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The Royal Liverpool
and Broadgreen
University Hospitals
NHS Trust

Patient information

Having a Wire Guided Excision

Breast Services

This leaflet is to help you understand why you need a wire localisation. It will explain how it is done, and what to expect.

We want you to feel as relaxed and as comfortable as possible during the procedure.

We aim to give you enough information so that you understand what is happening at all stages.

Why is a Wire needed?

A wire is usually needed when there is no lump, which can be felt in the breast, but something has been seen on the mammogram (breast X-ray). The surgeon needs to be guided in this area by the wire, because they cannot feel a lump. The wire helps the surgeon remove the piece of tissue that was seen on the X-ray.

What are the benefits of having a Wire Guided Excision?

This is an accurate way of guiding your surgeon to the area that cannot be felt.

What are the risks of having a Wire Guided Excision?

- There is a chance of developing a haematoma (a collection of blood) after the operation.
- As there is a wound, there is a risk of an infection, which may need antibiotics.
- As with any surgery, there is a risk of clots in the legs (DVT's), which can move to the lungs (pulmonary embolism). You will be given special stockings and blood thinning injections as prevention.
- The wire, once in place, can only be removed by surgery.
- The wire may break or migrate during the operation. This may mean a second procedure is required to remove the wire.
- The wire may move between being put in and the operation, this would make it less accurate and it is possible the correct area may not be removed.

Are there any alternative procedures/investigations available?

There are no available satisfactory alternatives at the moment, which are as reliable as this.

What will happen if I decide not to have this procedure?

This depends on the reason for the operation. We would recommend you discuss this with the clinical team.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness. It is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

You will be given an opportunity to discuss anaesthetic options and risks with an anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Getting ready for your operation

- You will usually be seen in the pre-operative clinic. You will have blood tests, sometimes a chest X-ray, and sometimes a heart trace.
- The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.
- Your admission letter will tell you what time to stop eating and drinking.
- Please bring an old comfortable bra with you. This helps support your breast once the wire is put in.

The day of your operation

- You will be admitted on the day of your operation
- You will be asked to sign a consent form to say that you understand the operation and what it involves. Again, you will be able to discuss the operation with your surgeon.
- Before you go to theatre you will be taken to the Breast Unit in the Linda McCartney Centre
- After you arrive in the department you will be asked to sit in front of the mammogram machine. An X-ray or ultrasound picture is then taken of your breast. The doctor or radiographer will (gently) place the needle containing the wire into the breast, until the tip of the wire lies touching the area that is to be removed.
- Another picture is then taken to check the position. When the doctor or radiographer is happy with the wire's position, the needle is pulled out (gently), leaving the wire in your breast. The wire stays in place by a little hook. The free end of the wire is taped flat onto your skin and your bra put back on.

- You are then taken back to the ward, here you will wait to be taken to the operating theatre, where once you are asleep the surgeon will make a cut on your breast and remove the area the wire is in.

What should I expect after my operation?

- When you return to the ward you **might** have a plastic tube coming from your wound site. This tube is attached to a small bottle to drain fluid. This drain is to help prevent bruising, and will help your wound heal quicker.
- A nurse will check your pulse, blood pressure, breathing rate and wound regularly. **It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.**
- The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer an injection to help this sick feeling go away.
- **The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.**

Results

An appointment to see the doctor for your results will be given to you before you go home. This is usually three weeks after your operation.

Going Home

Most women go home the same day as the operation.

If you are discharged on the day of your operation, and you have had a general anaesthetic, you must have a friend or relative to take you home and have a responsible adult to stay with you for 24 hours.

For next 24 hours you must not

- Travel alone
- Drive any vehicle e.g. car, scooter or ride a motorcycle or bicycle
- Operate machinery (including domestic appliances such as a kettle)
- Climb ladders
- Make important decisions, sign any business or legal documents
- Drink alcohol
- Return to work within 12 hours of treatment. Your general health and any medicines you are taking may increase the time you need off work.

You should

- Take it easy for the rest of the day, avoid strenuous activity.
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

Discharge Information

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

Your wound

Your dressings do not need to be changed before your review in clinic if they have minimal discharge (marks on the dressing). Please keep your dressings dry.

Getting back to normal

You must not drive for 24 to 48 hours after an anaesthetic. After this point, it is important that you don't drive until you feel confident that you can handle the car and can perform an emergency stop. You will still need to wear a seat belt. Normal activities, like housework can be started again when you feel able to do so.

Returning to work

You can self-certify for the first seven days of sickness. After this, a medical certificate (fit note) may be issued by your hospital doctor to cover the expected time off you will need after being discharged.

Your feedback is important to us and helps us influence care in the future

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated

Further Information

Please feel welcome to ring any of the Breast Care Nurses. They will answer any of your questions and give any further explanation if required.

The Breast Care Nurses aim to return your telephone call the same day or the following day. They can be contacted on

Tel: 0151 706 2927

Text phone number: 18001 0151 706 2927

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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