BREAST HOOKWIRE LOCALISATION UNDER MAMMOGRAPHIC GUIDANCE

WHAT IS A BREAST HOOK WIRE LOCALIZATION?

If an abnormality that cannot be easily felt needs to be surgically removed, surgeons need a marker to guide to the correct area of breast tissue. A hook wire localization is where a fine wire, called a hook wire, is placed in the breast with its tip at the site of the abnormality.

Before surgery is carried out, a specialist doctor (a radiologist) places the hook wire into the correct position in the breast using mammography for guidance. The 'hook' at the end of the wire prevents the wire from moving out of position before surgery.

Breast hook wire localization is carried out using local anaesthetic to numb the breast in the area where the hook wire is to be inserted.

WHY WOULD MY DOCTOR REFER ME TO HAVE THIS?

A hook wire is similar to the surgeon having a map of exactly where to find the lump before beginning the operation, and can make the operation quicker and more accurate.

HOW DO I PREPARE FOR A BREAST HOOKWIRE LOCALISATION?

Usually, this procedure will be carried out a few hours (or less) before you have surgery to remove the abnormality. There is no preparation required for the hook wire localization. You should bring with you to the hook wire localization any recent mammograms, ultrasounds or MRI scans and the reports, so these can be reviewed by the radiologist before your procedure.

WHAT HAPPENS DURING A BREAST HOOKWIRE LOCALISATION?

The radiologist will choose the method of imaging guidance for the localisation (i.e. mammography or ultrasound), usually depending on which type of imaging originally found the abnormality, and which type of imaging shows the area more clearly.

MAMMOGRAPHIC IMAGING GUIDANCE

You will be positioned comfortably in a chair at the mammography machine. A mammogram will be carried out and the radiologist will find the abnormality. The breast is washed with antiseptic and the radiologist will place a very fine needle into the breast with local anaesthetic to numb the area where the hookwire is to be inserted. The radiologist will then insert a fine needle into the breast tissue that is to be removed. Mammographic images are taken to check the needle is in the correct position.

AFTER THE PROCEDURE

A piece of the fine wire is left sticking out from the breast. After the procedure, this piece of wire is taped down to the skin, and the hookwire remains in the abnormality in the breast. Your previous imaging and the images from the breast hookwire localisation will be sent with you to the operating theatre, so that the surgeon can refer to them.

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HOW LONG DOES A MAMMOGRAPHIC GUIDED BREAST HOOKWIRE LOCALISATION TAKE?

Mammographic guided hookwire localisation take approximately 30 minutes.

WHAT ARE THE RISKS OF A BREAST HOOKWIRE LOCALISATION?

Hookwire localisation is a simple procedure and most women have no problems. Some problems that can occur are:

- Some women may be allergic to local anaesthetic, although this is rare.
- Wire dislodgement. This usually occurs because the breast is composed of fatty tissue that provides a poor grip for the hookwire. Dislodgement might occasionally occur with very little movement. If dislodgement occurs, you may need to have the procedure carried out again, because the tip of the wire will no longer be situated in the tissue that needs to be removed.

WHAT ARE THE BENEFITS OF A BREAST HOOKWIRE LOCALISATION?

Hookwire localisation assists a surgeon remove even the smallest amount of abnormal tissue identified on mammograms. As only the abnormal tissue is removed (with a margin of clear tissue around it), scarring can be minimized and the shape of the breast can be preserved as far as possible. This also reduces the time taken for the operation to be completed, which is important when you are having a general anaesthetic.

WHO DOES THE BREAST HOOKWIRE LOCALISATION?

The team carrying out the hookwire localisation procedure will usually be a nurse, a radiographer (the technologist who takes the mammograms) and a radiologist (the specialist doctor who reads the images and carries out the hookwire localisation).