MAMMOGRAPHY-GUIDED MAGNETIC CLIP PLACEMENT

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. Magnetic clip placement involves insertion of a specially designed radiopaque and magnetic marker within the breast, precisely at the site of the suspicious lump.

A specialist radiologist positions the magnetic clip accurately using mammographic guidance, allowing the surgeon to locate it intraoperatively with a dedicated detection device. Wire localization is performed after administration of local anesthesia to numb the entry site of the guide.

WHY WOULD MY DOCTOR REFER ME TO HAVE THIS?

The use of a magnetic clip marks the area so that the surgeon knows exactly where to locate the suspicious lump before the start of surgery, making the entire surgical procedure quicker and more precise.

HOW DO I PREPARE FOR A BREAST HOOKWIRE LOCALISATION?

The advantage of a magnetic clip over a surgical wire is that it can be placed up to six months before surgery without risk of displacement from the area of interest.

No special preparation is required for magnetic clip placement. You should bring any recent imaging studies—including mammograms, breast ultrasounds, or breast MRI scans—to the procedure site so that they can be reviewed by the radiologist prior to the 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 localization take approximately 20 minutes.

WHAT ARE THE RISKS OF A BREAST HOOKWIRE LOCALISATION?

Hookwire localization is a simple procedure and most women have no problems. One problem that can occur is that some women may be allergic to local anaesthetic, although this is rare.

WHAT ARE THE BENEFITS OF A BREAST HOOKWIRE LOCALISATION?

Hookwire localisation assists a surgeon remove even the smallest amount of abnormal tissue identified on mammogram. This results in minimal postoperative changes and a shorter surgical time, thereby reducing the duration of general anesthesia.

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).