surgeon to determine the one or two nodes most likely to test positive for cancer.

Cells or tissues that are removed using any of the methods described above are given to a pathologist, a physician who specializes in diagnosing abnormal tissue changes.

How Do I Take Care of Myself After a Surgical Biopsy?

You may be wearing a special bra and dressings over the biopsy site after the procedure. You will be able to remove these two days after the biopsy. Small tapes or possibly stitches will remain over the incision site; do not remove these yourself. They will be removed at your follow-up appointment by the nurse in the physician's office..

You may be asked to apply medicines or ice to the biopsy area or change the bandages at home. Your doctor will advise you about showering, bathing and wound care.

You will be given a prescription for pain relief after the procedure. But you may take an over-the counter pain reliever if that provides sufficient relief. Do not take aspirin or products containing aspirin for the first three days after the procedure.

The area of the biopsy may be black and blue right after the procedure. This will go away in a few days.