

Having a vacuum assisted core biopsy/excision

Why is a vacuum assisted core biopsy or excision recommended?

Your doctor has recommended either a vacuum assisted biopsy (VAB) or vacuum assisted excision (VAE) to provide more information about a change in your breast found on a mammogram or breast ultrasound. While the procedures have different names, they are essentially the same. These procedures are primarily used to examine changes in the breast, many of which are benign (non-cancerous) and pose no health risk. However, it is important to understand the cause of the change, and these procedures help determine that.

A VAB/VAE is a simple, quick and effective way to obtain tissue samples for diagnosis, which are sent to our pathology team for examination under a microscope.

What is involved in the procedure?

The procedure can be carried out with the help of either x-rays or ultrasound, depending on the location and type of the abnormality in your breast. Your doctor will discuss the best method for you.

X-ray-guided VAB/VAE (stereotactic biopsy)

An x-ray guided VAB or VAE is often referred to as a 'stereotactic or stereo biopsy'. It is performed by a breast radiologist or an advanced radiographic practitioner, a mammographer specially trained in breast biopsies.

You will either lie on your side or sit up, and your breast will be positioned in the mammogram machine. Your breast will be compressed, similar to the mammogram, and X-rays will be taken to verify the correct position. You will remain in that position while the biopsy is performed. It is important that you keep as still as possible.

Two x-rays at different angles will create images that help guide the biopsy needle to the exact location. The area is cleaned before an injection of local anaesthetic is given to numb the area. This may sting for a few seconds. Once the area is numb a needle will be advanced into the breast and several tissue samples will be taken using a vacuum biopsy system. A needle will make a small cut in the skin and in most cases is inserted only once into the breast. A small suction unit is then attached and used to remove the breast tissue sample. The needle we use to take the biopsy tissue makes a small noise like a sucking and whirring sound but most patients report that this does not cause them any particular discomfort.

After all samples are taken, a small metal marker clip made of titanium will be inserted into your breast at the area of biopsy for future radiological referencing.

Ultrasound-guided VAB/VAE:

As ultrasound guided VAB or VAE is performed by a breast radiologist. You will lie on your back or side, and the radiologist will scan your breast to locate the area to be biopsied. The area is cleaned before an injection of local anaesthetic is given to numb the area. This may sting for a few seconds. Once the area is numb a needle will be advanced into the breast and several tissue samples will be taken using a vacuum biopsy system. A needle will make a small cut in the skin and in most cases is inserted only once into the breast. A small suction unit is then attached and used to remove the breast tissue sample. The needle we use to take the biopsy

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What happens after the procedure?

The procedure is generally straightforward, and any complications are typically minor. The most common side effects include bleeding and bruising.

Immediately after the procedure, firm pressure is applied to the breast for 10 minutes. This will help to stop bleeding and minimise the risk of developing internal bruising (haematoma).

A paper stitch (steristrip) and a sterile dressing will be placed over the small cut in the skin, and in some cases, a pressure bandage may also be applied.

Occasionally, because a biopsy sample has been obtained, skin indentation/dimpling can occur at the site of the biopsy. Very occasionally the skin may tear, and it may be necessary to place stitches at the biopsy site.

Once you are dressed we will move you to another area within the department where you will stay for about 20 minutes with a drink to ensure there is no further bleeding before you leave.

Recovery

This is a simple procedure with minimal risks or complications. The most common is experiencing some bleeding and bruising. Most patients feel fine and can resume light activities. Avoid strenuous exercise for 24-48 hours to minimise bruising. You may experience some bruising, and a small lump may form under the skin at the biopsy site, which typically resolves within a week. If the area becomes red or inflamed or you have concerns, contact the department.

You may bathe or shower as usual and remove the dressing after 48 hours. Paper stitches should stay on for three days, after which they can be soaked off in the bath or shower. If you feel discomfort, take paracetamol (unless allergic) and wear a supportive sports bra. Avoid aspirin, as it can cause more bleeding, unless prescribed for another condition.

Results

You will be informed about how to receive your results. You may have an appointment before leaving the hospital or receive a follow-up appointment by phone or mail. If the tissue sample is incomplete or uncertain, your doctor will discuss next steps with you.

What are the risks?

While the procedure is generally safe, there are some risks to consider:

- **Pain:** You may feel pain at the biopsy site once the anaesthetic wears off. Pain relief such as paracetamol can help, and wearing a supportive sports bra may ease discomfort.
- **Internal Bruising (Haematoma):** Bruising at the biopsy site is common.
- **Bleeding:** If bleeding occurs, apply firm pressure for 10 minutes. If bleeding persists, contact NHS 111 or go to an emergency department.
- **Infection:** The wound is covered with a sterile dressing to minimize the risk of infection. You will receive guidance on how to care for the area to reduce the risk.

Benefits

A VAB/VAE is a minimally invasive procedure that allows for a diagnosis with minimal risk. The procedure is generally safe, and the benefits of obtaining a diagnosis outweigh the risks. By providing tissue samples for microscopic examination, it helps ensure that any abnormal changes in the breast are properly assessed.

If you have any further questions or concerns about your procedure or recovery, feel free to ask the medical team at any time.

Preparation

There is generally no special preparation required before the procedure and you do not need to fast. Please make sure you have a normal breakfast and drink plenty of water before your appointment.

However, you will need to contact us on 0300 131 4500 ext 771832 before your appointment if:

- you are taking any medication to thin your blood
- you have a blood clotting disorder
- you have high blood pressure (hypertension)

Will I have to come back to hospital?

You may be required to visit the hospital for your results. It may take two to three weeks after the biopsy to obtain these results and at times could take longer. Occasionally the result is inconclusive and the biopsy has to be repeated.

If you have concerns following your biopsy you can contact the breast care team on 0300 131 4833 ext. 734833

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or esh-tr.patientexperience@nhs.net.

Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:

Dr Ulle Raudsepp, Radiologist, Radiology EDGH.

Dr Yesim Akan, Radiologist, Radiology EDGH.

The directorate group that have agreed this patient information leaflet: Core Services - Radiology

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