

Exeter Breast Care Service

Wire Localisation to accompany your Surgery

Wire Localisation to accompany your surgery

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.

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.

© Royal Devon and Exeter NHS Foundation Trust

Designed by Graphics (Print & Design), RD&E