Patient information factsheet

Breast surgical excision biopsy and localisation biopsy

You have been given this factsheet because a mammogram (breast x-ray), ultrasound or needle biopsy (small sample of cells or tissue taken from your breast) has revealed an abnormality that requires further investigation. You will have a further biopsy to take a sample of tissue so that it can be examined in detail under a microscope. Your doctor or breast care clinical nurse specialist will talk to you about the type of biopsy you require.

This factsheet explains the different types of biopsy. It is not meant to replace discussion with your surgeon, but we hope it will help to answer some of the questions that you may have. If there is anything that you do not understand, a member of the breast care team will be happy to explain further.

Excision biopsy
An excision biopsy is a minor operation usually done under general anaesthetic to remove the abnormal area of tissue (lump). The tissue is sent to be examined under the microscope so that a diagnosis can be made. Because some abnormalities are extremely small and can only be found by using mammograms or ultrasound scans, you may need to have a further mammogram or scan before the biopsy takes place.

Wide excision
This is similar to an excision biopsy, but you have a minor operation to remove the whole abnormal area of tissue (lump), along with some surrounding healthy tissue. This may be because a mammogram or
needle biopsy has shown that the abnormality may be cancer (rather than a benign abnormality which is not harmful if left alone).

**Ultrasound guided localisation biopsy**
When a lump cannot be easily felt, an ultrasound is required before the biopsy. The ultrasound machine uses sound waves to create a picture of the inside of the breast which is seen on the monitor screen.

The radiologist (x-ray doctor) uses this picture to identify where the surgeon needs to operate, by putting a temporary mark on the skin. The ultrasound is painless.

**Wire guided localisation biopsy**
When the surgeon cannot feel the abnormality and it can only be seen on mammogram, a wire guided localisation biopsy is required. A radiologist, with the help of mammograms or sometimes an ultrasound machine, guides a fine wire into the affected breast to identify where the surgeon needs to operate. Before the wire is inserted you will be given a local anaesthetic to numb the area. When the wire is inserted it will feel uncomfortable but not painful. The wire is removed during the operation.

**Biopsy aftercare**
Surgical biopsies are usually done as a day case procedure, meaning you will be able to go home a few hours after surgery. We advise that you are not by yourself and that you avoid driving for 24 hours after a general anaesthetic.

Following the operation you may have some discomfort from the wound site so it’s advisable to wear a comfortable bra for two weeks (day and night). You may need to take some time off work. Please discuss this with your doctor or breast care clinical nurse specialist.

The wound should be kept dry for ten days and it’s normal for there to be some bruising. How much of a scar there will be depends on
the procedure that you have had, so you should discuss this with your surgeon or breast care clinical nurse specialist. Asymmetry (when the breasts are different in size), pain or numbness and infection in the breast can also occur. If you have any concerns about how the wound is healing please contact your GP or the hospital. The contact number for the breast care clinical nurse specialist team is below.

**Follow-up**

An appointment will be made for you to see the surgeon for the results and to check the wound following surgery. This is usually two weeks after the operation.

**Useful contacts**

**Breast care clinical nurse specialist team**

If there is anything in this factsheet that you would like to discuss or you have any other concerns or questions, the breast care clinical nurse specialists are available Monday to Thursday between 8am and 4pm, and between 8am and 12noon on Friday. You can contact them by telephone on: **023 8120 3753**.

Waiting list enquiries: **023 8120 6831**

If you need a translation of this document, an interpreter or a version in large print, Braille or on audiotape, please telephone **023 8120 4688** for help.