

Post-Surgery Instructions for:

Excisional Breast Biopsy

Orlando Health Surgical Group
14 West Gore Street
Orlando, FL 32806
321-843-5001

Michael Kahky, MD, F.A.C.S
Marc Demers, MD, F.A.C.S
Jeffrey R. Smith, MD, F.A.C.S

WHAT YOU SHOULD KNOW:

An excisional breast biopsy is a surgical procedure to remove a lump from your breast. It is also called a lumpectomy. An excisional breast biopsy is done to diagnose one or more lumps in the breast. The sample will be sent to a lab for testing. Most breast lumps are benign (not cancer).

CARE AGREEMENT:

You have the right to help plan your care. Learn about your health condition and how it may be treated. Discuss treatment options with your caregivers to decide what care you want to receive. You always have the right to refuse treatment.

RISKS:

You may have an allergic reaction to the anesthesia medicine used for your procedure. The excisional biopsy may not have gotten the entire lump, and you may need another biopsy. If a guidewire is used to locate the lump, the guidewire may move out of place. Nerves near your breast may be damaged during the procedure, causing you to have decreased feeling in your breast. After your biopsy, you may have pain in the area where the biopsy was done. You may have nausea, vomiting, weakness, and dizziness. Your wound may bleed, your breast may bruise and swell, and you may get an infection. Your breast may have a different shape after the lump is removed.

If you do not have an excisional breast biopsy, you may not learn if the lump is cancer.
Breast cancer may spread to other areas of your body and become life-threatening.

GETTING READY:

The week before your procedure:

- Do not take Aspirin or Aspirin products (i.e: Aleve, Advil, Ibuprofen, Motrin, Naprosen, etc) seven days prior to your surgery. Take Tylenol only.
- Do not take Coumadin 7 days prior to your surgery.
- Do not take Glucophage or Glucovance (Metformin) 2 days prior to surgery.
- Do not take herbal products or drinks 2 weeks prior to surgery (i.e: St. John's wart, Gingko Biloba, etc)

- Notify your doctor if you develop any signs of illness, such as colds, sore throats, or infections before your procedure.
- Your physician may require specific pre-admission tests to be performed. These tests will be completed at least 2 days but not more than 5 days prior to surgery. You will be contacted by Pre-Admission Testing (PAT) to schedule a phone interview or be given an appointment depending on the location for your surgery.
- Write down the correct date, time, and location of your surgery.
- Arrange a ride home. Ask a family member or friend to drive you home after your surgery or procedure. Do **not** drive yourself home.
- Bring your medicine bottles or a list of your medicines when you see your caregiver. Tell your caregiver if you are allergic to any medicine. Tell your caregiver if you use any herbs, food supplements, or over-the-counter medicine.
- Tell your caregiver if you know or think you might be pregnant.
- You may be told to bring a support bra, such as a sports bra, with you to your procedure. You will need to wear the support bra at all times until your breast heals. The support bra will help decrease breast movement and discomfort after your procedure.

The night before your procedure: Ask caregivers about directions for eating and drinking.

The day of your procedure:

- You or a close family member will be asked to sign a legal document called a consent form. It gives caregivers permission to do the procedure or surgery. It also explains the problems that may happen, and your choices. Make sure all your questions are answered before you sign this form.
- Caregivers may insert an intravenous tube (IV) into your vein. A vein in the arm is usually chosen. Through the IV tube, you may be given liquids and medicine.
- Caregivers may use a guidewire to show the location of the lump. A needle and guidewire will be put through your skin until it reaches the lump. A mammogram is done after the guidewire is placed to make sure it is in the right area.
- An anesthesiologist will talk to you before your surgery. You may need medicine to keep you asleep or numb an area of your body during surgery. Tell caregivers if you or anyone in your family has had a problem with anesthesia in the past.

TREATMENT:

What will happen:

You may have an ultrasound or mammogram before your procedure to find the exact location of your lump. A guidewire may be placed in your breast to mark the location. You may get a shot of local anesthesia medicine to numb the area where your procedure will be done. You may also be given general anesthesia to keep you completely asleep during the procedure.

An incision will be made in your breast, and your caregiver will remove the lump. A small amount of tissue around the lump, called a margin, will also be removed. The tissue will be sent

to a lab for tests. Caregivers may x-ray the tissue taken to make sure the entire lump was removed. Your cut will be closed with stitches, and a bandage will be put over your wound. The bandage will keep the area clean and dry to help prevent an infection.

After your procedure: You may be taken to a room where you can rest. Caregivers will check your wound for bleeding. If you have pain, you may be given medicine to take away or decrease your pain. **Do not** get out of bed until caregivers say it is okay. Caregivers will tell you when you can go home.

