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Laparoscopic Surgery – Breast Surgery

Wire Guided Breast Localisation

This leaflet has been written to answer any questions you may have and to prepare you for your breast localisation



What is breast localisation?

This is a procedure done before your operation, to accurately mark an area of abnormal breast tissue so it can be removed.

Why do I need a localisation?

An abnormal area has been found on the X-rays or ultrasound but your surgeon cannot feel it. They need to know exactly where to operate, so they only have to remove the smallest piece of breast tissue possible. This procedure is the first part of the process carried out to obtain a diagnosis or organize treatment plan.

How is this done?

On the day of surgery, before going to theatre, either:

- A fine wire will be placed in your breast using X-ray guidance (Mammography)
- A fine wire will be placed in your breast using ultrasound

This will be performed in the X-ray department (Radiology).

What will actually happen?

On the day of your surgery you will be taken from the ward to the X-ray Department, where the radiologist will explain what is going to happen. You will either have:

- X-ray guided localisation (Mammogram)
- ultrasound localization

How will I know if this will be done using X-rays or ultrasound?

The radiologist will decide. It depends on which procedure shows the abnormal area best. This will vary from person to person.

X-ray guided localization

You will be taken into the X-ray room and sat comfortably in front of the X-ray machine (just like the one used to take the original pictures). Your breast will be gently positioned and squeezed between the X-ray film and a plastic plate with a specially designed hole and grid.

Once the first picture is taken it is important not to move. It takes a few minutes for the X-ray to be developed. Your skin will be cleaned and then you will be given a small injection of local anaesthetic (this may sting for a few seconds). A special needle will be gently pushed into the breast and a fine wire will be pushed through the needle and the needle taken out. This will be uncomfortable for a few seconds.

In order to check that the needle is in the correct position another X-ray will be taken. The wire is designed so that once in place within the breast,



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it cannot move easily. The exposed end is secured to the surrounding skin with a light dressing.

Ultrasound localisation

You will be taken into the ultrasound room and asked to lie down on the couch. The radiologist will position you accordingly and squeeze some cold jelly onto the breast. Then, using the ultrasound machine the suspicious area will be located using an ultrasound probe.

Once the area has been located you will be given a local anaesthetic, and the procedure is then the same as the explanation for X-ray guided localisation.

What happens next?

When the procedure is finished

you will be taken back to the ward and asked to rest before going to theatre for your operation to remove the abnormal tissue.

How long will I be in hospital?

Usually one day

What are the risks associated with this procedure?

If the wire is not exactly in the right position, the localisation will have to be performed again.

There is a risk that the correct area is not removed at operation. This is extremely unusual.

Bruising is usual after any operation.

Occasionally, you can develop a pocket of blood (haematoma) within the breast, leaving you with a swelling. This can take many weeks to settle. This is a nuisance, but is not dangerous.

Infection in the wound can occur after the operation, but this is rare, and can be treated easily with antibiotics.

The operation to remove the actual lump itself is performed under general anaesthetic. These days this is very safe, and it is rare for any problems to arise.

What are the benefits of the procedure?

Wire guided breast localisation is done to assist the surgeon to know exactly where to operate so that they only have to remove the smallest piece of breast tissue. It aids the process of diagnosis.

What are the alternatives?

Your surgeon believes that this is the best way to accurately mark an area of breast tissue so it can be removed. If you have any worries or concerns about this or any other aspect of your treatment, please speak to your surgeon. We will be happy to help you.