



**Mount
Sinai**

Dubin Breast Center
of The Tisch Cancer Institute

Instructions for Image Guided Biopsy

What to Expect During the Biopsy

Before the procedure, you will sign consent forms and discuss the biopsy, possible risks, benefits, and alternatives to the procedure, as well as relevant details about your medical history. You will be asked your name, date of birth, and what side is being biopsied.

Ultrasound guided biopsies are performed with you lying on your back or side while stereotactic biopsies are performed with you seated or lying on your side.

You *will* be awake during the procedure.

One of our radiologists who specializes in breast imaging will lead the team performing your biopsy. After local anesthesia is administered, a small incision may be made and tissue samples will be collected. A tissue marker is placed and is typically followed by a mammogram to see the marker. The tissue sample will be sent to pathology where one of our dedicated breast pathologists will examine it under a microscope.

You can expect to receive results in one to two business days.

Possible Risks of the Procedure:

- During the biopsy procedure, some patients experience mild discomfort.
- Some patients experience pain or bleeding at the biopsy site.
- There is a very small risk of a lung puncture (pneumothorax) or rupture of an implant if you have one.
- Following the biopsy there may be discomfort, tenderness, bruising, and bleeding or oozing at the biopsy site; these are usually mild.
- A post-biopsy breast infection is a risk though a rare occurrence.



Benefits of the Procedure:

A definitive diagnosis of the breast abnormality is usually made without risk of general anesthesia and without the scarring of surgery. Occasionally, pathology results will indicate equivocal or high-risk results and surgery is recommended even though no cancer has been found.

Preparing for Your Biopsy:

- If you take any prescription blood thinning medication such as Coumadin or Plavix, please inform us and contact your physician to determine if you can stop these prior to the procedure.
- Stop taking any of the below 5 days prior to your biopsy unless your physician directs otherwise.*
 - Aspirin
 - Advil, Aleve, Ibuprofen, Motrin
 - Percodan
 - Vitamin E
 - Fish Oil (Omega 3 Fatty Acids)
 - Herbal Medicines (Ginkgo Biloba)

**If you are unable to discontinue use of above medications due to a medical condition then please alert staff at time of scheduling.*

- All other medications such as blood pressure and diabetes medications should be taken as usual.
- Please eat and drink normally before your biopsy. Do not fast. You may also eat after the biopsy. There are no specific food restrictions.
- To simplify dressing, wear a shirt that buttons in the front to your procedure.
- Do not wear any powder or deodorant on the day of your appointment.



- Wear a supportive bra (sports bra, preferably) to your appointment, if you have one.
- Arrive 30 minutes prior to your appointment time for registration. If you are late to your procedure, your biopsy may be rescheduled.
- If you are allergic to local anesthetic medication, latex, nickel, or iodine, please inform the medical staff before the procedure.
- If you have any medical conditions such as bleeding disorders, please inform the breast coordinator, radiologists, and radiology staff before the procedure.

After Your Procedure:

- You may drive yourself home after the biopsy, as long as you are not taking any anti-anxiety medication.
- Pressure will be put on the biopsy site following the procedure and Steri-Strips (bandage) will be applied. The Steri-Strips usually fall off on their own within 5 days, but if they do not, you can gently remove them on the sixth day.
- Do not do any heavy lifting or strenuous exercise for 24 to 48 hours following your biopsy. Any activity that moves the shoulder moves the breast and could cause increased discomfort.
- Most patients will have a mammogram after the biopsy
- An ice pack will be placed on the biopsy site inside your bra; it should be left on for 30 minutes. Remove the ice pack, refreeze it, and then place back on the site for another 20-30 minutes. Continue to remove and repeat for the first day while awake.
- If you need medication for discomfort, take Acetaminophen (Tylenol). Do not take Aspirin or Non-steroidal anti-inflammatory agents (NSAIDs) such as Advil or Motrin.
- You may shower the day after the biopsy, but do not scrub the biopsy site. Do not use soap or lotion directly on the area for up to 5 days. Do not bathe or swim for a minimum of 3-4 days after the biopsy.



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If you experience excessive bleeding, redness, or pain, contact the Mount Sinai Hospital Center:

- Monday through Friday, 8 am – 5 pm: 212-241-3300, option 3, option 2, and ask for the nurse or radiologist who performed your biopsy
- Monday through Friday, 5 – 8 pm: 212-241-7928
- Monday through Friday, 8 pm – 8 am: 212-241-1861 and ask for the Radiology Resident on call

Receiving Your Biopsy Results:

The radiologist will discuss the results of your biopsy with you and recommend follow-up or further care, as needed. The results will also be sent to your referring medical provider.

This discussion is most often done by telephone, within several business days after the biopsy. Please provide a phone number where you can be contacted and let us know if we can leave a voicemail. We will only give you, the patient, the results unless you have previously given us written permission to give results to another person.

If you have not been called with your biopsy results by the fourth business day following your procedure, please call 212-241-3300, option 3, option 2.

