

Breast Surgery: Your First Outpatient Appointment

Contents

Introduction	1
Needle Procedures	2
Cyst Aspiration	2
Core Biopsy	2
Marker Clips	
What Should I do if I have a Problem?	
Your experience matters	

Introduction

Your GP has referred you to see a member of the Breast Surgery Team at Hereford County Hospital. The Breast Surgery Department specialises in diagnosing and managing breast disorders, and where necessary breast surgery is conducted to remove cancerous tumours and lymph nodes.

The County Hospital offers 10 new patient clinics every week allowing excellent access to the breast services. These are specialist 'one stop' clinics where full diagnostics, including ultrasound, mammograms and biopsies can be carried out in one visit, wherever possible.



Needle Procedures

Sometimes part of the assessment can include a needle procedure. Please advise the doctor if you are on any medication to thin your blood, are allergic to local anaesthetics or types of plaster or have a needle phobia.

Cyst Aspiration

A breast cyst is a sac with fluid in it. They can be soft or hard depending on how thick the fluid is. You might have been sent to the clinic because you have a cyst or the doctor might find one when they are examining you. Fluid might by drained (aspirated) from a cyst for several reasons which include:

- To confirm that the lump is fluid-filled.
- To prevent the cyst from hiding another change that could occur in the breast.
- To reduce discomfort if the cyst is painful.
- To remove the presence of a noticeable lump.

Before removing the fluid the area is cleaned and a cold spray may be used to numb the area. The doctor will insert a thin sterile needle which is attached to a syringe (like ones used for blood tests). They will use an ultrasound machine to guide the needle and place it into the cyst. Once this is done, the fluid will be sucked out of the cyst and it will shrink or disappear. Normal cyst fluid can be milky, yellow or dark green. Once all of the fluid is removed, the doctor will remove the needle and apply a small plaster. Usually this only takes a few minutes with minimal discomfort (like having a blood test). Sometimes it can be more painful and cause bleeding or bruising. There will usually be no restrictions on your activity or driving after this procedure. Breast cysts can refill so if this happens you will need to see your GP again for a new referral.

Core Biopsy

A core biopsy is a procedure to remove a small sample of tissue from the breast where it may look or feel concerning. The sample is sent to the laboratory and



viewed in detail under a microscope. This allows us to identify what might be causing the changes and will help the doctor to determine the appropriate actions.

This biopsy can be carried out by the doctor in clinic or in the X-Ray department. You will be asked to undress and expose both breasts and armpits. To begin, an ultrasound scan is performed to find the area that needs to be sampled. The area will then be cleaned and a local anaesthetic will be injected to numb the area. This stings and then goes numb very quickly.

A very small cut (3-4mm) is made in the skin and then a large specialised biopsy needle is passed into the breast. The clinician will use an ultrasound machine to guide the needle into the correct position. You may feel pushing or pressure. When the biopsy is taken, the needle makes a loud click (like a stapler). The needle will then pass quickly through the breast taking a sample of tissue. The clinician will then remove the needle and a member of the team may apply firm compression to help reduce any bleeding. The area is then dressed with a sterile and water resistant dressing. This dressing needs to be kept clean and dry for 3 days.

If you are taking medication that thins your blood (warfarin, rivaroxaban or apixaban etc...) or if you are taking antiplatelet medicines (aspirin or clopidogrel etc...) this will increase bruising. We may need to apply extra pressure after the biopsy is taken and sometimes you may need additional dressings. This process may need to be repeated on the day. This is to ensure that enough tissue is collected for analysis.

The tissue samples will be sent to the laboratory to be processed and arrangements will be made to give you the results at a follow up appointment, by letter or by text.

Once the anaesthetic wears off (usually after 2-3 hours) your breast may be tender, painful or swollen. Paracetamol may be taken but **please avoid aspirin or ibuprofen as it could make bruising worse.**

There will usually be no restrictions on driving after this procedure but you should avoid any strenuous activity such as heavy lifting, jogging or aerobics for 24 hours. If



your work is physical, we advise light duties only for the rest of the day, and then back to normal duties the following day.

Marker Clips

After a biopsy is taken it is sometimes necessary to insert a tiny 'marker clip' into the breast tissue near to where the tissue has been taken. The clinician will insert the clip using a large needle device which follows along the biopsy track— these tiny clips are titanium and do not need to be removed. They attract a little fluid around them which can be seen temporarily when viewed using ultrasound and they can be seen on mammograms long term to clarify where the biopsy was taken from.

What Should I do if I have a Problem?

You may notice bruising at the biopsy site, which is to be expected, and should reduce over the next week or two.

Continued bleeding or swelling is rare, but if this does happen please follow these instructions:

- Remove the dressing from the puncture site and apply pressure press firmly
 with the palm of your hand for 10 minutes using either tissues or a paper
 towel (in the same way the nurse pressed immediately after the biopsy).
- If the bleeding or swelling continues after 15 minutes, you should go to your local emergency department (A&E)/minor injuries unit, taking this leaflet with you.

If you do not know where your local minor injuries unit is you can use the NHS 111 online service or call NHS 111.

If you have a problem after the clinic and would like to speak to a member of the Breast Surgery team, please call:

• Breast Care Nurses: 01432 355444 ext 4156

Breast Secretaries: 01432 355444 ext 5584, 5182 or 4346



Telephone lines are available Monday - Friday from 08:00-17:00. If we are unable to take your call please leave a voice message and a member of the team will get back to you as soon as possible.

Your experience matters

We aim to provide the care that we would want for ourselves, our families and friends. If you think something could have been done differently, please speak to the department or ward staff. You can contact them by calling the hospital switchboard and asking for the relevant department. Further information about our services is available on our website:

- Phone (hospital switchboard): 01432 355444
- Wye Valley NHS Trust

This leaflet is available in alternative formats. If you need this please contact the Patient Experience Team using the telephone number or email below.

After using our services we may ask for your opinion about your experience. Your feedback helps us to make things better for all our patients.

You can also contact the Patient Experience Team by:

• Phone: 01432 372986 (please leave an answerphone message)

• Email: PALs@wvt.nhs.uk

