



## Diagnostic Procedures

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| <b>Mammogram</b>                        | An X-ray of the breast. The X-ray is routinely taken from two different positions, one from above and one angled from the side. A mammogram may be used for screening to monitor the breasts of a healthy woman, or for diagnosis to examine a lump or other problem of the breast. A new type of mammogram called digital mammogram may be recommended.  |
| <b>Ultrasound (Sonogram)</b>            | Sound waves are transmitted through tissue which is used to distinguish between a mass which is solid and a cyst which is filled with fluid. The image produced is called a sonogram.   |
| <b>MRI (Magnetic Resonance Imaging)</b> | A method of obtaining cross-sectional images of the interior structures of the body using a powerful magnet. The images appear on a computer screen as well as on film.   |
| <b>Biopsy</b>                           | A removal of a sample of breast tissue to be examined under a microscope by a pathologist.  |
| <b>Fine Needle Aspiration (FNA)</b>     | Use of a fine needle to remove fluid from a cyst or clusters of cells from a solid mass. If a cyst is present, it will collapse after the fluid has been removed. If a mass is present, the cells will be sent for analysis.  |
| <b>Core Needle Biopsy</b>               | Use of a larger needle with a special cutting edge to remove a small core of tissue. The needle is inserted through a small incision in the skin after a local anesthetic is used. After removal, the tissue is sent to a pathologist to be examined.   |
| <b>Stereotactic Biopsy</b>              | Computerized mammographic X-ray guidance used to locate and remove a sample of breast tissue that cannot be felt. Once the computer confirms the exact location, the radiologist performs a core biopsy or fine needle aspiration. After removal, the tissue is sent to a pathologist to be examined.   |
| <b>Mammotome Biopsy</b>                 | A vacuum-assisted breast biopsy performed by a radiologist using either stereotactic mammography or ultrasound imaging for the removal of multiple tissue samples. Once the suspicious area is identified by the radiologist, a small amount of anesthetic is injected into the skin of the breast. The radiologist places the probe containing the needle into the abnormal area and withdraws a sample of tissue by using the vacuum. The radiologist can obtain multiple tissue samples by rotating the needle through a single insertion. All of the tissue obtained is sent to the pathologist for analysis. |

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| <b>Needle Localization</b> | Procedure that uses mammography or sonography to locate breast abnormalities that can be seen on a mammogram but cannot be felt. The radiologist performs the procedure prior to excisional biopsy. Using a mammogram (or a sonogram), the radiologist inserts a thin needle with a wire as close to the suspicious area as possible. The wire is secured in place and a second mammogram is taken to confirm its placement. The surgeon follows the wire's course to the suspicious area. Once the tissue is removed, an X-ray is taken of it for comparison with the mammogram. This is to ensure that the suspicious area has been removed in its entirety. After removal, the tissue is sent to a pathologist to be examined. |
| <b>Excisional Biopsy</b>   | Surgical removal of an entire lump or suspicious area plus a small area of surrounding tissue. This procedure is usually performed in Day Surgery using a local anesthetic. After removal, the tissue is sent to a pathologist to be examined.  |
| <b>Incisional Biopsy</b>   | Surgical removal of part of a larger mass. This procedure is usually done in Day Surgery using a local anesthetic. After removal, the tissue is sent to a pathologist to be examined.   |
| <b>Ductal Lavage</b>       | Procedure that involves collecting samples of breast duct cells for examination to see if they are normal, atypical, suspicious, or malignant. A doctor first applies a small amount of anesthetic cream to the nipple area and then uses a mild suction to withdraw tiny amounts of nipple fluid. This helps the doctor to determine which ducts to flush or wash and pinpoint openings on the nipple surface. A catheter is then inserted into the duct opening through the nipple and a saline fluid is used to flush the duct and collect cells. The cells are sent to the pathologist for examination under the microscope.  |

**SOME QUESTIONS YOU MAY WANT TO ASK YOUR DOCTOR ABOUT BREAST BIOPSY**

- What type of biopsy will I need? Why?
- Where will the biopsy be done?
- How soon after the biopsy is the diagnosis?
- How large will the scar be? Where will it be?
- If I have cancer, how long will I have before making a decision about treatment?