The 21st Century Cures Act requires the release of your biopsy results to MyMountSinai/MyChart patient portal, possibly before the Radiologist has had a chance to review the results and/or contact you with the findings. Furthermore, the Radiologist may not be able to reach you to discuss the results at the moment that they are released to MyMountSinai/MyChart.

Please be aware of this before opting to view results on your own, without speaking with the radiologist or your doctor first.

Understanding Your Breast Biopsy Results

Benign

Benign means no cancer detected. When your biopsy result is benign, no other treatment is usually needed.

The following terms may appear on your benign biopsy report:

- **Cysts** are pockets of liquid in the breast and are very common. Cysts can be large or small and may change in size. If a cyst is large or painful, it may be drained or removed.
- **Fat necrosis** is one of the ways that the breast heals after an injury. The injury may be something minor that you may not even remember. Fat necrosis may show up at any time, even years after the injury. No treatment is needed.
- **Fibroadenomas** are growths of solid tissue in the breast. They may grow slowly. If a fibroadenoma is large or is causing discomfort, it may be taken out.
- **Fibrocystic changes** are areas of fibrous tissue mixed with cysts in the breast. Usually, no treatment is needed.
- **Lymph nodes** are a normal part of your body that are found in your underarm and in your breast. They may enlarge when your body is fighting an infection or if a cancer has spread to your lymph nodes. If your lymph node is benign, there is no cancer in it.
- **Pseudoangiomatous stromal hyperplasia** is a harmless type of tissue growth found in the breast. Usually, no treatment is needed. The area may be removed if it is large or is causing discomfort.
- Other results that are benign and for which no treatment is typically needed: apocrine metaplasia, columnar cell change, focal stromal fibrosis, inflammation, reactive changes, sclerosing adenosis, usual ductal hyperplasia

Increased Risk

Biopsy results which show “increased risk” are not cancer. However, this result could mean that you are at a higher risk for cancer in the future. You should speak to your doctor about whether any more treatment is needed.

The following terms may appear on your increased risk biopsy report:

- **Atypical ductal hyperplasia** can be a precursor to the earliest form of cancer. It is often removed because there is a small chance that cancer cells may be found nearby.
- **Flat epithelial atypia** is a growth within a milk gland. It does not usually need to be removed.
- **Lobular carcinoma in situ** and **atypical lobular hyperplasia** are grouped together and called lobular neoplasia. These findings are sometimes removed because there is a small chance that cancer cells may be found nearby.
- **A papilloma** is a growth within a milk duct that may cause nipple discharge. Not all papillomas need to be taken out of your breast. A papilloma may be removed if it has suspicious cells or if it is causing symptoms.
- **Phyllodes tumors** are rare tumors that are often benign. Because they tend to grow very fast, they are usually removed.
- **A radial scar**, or **complex sclerosing lesion**, is a collection of milk ducts trapped in an area of breast tissue. Not all radial scars need to be taken out of your breast. A radial scar may be removed if it has suspicious cells.

Malignant

Malignant means that some cancer cells were found in your biopsy tissue. There are several types of breast cancer. Each type of breast cancer has different treatment options. You should speak to your doctor about next steps.

Invasive vs. Non-invasive Breast Cancer

The glands of the breast are made of lobules (where milk is made) and ducts (which carry the milk to the nipple). **Non-invasive cancers** have not yet broken out of the milk glands into the surrounding tissues. **Invasive cancers** start out by growing in the breast glands, but have also entered the surrounding tissues. Invasive cancers may also spread outside of the breast.



Other less common types of breast cancer are **cribriform, inflammatory, medullary, mucinous, papillary, and tubular.**

The following are types of breast cancer that may exist as a result of malignant biopsy tissue(s):

- **Ductal carcinoma in situ** is non-invasive cancer. The cancer cells grow and expand the milk ducts, but are not in the surrounding breast tissue. It is usually not life threatening.
- **Invasive ductal carcinoma** is the most common type of invasive breast cancer. About 80% of breast cancer diagnoses fall under this category. The cancer starts in the cells that line a milk duct and grows into the tissues outside of the duct.
- **Invasive lobular carcinoma** is a less common type of invasive breast cancer. About 15% of breast cancer diagnoses fall under this category. The cancer starts in the part of the gland that produces milk (the lobule) and grows into the tissues outside of the lobule.
- **Invasive mammary carcinoma** is a less common type of invasive breast cancer that has features of both ductal and lobular cancer.

Your biopsy result report may include other medical terms and details that will help your doctors to determine the best course of treatment.

- **A tumor grade** shows how quickly cancer cells are likely to grow and spread. Usually the grade is from 1 to 3, with 1 being less worrisome.
- **Tumor markers** include estrogen receptor, progesterone receptor, and Her2-neu. Knowing about these markers gives your doctor a better idea of how best to treat the cancer.

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From: Society of Breast Imaging Grimm for the SBI Patient Care & Delivery Committee



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Instructions for Image Guided Biopsy Consent

I have received and reviewed the instructions for my breast biopsy appointment at the Dubin Breast Center.

Patient Signature

Date

Patient Name (Print)