

Wire-guided excision biopsy

You have been advised to have a wire-guided excision biopsy because an abnormality has been identified on your mammogram or ultrasound scan, and we have not been able to discover the exact nature of this abnormality by means of the needle test that was carried out. This leaflet explains what happens during the biopsy and outlines the possible risks of the procedure. If you have any questions or concerns, please speak to your doctor or breast care nurse.

What happens during a wire-guided excision biopsy?

Essentially we need to remove the abnormal area so that all of the tissue can be looked at under the microscope. You will be seen by your surgeon and the anaesthetist on the morning of the surgery, and then you will go down to the x-ray department prior to your operation so that the x-ray doctors can localise the abnormal area for us. If it can be seen on ultrasound they will use this, but if not you will need a mammogram (called stereotactic localisation). It is done under local anaesthetic so you are awake but the area is numb, and a flexible guide wire is placed into your breast. You will then come to theatre and be put to sleep with a general anaesthetic. In the operating theatre, a small cut will be made in the skin close to the area of the abnormality and we will try to remove the abnormality (using the wire as a guide) and this abnormal tissue will be sent to the laboratory to be processed and looked at under the microscope by the pathology doctors. The skin is closed with dissolvable stitches buried under the skin surface and a dressing applied on top. When you have come round from the anaesthetic you can then go home the same day.

There is a small chance that we may miss this abnormality altogether (approximately 1:50) in which case you will then need to come back for a second operation in approximately three months' time, when we will try and locate the area again. Occasionally, we can find the lump by simply placing a mark on the skin over the abnormal area.

Possible complications

- **Thickened scar:** Scar healing is unpredictable and although usually the scar heals up to a fine line, occasionally the scar heals in a thickened fashion called a 'keloid' or 'hypertrophic' scar.
- **Infection:** Infection occurs in about 1 in 20 patients following this sort of procedure but if it occurs it can usually be treated with antibiotics. Occasionally, however, we may need to open the wound, drain out the infected fluid and then it may need to be packed, in which case it may take some weeks to heal.
- **Haematoma:** Some bruising is inevitable; however, very occasionally blood collects in a lump underneath the wound (known as a haematoma) and this may need to be removed, either in the clinic or by a second operation.
- **Wound pain:** Some patients experience pain, discomfort or altered sensations in or around the wound during or after the healing process. Usually these sensations will settle with painkillers but if the problem continues, we would recommend that you contact your GP. If

necessary, he/she can then refer you back to see us if there is any ongoing problem.

- **Cosmesis:** Usually the wound heals up to a fine line but occasionally, although a small area of tissue is removed, an indentation (groove or dimple) can occur in the breast. This can sometimes be corrected by a procedure known as lipofilling at a later date. It is difficult to guarantee a cosmetic result ahead of the operation.
- **Repeat operation:** Depending on the pathology results we may have to do a further breast operation once the pathology results are reviewed.

Contact us

If you have any problems regarding your care or treatment at this hospital, please talk to us. Your feedback will help us to improve and develop our service. Please speak to a member of staff in the clinic or on the ward, or if you would rather talk to a senior member of staff, ask to speak to the ward/departmental manager or matron.

Our Patient Advice and Liaison Team (PALS) can offer you 'on the spot' support and advice as well as practical information at a time when you are feeling confused and anxious. PALS can be contacted on 0118 322 8338, email PALS@royalberkshire.nhs.uk, or ask a member of staff, the receptionists or the switchboard to contact them.

Consultant surgeons

Mr B Smith	Consultant Oncoplastic and Reconstructive Breast Surgeon
Miss N Dunne	Consultant Oncoplastic and Reconstructive Breast Surgeon
Mr G Cuffolo	Consultant Oncoplastic and Reconstructive Breast Surgeon

Trust grade breast surgeons

Mrs S Connolly
Dr E Hyett

Advanced surgical nurse practitioners / physician associate

Vanessa Burridge Nicky Woodrow Susanne Theis Aneta Korcz Yneh Alcoriza

Our clinical teams can be contacted via the Clinical Administration Team 3 (CAT 3) on 0118 322 6890, then press the option for 'breast' or email rbb-tr.cat3@nhs.net.

More information

If you have any questions about the procedure or this information, please speak to your doctor or nurse.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Breast Unit, July 2023. Next review due: July 2025.

Compassionate

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Excellent