

The Jane Ashley Centre

# Wire localisation Followed by surgical biopsy or wide local excision

Information for patients





*The aim of this booklet is to give you some general information about your surgery. If you have any questions or concerns after reading it please contact one of the numbers on page 8.*

## ***What is wire localisation?***

Wire localisation is performed in order to pinpoint the exact place within the breast where the area of change is when the surgeon cannot feel it.

The “localisation” is performed by the radiologist (x-ray doctor) who places a narrow guide-wire into your breast so that the tip lies within the affected area. This is done in the Breast Imaging Centre during the morning of admission. Your ward nurse will accompany you. You will meet the radiologist who will first numb the area using a local anaesthetic and then locate the affected area in your breast with a narrow guide wire. This is done using either ultrasound or mammography and takes up to 30 minutes.

After this procedure the guide-wire is taped to your chest and you can return to the ward. To prevent the wire from moving there is a small “hook” at its tip so that it does not move before the operation. You will have your biopsy or wide local excision in the afternoon of the same day.

Biopsy will involve removing a very small piece of breast tissue at the tip of the guide wire. This will be analysed for diagnosis.

Wide local excision involves removal of a wider area of breast tissue when a diagnosis has already been made. These procedures are always carried out under a general anaesthetic.

This may be the first time that you have been in hospital for an operation and you may be worried about the anaesthetic. Please discuss any concerns you may have with one of the doctors or nurses.

## ***Benefits***

The main benefit of surgery is the removal of the affected area, identified on mammography or ultrasound, before a doctor or you can feel it. This surgery ensures a more detailed analysis of the tissue. Appropriate treatment and follow up can then be decided.

# **Risks**

All operations involve risks. You need to be aware of these so that you can make an informed choice about your surgery. Your surgeon will talk to you in more detail if there are any individual risks in your particular case.

## **1. Risks associated with wire localisation**

- Failure to identify the lesion (area of abnormality) at time of localisation. There are two reasons for this. Firstly, if the area is bruised as a result of a previous core biopsy it may be difficult to locate the lesion. Secondly, if the abnormality on the mammogram is microcalcification (calcium dots seen on mammogram) then some of this may have been removed at the time of core biopsy, making it more difficult to identify the affected area.
- Failure to remove identified lesion (area of abnormality). There is a possibility that the lesion will not be completely removed this time, as microcalcification does not always reflect the full extent of the disease. When you see the surgeon after your operation, they will discuss the results of surgery and explain any recommendations for a further operation or additional treatment.
- Dislodging of the wire between placement and surgery can occur but is unusual. Normally the wire is secured with a dressing and a plastic cup placed over it to reduce the risk of this happening.
- Feeling faint or fainting during procedure. If you feel unwell at any stage during the procedure please tell a member of staff.

## **2. Risks associated with surgery**

### **Bleeding:**

If there is obvious bleeding during or immediately after surgery from your wound site, a nurse may simply put extra dressings in place to stop this. Very rarely further surgery may be needed if the bleeding persists.

**Infection:**

All surgery carries a risk of you developing an infection. This is rare but can usually be treated with antibiotics.

**Cosmetic result:**

An operation leaves a permanent scar but this will fade over time. Depending on the amount of tissue removed the breast may not be the same size or shape as the other one.

## ***Preparing for admission to hospital***

### **Pre-Admission Clinic**

Preparing for admission can often be an anxious time. To help reduce your anxiety we may ask you to attend a pre-admission clinic where you will have the opportunity to ask further questions and be checked thoroughly for surgery.

### **Employment**

If you work you will need to let your employer know how much time you need off work. Normally we advise you to take between 1-2 weeks off work, including your time in hospital. If your job is particularly strenuous you may need longer. If you need a medical certificate for your employer the ward staff or your GP can give you one that covers your stay in hospital and the expected recovery time at home.

### **Caring Responsibilities**

If you have responsibility for the care of someone and are anxious about this, it can be helpful to talk with your GP. They may be able to offer suggestions for help during and after your admission. You will be able to look after yourself on discharge home but you may need help for a few days if you care for someone else.

### **Living alone**

If you live alone you may be concerned about how you will cope after your surgery. Most people are able to manage at home.

For example, you will be able to wash, dress, cook and do light household tasks for yourself. It might be advisable to make some arrangements for help with shopping or any heavier tasks for the first week or two.

## ***Admission***

Most people are admitted on the same day of surgery. In the morning you will have your wire localisation. You will have your surgery the same afternoon. Most people are well enough to go home later that day or the day after, depending whether you have had a biopsy or wide local excision. You will need to arrange transport home, as you cannot drive yourself after an anaesthetic.

You will not be allowed to have anything to eat for 6 hours before your anaesthetic (this includes not chewing gum). You may drink clear fluids up to 2 hours before. A pre-medication may be given 1-2 hours before your operation. This is to help you relax and reduce discomfort and sickness.

A ward nurse will accompany you to and from the operating theatre and the operation usually takes about 30 minutes. You will also spend up to an hour on the Recovery ward.

## ***After surgery***

On your return to the ward a nurse will regularly measure your blood pressure and pulse and check your dressings. If you have had a wide excision you may have a wound drain in place for a short time after surgery. The nurse will check this at the same time.

The fear of experiencing pain after breast surgery is understandable. However, severe discomfort is uncommon. We will ask you about your pain and give you the pain relief you need.

For either operation it may be possible for you to go home the same day. This is providing you are able to eat and drink and

have somebody to collect you who can stay with you overnight. You will need to arrange transport home, as you cannot drive yourself after an anaesthetic. If this is not possible, we advise you to go home the next morning.

## ***Follow Up***

Usually, your surgeon will see you in the outpatients' clinic two weeks after your surgery, to discuss the results of surgery. This appointment will be either given to you before going home or posted to you.

## **Support**

This can be a frightening time, particularly as you may have had few symptoms and this might be your first time in hospital. There are various people specialising in the diagnosis and treatment of breast conditions who are available to give you support. If you feel you need extra support then please ask the ward staff to put you in contact with a Breast Care Nurse.

## ***How to contact us:***

If you have any questions or concerns you may also telephone:

**The Jane Ashley Centre: 01865 235350 or 235360**

**Theatre Direct Admissions: 01865 235365**

**Day Surgery: 01865 225283**

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@orh.nhs.uk**

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