



## *What types of breast biopsys are there?*

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1. Needle biopsies of the breast are performed by the Radiologist under ultrasound guidance. A small hollow needle is advanced into the lesion taking what are called core samples. A small titanium clip is then placed at the site of the biopsy and a second mammogram is then taken to double-check that the clip is properly positioned. The clip will identify the site for future reference.
2. Stereotactic breast biopsies utilize a special digital mammography machine to pinpoint calcifications utilizing images taken from two different angles to create exact coordinates. Using these coordinates, the Radiologist then removes breast tissue from the abnormality with a vacuum-assisted biopsy needle.
3. Needle localizations begin in the mammography room in the Radiology Department. Using a mammogram as guidance, the Radiologist places a flexible wire at the site of a calcification. Once the wire is in place, the patient then goes to the surgical suite where a lumpectomy (common, surgical removal of a discrete lump) is performed by a surgeon.

Your Patient Care Navigator is responsible for making your appointments and ensuring that your health care provider has your mammogram/ultrasound images and reports whether your procedure is being done at Gifford or at another facility.



**Gifford Medical Center**  
44 South Main Street • Randolph, VT 05060

Patient Care Navigator Program  
**(802) 728-2435**

[www.giffordmed.org](http://www.giffordmed.org)

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## *You* and your **Patient Care Navigator**

*Providing ease of mind during  
your breast biopsy*



**Gifford Medical Center**

**(802) 728-2435**



## *What to expect from your patient care navigator.*

So you have been told you should have a breast biopsy. Not to worry, your Patient Care Navigator is here to help. Your navigator will play a very important role in the preparation for your biopsy and the recovery period after your biopsy. You are probably wondering, just what does a Patient Care Navigator do?

1. Your navigator is responsible for you, making sure you get the care you need. You will meet your navigator the day you are told you should have a biopsy. A majority of the time, this is the same day as your extra mammography or ultrasound images.
2. Your navigator will go over some basic information with you (i.e. phone number, emergency contact, primary care providers and so on). Your navigator will then set up your biopsy appointment before you leave the Radiology Department and will

explain the biopsy procedure to you. Your navigator is also in charge of informing your primary care provider of the procedure.

3. Your navigator is responsible for calling you 2-4 days before your biopsy to make sure that all of your questions are answered and all of your concerns are resolved. She will also call the day before your biopsy to remind you of your appointment and give any “day before” instructions.
4. On the day of your biopsy, your navigator will greet you in the Radiology Department upon your arrival. She will make sure all of your last minute questions are answered. She will explain the procedure again and give you a post biopsy instruction sheet to take home. Your navigator will

also be in the exam room during your biopsy for those wanting the support.

5. Your navigator will call 1-3 days after your biopsy to make sure you are healing properly and to answer any questions you may have. When your results are available, usually within 4-8 days, you will get a call from your navigator informing you that the results are in and available through the Radiologist.
6. Your navigator will be in contact within two weeks of getting your results to make sure proper follow-up appointments, if needed, are scheduled.



## *Why is a biopsy recommended?*

When the Radiologist reviews your yearly screening mammogram he or she compares your images to your last three years of mammograms. If there are any differences (such as nodules, tissue density changes or calcifications), the Radiologist will ask that you come back for additional images. These additional mammogram images are to ensure that the “difference” seen in your mammogram is a normal, benign finding. Also included in your additional images may be a breast ultrasound. This exam does not hurt. It uses sound waves that are released into the body, bounce off of structures with in your breast and come back to the machine, creating an image.

A Radiologist may also recommend that you have a biopsy. There are many types of benign (non-cancerous) nodules that grow in breasts. The main reason for recommending a breast biopsy is to confirm that the area seen by the Radiologist in your mammogram is non-cancerous. According to the American Cancer Society, 80 percent of biopsied breast lesions are benign.

Determining a nodule is benign through a biopsy puts patients’ minds at ease. It can also eliminate the need to re-examine a suspicious nodule year after year.

