Breast Cysts: Your Questions Answered

Q: What is a breast cyst? A: A breast cyst is a fluid-filled sac that forms in the breast tissue.

Q: Are all breast cysts cancerous? A: No, most breast cysts are benign (non-cancerous) and do not pose a significant health risk.

Q: How are breast cysts detected? A: Breast cysts are typically detected through imaging tests like mammography or ultrasound.

Q: What is fine needle aspiration (FNA)? A: Fine needle aspiration is a procedure where a small needle is used to withdraw fluid from a breast cyst for analysis.

Q: Is FNA always necessary for breast cysts? A: Not all breast cysts require treatment. Simple cysts may be monitored without intervention.

Q: What are the benefits of FNA?A: Fine needle aspiration helps confirm the diagnosis and can provide immediate relief if the cyst is causing discomfort.



Q: Can breast cysts increase the risk of breast cancer? A: Most breast cysts are not associated with an increased risk of breast cancer. However, further evaluation may be needed if concerning features are present.

Q: How often should breast cysts be monitored?
A: The frequency of monitoring depends on the characteristics of the cyst and your healthcare provider's recommendations.
Q: What can I do to promote breast health?

A: Regular breast self-exams, annual clinical breast exams, and following recommended screening guidelines are essential for breast health.

Q: Where can I get more information and support? A: Reach out to our Women's and Breast Imaging Centre or speak with your healthcare provider for personalized guidance and support.





Ultrasound-Guided Fine Needle Aspiration/Drainage of Breast Cysts:

Q: What is ultrasound-guided fine needle aspiration (FNA)/drainage? A: Ultrasound-guided FNA/drainage is a procedure that uses ultrasound imaging to guide a thin needle into a breast cyst to remove fluid or reduce its size.

Q: Why is ultrasound-guided FNA/drainage performed? A: Ultrasound-guided FNA/drainage helps relieve symptoms caused by a breast cyst, confirms the diagnosis, and provides fluid for analysis if needed.

Q: Is ultrasound-guided FNA/drainage painful? A: Discomfort during the procedure is minimal as a local anesthetic is used. Most women tolerate it well.

Q: Are there any risks associated with ultrasound-guided FNA/drainage? A: Ultrasound-guided FNA/drainage is a safe procedure with minimal risks, such as bruising, infection, or bleeding. Complications are rare.

Q: How long does the procedure take?

A: The procedure typically takes about 1 to 3 minutes, depending on the complexity of the cyst.

Q: What can I expect after the procedure?A: You may experience mild soreness or bruising at the needle inse site. These symptoms should improve within a few days.



Q: Are there any restrictions after the procedure? A: There are usually no restrictions, and you can resume your normal activities immediately.

Q: Can breast cysts recur after ultrasound-guided FNA/drainage? A: Yes, breast cysts can recur, especially if they are complex or contain solid components. Regular monitoring may be necessary.

Q: When should I seek medical attention after the procedure? A: Contact your healthcare provider if you experience severe pain, redness, swelling, or signs of infection after the procedure.

Q: Where can I get more information and support? A: Reach out to our Women's and Breast Imaging centre or speak with your healthcare provider for personalised guidance and support.





Understanding Fibroadenoma: Your Questions Answered

Q: What is fibroadenoma? A: A fibroadenoma is a noncancerous breast tumour made up of glandular and fibrous tissues. It is the most common benign breast condition.

Q: What causes fibroadenomas? A: The exact cause of fibroadenomas is unknown. Hormonal factors, genetics, and estrogen sensitivity may play a role in their development.

Q: How do fibroadenomas feel? A: Fibroadenomas typically feel like a firm, smooth, and rubbery lump that moves easily under the skin. They are usually painless.

Q: Do fibroadenomas increase the risk of breast cancer? A: Most fibroadenomas do not increase the risk of breast cancer. However, certain subtypes, such as complex fibroadenomas, may have a slightly higher risk.

Q: How are fibroadenomas diagnosed?

A: Fibroadenomas are often diagnosed through a combination of physical examination and imaging tests (such as mammography and ultrasound). In some cases, a biopsy may be recommended for further evaluation.

Q: What is a core biopsy?

A: A core biopsy is a minimally invasive procedure that involves removing a small sample of tissue from the fibroadenoma for examination. It is typically performed under local anaesthesia using a needle-like instrument guided by imaging techniques.

