

Breast lump excision biopsy

What is it?

An excision biopsy is when a sample of body tissue (in this case the breast lump) is taken.

It is carried out for two reasons:

1. Your previous tests have not been able to absolutely establish the nature of the lump and you have been advised to have it removed by the clinic doctor or nurse practitioner.
Or:
2. You have been given the choice about whether to keep or have the lump removed and you have chosen to have it removed.

What will happen to you?

On the morning of the surgery you will be seen by a surgeon and they will mark where the lump is. The procedure is most commonly performed under general anaesthetic so you will see an anaesthetist and be put to sleep first. Then a cut is made in the skin over the top of the lump, or on the edge of the areolar skin around the nipple, or at the edge of the breast. The length of the cut depends on the size of the lump. The lump is then cut out and sent off to the pathology laboratory to be examined under the microscope. The skin is stitched up using dissolvable stitches under the skin surface and a dressing placed on top.

You will usually come back for the results of this test one to two weeks later or sometimes we will simply contact you with the results.

If you have any questions or concerns please speak to your doctor or breast care nurse.

Possible complications

- Thickened scar
Scar healing is unpredictable and although usually the scar heals up to a fine line, occasionally the scar heals in a thickened fashion called a 'keloid' or 'hypertrophic' scar.
- Infection
Infection occurs in about 1 in 20 patients following this sort of procedure but if it occurs it can usually be treated with antibiotics. Occasionally, however, we may need to open the wound, drain out the infected fluid and then it may need to be packed, in which case it may take some weeks to heal.
- Haematoma
Some bruising is inevitable however, very occasionally blood collects in a lump underneath the wound (known as a haematoma) and this may need to be removed, either in the clinic or by a second operation.

- Wound pain

Some patients experience pain, discomfort or altered sensations in or around the wound during or after the healing process. Usually these sensations will settle with painkillers but if the problem continues, we would recommend that you contact your General Practitioner. If necessary, he/she can then refer you back to see us if there is any ongoing problem.

Contact us

If you have any problems regarding your care or treatment at this hospital, please *Talk to us*. Your feedback will help us to improve and develop our service. Please speak to a member of staff in the clinic or on the ward or if you would rather talk to a senior member of staff, ask to speak to the ward/departmental manager or matron.

Or speak to our Patient Relations Team who can offer you ‘on the spot’ support and advice as well as practical information at a time when you are feeling confused and anxious. Patient Relations can be contacted on: 0118 322 8338 or ask a member of staff, the receptionists or the switchboard to contact them.

Consultant Surgeons

Mr HN Umeh

Consultant Breast Surgeon

Mr B Smith

Consultant Oncoplastic and Reconstructive Breast Surgeon

Miss N Dunne

Consultant Oncoplastic and Reconstructive Breast Surgeon

Trust Grade Breast Surgeons

Mrs S Connolly

Dr E Hyett

Advanced Surgical Nurse Practitioners

Carol Lister

Vanessa Burridge

Nicky Woodrow

Our clinical teams can be contacted via the Clinical Administration Team 3 (CAT 3) on 0118 322 1883, then press the option for ‘breast’.

More information

If you have any questions about the procedure or this information, please speak to your doctor or nurse.

For more information about the Trust visit our website www.royalberkshire.nhs.uk

This document can be made available in other languages and formats upon request.

Breast Care Clinic, December 2005

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