

Ultrasound guided wire localisation

Breast imaging - Radiology

Introduction

Your doctor/member of the breast imaging team have advised you to have an ultrasound guided wire localisation prior to having your surgery. This leaflet has been written to help you understand what the procedure involves.

What is an ultrasound guided wire localisation?

A very fine (thin) metallic wire is inserted into the abnormality within your breast that has been previously biopsied (a tissue sample taken). A wire can also be inserted into the tissue adjacent (next to) a breast marker clip that has previously been inserted into your breast. The ultrasound scanner is used to locate the abnormality and guide the wire into the correct place within the abnormality.

What are the benefits of having the procedure?

Your doctor/member of the breast imaging team will discuss the benefits with you prior to undertaking the procedure.

You will have already had a sample of tissue taken from the abnormality that was shown on your previous ultrasound scan. As discussed with your doctor, this abnormality needs to be excised (removed) along with an area of the surrounding tissue. When the abnormality cannot be easily felt; a wire guides the surgeon to the abnormality in theatre, ensuring that the abnormality that has been previously biopsied is removed.

Some patients will have previously had a biopsy under Stereotactic (X-ray) guidance and a breast marker clip inserted at the time of the biopsy. For patients with marker clips a wire can be inserted into the breast around the marker clip using the ultrasound rather than the X-ray machine to guide the wire insertion.

Ultrasound uses sound waves to produce a detailed picture of the breast and the images can be used to accurately guide the wire to the abnormality or the marker clip.

What are the risks of the procedure?

A small amount of bleeding may occur at the site where the wire is inserted, and bruising (haematoma) to the breast is common. Sometimes the bruise may make your breast feel lumpy or it may make a lump that you have already felt feel bigger than it did before.

If you are on any blood thinning medication then please let us know straight away.

Infection at the site in which the wire is inserted into is rare but a possibility.

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

Very rarely the wire that is inserted may not be completely within the abnormality. If this happens then the wire may require repositioning or another wire inserted so that the wire is in the best position within the abnormality. If this is the case then the specialist undertaking the procedure will discuss this with you further.

A Pneumothorax (punctured lung) is an extremely rare complication of an ultrasound guided wire localisation. It is important to note that using ultrasound to guide the needle containing the wire to the abnormality during the procedure enables the needle to be seen throughout the procedure, minimising the risk that the lung will be punctured.

Injury to the armpit (axilla) blood vessels or nerves is also a very rare complication of an ultrasound guided wire localisation of abnormalities located in the axillary tissues.

Following the insertion of the wire a Mammogram (X-ray of the breast) may be required to check the position of the wire.

There are some risks involved with the use of X-rays. The overriding concern of your doctor and Radiology is to ensure that when radiation is used the benefits from making the right diagnosis outweigh any small risk involved.

X-rays can very rarely cause cancer. According to the National Breast Screening Programme having a mammogram every 3 years for 20 years can very slightly increase the chance of getting cancer over a woman's lifetime.

Radiologists/Radiographers who perform the examination are trained to ensure that the radiation dose associated with the examination is always kept to a minimum.

Are there any alternatives to an ultrasound guided wire localisation?

There is not an alternative procedure that can be offered instead of an ultrasound guided wire insertion. You can decide not to have the procedure however this may mean that the surgeon may not be able to accurately remove the abnormality within your breast.

What will I need to do before the procedure?

Please bring with you a list of your medication (we will need to know these before the procedure)

You will be asked to remove the clothing from the top half of your body, including your bra, and wear a hospital gown. It is easier to wear a skirt or trousers instead of a dress to the hospital. You are welcome to bring your own dressing gown to wear at your appointment

We must seek your consent for any procedure or treatment beforehand. Your surgeon (or professional trained to take consent) will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed please do not hesitate to ask for more information.

How long will the procedure take?

Please expect to be in the Breast Imaging Department for approximately 40 minutes.

What will happen during the procedure?

You will be taken into the ultrasound room and asked to lie on the couch on your back with your hand above your head

The specialist will ask you to open the hospital gown and put some gel onto your skin and using the ultrasound probe find the abnormality or marker clip that the wire needs to be inserted into.

A local anaesthetic will be given (by injection through the skin into the breast) to numb the area around where the wire needs to be inserted into. The specialist will ensure that the area is numb before proceeding.

A tiny cut is made in the skin and then the specialist will use ultrasound to guide the needle containing the wire into the abnormality / next to the marker clip

Once the needle is seen on the ultrasound scan to be within the abnormality or next to the marker clip the wire is deployed (positioned)

You can choose to stop the procedure at any point during the procedure but this could mean that the surgeon will not be able to perform the surgery to remove the abnormality

What will happen after the procedure?

The specialist will mark the location of the tip of the wire by drawing a small cross on the surface of the breast overlying the end of the wire. This will be covered by a dressing

You will then be taken into the X-ray room. A mammogram (X-ray of the breast) will be taken to check the position of the wire

The specialist will apply a small dressing to the site that the wire was inserted into

You will then either be taken to the Nuclear Imaging department (if you are having a procedure called a Sentinel Lymph Node Biopsy in your armpit) or you will be taken back to the ward prior to going to the operating theatre

The wire will be removed during your operation along with the abnormality / marker clip and a rim of surrounding breast tissue

Will it be painful?

Some patients experience discomfort or pain when the local anaesthetic is given. The local anaesthetic used works quickly and the area will go numb.

Some women feel some discomfort and experience bruising to the breast following the procedure.

Please do not take any over the counter painkillers, such as paracetamol. If you are experiencing discomfort following the procedure then speak to the nurse in charge of your care on Appleby Suite.

It is recommended to minimise moving the arm on the side that the wire has been inserted into. Underwired bras can be worn as normal following the procedure to provide support to the breast.

Some patients experience aching and discomfort of the breast following the procedure, once the local anaesthetic wears off.

Whom can I speak to if I want to ask questions before I come for my procedure?

The breast care nurses can be contacted on **01902 695144** during office hours of 8.30am and 4pm. There is a 24 hour answer machine on this line and if the breast care nurses are unavailable then please leave your name and telephone number and someone will return your call as soon as possible.

Alternatively if you would like to speak to a radiographer / sonographer about the procedure then please call **01902 695923** during office hours of 8.30am to 5pm

Contacts and useful number and links

Are there any additional sources of information

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。