

Sultan Qaboos Comprehensive Cancer Care & Research Centre

Breast Cancer Program

Needle Localization Biopsy or Needle Localization Wide Excision

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Needle Localization Biopsy or Needle Localization Wide Excision

To remove an area within the breast that cannot be felt as a lump by the surgeon, it is necessary to mark the area with a thin wire which has a hook at one end. Before your operation, you will go down to the x-ray department and a wire or wires will be inserted. Before the wire is inserted, a local anesthetic is given and the wire guided into the breast using either the mammogram machine or an ultrasound machine. Following placement of the wire, x-rays will be taken to check the position of the wire in relation to the area of abnormality that is to be removed. Sometimes two wires are inserted, either because the first wire is not in a satisfactory position, or because there are two areas of abnormality both of which need to be marked or to help the surgeon, two wires are placed, one at either end of the abnormality. When the wire or wires are in a satisfactory position you will return to the ward. Later in the day you will be taken to the operating theatre and will have your operation under general anesthesia.

A small cut is made in the skin of the breast and the surgeon finds the wire and follows it to the area of abnormality. While you are under anesthesia, a portion of breast tissue is removed by the surgeon and this is x-rayed to check that the correct area has been removed. Following stitched with an invisible stitch which does not need to be removed.

Problems that can occur after needle localization biopsy or needle localization wide excision

- There is a very small chance (less than 1%) that the surgeon will fail to remove the area of abnormality seen on the x-ray. The main reason for this is that either before operation or during the operation the hook on the end of the wire becomes dislodged and moves within the breast. If the abnormality is not present in the tissue removed by the surgeon, you will be informed of this and arrangements will be made to bring you back into hospital some weeks later for a second operation once the wound has healed. Again a wire is inserted into the breast and an attempt made to remove the abnormal area.

- Even though all visible bleeding is stopped at the operation, bleeding from the cut edges of the breast tissue can occasionally start after the operation and cause blood to collect in the wound. This is uncommon and happens in about 1 in every 100 patients. The normal time for this to develop within the first 12 hours after the operation. This is the reason why your wound is checked following surgery. If a large amount of blood collects this need draining by a second operation.
- Infection: any operation site can become infected. It is uncommon to get infection in breast wounds but approximately 2 in every 100 women after wide local excision do get infection. If infection is going to develop it is usually evident about a week after surgery. The wound becomes red, swollen and very tender and there can be a discharge through the wound.
- The body produces its own natural healing fluid. Sometimes it can produce a little too much fluid and this cause a swelling at the site where the lump was removed. This is known as a seroma and this fluid may require removal with a needle and syringe when you come back to the clinic. Because the area is numb following surgery, this is usually a painless procedure.
- Patients are usually discharged later the same day.