

What do I need to do after I go home?

Remove the pressure dressing after four hours.

You should rest as much as possible for the remaining part of the day. Please avoid any strenuous activities, such as heavy lifting, running or going to the gym for the following two days, but then you can return to your usual day-to-day activities. If your work is physical, we advise that you carry out light duties the following day.

The anaesthetic will wear off after two to three hours. If you then find your breast uncomfortable or painful, take mild pain relief such as paracetamol, following the instructions on the pack. Avoid taking aspirin as this may cause extra bruising in the breast.

Pain and discomfort usually subsides within a day or two. If you are experiencing pain for longer than this or are concerned then please contact a breast care nurse on the number at the end of the leaflet.

The dressings applied are waterproof so you can bath or shower but try not to soak the area. The waterproof dressing and steristrips should remain on for five days. If the dressing comes off within the first five days please replace with a waterproof plaster.

You will be left with a permanent tiny scar on the skin at the site of the biopsy. Rarely, the biopsy site can start to bleed after you have gone home. If this happens, apply pressure to the breast over the biopsy site for 10 minutes in the same way as was done straight after the biopsy. If the bleeding continues after this time, please continue to apply pressure to the area and contact the number on the back of this leaflet, within the hours of 9am and 4pm or go to your local emergency department.

When will I receive my results?

The results will not be given to you immediately after the procedure. The tissue samples will be sent to the lab for analysis – this takes about two weeks. You will be given an appointment for the results after the procedure.

Contact us

Breast care nurses (9am to 4pm) - **023 8120 3753**

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **patientsupporthub@uhs.nhs.uk**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

Join our family of charity supporters with a monthly donation! It's a wonderful way to show your ongoing support of our patients and staff.

Scan the QR code or visit **southamptonhospitalscharity.org/donate**



**Southampton
Hospitals
Charity**

Charity Registration Number: 1051543



www.uhs.nhs.uk

© 2025 University Hospital Southampton NHS Foundation Trust. All rights reserved. Not to be reproduced in whole or in part without the permission of the copyright holder.

Version 2. March 2025. Due for review March 2028. 2025

Stereotactic vacuum assisted excision (VAE) of breast

Information for patients, families and carers



This leaflet explains more about having a stereotactic VAE of the breast, including the benefits, risks and any alternatives, and what you can expect when you come to hospital. If you have any further questions or concerns, please speak to a radiographer in the breast imaging unit or a breast care nurse (direct line contact number is included at end of this leaflet).

What is a stereotactic VAE biopsy of the breast?

It is a procedure where mammogram equipment is used to help locate an area of interest in the breast, and a tissue sample (biopsy) is taken from the breast.

Why should I have this procedure?

Although your recent biopsy did not show any abnormal cells, there are some benign lesions which require removal because they can be a very early indication of changes in the breast tissue in that area.

Previously these lesions required a surgical procedure under general anaesthetic to be removed, but new technology now allows us to remove these under local anaesthetic in the breast imaging unit.

What happens during the procedure?

- The procedure takes place in the mammography room and you will be awake for the entire test, which normally lasts about 45 minutes. It will be performed by a specially trained radiologist or advanced practice radiographer.
- You will be asked to undress to the waist and put on a hospital gown. A radiographer will position you in the mammogram machine either sitting or lying down on a couch, depending on where the area of abnormality is in the breast.
- Mammogram images will be taken to check that the correct area has been located and local anaesthetic will then be used to numb the specific part of the breast.
- Once all the samples have been taken, a tiny metal marker clip will be introduced into the breast through the biopsy needle to mark the area where the samples were taken. This should be a painless procedure. The marker is harmless (it will stay in the breast and cause no discomfort) and is necessary because it marks the area of concern and can be easily seen on mammogram films.

What are the risks?

Complications from VAE biopsy are rare. However, as with any procedure there are some risks associated with it. They include:

1. Internal bruising (haematoma) in the breast following the procedure. We try to minimise internal bruising by placing firm pressure on the breast immediately after the biopsy.
2. Bleeding from the wound site. Rarely the biopsy site can start to bleed after you have left the unit. We will give you instructions on what to do if this happens.
3. Infection of the wound site. The wound will be covered with a sterile dressing after the procedure and we will give you advice on how to look after the area.
4. There is also a small risk that the area of abnormality is in a part of the breast from which it proves difficult or impossible to obtain good tissue samples. This may lead to an inconclusive biopsy result and your doctor may advise an alternative investigation, such as a diagnostic excision biopsy described in the next section 'Are there any alternatives?'.
5. This procedure uses x-rays to see inside your body. There is a very low radiation risk from the x-rays used in this procedure. You should consider this risk against the medical benefit of having the procedure.

Are there any alternatives?

An alternative to VAE biopsy is a diagnostic excision biopsy. Excision biopsy, performed in the operating theatre under general anaesthetic, is surgery to remove the area of abnormality from the breast. In addition to removing the abnormality, the surgeon also removes a small rim of normal tissue around it called a margin. Excision biopsy leaves a scar and requires more time to recover.

How can I prepare for a stereotactic VAE biopsy?

- You can eat and drink normally before and after the procedure.
- Medicines. Please tell your doctor about all medicines that you are taking, in particular if you're taking any antiplatelet medicines (for example aspirin or clopidogrel) or anticoagulant medicines (for example warfarin or rivaroxaban). Please let the team know if you have ever experienced significant or uncontrolled bleeding.
- If you are allergic to any medicines, but particularly to local anaesthetic, please contact us as soon as possible after receiving your appointment letter.

- On the day of your appointment, please do not wear deodorant, powder, lotion or perfume on your breasts and underarm areas as these products may show up on the mammogram films.
- Relatives and escorts. If possible, please bring a friend or relative to accompany you home.
- Bra. Some women find it more comfortable to wear a bra following the procedure. If you don't normally wear a bra, please bring a soft bra with you to wear after the procedure, and for the following few days.

If possible, please arrange time off work on the day of the procedure. You may require additional time off after the procedure but this is dependent on discomfort and bruising which may be different for each patient. Please expect to be at the Princess Anne Hospital for about two hours.

Giving consent (permission)

You will be seen by a consultant breast radiologist who will explain the procedure to you, check any relevant medical history and ask you to sign a consent form.

Will I feel any pain?

Local anaesthetic may cause stinging before it numbs the breast but this should only last for a few seconds. You may feel some pressure on the breast during the procedure but should not feel any pain. If you do feel pain, tell the radiologist/radiographer and more local anaesthetic will be used.

What happens after the procedure?

Immediately after the procedure, we will apply firm pressure to the breast for 10 minutes. This will help to minimise the risk of developing internal bruising in the breast (haematoma). A paper stitch (steristrip) and a sterile waterproof dressing will be placed over the small cut in the skin and a pressure bandage will also be applied. A mammogram will be performed to confirm the marker clip position. Once you are dressed, we will ask you to stay for about one hour to make sure that you feel comfortable enough to go home. You will be offered a drink following the procedure.