8. Two films will be taken of the wire for the surgeon and the wire strapped to the skin.
9. Whilst you are asleep, the specimen with the wire attached will be returned to the X-ray department to be X-rayed again to ensure that all of the correct area has been removed.

PLEASE NOTE:
If the procedure is being performed under Ultrasound control, the needle and wire are inserted whilst you are lying down and therefore, please ignore numbers 1 - 3 above.

PRE-OPERATIVE ASSESSMENT
You will receive a letter from the admissions department inviting you to attend a pre-operative assessment with the Pre-op Nurse and Surgical House Officer. The purpose of this visit is to complete any relevant paperwork, to weigh you, take your Blood pressure, take a blood test and any other necessary tests such as E.C.G and/or Chest x-ray. There will also be opportunities for you to ask questions.

IMPORTANT Please bring any tablets that you have been or are taking with you.

COMING INTO HOSPITAL
You will receive a letter from the Admissions Department with an admission date and the ward to go to. You will be admitted on the day of surgery. Your length of stay will be discussed with you by your Consultant prior to admission.

Visiting hours are 2pm until 8pm

WHAT TO BRING WITH YOU
Please bring nightclothes, (pyjamas may be easier for you) dressing gown, slippers, and wash bag. Please do not bring jewellery, credit cards or large amounts of money. Some loose change may be useful for the telephone and magazines and patient-line service etc.

WHAT TO EXPECT BEFORE YOUR OPERATION
On the day of surgery you will be visited by a member of the Breast Team who will complete your consent form with you and also mark the operation site with a pen. You will also meet an Anaesthetist who will discuss the risks of anaesthesia.

You will be taken to theatre (accompanied by a nurse) on a bed or trolley to the Anaesthetic Room. A small needle will be placed into your hand/arm and once the anaesthetic has been given you will fall asleep very quickly.

You will wake in the recovery room where you may be given some oxygen via a mask and painkillers if necessary. You will be monitored closely until you are ready to be returned to the Ward.

WHAT TO EXPECT AFTER YOUR OPERATION
You may have a large padded dressing over your breast following your operation. This is normally removed after 24 hours, but will be discussed with you by your nurse on the day. Underneath this large dressing is a smaller one that should be left in place and kept dry until you are seen in the out-patient's department. You will also be supplied with a spare dressing.

It is important that you wear a well supporting bra as this will help to support your wound whilst it is healing - and ideally it should be worn day and night until you are seen in out-patients.

BATHING.
You may bath or shower as normal the next day providing you can keep the dressing dry.

DRIVING
It is advised that you do not drive until you have been seen in out-patients, as this can 'pull' the wound.

FOLLOW UP
You will be given an out-patient's appointment for 7 - 10 days after your operation. Please bring a friend or relative with you. The result of your biopsy will be given to you at this appointment.

Your stitches will usually be dissolvable or will be taken out in clinic.

RETURN TO WORK.
The amount of time you require off work will vary depending on how physical your job is. Most people will require 1 week off work. Your Surgeon/Breast Care Nurse
will be able to give you advice. Your GP will be able to give a sick certificate if required.

**RARE COMPLICATIONS**

Long standing breast/arm pain due to nerve damage.
As with any operation there is a very small risk of developing a chest infection or blood clots in your legs, arms or lungs.

**POSSIBLE COMPLICATIONS**

**Infection**- As with any surgical procedure, there is a small risk of infection. Should your wound become red/hot and feel more painful (which may be accompanied by you feeling generally unwell), you should contact your GP or clinical Nurse Specialist Nurse immediately.

**Pain**-You may also experience pain/discomfort/bruising/swelling around the wound site. You will be given a supply of pain killers to take home with you. If you need a repeat prescription then see your G.P.

**WHO TO CONTACT IF YOU NEED ADVICE**

**WITHIN WORKING HOURS:** (mon-fri 9-3pm)
*Clinical Nurse Specialists* 01895 279794/ 279738/ 279711 or 01895 279711

**OUT OF WORKING HOURS** (evenings, weekends)
Please telephone the main hospital switchboard on 01895 238282 and ask to speak to staff on the ward where you stayed.
Further information is also available on the following websites:
www.cancerbacup.org.uk
www.breastcancercare.org.uk

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**GUIDE WIRE BIOPSY**

This leaflet contains information for patients who have an area of breast tissue that is too small to be felt but that needs to be removed to establish diagnosis.

The first step of the procedure will be performed in the X-ray department. As the area of tissue is small a wire will be inserted into your breast. This wire helps the surgeon to locate and remove the correct area. It takes about 30-45 minutes to ensure the wire is in the correct position. The procedure will be performed using mammogram or ultrasound.

Ideally you should wear a front opening top and a pair of trousers. In order that the procedure is not too painful for you, you will be given some local anaesthetic by the radiologist. A nurse, radiographer and radiologist will be with you throughout the procedure.

You will be having a general anaesthetic after this procedure to remove the lump and the wire. This will involve having a cut in your breast, your surgeon will discuss where and how big and where the cut will be.

**THE PROCEDURE BY USE OF MAMMOGRAPHY**

1. You will be set in front of the X-ray machine and will be positioned so that you are sitting upright, and are relatively comfortable.
2. The breast will be compressed firmly enough to ensure that it does not slip from under the plate (but not as firmly as when you had the original film taken). The skin will be marked so that we can note if the wire has moved. If there is a movement we have to start again.
3. Once you are positioned a check film is taken and if the position is correct the radiologist will identify the area.
4. The skin will be cleaned with some cold antiseptic.
5. Local anaesthetic is injected into the area - this may sting initially but will soon go numb.
6. A needle with a wire inside will be inserted through the numbed area to the correct depth.
7. Two films will then be taken, the needle removed and the wire left in place.