

Instructions for Image Guided Biopsy

What to Expect During the Biopsy

Before the procedure, you will sign consent forms and discuss the biopsy, possible risks, benefits, and alternatives to the procedure, as well as relevant details about your medical history. You will be asked your name, date of birth, and what side is being biopsied.

Ultrasound guided biopsies are performed with you lying on your back or side while stereotactic

Benefits of the Procedure:

A definitive diagnosis of the breast abnormality is usually made without risk of general anesthesia and without the scarring of surgery. Occasionally, pathology results will indicate equivocal or high-risk results and surgery is recommended even though no cancer has been found.

Preparing for Your Biopsy:

- All medications, such as blood pressure and diabetes medications, should be taken as usual. If you have any questions, please contact us at 212-241-3300, option 3, option 2, and ask for the nurse. If you are on blood thinners, please let the staff performing your biopsy know.
- Please eat and drink normally before your biopsy. Do not fast. You may also eat after the biopsy. There are no specific food restrictions.
- To simplify dressing, wear a shirt that buttons in the front to your procedure.
- Do not wear any powder or deodorant on the day of your appointment.
- Wear a supportive bra (sports bra, preferably) to your appointment, if you have one.
- Arrive 30 minutes prior to your appointment time for registration. If you are late to your procedure, your biopsy may be rescheduled.
- If you are allergic to local anesthetic medication, latex, nickel, or iodine, please inform the medical staff before the procedure.
- If you have any medical conditions such as bleeding disorders, please inform the breast coordinator, radiologists, and radiology staff before the procedure.

After Your Procedure:

**If you experience excessive bleeding, redness, or pain, contact
The Mount Sinai Hospital:**

Monday through Friday, 8 am–5 pm: 212-241-3300, option 3, option 2, and ask for the nurse or radiologist who performed your biopsy

Monday through Friday, 5–8 pm: 212-241-7928

Monday through Friday, 8 pm–8 am: 212-241-1861 and ask for the Radiology Resident on call

Receiving Your Biopsy Results:

The radiologist will discuss the results of your biopsy with you and recommend follow-up or further care, as needed. The results will also be sent to your referring medical provider.

This discussion is most often done by telephone, about a week after the biopsy. Please provide a phone number where you can be contacted and let us know if we can leave a voicemail. We will only give you, the patient, the results unless you have previously given us written permission to give results to another person.

If you have not been called with your biopsy results by the tenth business day following your procedure, please call 212-241-3300, option 3, option 2.

The 21st Century Cures Act requires the release of your biopsy results to MyMountSinai/MyChart patient portal, possibly before the Radiologist has had a chance to review the results and/or contact you with the findings. Furthermore, the Radiologist may not be able to reach you to discuss the results at the moment that they are released to MyMountSinai/MyChart.

Please be aware of this before opting to view results on your own, without speaking with the radiologist or your doctor first.

Understanding Your Breast Biopsy Results

Information credit: Society of Breast Imaging

Benign

Benign means no cancer detected. When your biopsy result is benign, no other treatment is usually needed.

The following terms may appear on your benign biopsy report:

Cysts are pockets of liquid in the breast and are very common. Cysts can be large or small and may change in size. If a cyst is large or painful, it may be drained or removed.

Fat necrosis is one of the ways that the breast heals after an injury. The injury may be something minor that you may not even remember. Fat necrosis may show up at any time, even years after the injury. No treatment is needed.

Fibroadenomas

The following terms may appear on your increased risk biopsy report:

Atypical ductal hyperplasia can be a precursor to the earliest form of cancer. It is often removed because there is a small chance that cancer cells may be found nearby.

Flat epithelial atypia is a growth within a milk gland. It does not usually need to be removed.

Lobular carcinoma in situ and

Other less common types of breast cancer are **cribriform, inflammatory, medullary, mucinous, papillary, and tubular.**

The following are types of breast cancer that may exist as a result of malignant biopsy tissue(s):

Ductal carcinoma in situ is non-invasive. The cancer cells grow and expand in the ducts, but are not in the surrounding breast tissue. It is usually not life threatening.

Invasive ductal carcinoma is the most common type of invasive breast cancer. About 80% of breast cancer diagnoses fall under this category. The cancer starts in the cells that line a milk duct and grows into the tissues outside of the duct.

Invasive lobular carcinoma is a less common type of invasive breast cancer. About 15% of breast cancer diagnoses fall under this category. The cancer starts in the part of the gland that produces milk (the lobule) and grows into the tissues outside of the lobule.

Invasive mammary carcinoma is a less common type of invasive breast cancer that has features of both ductal and lobular cancer.

Your biopsy result report may include other medical terms and details that will help your doctors to determine the best course of treatment.



Mount Dubin Breast Center

of The Tisch Cancer Institute

5.18.15

Instructions for Image Guided Biopsy Consent

I have received and reviewed the instructions for my breast biopsy appointment at the Dubin Breast Center.

Patient Signature

Date

Patient Name (Print)