

Medical Record Number

Patient Name

ADDRESSOGRAPH OR LABEL - PATIENT NAME, MEDICAL RECORD NUMBER

**EDUCATION • BREAST NEEDLE BIOPSY
INSTRUCTIONS**

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INSTRUCTIONS BEFORE YOUR BREAST NEEDLE BIOPSY

1. Read instructions (“Instructions for Image-Guided-Breast Biopsy”) about stopping anticoagulants (blood thinners), stopping other drugs that can cause bleeding, informing us about bleeding problems, and informing us about an allergy to local anesthetic.
2. If you think you need a sedative or tranquilizer to help get you through the biopsy, call our Nurse at (650) 721-5419.
3. Eat a light breakfast or lunch prior to the examination, limiting fluids.
4. Wash your breasts and underarms thoroughly. Do not use powder, lotion, or deodorant.
5. To simplify undressing and dressing, wear loose-fitting clothes with a separate top and bottom.
6. Wear a tight brassiere, such as a sports bra, which will be used later to support your bandages.
7. Arrive on time for your appointment. Patients arriving more than 15 minutes late must be rescheduled for another day.
8. Be prepared to spend about 3 hours from the time you arrive until your biopsy is completed.

INSTRUCTIONS AFTER CORE NEEDLE BREAST BIOPSY

1. An ice pack is placed inside your brassiere, over the bandage. Leave the ice pack on the biopsy site for one hour.
2. Apply a fresh ice pack for 10 minutes every hour until bedtime. You can discontinue the ice packs at bedtime.
3. Each time you change the ice pack, look at the bandage (which may be easiest to do by looking in a mirror). If significant fresh blood has appeared, apply 10 more minutes of pressure. By applying firm, steady pressure to the biopsy site, you can stop almost all bleeding. **In the rare instance you can’t stop the bleeding, have someone drive you to a local urgent care or emergency room.**
4. It is normal to see up to a quarter-sized blood spot on the bandage and variable-sized bruising.
5. Wear a tight brassiere to bed the night of the biopsy.
6. The **ONLY medication that we OK for pain or arthritis in the 3 days after the biopsy is acetaminophen (Tylenol)**. If you need a **stronger pain medication** in the 3 days after the biopsy, have it prescribed by your doctor, making sure your doctor knows that it **MUST** be a drug that **does not affect blood clotting**. After 3 days, normal drugs may be resumed.
7. Infection is rare after a needle biopsy. If you develop significant redness, swelling, heat, tenderness, and/or pus draining at the biopsy site, contact your physician.
8. Lung collapse is very rare after a breast needle biopsy and will usually be known before you leave the biopsy facility. **If you develop significant shortness of breath after the biopsy, immediately contact your physician, call 911, or go to the nearest Emergency Room.**
9. Keep the bandage dry for 24 hours. You may then shower, but do not scrub directly over the bandage.
10. Do not soak the bandage in water (e.g., bathing, swimming, hot tub, etc.) until 7 days after the biopsy.

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11. Avoid activities that will stretch or bounce the breast (like jogging) until 3 days after the biopsy. Avoid vigorous arm activity until 7 days after the biopsy.
12. You may remove the bandage 7 days after the biopsy.

INSTRUCTIONS AFTER FINE NEEDLE BREAST ASPIRATION

1. You may remove the bandage, bathe or shower, and resume normal activity that same night.
2. See the **AFTER CORE NEEDLE BREAST BIOPSY** instructions above regarding bleeding, infection, or shortness of breath.

BIOPSY RESULTS: The results of the biopsy will usually be ready within 3 working days from the time of your biopsy. Please call your doctor for the results. In most cases, if the tissue sample is benign (not cancer), then follow-up imaging is recommended at 6, 12, and 24 months after the biopsy. In some cases, the tissue sample is not benign. For final recommendations, please consult your doctor for post biopsy and follow-up instructions that are appropriate for you.

I HAVE RECEIVED, READ, AND UNDERSTAND THE ABOVE INSTRUCTIONS. IF I HAVE ANY QUESTIONS ABOUT ANY OF THE INSTRUCTIONS, I WILL CALL THE NURSE AT (650) 721-5419.

Date Time SIGNATURE (Patient, Parent, or Properly Designated Representative)

PRINT NAME

RELATIONSHIP to Patient

Instructions reviewed with patient by: _____
SIGNATURE

PRINT NAME

Date

Time

If this document was translated: _____
SIGNATURE (Interpreter) PRINT NAME

Date

Time

Language