



# Dr. Saud Hamza

Breast • Thyroid • General Surgeon

## Practice Locations:

St John of God Consulting Suites, 117 Anstruther Road, Mandurah  
Suite 50, Murdoch Medical Centre, 100 Murdoch Drive, Murdoch  
Tel: 08 6333 2800  
Web: [saudhamza.com.au](http://saudhamza.com.au)

## B06 Excision Biopsy of a Breast Lump

Expires end of November 2018

### Write questions or notes here:

---

---

---

---

---

---

---

---

### Further Information and Feedback:

Tell us how useful you found this document at [www.patientfeedback.org](http://www.patientfeedback.org)  
Get more information, references and share your experience at [www.aboutmyhealth.org](http://www.aboutmyhealth.org)

ROYAL AUSTRALASIAN  
COLLEGE OF SURGEONS



## What is an excision biopsy of a breast lump?

An excision biopsy of a breast lump involves removing a lump through a small cut (see figure 1).

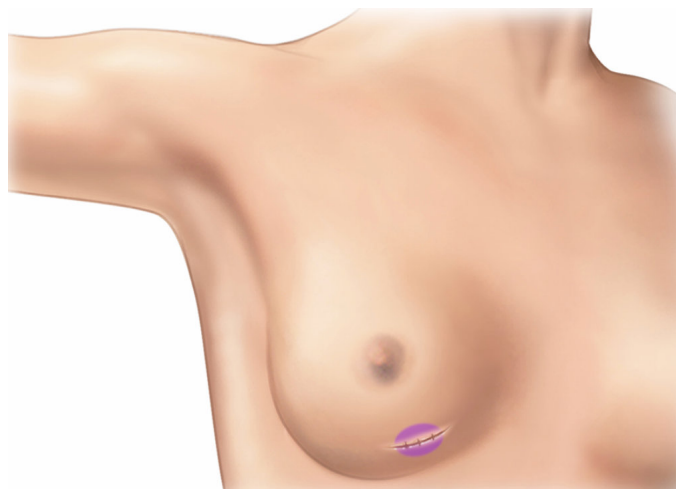


Figure 1  
An excision biopsy

Your surgeon may be able to feel a lump, or a mammogram (breast x-ray) may have shown an abnormal area of tissue that your surgeon cannot feel (a non-palpable lump).

Your surgeon has recommended an excision biopsy. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

## What are the benefits of surgery?

An excision biopsy is usually performed for the following reasons.

- You may want to have the lump removed, even though it is almost certain that the lump is benign (not cancer). You may have cosmetic reasons or the lump may be causing you pain.
- Your surgeon may be concerned about the lump. Other procedures to take samples of tissue from the lump, such as a fine needle aspiration or core needle biopsy, have failed to give a definite diagnosis. The tissue will be examined under a microscope to find out if you have cancer.

## Are there any alternatives to an excision biopsy?

If the lump is probably benign and less than about 2 centimetres across, it may be possible to remove it using a special needle called a mammotome, but a mammotome excision is available only in a few specialist centres.

## What will happen if I decide not to have the operation?

Your surgeon may not be able to confirm if you have cancer or decide the best treatment for you. If the lump is caused by cancer, early diagnosis and treatment will increase the chance of you being free of cancer.

## What does the operation involve?

### Marking

If your surgeon cannot feel the lump, a breast radiologist (doctor who specialises in breast x-rays and scans) will carry out a marking procedure using a mammogram machine or ultrasound scanner. This procedure will guide your surgeon to find out where the lump is. The marking may involve inserting a guidewire (thin flexible wire) into your breast under a local anaesthetic or, if the lump is close to your skin, using a pen to mark where it is.

### The operation

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is usually performed under a general anaesthetic but various anaesthetic techniques are possible. Your anaesthetist or surgeon will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes about 30 minutes.

If possible, to reduce the risk of an unsightly scar, your surgeon will make the cut on the line of the areola (the darker area around your nipple). However, the position of the cut depends on where the lump is.

Your surgeon will go through your breast gland and remove the lump. They will usually close your wound with dissolvable stitches.

## What should I do about my medication?

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

## What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

## What complications can happen?

The healthcare team will try to make the operation as safe as possible but complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of women who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

## Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

## General complications of any operation

- Pain. The healthcare team will give you medication to keep you comfortable. Rarely, you can get continued pain under the scar.
- Bleeding during or after the operation. It is common for your breast or chest area to be bruised.
- Infection of the surgical site (wound) (risk: less than 2 in 100). It is usually safe to shower after two days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics and any pus may need to be removed. You may need another operation.
- Unsightly scarring of your skin.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

## Specific complications of this operation

- Continued lumpiness under your wound. It is normal for your wound to feel lumpy and it usually settles within 4 to 6 weeks.
- Continued pain. You may not get relief from the pain.

- Disfigurement of your breast. This will depend on how much tissue your surgeon needs to remove and the size of your breast. Infection and bleeding can also affect the appearance of your breast.
- Change of nipple sensation. This is rare. It usually settles but the change may be permanent.

## How soon will I recover?

### In hospital

After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

Wearing a soft bra that fits comfortably will help to support your breast and reduce any pain.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

### Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medication or need to wear special stockings.

You can have a bath or shower after one to two days. Do not soak your wound during the first 5 days.

You should be able to return to work after 3 to 7 days.

You should be able to return to normal activities after about 10 days. After two weeks you should also be able to return to the sports you played before the operation.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and comfortable wearing a seat belt. Always check your insurance policy and with your doctor.

### The future

The healthcare team will arrange for you to come back to the clinic within three weeks. The lump that your surgeon removed will have been examined under a microscope. Your surgeon will tell you the results, check your wound, and discuss with you any treatment or follow-up you need.

### Summary

An excision biopsy involves removing a lump from your breast. It can help prevent an unsightly appearance and find out what is causing the lump. If the lump is causing you pain, you may get relief from the pain.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

**Keep this information document. Use it to help you if you need to talk to the healthcare team.**

#### Acknowledgements

Author: Miss Kalliope Valassiadou MD, Consultant Breast and General Surgeon  
 Illustrator: Medical Illustration Copyright © Nucleus Medical Art. All rights reserved. [www.nucleusinc.com](http://www.nucleusinc.com)

**This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.**