



Incisional Breast Biopsy

What is an incisional breast biopsy?

An incisional breast biopsy is surgery to remove part of a lump in your breast for testing.

When is it used?

This surgical biopsy is done to look for cancer, infection, and inflammation. It is often used to confirm a diagnosis. This type of biopsy is done when the lump is too large to be removed completely without major surgery, such as removal of the entire breast (mastectomy).

A different type of biopsy that might be done is needle core biopsy. For this type of biopsy, a needle is used to take a tissue sample from the lump.

You may choose not to have a biopsy but then you have the risk of not knowing if the lump is cancerous. You should ask your healthcare provider about your choices.

How do I prepare for an incisional breast biopsy?

- You should bathe well before the biopsy. Give special attention to the area around your breasts and armpits.
- Follow your healthcare provider's instructions about not smoking before and after the procedure. Smokers heal more slowly after surgery. They are also more likely to have breathing problems during surgery. For this reason, if you are a smoker, you should quit at least 2 weeks before the procedure. It is best to quit 6 to 8 weeks before surgery. Also, your wounds will heal much better if you do not smoke after the surgery.
- If you need a minor pain reliever in the week before the procedure, choose acetaminophen rather than aspirin, ibuprofen, or naproxen. This helps avoid extra bleeding during surgery. If you are taking daily aspirin for a medical condition, ask your provider if you need to stop taking it before the procedure.
- If you may be given a sedative, you should not eat or drink anything for 12 hours before surgery.
- Ask your healthcare provider when and how you will be told about the results.

What happens during the procedure?

The surgery may be done in an outpatient surgery clinic or hospital.

Before surgery you may be sent to the X-ray department so your breast can be marked with a small wire placed in the abnormal area.

You will be given a local anesthetic. The anesthetic numbs just the skin and tissues that will be cut. You may also be given a sedative. A sedative helps you relax and may put you to sleep. The surgeon will then make a small cut (incision) in your breast and remove a sample of tissue. The cut will be closed with stitches. The tissue will be sent to the lab for tests.

What happens after the procedure?

You may be observed for about an hour and then go home. During this time, an analysis may come back from the lab and your healthcare provider may explain what the lump probably is. This analysis is called a frozen section. In about 2 days, the lab may complete its final testing of the lump. Your provider may then be more sure of the diagnosis.

After surgery, you should avoid strenuous activities for a few days to prevent bleeding. You may have swelling or bruising around the biopsy site. If you do have swelling or bruising, it will gradually go away in 2 to 3 weeks. If you have stitches, try to keep your wound dry when you bathe to prevent infection.

If the test results find that the tumor is benign, your surgeon may advise another biopsy to make sure. This is especially true if a physical exam or mammograms show that the mass is probably cancerous.

In the future it may be hard for you to feel any new lumps in the biopsied area because scar tissue may have formed. You may also have a small ridge on your breast caused by scar tissue and stitches. After your breast heals, ask your healthcare provider to show you how to do breast self-exams so you can tell the difference between scar tissue and new lumps.

Ask your healthcare provider what other steps you should take and when you should come back for a checkup.

What are the benefits of this procedure?

The biopsy helps your provider find out whether the abnormal area in the breast is cancerous or noncancerous. If it is cancerous, you and your provider will decide on a treatment plan. If it is not cancerous, your provider may suggest ways to prevent noncancerous disease from recurring.

What are the risks associated with this procedure?

- Because the whole lump is not removed, more surgery will be necessary if cancer is found.
- The local anesthetic may not numb the area quite enough and you may feel some minor discomfort. Also, in rare cases, you may have an allergic reaction to the

- drug used in this type of anesthesia. Local anesthesia alone is safer than local anesthesia with sedation.
- There are some risks when you have sedation. Discuss these risks with your healthcare provider.
 - A lumpy scar called a keloid may form in the area of the incision.
 - You may have bruising around the biopsy site.
 - You may have infection and bleeding at the biopsy site.

You should ask your healthcare provider how these risks apply to you.

When should I call my healthcare provider?

Call your provider right away if:

- You have a fever of 100°F (37.8°C) or higher.
- Your pain or symptoms get worse.
- You have any unusual drainage from the biopsy site, including bloody drainage.
- The biopsy site becomes red or warm.

Call during office hours if:

- You have questions about the procedure or its result.
- You want to make another appointment.

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