CONTACT A CAREGIVER IF:

- You are late or cannot make it to the procedure.
- You have a fever.
- The lump in your breast gets bigger, or your breast changes size or shape.
- You see changes in the skin of your breast, such as an orange-peel look to your skin.
- You have new or increased drainage from your nipple. The drainage can be clear, white, yellow, or bloody.

WHILE YOU ARE HERE:

Before your biopsy:

Informed consent is a legal document that explains the tests, treatments, or procedures that you may need. Informed consent means you understand what will be done and can make decisions about what you want. You give your permission when you sign the consent form. You can have someone sign this form for you if you are not able to sign it. You have the right to understand your medical care in words you know. Before you sign the consent form, understand the risks and benefits of what will be done. Make sure all your questions are answered.

An IV is a small tube placed in your vein that is used to give you medicine or liquids.

Heart monitor: This is also called an ECG or EKG. Sticky pads placed on your skin record your heart's electrical activity.

Pre-op care: You may have an ultrasound or mammogram before your procedure to find the exact location of your lump. An ultrasound is a test that uses sound waves to show the inside of your breast on a screen. Caregivers may use a guidewire to show the location of the lump. A needle and guidewire will be put through your skin until it reaches the lump. A mammogram will be done after the guidewire is placed to make sure it is in the right area. You may be given medicine right before your procedure to help you feel relaxed and sleepy.

Anesthesia medicine:

Local or monitored anesthesia: This is a shot of numbing medicine put into the skin where you will have your procedure. You may still feel pressure or pushing during the procedure, but you should not have pain. With local anesthesia, you will be awake during the procedure. With monitored anesthesia care, you will also be given medicine through an IV. This medicine keeps

you comfortable, relaxed, and drowsy during the procedure.

General anesthesia will keep you asleep and free from pain during surgery. Anesthesia may be given through your IV. You may instead breathe it in through a mask or a tube placed down your throat. The tube may cause you to have a sore throat when you wake up.

During your procedure: An incision will be made in your breast, and your caregiver will remove the breast lump. A small amount of tissue around the lump, called a margin, will also be removed. The tissue is sent to a lab for tests. Caregivers may x-ray the tissue taken to make sure the entire lump was removed. Your cut is closed with stitches, and a bandage will be put over your wound. The bandage keeps the area clean and dry to help prevent an infection.

After your procedure: You may be taken to a room where you can rest. Caregivers will check your wound for bleeding. **Do not** get out of bed until caregivers say it is okay. Caregivers will tell you when you can go home.

Pain medicine: You may be given a prescription medicine to decrease pain. Do not wait until the pain is severe before you ask for more medicine.

Ice: Caregivers may put ice over your wound to help decrease pain or swelling.

AFTER YOU LEAVE:

Medicines:

Pain medicine: You may be given a prescription medicine to decrease pain. Do not wait until the pain is severe before you take this medicine.

Take your medicine as directed. Call your primary healthcare provider if you think your medicine is not helping or if you have side effects. Tell him if you are allergic to any medicine. Keep a list of the medicines, vitamins, and herbs you take. Include the amounts, and when and why you take them. Bring the list or the pill bottles to follow-up visits. Carry your medicine list with you in case of an emergency.

Follow up with your primary healthcare provider or breast specialist as directed: You may need to return to have your stitches removed or have more tests. Write down your questions so you remember to ask them during your visits.

Wound care: You may remove your bandage 2 days after your procedure. Ask how to care for your wound, including what to do before you bathe.

Ice: Ice helps decrease swelling and pain. Use an ice pack, or put crushed ice in a plastic bag. Cover it with a towel and place it over your wound for 15 to 20 minutes every hour or as directed.

Self-care:

Wear a support bra: Wear a support bra, such as a sports bra, at all times until your wound heals. The support bra will help decrease breast movement and discomfort after your procedure.

Return to daily activities: You may be able to return to most of your normal activities the day after your procedure. You may need to avoid activities, such as jogging or lifting heavy objects, until your wound has healed. Ask for more information about the activities you should avoid.

Do breast self-exams: Your primary healthcare provider or breast specialist may suggest you do a breast self-exam (BSE) each month to check for changes in your breast tissue. Ask your primary healthcare provider or breast specialist for more information and how to do BSE.

Do not smoke: If you smoke, it is never too late to quit. Smoking can affect how well your wound will heal. Ask for information if you need help quitting.

Contact your primary healthcare provider or breast specialist if:

- You have a fever.
- You have increased pain or swelling in your breast.
- Your wound is red, swollen, tender, or has pus coming from it.
- You have questions or concerns about your condition or care.
- Your stitches or staples become loose or fall out.
- Blood soaks through your bandage.

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