THE RISKS OF A BREAST HOOKWIRE LOCALISATION

Breast Hookwire Localisation is a simple and safe procedure to perform and most patients cope with their procedure very well.

Occasionally, some women may feel lightheaded during the procedure. If you feel unwell or faint during or after the procedure, please ensure you notify the staff.

Risks associated with this procedure include:

1. Pain or discomfort at the needle insertion site.
2. Bleeding and/or bruising often occurs at the needle insertion site or deeper in the breast.
3. Allergic reaction to the local anaesthetic or the skin antiseptic.
4. Very rarely, the needle may penetrate deeply and go through the chest wall and pierce the lung, causing collapse of the lung. This may require treatment to re-inflate the lung.

SENTINEL NODE TRACKING

Your doctor may also request that you undergo sentinel node tracking. This is performed in the Nuclear Medicine department. Sentinel node tracking can be performed before or after the hookwire insertion. This procedure involves an injection of a radioisotope into the breast, followed by scanning. This procedure usually takes 30 to 60 minutes, however, may take longer.

WHERE CAN I HAVE A BREAST HOOKWIRE LOCALISATION PROCEDURE?

Your Breast Hookwire Localisation procedure will be booked at the site determined by your surgeon.

BUNBURY
55 Spencer Street, Bunbury
T: 9722 3200 F: 9721 5385

DUNCRAIG
Suites 3-5, 54 Arnisdale Road, Duncraig
T: 9246 8800 F: 9448 0508

MURDOCH
St John of God Medical Clinic
100 Murdoch Drive, Murdoch
(entrance off Barry Marshall Parade)
T: 9333 9200 F: 9333 9286

SUBIACO
St John of God Subiaco Hospital
12 Salvado Road, Subiaco
T: 9286 6400 F: 9286 6481

www.skg.com.au

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YOUR GUIDE TO

BREAST HOOKWIRE LOCALISATION

WHAT IS A BREAST HOOKWIRE LOCALISATION?

A Breast Hookwire Localisation is performed to assist your surgeon to localise a particular area in your breast, prior to surgery. The area to be localised may be visible on your mammogram or ultrasound, but cannot be felt by your surgeon. A fine wire, called a hookwire, is inserted into the breast using x-ray or ultrasound guidance. Your surgeon uses this wire as a guide to find the area in your breast to be removed.

BEFORE THE BREAST HOOKWIRE LOCALISATION

You will be asked to bring all recent imaging (mammogram and ultrasound) to the X-ray department before the day of your hookwire procedure and surgery. The Radiologist performing the procedure needs to review your imaging to enable them to plan for the procedure.

You will be admitted to a hospital ward or Day Procedure Unit for your surgery and will have the hookwire inserted prior to your surgery. Preparation instructions/information for the surgery will be given to you by the hospital where you are having the surgery done.

You will be changed into a hospital gown in preparation for your hookwire insertion and surgical procedure. If you are wearing a two piece outfit, you may keep your skirt or trousers on until you return to the ward after the hookwire has been inserted. You will need to bring a bra with you to the Radiology department.

The hookwire procedure usually takes around 90 minutes to perform. If you also require sentinel node tracking, you may be in the Radiology department for up to 3 hours.

If you have any allergies or take medication to thin your blood, please inform the Radiology nursing staff.

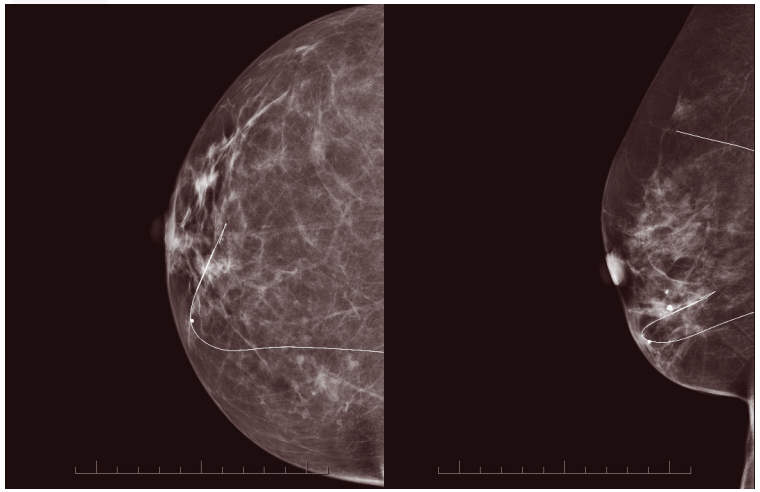
HOOKWIRE WITH MAMMOGRAPHIC GUIDANCE

When you arrive in the Radiology department, the procedure will be discussed with you and you will be asked to read and sign a consent form for the procedure.

You will be positioned comfortably in a chair at the mammography machine. A mammogram will be performed with the breast placed between two plates and compressed in order to find the area to be localised. The breast remains compressed for the duration of the procedure. If the position or pressure is too uncomfortable, let the Mammographer know and it may be adjusted to make it more comfortable for you.

The skin will be cleaned with antiseptic and an injection of local anaesthetic will be given to numb part of the breast. The Radiologist will then insert the needle and hookwire into the area of breast tissue to be localised. Mammographic images are taken to check the position. The needle/wire position may need adjusting and further images required. Once the wire is positioned, the needle is withdrawn. The hookwire will stay in the breast to mark the area for the surgeon.

The hookwire is then secured. A mammogram will also be performed to confirm the position of the wire. Occasionally more than one wire will need to be placed.



HOOKWIRE WITH ULTRASOUND IMAGING GUIDANCE

You will be lying on the ultrasound examination bed for this procedure. Some gel will be placed on the breast and the ultrasound probe (small hand-held device) placed on the breast to localise the area.

The breast is cleaned with antiseptic and an injection of local anaesthetic will be given to numb part of the breast. The Radiologist will then insert the needle and hookwire into the area of breast tissue to be localised. The position of the needle/wire is checked with the ultrasound probe. When the wire is positioned, the needle is withdrawn. The hookwire will stay in the breast to mark the area for the surgeon.

The hookwire is then secured. A mammogram is performed to confirm the position of the wire. Occasionally more than one wire will need to be placed.

AFTER THE PROCEDURE

Part of the hookwire will remain outside the breast. Any exposed wire is taped securely to the skin. You will be asked to wear a bra and limit your arm movement until you arrive in the operating theatre.

Your previous imaging and the images from the breast hookwire localisation will be sent with you to the operating theatre so that the surgeon may refer to them.

Following the hookwire procedure, with or without sentinel node tracking, you will return to your ward or day surgery, to await transfer to the operating theatre.

When the surgeon has removed the breast tissue, the sample will be sent to Radiology for imaging, prior to being sent to the Pathology department for analysis.