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A: Vacuum-assisted excision is a procedure that removes the entire fibroadenoma using a vacuum-assisted device. It is performed under local anesthesia and is particularly useful for small to larger fibroadenomas.

Q: When is a core biopsy or vacuum-assisted excision recommended? A: A core biopsy or vacuum-assisted excision may be recommended to provide a more definitive diagnosis and guide further treatment decisions.

Q: Can fibroadenomas come back after removal?A: Recurrence of fibroadenomas after surgical removal is rare.However, new fibroadenomas can develop independently in the same or opposite breast.

Q: How can I manage the anxiety associated with fibroadenomas? A: It is normal to feel anxious after a fibroadenoma diagnosis. Regular breast self-exams, routine screening mammograms, and open communication with your healthcare provider can provide reassurance and peace of mind.

Q: Where can I find support and additional information? A: Our Women's and Breast Imaging Center is here to address your concerns and provide support throughout your journey. Reach out to us or consult with your healthcare provider for personalised guidance.





How is vacuum core biopsy or removal of fibroadenoma performed?

- The procedure is done under local anaesthetic, meaning that you are awake, but the area is numbed.
- An ultrasound is used to guide a small biopsy needle to the fibroadenoma.
- The vacuum device then suctions the fibroadenoma out of the breast tissue through the biopsy needle.
- The removed tissue is then sent to the lab for testing.
- The procedure usually takes less than 5-10 minutes depending on the size and you can go home the same day.
- Recovery time is typically quick, with most women being able to resume normal activities within a day or two.

Benefits of vacuum removal:

- Quick and easy procedure
- Little to no scarring
- Minimal discomfort
- No general anaesthesia is required
- High success rate
- Quick recovery time
- Reduced risk of recurrence



Understanding Breast Pain and Mastalgia: Your Questions Answered

Q: What is mastalgia?

A: Mastalgia refers to breast pain or discomfort that can range from mild to severe. It can occur in one or both breasts.

Q: What causes mastalgia?

A: Mastalgia can have various causes, including hormonal changes, breast cysts, fibrocystic changes, muscle strain, or medications.

Q: When should I be concerned about breast pain? A: While breast pain is often benign, you should seek medical attention if the pain is severe, persistent, or accompanied by other concerning symptoms.

Q: How is mastalgia diagnosed? A: Mastalgia is typically diagnosed through a comprehensive evaluation, which may include a physical examination, imaging tests, and a detailed medical history.

Q: What treatment options are available for mastalgia? A: Treatment for mastalgia depends on the underlying cause. It may include lifestyle changes, pain management techniques, hormonal therapies, or medication.





Q: Can mastalgia be managed without medical intervention? A: In some cases, self-care measures such as wearing a supportive bra, applying warm or cold compresses, and reducing caffeine intake can help manage mastalgia.

BREAST PAIN

Q: Are there any analgesic options for mastalgia? A: Depending on the severity of the pain, your healthcare provider may recommend over-the-counter pain relievers such as acetaminophen or nonsteroidal anti-inflammatory drugs (NSAIDs) to alleviate discomfort.

Q: What is the role of evening primrose oil in managing mastalgia? A: Evening primrose oil is a dietary supplement that some women find helpful in reducing breast pain. While research on its effectiveness is limited, it may be worth discussing with your healthcare provider.

Q: Can mastalgia be a symptom of breast cancer? A: Mastalgia is rarely associated with breast cancer. However, any new or persistent breast pain should be evaluated by a healthcare professional.

Q: Should I be concerned if my mammogram is normal despite experiencing breast pain?

A: A normal mammogram result is reassuring, but it does not rule out the possibility of mastalgia or other breast-related conditions. Further evaluation may be needed.

Q: How can I track and monitor my breast pain? A: Keeping a breast pain journal can help you track the frequency, duration, and intensity of your breast pain. This information can be helpful during medical evaluations.



Q: What is an ultrasound-guided core biopsy of the breast? A: An ultrasound-guided core biopsy is a minimally invasive procedure used to obtain tissue samples from breast lumps or abnormalities detected on breast ultrasound. It involves using ultrasound imaging to precisely guide a special biopsy needle into the area of concern to collect tissue samples for further analysis.

Q: Why is an ultrasound-guided core biopsy performed? A: An ultrasound-guided core biopsy is performed when a breast lump or abnormality is identified on breast ultrasound and needs further evaluation. It helps determine if the lump is benign (non-cancerous) or malignant (cancerous) and provides crucial information for diagnosis and treatment planning.

