

Radiology Assisted Wide Local Excision

This leaflet is to help you understand why you need a radiology assisted wide local excision.

It will explain how it is done and what to expect so that you understand what is happening at all stages.

If you have any other questions that this leaflet does not answer then please ask a member of your healthcare team.

Why do I need a radiology assisted guided wide local excision?

A radiology assisted wide local excision is needed when there is no lump which can be felt in the breast, but something has been seen on the mammogram (breast x-ray) or ultrasound.

Why is a wire needed?

The surgeon needs to be guided to this area by a wire or ultrasound skin marking, because they cannot feel a lump.

The wire or skin marking makes sure they remove the piece of tissue that was seen on the x-ray or ultrasound.

What are the benefits of having radiology assisted guided wide local excision?

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

What are the risks of having radiology assisted guided wide local 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 move between being put in and the operation, this would make it less accurate.

Are there any alternative procedures/investigations available?

There are no satisfactory alternatives which are as reliable as a radiology assisted guided wide local excision.

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. Swabs will be taken from your nose throat and groin to check for MRSA.
- 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.
- Make sure you have a bra to bring in with you. An old comfortable one is better than a new one, so as to make sure your breast is supported 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.

- You will be asked to sit in front of the mammogram machine so that an x-ray picture can be taken of your breast.
- The doctor 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 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.
- You may require skin pen marking following ultrasound scan this will guide the surgeon to area that needs removing.
- You are then taken back to the ward where you will wait to be taken to the operating theatre.
- In the operation theatre, the surgeon will make a cut on your breast and remove the area the wire is in or the skin marked area.

What should I expect after my operation?

- When you return to the ward 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 about your results will either be sent out in the post. This will be 10 to 14 days after your operation.

Going Home

Most women go home later the same day as the operation providing you are well.

If you go home on the day of your operation, you must have someone to take you home.

Discharge Information

- General anaesthesia temporarily affects your co-ordination and reasoning skill, so you **must not** drive, drink alcohol, operate machinery or sign any legal documents for 24 hours.
- **Important:** You will need to arrange for someone to drive you home. If you go home the same day as your operation, try to have a friend or relative stay with you for the first 24 hours.
- If you are in any doubt about driving, contact your motor insurer so that you are aware of their recommendations and always follow your Surgeon's advice.
- You may be discharged from hospital with a drain still attached to your wound site. You will be given information about how to care for it.

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

You will have small paper dressings covering your wound; these should remain dry until they are removed around 10 days after your surgery. Any stitches are usually dissolvable.

Getting back to normal

Normal activities, like housework and driving, can be started again when you feel able to do so.

Once you are home

The Breast Link Nurse Specialist or a District Nurse will visit you after you are discharged and will check your wound.

If you are managing, the Breast Link Nurse may not call every day. They will let you know when they will call again to see you. They will leave a contact number in case any problems arise.

If you develop pain or an unusual swelling to your chest area or armpit and find it difficult to lift your arm above your head, this may be a collection of fluid (seroma).

Telephone the Breast Care Nurses on:

0151 529 4082

- **Returning to work**

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

Further appointments

You will be seen back in clinic to discuss your laboratory results and further treatment. At this time we will check your operation site and make arrangements for expansion, which usually starts within a few weeks.

Further information

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

Breast Care Nurses

Tel: 0151 529 4082 (24 hour answer phone)
The Breast Care Nurses aim to return your telephone call the same day or the following day.

Breast Cancer Care

Tel: 0808 800 6000 (freephone).
www.breastcancer.co.uk

Acknowledgements:

This leaflet is based upon the Royal Liverpool and Broadgreen University Hospitals NHS Trust patient information booklet 'Having a Wire Guided Excision'.

The Royal Liverpool and Broadgreen University Hospitals NHS Trust has kindly given their permission for us to use their material.



If you require a special edition of this leaflet

This leaflet is available in large print, Braille, on audio tape or disk and in other languages on request. Please contact:

Tel No: 0151 529 2906

Email: interpretationandtranslation@aintree.nhs.uk