NHS
Royal Cornwall Hospitals
NHS Trust

Excision biopsy

affix patient label

What is an excision biopsy?

This is an operation where a specific area within the breast is removed from the surrounding area.

Why do I need it?

You will have had a discussion with your breast surgeon about the need to remove a small sample from the breast. This is usually done to confirm the nature of an indeterminate area either felt by you or the surgeon and/or found on your mammogram or ultrasound images. It is being done to confirm the nature of the area and help guide any further treatments required. Often it is done when further biopsies are not possible because of the position or access to an area in the breast, or a larger area of tissue is needed to help confirm a diagnosis.

Are there any alternatives?

There are occasions when it is acceptable to monitor this area in your breast with imaging using mammograms or ultrasounds, but if this procedure has been suggested to you, then it is likely that there is some uncertainty in what the area of tissue is. There are occasions when the excision biopsy shows a condition that benefits from further treatment and it can be important to discover this.

What does it involve?

The surgeon will have discussed with you whether the procedure requires a general or local anaesthetic. There will be a discussion about where the incision will be made, so you will be aware of where the scar will be. Sometimes the incision will be at a site remote from where the area of interest is to maximise the final cosmetic outcome. This may be around the edge of the areola (around the edge of the coloured area of the nipple). Usually, unless the area is actually in the skin itself, there is no need to remove skin overlying the target area. Once underneath the skin and in the right area, the target area will be removed, sometimes identified with the help of a localising injection done by the radiologists at the Mermaid Centre.

The removed area may be X-rayed in theatre to see whether any further tissue is to be removed. Depending on the situation all or part of the area will be removed and this will be discussed with you prior to surgery. If a defect is left in the breast tissue, it is repaired using dissolvable stitches under the skin. The skin will be closed with dissolvable stitches which are usually hidden in the skin. Dressings will cover the incision, often with steristrips or glue and a surgical dressing, which should be left in place until your review in clinic two weeks later (unless there are problems with the wound which need a doctor to look at – see below).

How do I prepare for it?

Most patients attend a pre-admission clinic where we will ask for details of your medical history and carry out any necessary clinical examinations and investigations. Please ask us any questions about the procedure, and feel free to discuss any concerns you might have.

You must not eat anything for at least **6 hours** before your operation. This is to make sure your stomach is empty when you have your anaesthetic. Drinks containing fats (eg tea or coffee with milk) and sweets all count as food. You can drink water or a drink without fats in it (eg black coffee) until **2 hours** before your operation. You may also have small sips of water to take tablets. There is a hospital leaflet about having an anaesthetic. Ask the staff for a copy if you would like one.

You will be given a general anaesthetic during the operation, which will keep you asleep. The anaesthetist will come and see you before your operation to discuss this with you. You will be able to ask them questions about the anaesthetic.

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A member of the surgical team will also see you on the ward. This is usually the surgeon that will perform your operation. Feel free to ask any questions you have about the operation or what will happen after the surgery. The surgeon will usually draw and make notes of important landmarks on your skin with a special marker pen. This is called the 'marking-up' process and may be done whilst you are sitting, standing and lying down. An arrow will also be drawn on the side to be operated on and a check made that this consent form has been completed and signed.

What happens afterwards?

You will be seen in the clinic after two weeks for the wound check-up and histology result.
Please leave the dressing undisturbed until then if possible.

What should I look out for?

- **Haematoma** – occasionally you can have some bleeding underneath the skin following this surgery (haematoma). It is usually fairly obvious by gradual or sudden swelling in the area, with or without the evidence of bruising, and marked discomfort. This can happen from the first night postoperatively but usually doesn't happen after the first two weeks. It is recommended that you contact either the Mermaid Centre (in office hours) or your GP or the nearest Emergency Department for them to guide your treatment.
- **Wound infections** – can occasionally develop after this surgery and can present with symptoms of spreading redness and increasing pain or pus-like discharge. If this occurs, you should have the wound reviewed by the Breast team at the Mermaid Centre, your GP or the Emergency Department.
- **Pain /discomfort** – it is common to feel a little discomfort after surgery, but this should be adequately managed with paracetamol or ibuprofen, depending on which painkillers you are able to tolerate. Do not exceed the maximum dose.

When will I get my results?

You will have a clinic appointment made for you to come back and discuss the results and have a wound check 1-2 weeks after your surgery. The surgeon will check that you are healing well and discuss whether any further treatment is needed as well as whether any further follow-up is required.

Contact us

If you have any questions or need further information, please contact your breast cancer nurse.

Are there any risks or complications?

