

## INFORMATION SHEET FOR PUNCH AND VACUUM-ASSISTED BREAST BIOPSY

Dear patient,

You have been referred to us to investigate an unexplained breast lesion (e.g. a focus, microcalcifications).

Please bring with you all previous medical reports and images (mammography, ultrasound, MRT) when you come for your examination.

This minimal-invasive examination is of advantage to you, because in many cases it will be possible to do without surgery afterwards. If a malignancy is found, it is possible to plan the treatment on an individual basis<sup>1</sup>. This information sheet is intended to inform you about the procedure to be undertaken.

### **What is a needle biopsy?**

A biopsy is the removal of tissue from the breast using a needle. During this procedure, several tissue samples are collected from the area to be investigated, which can be examined histologically.

### **What steps does the investigation involve?**

You are treated as an outpatient for the procedure. First of all, an image of the suspicious lesion in your breast is obtained. Depending on the type of lesion, this image can be obtained using ultrasound, X-ray (= mammography) or MRT (= magnetic resonance tomography). This ensures that the biopsy is performed in the correct place.

After disinfecting the biopsy site and administering a local anaesthetic (approx. 5 - 10 ml of Xylocaine®), a needle about 2 - 4 mm in diameter is pushed into the breast and tissue is removed. The material collected is then examined histologically in the laboratory, providing a precise diagnosis.

To ensure the area can be located in the future, it may then be marked with a clip or metal hook about 2 mm in size, which you will be unable to feel and will not inconvenience you. This will be helpful if any therapy is needed later.

After the procedure, the biopsy site must be firmly compressed to prevent any extensive haematoma. For this reason, you should wear a firm bra after the examination.

We recommend that you refrain from physically energetic activities (e.g. housework, tennis, visiting the sauna, etc.) for at least 3 days.

In most cases, the examination takes between 15 and 35 minutes.

### **Imaging**

#### Stereotactic biopsy

The procedure is carried out on a specially designed X-ray table, and you either lie on your front or sit against a specially adapted mammography unit. During the procedure, X-rays are taken to enable highly accurate tissue sampling.

#### Ultrasound-guided biopsy

You lie on your back for an ultrasound-guided biopsy. In this case, the position of the needle is monitored on the screen of the ultrasound unit.

#### Biopsy guided by magnetic resonance tomography

You lie on your front for this procedure, which is performed under guidance of an MR machine. The breast is held still - as in the case of a mammography - by compression plates. During the examination a contrast medium is injected by an intravenous needle in your arm.

### **What complications may occur?**

- Haematomas and mild pain at the biopsy site, which generally do not require treatment.
- More severe bleeding, which in some circumstances may necessitate an operation, is extremely rare.
- Very rarely, disturbed wound healing, infections or excessive scarring (keloids) may occur at the puncture site.
- In rare cases (especially when the examination has been performed in the sitting position), circulatory disturbance (collapse) may occur.
- Due to the administration of the local anaesthetic, allergic reactions and cardiovascular problems may occur in very rare cases.
- As far as is known in medicine at present, there is no risk to the patient due to the subsequent treatment if a malignancy is present and a few tumour cells are pulled into the puncture channel.
- In rare cases, perforation of the pleural cavity (pneumothorax) may occur with ultrasound-guided biopsy.

To enable the biopsy to be performed with as few complications as possible and to avoid any possible risks to you that may exist, **please answer the following questions:**

Do you have a blood coagulation disorder?

no  yes, .....

Are you taking any anticoagulant (blood-diluting) drugs (such as Marcoumar or aspirin, for example)?

no  yes, .....

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<sup>1</sup> Quality Assurance in the Diagnosis of Breast Disease; Perry N.M. et al., *European Journal of Cancer* 37 (2001) 159.

- Do you have any allergies?  
 no  yes, .....
- Do you tend to develop excessive scarring (keloids)?  
 no  yes, .....
- Do you have a tendency to collapse or do you suffer from large variations in blood pressure?  
 no  yes, .....
- Are you a diabetic?  
 no  yes, .....
- Do you have a hepatitis or HIV infection?  
 no  yes, .....
- Are you pregnant?  
 no  yes, .....

**NOTE**

The local anaesthetic may affect your reactions and ability to cope with traffic. You should not drive a car or work on dangerous machines for the following 24 hours. Please do not prematurely remove the dressing applied (see doctor’s instructions), and avoid washing the wound for at least 3 days.

If secondary bleeding or other complications occur, seek medical advice immediately.

The result of the examination will be available about 1 week after the biopsy. **Please go to see the doctor who referred you for this examination, WITHOUT FAIL, not more than 14 days after the biopsy has been performed, to discuss the findings.** This is necessary in your own interests, so that appropriate treatment can be started quickly if necessary.

I confirm that I have read and understood the text, and that the questions affecting me have been answered as thoroughly as possible. **I consent to the proposed examination being performed.** My questions have been satisfactorily answered in a personal consultation.

.....  
 Signature of the patient  
 (or of the patient’s legal representative)

.....  
 Name and signature of the physician

.....  
 Date / time

Would you please hand this form to the assistant before the examination.

After having been informed about the different biopsy methods, the patient decided in favour of  
 punch biopsy  
 vacuum-assisted breast biopsy.

Medical comments on the consultation informing the patient:  
 .....  
 .....

The patient consents to the examination  yes  no

If the examination is refused: The patient was informed about the possible disadvantages that might ensue:  
 .....

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