

## Exeter Breast Care Service

# Wire Localisation for Excision Biopsy

### Wire Localisation for excision biopsy

Wire localisation is required to pin-point specific areas of breast tissue which require surgical removal. This procedure is used for breast lesions or areas of micro-calcifications which cannot be felt within the breast. Women will undergo this procedure prior to their operation which is usually a day case procedure. You will be given further information on the operation you require. Your Surgeon and Breast Care Nurse will have discussed this procedure with you prior to your operation.

### What happens at the time of wire localisation?

On the day of your operation, you will be admitted to the ward and have the opportunity to see the Breast Care Nurse, or Surgeon and Anaesthetist prior to your surgery. You will then be escorted to the Breast Care Unit. Here you will meet the Radiologist (a specialist in interpreting mammogram and ultra sound images). Preliminary mammograms or ultrasound scans will be taken to locate the area of breast tissue which needs to be removed. If the area within your breast has been identified using the ultrasound machine, you will be asked to lie down on a couch whilst the procedure is carried out. Alternatively, if the area on your breast was found by mammogram, you will be seated throughout the procedure with your breast compressed within the mammogram machine. This can be a slightly uncomfortable position to maintain but a Radiographer (x-ray technician) will be with you throughout the procedure for your comfort. Once the area that requires

removal has been identified, local anaesthetic will be given to numb the skin overlying the area and a fine wire will be inserted into the breast. This wire will sit where the breast lesion or microcalcification is situated. The wire will guide the Surgeon and enable him/her to remove the correct piece of breast tissue.

Once the wire is located at the correct position within the breast you are ready to have surgery. The wire is well secured within the breast and taped to skin therefore it is very rare for it to move once in place. You may then go straight to theatre or back to the ward.

Sometimes, a wire may not need be inserted into the breast. If this is the case a mark will be drawn on the skin, which will act in the same way as a wire marker. This type of marking will only be performed using the ultrasound scanner.

After your visit to the Breast Care Unit you will then be transferred back to the ward or to the Day Case Unit where you were admitted. For your operation you will be given a general anaesthetic and the Surgeon will make an incision in your breast and remove the wire together with the area of breast tissue. This breast tissue is then x-rayed to confirm that it contains the area that is being investigated.

After your operation you will have a soluble stitches in place and a semi waterproof clear dressing to cover your wound, which will allow you to wash or shower. This is usually left in place for about a week then you can remove this yourself, go to your practice or leave it on until your results appointment. Sometimes a thick firm dressing (pressure dressing) is also applied to help reduce the amount of swelling that can occur in the area. You will be given advice as to when to remove this, usually in a day or two.

On discharge from hospital you will be sent an appointment to return to see your Surgeon about 10-12 days following your surgery. At this appointment your wound will be checked and you will be given the results of your operation. If you require any further surgery or treatments these will be discussed with you at this time.

## The risks of a general anaesthetic

General anaesthetics have some risks, which may be increased if you have chronic medical conditions, but in general they are as follows:

- **Common temporary side effects** (risk of 1 in 10 to 1 in 100) include bruising or pain in the area of injections, blurred vision and sickness. These can usually be treated and pass off quickly.
- **Infrequent complications** (risk of 1 in 100 to 1 in 10,000) include temporary breathing difficulties, muscle pains, headaches, damage to teeth, lip or tongue, sore throat and temporary problems speaking.
- **Extremely rare and serious complications** (risk of less than 1 in 10,000) include severe allergic reactions and death, brain damage, kidney and liver failure, lung damage, permanent nerve or blood vessel damage, eye injury and damage to the voice-box. These are very rare and may depend on whether you have other serious medical conditions.

## What problems can occur after the operation?

If, when you are at home, your wound becomes red and/or more painful or you develop a temperature, you may have a wound infection. This is rare and you should contact your Breast Care Nurse, or at weekends your GP, as you may require antibiotics. You may experience some discomfort and bruising in your breast following your operation. If bruising is excessive or hard to touch then contact the Breast Care Nursing Service for advice. You will be sent home with analgesia to help with pain and wearing a supportive bra is advisable.

## Deep vein thrombosis

Deep vein thrombosis is a possible problem but is very uncommon. If you are at particular risk, we would discuss this with you and special precautions will be taken to reduce this risk. Moving your legs and feet as soon as you can after your operation and walking about early, is advisable and helps to stop thrombosis occurring.

## Should you have any concerns, please contact:

Breast Care Nurses  
**01392 402707**

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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