Q: How is an ultrasound-guided core biopsy performed? A: During the procedure, you will lie on your back or side while the radiologist uses ultrasound to locate and mark the targeted area. A local anesthetic is administered to numb the skin and breast tissue. Then, a small incision is made, and a biopsy needle is inserted through the incision to extract small tissue samples. The samples are sent to a pathology laboratory for analysis. A biopsy clip will be placed within the lump or biopsy site.

Q: Does an ultrasound-guided core biopsy cause pain?

A: The procedure is generally well-tolerated. You may experience some pressure or discomfort when the needle is inserted, but local anesthesia helps minimize pain. After the procedure, you may have mild soreness or bruising, which can be relieved with over-the-counter pain medication and ice packs.



Q: How long does an ultrasound-guided core biopsy take?

A: The procedure itself usually takes about 5 to 20 minutes, depending on the complexity of the case. You may need to spend additional time on preparation and post-procedure observation.

Q: Are there any risks or complications associated with an ultrasoundguided core biopsy?

A: Ultrasound-guided core biopsy is considered a safe procedure with minimal risks. Potential risks include bleeding, infection, bruising, and a small chance of a biopsy clip being left behind. These risks are rare and can be further minimized by following proper sterile techniques.

Q: When will I receive the results of my ultrasound-guided core biopsy? A: The collected tissue samples will be sent to a pathology laboratory for analysis. The results are typically available within a few days to a week. Your healthcare provider will discuss the results with you and provide appropriate guidance and treatment recommendations based on the findings.

Q: What happens if the ultrasound-guided core biopsy shows cancer? A: If the biopsy results indicate breast cancer, your healthcare provider will discuss the findings with you and provide guidance on the next steps. These may include additional imaging, further diagnostic tests, staging evaluations, and consultation with a breast surgeon or oncologist to develop a personalised treatment plan.





Q: Can all breast lumps be evaluated with an ultrasound-guided core biopsy?

A: An ultrasound-guided core biopsy is suitable for evaluating most breast lumps and abnormalities seen on ultrasound. However, there are certain cases where alternative biopsy methods, such as stereotactic or MRI-guided biopsy, may be more appropriate. Your healthcare provider will determine the most suitable approach based on your specific situation.

Q: How do I prepare for an ultrasound-guided core biopsy? A: Your healthcare provider will provide you with specific instructions to prepare for the procedure. Generally, you may be asked to avoid blood-thinning medications, inform your provider about any allergies or medical conditions, and refrain from eating or drinking for a few hours before the procedure. It is important to follow the instructions provided to ensure a successful biopsy.

Remember, an ultrasound-guided core biopsy is a valuable diagnostic tool that helps provide accurate information about breast lumps and abnormalities. If you have any concerns or questions about the procedure, don't hesitate to reach out to our Women's and Breast Imaging centre or consult with your healthcare provider.



Q: What is tomosynthesis core biopsy of the breast? A: Tomosynthesis core biopsy is an advanced technique used to obtain tissue samples from indeterminate/suspicious calcifications or other breast abnormalities detected on a tomosynthesis mammogram. It combines the benefits of 3D mammography with a minimally invasive biopsy procedure.

Q: Why is tomosynthesis core biopsy performed? A: Tomosynthesis core biopsy is performed when abnormal calcifications or other suspicious findings are identified on a tomosynthesis mammogram. It helps determine if the calcifications are benign (non-cancerous) or malignant (cancerous), providing essential information for accurate diagnosis and appropriate treatment planning.

Q: How is tomosynthesis core biopsy performed? A: During the procedure, you will lie on your side or sit upright on a specially designed table. The breast that needs to be biopsied will be positioned through an opening on the table. The tomosynthesis machine will capture multiple low-dose X-ray images of the breast from different angles. A biopsy needle will be guided precisely to the target area using real-time imaging, and tissue samples will be collected for further analysis. A biopsy clip will be placed within the biopsy site.





Q: Does tomosynthesis core biopsy cause pain?

A: The procedure is generally well-tolerated. Local anesthesia is used to numb the breast, reducing discomfort during the biopsy. You may experience some pressure or mild discomfort during the needle insertion, but it should not be painful. After the procedure, you may have minor soreness or bruising, which can be managed with overthe-counter pain relievers and ice packs.

Q: How long does tomosynthesis core biopsy take?