As with all procedures, there are risks from having this operation:

General Risks

Risk from the anaesthetic: The risk to a healthy patient of problems arising from an anaesthetic is very small. Each year in the UK however a few healthy people will die or suffer serious heart, lung or brain injury following an anaesthetic. For a woman who is otherwise in good health, the risk of a serious complication due to general anaesthesia is less than 1%.

Bleeding: This is usually minor and is stopped during the operation. Occasionally patients develop a collection of blood called a haematoma, which requires a second operation. For breast surgery this is about 1-2 in 100.

Infection: All surgery has a risk of infection. If the wound becomes red, hot or weeps, or you feel unwell you should consult your doctor.

DVT/PE: With all surgical procedures there is a risk of developing a clot in the deep veins of the leg, deep vein thrombosis (DVT). In a very small number of patients a bit of this clot breaks off and lodges in the lungs. This is a pulmonary embolus and in very extreme cases can be life-threatening. Your surgical team will prescribe you compression stockings and/or blood thinning medication after careful assessment of your individual risk.

Risks specific to excision biopsy:

Pain: A degree of pain is likely after any surgery. We aim to manage your pain with painkillers to an acceptable level post-operatively. If the pain or numbness and tingling continues to be troublesome please let your surgeon or breast care nurse know and we can give you suitable painkillers.

Seroma: Is a collection of fluid in the breast after surgery. This is not common after this operation but rarely needs draining and usually resolves by itself.

Numbness: You may experience numbness and discomfort in the breast. This usually lessens slowly over time although it may never return to normal. You will become accustomed to it. If the incision for access is made around the nipple, it is common to have a degree of change to that nipples usual sensation.

Need for further surgery: This is very dependent on the results of the testing of the tissue that is removed and the degree of this risk will be discussed with you by your surgeon.

Fat necrosis: During this procedure, there may be some unavoidable damage to the breast tissue nearby. This fatty tissue is very delicate and mostly repairs itself. Sometimes it heals to leave an area of lumpy scar tissue which you may be able to feel. This is called 'fat necrosis' but is not harmful or dangerous. It usually disappears over a few months but may persist. If you develop a new lump at any time after your surgery it needs to be checked out by your breast team. This may involve a biopsy for reassurance.

Lymphoedema: This is swelling in the tissue below the skin caused by lymph fluid which cannot drain away. This can occur when the lymphatic channels are damaged by surgery or blocked by radiotherapy. It is fairly uncommon within the breast and is treated in the first instance by wearing a secure and supportive bra. Treatment is available by specialists following referral by your breast care nurse.

Asymmetry: It is not possible to guarantee exact symmetry of shape, volume or the perfect cosmetic outcome. It may be necessary to have further surgery at any time in the future either to refine the cosmetic outcome or to treat a complication as above.

Cosmetic changes: Usually there is little or no change to the breast shape although occasionally there may be a slight flattening or unevenness to the breast contour. If this were to occur then a further corrective operation may be possible if desired once healing has fully settled and in the future if the cosmetic outcome is unacceptable and can be improved.

Scarring: The scarring may become darker for several months before hopefully fading to a silvery colour. Long term visibility or thickening of scars (hypertrophic scarring) is unpredictable but uncommon and is dependent upon an individual patient's healing.

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

Patient copy

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

NHS
Royal Cornwall Hospitals
NHS Trust

NHS number: .....
Name of patient: .....
Address: .....
AFFIX PATIENT LABEL
Date of birth: .....
CR number: .....

Excision biopsy

[ ] **breast**

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits:

- *Excision biopsy*

Significant, unavoidable or frequently occurring risks:

- *Bleeding, scar, infection, DVT/PE, pain, seroma, numbness, need for further surgery*

Uncommon but more serious risks:

- *Fat necrosis, lymphoedema, asymmetry*

Rare but serious risks:

- *Anaesthetic risk which includes a very small risk to life or limb from complications such as heart attack and stroke*

Any extra procedures which may become necessary during the procedure:

- *Blood transfusion (required very infrequently)*
- *Other procedure (please specify):*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Excision biopsy (CHA4405) which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: ☐ General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: ..... Name (PRINT): ..... Date: .....

affix patient label

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

.....

I have received a copy of the Consent Form and Patient Information leaflet: Excision biopsy (CHA4405) which forms part of this document.

Patient signature: ..... Name (PRINT): ..... Date: .....

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: ..... Name (PRINT): ..... Date: .....

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

Important notes (tick if applicable):

☐ See advance decision to refuse treatment ☐ Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: ..... Name (PRINT): ..... Date: .....

File copy

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Excision biopsy

_____ breast

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