

OPERATION :

a.. Anaesthesia: refer to anesthesia leaflet and section 3(ii) above. Most patients will undergo general anaesthesia.

b. Surgery: You will be lying on your back during the operation.

-After the hook wire insertion procedure, you will be sent back to the respective ward while waiting for the operation. In the operation theatre, the anaesthetist will attend you and general anaesthesia will be given before the operation. The surgeon will make an incision on the breast according to the place of the abnormal tissue that need to be removed. The excision of the breast tissue with hook wire guidance will be performed and the specimen will be sent back to the

Radiology Department. The confirmation by either mammogram or ultrasound will be done to ensure that the abnormal area is in the surgical specimen.

Once the confirmation done, the breast tissue and skin will be stitched back using dissolving stitches and surgical dressing will be applied on the underlying wound.

After operation you will return to the ward for observation. The surgeon will see you after the operation while you are in the ward and discharge plans will be given once you are fit to go home. The appointment will be given to the Breast Cancer Resources Centre 1 week after operation for wound inspection. You will also given an appointment to the Breast Clinic in 2 weeks after surgery to know and discuss the biopsy result.

AFTER SURGERY OPERATION :

- a. **Initial recovery:**
 - post-op care after anesthesia (kindly refer to the anaesthesia pamphlets)
 - Recovery is fast and you will be able to start orally 3 4 hours after surgery.
- b. **Wound care:**
 - You will need to keep the dressing on until your appointment to see our nurse in Breast Cancer Resource center (6C) 3-4 days after surgery.

HOME ADVICE :

- I. Supervision
- II. Activity
- III. Diet
- IV. Complications to watch out for at home

CONTACT NUMBER :

Breast Cancer Resource Center (6C)
Monday - Friday - 8:00 am - 5:00pm

Tel: 03- 79493642 or 03-79492639

General Surgery On-call Team (for emergencies)

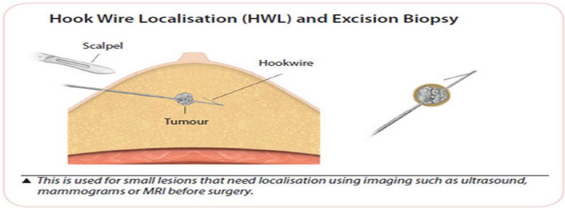
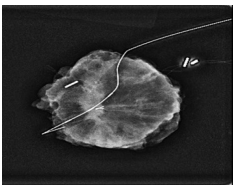
Tel: 03-79494422

request to speak to on-call general surgery team member Breast Unit, Department of Surgery, UMMC



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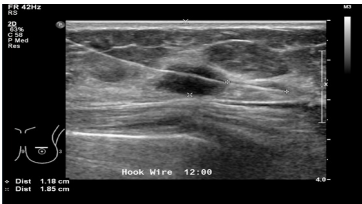
WHAT IS A BREAST HOOK WIRE LOCALISATION BIOPSY?

Any abnormalities in the breast that found from mammogram, ultrasound or magnetic resonance imaging (MRI), which are non-palpable (cannot be felt by doctor externally) and clinically indicated for surgical removal, should undergo a procedure called breast hook wire localization biopsy.

Before the placement of the wire, local anaesthetics injected on the skin of the breast to numb the area where the hook wire is to be inserted. A fine wire with a tiny hook at the end is inserted before surgery into the abnormal area using imaging guidance. The wire acts as guidance for the surgeon to remove the abnormal breast tissue during operation.

INDICATION FOR HOOK WIRE LOCALIZATION BIOPSY:

- Inconclusive result of suspicious lesion after image guided core needle biopsy
- Breast cancer patient who is undergoing breast conserving surgery (BCS)/wide local excision (WLE) in the non-palpable cancer

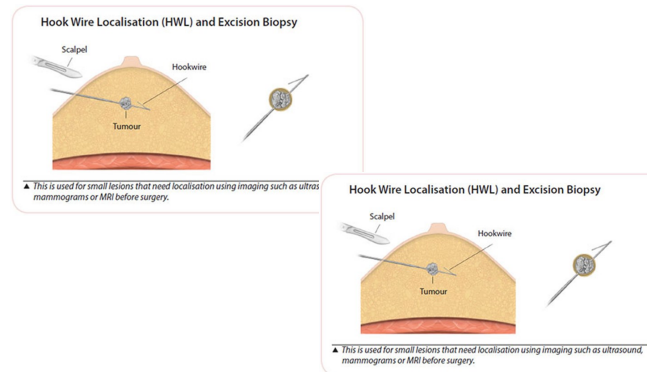


RISK AND COMPLICATIONS OF THE HWLB PROCEDURE:

1. Pain Killer
 2. Wound Infection
 3. Bruising and bleeding
 4. Scarring
 5. Second surgery
- You may require second surgery if the biopsy result shows a cancer or missing the abnormal area from the surgical specimen. Meanwhile, if the first intent of surgery is for BCS/WLE, with the incomplete removal of the cancer, you may be recommended by surgeon for re-WLE in order to clear the margin.
 - Side effects of general anaesthesia
 - Nausea, vomiting
 - Dizziness, tiredness
 - Allergic reactions of general anaesthetic drugs

PREPARATION :

- ◇ **Pre admission preparation and admission:**
 - In view of the removal of the breast tissue is normally done under general anaesthesia, you will need the pre-operative assessment by the anaesthetist in Anaesthetic Clinic prior to the operation date. The Anaesthetic Clinic is located at 3rd floor, Menara Timur. Your fitness to undergo surgery under general anaesthesia will be assessed by the anaesthetist and pre-operative bloods, x-ray and other necessary investigations will be done during your visit to the clinic.
 - Admission is required either before or after surgery in general surgical ward or 23-hour admission ward. You should buy the hook wire prior to the procedure as per prescription given by the surgeon.



SIGN AND SYMPTOM

- ◇ **Arrival to UMMC**
 - You will need to register at the admission counter on Level 1, Menara Selatan (South Tower), UMMC. You will then be directed to the relevant ward.
- ◇ **Procedure before Surgery (Radiology department - 5th Floor Menara Selatan)**

There are three types of imaging guidance can be performed for the insertion of the wire. These include:

- Mammographic/stereotactic imaging guidance
- Ultrasound imaging guidance
- Magnetic resonance image (MRI) scan guidance

The breast is cleaned and washed with antiseptic. The local anaesthetic applied on the skin at the area of interest. Once the area is numb, the hook wire inserted under the selected imaging guidance. The position of the wire is checked in order to assist surgeon on plan of the operation later. There will be a piece of fine wire sticking out from the breast after the insertion. The wire will be secured by tape to the skin and a dressing will be applied on it to ensure that the wire is not easily dislodged. Extra wire will be inserted if necessary. The images and reports of the procedure will be uploaded in the PACS for the surgeon reference in operation theatre. Generally, hook wire insertion procedure in Radiology Department may take approximately 30-45 minutes.