University College London Hospital

Stereotactic Vacuum Assisted Biopsy (VAB) of the Breast

Imaging Department
If you would like this document in another language or format, or require the services of an interpreter, contact us on 020 3447 9010. We will do our best to meet your needs.

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1 Introduction

This booklet explains more about having a Stereotactic Vacuum Assisted (VAB) biopsy of the breast, including the benefits, risks and any alternatives, and what you can expect when you come to the hospital. If you have any further questions or concerns, please speak to a Mammographer in the Breast Imaging Unit or a Breast Care Nurse. Telephone numbers can be found in section 13 ‘Contact details’.

2 What is a VAB?

It is a procedure where mammogram images are used to help locate an area of interest in the breast, and a biopsy (tissue sample) is taken from the breast. The images allow a specialist doctor called a radiologist, to perform the biopsy, and to make sure that the biopsy needle is in the correct position.

3 How can a VAB help?

Your recent mammogram has shown an area of abnormality in the breast that needs to be investigated. This procedure will help to make a diagnosis.

4 What are the risks of a VAB?

All treatments and procedures have risks and we will talk to you about the risks of a VAB when you attend for your appointment.

Complications from VAB biopsy are rare. However, as with any procedure there are some risks associated with it. They include:

- Internal bruising (haematoma) in the breast following the procedure. We try to minimise internal bruising by placing firm pressure on the breast for up to 15 minutes immediately after the biopsy.
- Bleeding from the wound site. Rarely the biopsy site can start to bleed after you have left the unit. We will give you instructions on what to do if this happens.

- Infection of the wound site. The wound will be covered with a sterile dressing after the procedure, and we will advise you how to look after the area.

- There is also a small risk that the area of abnormality is in a part of the breast which proves to be difficult to obtain good tissue samples. This may lead to an inconclusive biopsy result, and you doctor may advise an alternative investigation, such as a diagnostic excision biopsy, which is described in section 6 ‘What alternatives are available?’

5 What will happen if I choose not to have a VAB?

Please discuss this with the doctor that has referred you for the VAB.

6 What alternatives are available?

An alternative to VAB biopsy is a diagnostic excision biopsy. This is a surgical procedure that removes the area of abnormality from the breast.

It is performed in the operating theatre under general anaesthetic by a Breast Surgeon. In addition to removing the abnormality, the surgeon also removes a small area of normal tissue around the abnormality called a margin. Excision biopsy leaves a scar and requires more time to recover.
7 How should I prepare for a VAB?

Please tell the doctor who refers you for this procedure, if you are taking Aspirin, Clopidogrel™, Warfarin™ or other blood thinning medication.

You should continue with most of your regular medications. Your Breast Care Nurse will discuss your medications with you before the VAB.

Please notify your doctor if you have any allergies.

If you are, or could be, pregnant, please let the doctor know who has referred you for the procedure.

You can eat and drink normally before and after the procedure.

On the day of your appointment, please do not wear deodorant, powder, lotion or perfume on your breasts and underarm areas as these products may show up on the mammogram films.

If possible, please bring a friend or relative to accompany you home. This may also be useful if you do not understand English very well, or, if you have any special needs. However, please note that they will not be allowed into the examination room. If you require the services of an interpreter to attend the appointment, please ask the doctor who refers you for this procedure to arrange this for you.

Some women find it more comfortable to wear a bra following the procedure. If you do not normally wear a bra, please bring a soft, non-wired bra (such as sports bra) with you to wear after the procedure, and for the following few days.
8 Asking for your consent

We want to involve you in all the decisions about your care and treatment. If you decide to go ahead with treatment, by law we must ask for your consent and will ask you to sign a consent form. This confirms that you agree to have the procedure and understand what it involves. The radiologist will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of your proposed treatment, please don’t hesitate to speak with a senior member of staff again.

9 What happens during a VAB?

The procedure takes place in the mammography room and you will be awake for the entire procedure. The procedure itself normally lasts about 20-30 minutes. It will be performed by a radiologist, and 2 Mammographers will also be present. You will be in the room for about 1 hour and 30 minutes. This is so we can do the pre and post procedure care.

You will be asked to undress to the waist and put on a hospital gown with the opening at the front. It will help if you wear a 2 piece outfit. A Mammographer will position you in the mammogram machine either sitting, or, lying on your left or right side on a couch, depending on where the abnormality is in the breast. The machine makes some humming and beeping noises when in use.

Mammogram images will be taken to check that the correct area has been located and local anaesthetic will then be used to numb the specific part of the breast.

Local anaesthetic may cause stinging before it numbs the breast, but this should only last for a few seconds. You may feel some pressure on the breast during the procedure, but you should not feel any pain. If you do feel pain, tell the
Radiologist/Mammographer, and more local anaesthetic will be used.

Once the area is numb, a needle will be inserted into the breast and tissue samples will be taken using a vacuum biopsy system. The needle, which can make a popping noise when inserted will make a small cut in the skin and in most cases it is inserted only once into the breast.