A: The duration of the procedure varies depending on the complexity of the case. On average, it takes about 30 minutes to an hour. Additional time may be needed for preparation and post-procedure observation.

Q: Are there any risks or complications associated with tomosynthesis core biopsy?

A: Tomosynthesis core biopsy is considered a safe procedure with minimal risks. Potential risks include bleeding, infection, bruising, and rarely nerve pain. However, these risks are rare and can be further minimized by following proper sterile techniques.

Q: When will I receive the results of my tomosynthesis core biopsy? A: The collected tissue samples will be sent to a pathology laboratory for analysis. The results are typically available within a few days to a week. Your healthcare provider will discuss the results with you and provide appropriate guidance and treatment recommendations based on the findings.



Q: What happens if the tomosynthesis core biopsy shows cancer? A: If the biopsy results indicate breast cancer, your healthcare provider will discuss the findings with you and guide you through the next steps. These may include additional imaging, further diagnostic tests, staging evaluations, and consultation with a breast surgeon or oncologist to develop a personalised treatment plan.

Q: Can all breast abnormalities be evaluated with tomosynthesis core biopsy?

A: Tomosynthesis core biopsy is suitable for evaluating indeterminate or suspicious calcifications or other breast abnormalities seen on a tomosynthesis mammogram. However, some cases may require alternative biopsy methods, such as ultrasound-guided or MRI-guided biopsy. Your healthcare provider will determine the most appropriate approach based on your specific situation.

Q: How do I prepare for a tomosynthesis core biopsy? A: Your healthcare provider will provide specific instructions to prepare for the procedure. Generally, you may be asked to avoid blood-thinning medications and inform your provider about any allergies or medical conditions. It is important to follow the instructions provided to ensure a successful biopsy.

Remember, a tomosynthesis core biopsy is a valuable tool in diagnosing and managing breast abnormalities. If you have any concerns or questions about the procedure, don't hesitate to discuss them with your healthcare provider or the Women's and Breast Imaging Centre team.



Q: What is a marker clip and why is it used after a core biopsy of the breast under mammogram or ultrasound?

A: A marker clip, also known as a localisation clip or biopsy marker, is a small metal device that is placed at the site of the biopsy within the breast tissue. It serves as a reference point for future imaging and surgical procedures, ensuring accurate identification of the biopsy site.

Q: Is the placement of a marker clip safe?

A: Yes, the placement of a marker clip is a safe and routine procedure. It is performed under the guidance of a mammogram or ultrasound imaging, allowing for precise localisation of the biopsy site. The procedure is minimally invasive and typically does not cause significant discomfort.

Q: Why is a marker clip important after a core biopsy? A: The marker clip is essential for several reasons. Firstly, it provides a visible and permanent marker of the biopsy site, helping radiologists and surgeons accurately locate and assess the area during follow-up imaging or potential surgical procedures. Secondly, it enables comparison of future mammograms or ultrasounds to monitor any changes or potential developments in the area.

Q: Is the placement of a marker clip the standard of care after a core biopsy?

A: Yes, the placement of a marker clip has become the standard of care after a core biopsy. It is considered an important part of the biopsy procedure, ensuring continuity of care and facilitating effective communication among healthcare providers. The presence of a marker clip enhances the accuracy of future imaging and helps guide any necessary treatments or interventions.



Q: Will I be able to feel or see the marker clip?

A: In most cases, you will not be able to feel or see the marker clip. It is a small device placed deep within the breast tissue, and its presence should not cause any physical discomfort or aesthetic changes. However, it is always a good idea to inform your healthcare provider if you experience any unexpected symptoms or concerns.

Q: Can the marker clip cause any health issues or complications? A: The marker clip is designed to be biocompatible and inert, meaning it should not cause any adverse health effects. It is generally well-tolerated by the body, and complications or reactions are extremely rare. If you have any specific concerns or medical conditions, it is important to discuss them with your healthcare provider before the procedure.

Q: How long will the marker clip remain in place?

A: The marker clip is intended to remain in place permanently. It does not require removal unless there are specific medical reasons to do so, which would be determined by your healthcare provider. It serves as a reference point for future imaging and allows for ongoing monitoring of the biopsy site.

Remember, the placement of a marker clip after a core biopsy is a standard practice aimed at providing accurate and comprehensive care for patients with breast abnormalities. If you have any further questions or concerns, feel free to discuss them with your healthcare provider or the Women's and Breast Imaging Centre team.

