



What is Breast Localisation?

Based on the results of your recent Mammogram and Breast ultrasound your doctor may recommend that an area of your breast be surgically removed. If the area is not able to be easily identified this can be accomplished through a technique known as breast localisation prior to your surgery. The purpose of breast localisation is to place a guide wire within the breast at the point of clinical interest to guide the surgeon.

What should I expect when I have my Breast Localisation?

Mammogram guidance:

As in a mammogram, your breast will be placed between specially designed compression plates. You will be seated at the mammography equipment. Before the localisation procedure an x-ray will be taken from different views to determine the location of the abnormality. The area is cleaned with a hospital grade antiseptic wash. Next, the breast will be anaesthetised with a small needle. An initial sting or burning sensation may be felt which generally only lasts a few seconds, after which only pressure is felt. A hollow needle is placed within the breast at and through the area of clinical interest. An x-ray is again taken to ascertain the positioning. If this is correct a second image from a different angle is taken to ensure the precise positioning. Once verified a small wire (hook type) is passed through the hollow needle into the area of clinical concern. The needle is removed and the wire remains in the breast until the surgeon removes it at the time of surgery. Two more mammograms will be taken to show the wire and lesion. These will be sent with you to surgery. A small patch covering the wire will be taped to the breast surface. You will then proceed immediately to the hospital for surgery.

Ultrasound guidance:

You will lie on the ultrasound examination bed where the procedure will be performed while the breast is being scanned. The area is cleaned with a hospital grade antiseptic wash. Next, the breast will be anaesthetised with a small needle. An initial sting or burning sensation may be felt which generally only lasts a few seconds, after which only pressure is felt. A hollow needle is placed within the breast at and through the area of clinical interest. Once positioned, a small wire (hook type) is passed through the hollow needle into the area of clinical concern. The needle is removed and the wire remains in the breast until the surgeon removes it at the time of surgery. You will then be taken into the mammography room and two more images will be taken to show the wire and lesion in the breast. These will be sent with you to surgery. A small patch covering the wire will be taped to the breast surface. You will then proceed immediately to the hospital for surgery.

How do I prepare for my Breast Localisation?

Your localisation should be arranged in consultation with your surgeon as this procedure is done immediately before your surgery. You will need to bring your referral as well as your previous imaging to our clinic before your localisation appointment can be arranged, as our specialist staff need to review the imaging to decide whether your procedure needs to be performed under mammographic or ultrasound guidance. We also recommend wearing loose fitting clothes for your comfort and we ask that you refrain from wearing any perfume, powder, deodorant, creams etc around the breast or underarm area. It is imperative that you follow all instructions given to you by your doctor in preparation for your surgery. We will also need to know if you are currently on blood thinners such as Warfarin or Aspirin.



Are there any risks or side effects from my Breast Localisation?

As with all medical procedures there are risks. Your surgeon has sent you for this procedure as it is necessary to enable them to successfully remove the area of concern from your breast. This procedure is more beneficial than the very low risks associated with it. The risks and possible complications will be discussed with your prior to the procedure.

Blood thinning medications that you are currently taking should be ceased prior to this procedure. This should be discussed with your Health Care Professional prior to making your appointment.

(Aspirin and Warfarin for 5 days, Plavix for 7 days and Iscover for 8 days). If you have had a heart valve replacement, it may be necessary to take antibiotics before the procedure. Please discuss this with your Cardiologist/Cardiac Surgeon and take antibiotics as directed.

Things to bring along to my appointment:

- Previous films for area of clinical interest.
- Medicare or Department of Veteran Affairs card (as we bulk bill all eligible Medicare services).
- Referral (this is a legal requirement).
- Someone to drive you to the hospital for surgery.

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