

Breast Biopsy Methods



You and your doctor have decided that an area in your breast needs to be examined in more detail. Several tools may be used to find out more information.

- A surgical oncologist may do a physical exam.
- Imaging studies (mammogram, ultrasound, or MRI) may be done. A radiologist is a doctor who will read these.
- Removal of tissue in the breast (biopsy) may be done. A pathologist is a doctor who will look at the tissue under a microscope.

How will the doctor decide which way to remove tissue from my breast?

Tissue is removed from the breast in a variety of ways. The choice of which biopsy method is used depends on:

- Can the area on your breast be felt (palpated)?
- or**
- Can it only be seen on the imaging studies?

What members of the health care team will help with the biopsy?

- Your surgical oncologist may do the biopsy.
- If the area cannot be felt, a radiologist may assist.
- A pathologist will examine the tissue from the biopsy under the microscope.

What are the different types of biopsy methods?

- **Fine needle aspiration** uses a very thin needle and small syringe to remove either fluid or cells from a lump. If the lump is fluid-filled (cystic) often the aspiration will make the lump disappear. If the breast lump is solid, removing some cells may aid the pathologist in identifying what the lump might be. If the lump is solid, additional testing may be needed.
- **Core Needle Biopsy** uses a special spring-loaded needle to obtain small tube like (cylinder) cores of tissue. This may be done by the surgical oncologist or by the radiologist with the help of ultrasound or a mammogram. The skin near the area is numbed with medication. The biopsy needle is then placed through a small nick in the skin of the breast. Several small slivers of tissue are removed to examine under the microscope. This area in your breast may be watched over time or removed based upon the pathology results.

- **Stereotactic Biopsy** is used to sample an area that cannot be felt by the surgical oncologist. Lying face down on a special table, the area of concern in your breast is found using mammographic guidance. The skin near the area is numbed with medication. The biopsy needle is then placed through a small nick in the skin of the breast. Using computer guidance, another needle obtains small slivers of tissue for the pathologist to examine. This area in your breast may be watched over time or removed based upon the pathology results.
- **Mammotome Biopsy** is used to sample an area that cannot be felt by the surgical oncologist. This device uses a larger needle to try to remove all of an area in your breast. This will be done by the surgical oncologist or by the radiologist with the help of ultrasound or mammogram. The skin near the area of concern is numbed with medication. The biopsy needle is then placed through a small nick in the skin of the breast. The mammotome is used to remove the area in small pieces for examination. Depending on the size of the area in your breast, it may be completely removed with this procedure. This area in your breast may be watched over time or more tissue may be removed based on pathology results.
- **Needle-Localization Biopsy** is used when the area of concern in your breast is hard to feel. The skin near the area of concern is numbed with medication. Using ultrasound or mammogram as a guide, the radiologist places a thin needle in the breast. The surgical oncologist will then remove tissue through a small incision in the breast. The pathologist will examine the tissue. This area in your breast may be watched over time or it may be removed based upon pathology results. Sometimes, this biopsy needs to be done with medication that will make you feel sleepy (anesthesia). The health care team will help you decide the best way for you.
- **Excisional Biopsy** is used to remove a small lump that can be felt by the surgical oncologist. The skin near the area of concern is numbed with medication. The lump is removed through a small incision in the breast for examination. Sometimes, this biopsy needs to be done with medication that will make you feel sleepy (anesthesia). The health care team will help you decide the best way for you.

How is the tissue from the biopsy examined?

The cells or tissue removed by the radiologist or surgical oncologist are sent to the pathology department.

- **A frozen section** is a quick look done the day of the biopsy. This exam provides a temporary diagnosis until the entire tissue sample can be examined. This method cannot always be done the day of the biopsy. The amount of tissue removed affects how long it will take for the exam.

- **The final pathology report** examines all of the tissue. The results are usually available 3-4 working days after the biopsy. Instructions will be given to you how to obtain this information. The type of biopsy and the pathology report will be used to see if more tissue needs to be removed or if this area may just be watched with ultrasound, mammogram, or examination.

How do I care for the area on my breast after the biopsy?

A number of things are used to choose the breast care that is right for you. The doctor will consider:

- Type of biopsy performed.
- Amount of tissue removed.
- Size of your breast.
- Follow these general guidelines to help in the recovery process:
 - ▶ Wear a supportive bra during the day and at night
 - ▶ A sheet of instructions will be given with specific details just for you.
 - ▶ Call your health care team for any questions you may have.

If you would like more written information, please call the Library for Health Information at (614)293-3707. You can also make the request by e-mail: health-info@osu.edu.

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