Once all the samples have been taken, a tiny titanium marker clip will be introduced into the breast through the biopsy needle to mark the area where the samples have been taken from. You should not feel any pain during this. The marker is harmless (it will stay in the breast and cause no discomfort) and is necessary because it marks the area of concern and can be easily seen on mammogram films. The marker clip will not be picked up on airport security detectors.

10 What should I expect after a VAB?

Immediately after the procedure firm pressure will be applied to the breast for up to 15 minutes. This will help to minimise the risk of developing internal bruising (haematoma) in the breast. A paper stich called a Steri-Strip™ and a sterile dressing will be placed over the small cut in the skin, and on some occasions, a pressure bandage will also be applied.

Once you are dressed, we will ask you to stay in the department for about 30 minutes to make sure that you are comfortable enough to go home. We can make you a hot drink, so please ask us if you would like one.

When you go home you should take it easy and get as much rest as possible for the remaining part of the day.

We recommend that you do not drive for the rest of the day. Do not lift anything heavy or exercise for 3 days after the VAB. You must not lift anything heavier than a cup of
tea or coffee in the hand on the side where you have had the VAB.

**After 3 days you can start your usual day-to-day activities.**

The anaesthetic will wear off after 1 to 2 hours. If you then find your breast is uncomfortable or painful, take a mild painkiller such as Paracetamol, making sure you follow the instructions on the pack. Avoid taking Aspirin or Ibuprofen as these may cause extra bruising in the breast. You can take Arnica tablets to help reduce bruising.

Pain and discomfort usually subsides in 1 week. If you are experiencing pain for longer than 1 week or are concerned, then please contact the breast care nurse on the telephone number listed in section 13 ‘Contact details’.

You will be left with a permanent tiny scar on the skin (about the size of a freckle) at the site of the biopsy.

Rarely, the biopsy site can start to bleed after you have gone home. If this happens, apply pressure to the breast over the biopsy site for 15 minutes in the same way as this was done straight after the biopsy. **If the bleeding continues after this time, please continue to apply pressure to the area and contact us on one of the numbers in section 13 ‘Contact details’, or go to your local Accident & Emergency Department.**

**11 When will I receive my results?**

The results will not be given to you immediately after the procedure. The tissue samples will be sent to the laboratory to be examined by a pathologist (a specialist doctor trained in diagnosing biopsies). The results can take up to 2 weeks to be available. This is because the results are discussed at a team meeting to ensure the correct patient care and management.
You will be contacted by the Breast Clinic when the results are available. If you have not heard from the Breast Clinic 2 weeks after the procedure, please telephone (answerphone) **020 3447 3871** (Mammographer). You must state your full name, hospital number and why you are calling.

**12 Where can I get more information?**

http://www.breastcancer.org/symptoms/testing/types/biopsy

http://www.cancerresearchuk.org/about-cancer/type/breast-cancer/diagnosis/breast-cancer-tests#mamm

UCL Hospitals cannot accept responsibility for information provided by other organisations.

**13 Contact details**

University College Hospital Macmillan Cancer Centre
Huntley Street
London,
WC1E 6AG

Mammographer 020 3447 3871 (answerphone). Please state your full name, hospital number and why you are calling.

Clinical Nurse Specialist (CNS) Breast: 020 3447 9298

**Email:** breastcarecns@uclh.nhs.uk

Main Reception: 020 3456 7016

UCH Main Switchboard: 020 3456 7890

Hospital Transport Services: 020 3456 7010

Website: [www.uclh.nhs.uk](http://www.uclh.nhs.uk)
14 How to find us & transport

Please go to the ‘University College Hospital Macmillan Cancer Centre’ building on Huntley Street (see map on page 12). Take the ‘House’ lift to the first floor. Reception is to the left as you exit the lift doors. Please let the receptionist know that you have arrived for your appointment.

Travelling to the hospital

No car parking is available at the hospital. Street parking is limited and restricted to a maximum of 2 hours.

Please note the University College Hospital lies outside, but very close to the Central London Congestion Charging Zone.

Tube

The nearest tube stations, which are within 10 minutes’ walk are:

- Warren Street (Northern and Victoria lines)
- Euston Square (Hammersmith & City, Circle and Metropolitan lines)

Overground trains

Euston, King Cross & St Pancras and Kings Cross Thames link railway stations are within 15-20 minutes’ walk.

Bus

Bus services are shown on the map on page 13.
Further travel information can be obtained from http://www.tfl.gov.uk 020 3054 4040

Hospital transport services

If you feel that you are eligible for transport please call: 020 3456 7010 (Mon to Fri 8am-8pm) to speak to a member of the Transport Assessment Booking Team.

You will need to call at least 7 days before your appointment.

If you have a clinical condition or mobility problem that is unlikely to improve you will be exempt from the assessment process. However, you will still need to contact the assessment team so that your transport can be booked.

If your appointment is cancelled by the hospital or you cannot attend it, please call 020 7380 9757 to cancel your transport.

Can an escort be arranged to accompany me in hospital transport?

This will depend on your clinical condition or mobility. If you meet the criteria then an escort will be booked to accompany you to and from the hospital. However, we aim to keep these to a minimum as escorts take up seats that would otherwise be used for patients.
Space for Notes & Questions