

ALL (or at least MOST) THINGS BREAST IR

UNC Breast Imaging August 2021

- CNB procedures** See Mahoney CNB article (included in module) in advance as fine resource
US Basic Biopsy Technique [Us Biopsy-1.m4v - Google Drive](#)
Stereo/Tomo Prone Biopsy <https://www.youtube.com/watch?v=of0rcfRx1s>
Stereo Prone Biopsy <https://youtu.be/sVu6fKbUC1Y>
MR General Biopsy Concepts <https://www.youtube.com/watch?v=qc--WK-GSmM>
MR Basic Biopsy Technique https://youtu.be/4p5HrDVHS_8
- Mammo NL SAVI** preoperative mammographic-guided needle localization for lumpectomy or excisional biopsy using SAVI scout technique: select shortest distance access to the desired target, select needle ie match the distance to the target with the appropriate length SAVI needle (5,7,9,15 cm), identify location of lesion via a mammographic grid, prepare the sterile field, local anesthesia 1% lido, place SAVI needle at the correct coordinates (tip 6 mm beyond target), confirm positioning in orthogonal mammographic projections and make minor adjustment in the depth of the needle (= withdraw to desired spot), deploy transmitter, remove needle, confirm adequate positioning on ML and CC mammograms and via audio testing, radiograph the excised surgical specimen to assure total removal of the localized abnormality and the wire in its entirety, communicate specimen results to the operating surgeon
SAVI Localization <https://www.merit.com/merit-oncology/scout-radar-localization/>
- Mammo NL WIRE** preoperative mammographic-guided needle localization for lumpectomy or excisional biopsy using needle-wire exchange technique: select shortest distance access to the desired target, select needle ie match the distance to the target with the appropriate length Kopans needle (5,7,9,15 cm), identify location of lesion via a mammographic grid, prepare the sterile field, local anesthesia 1% lido, place Kopans needle at the correct coordinates, confirm positioning in orthogonal mammographic projections and make minor adjustment in the depth of the needle (= withdraw to desired spot), thread Kopans wire through the needle, remove needle, confirm adequate positioning of the wire on ML and CC mammograms, radiograph the excised surgical specimen to assure total removal of the localized abnormality and the wire in its entirety, communicate specimen results to the operating surgeon.
Mammo NL [Mammographic breast NLOC - YouTube](#)
- US NL** using needle-wire exchange technique: select optimal US approach to the desired target, select needle ie match the distance to the target with the appropriate length SAVI or Kopans needle (usually 5 or 7 cm), prepare the sterile field, local anesthesia 1% lido, place needle thru the mass, confirm positioning in orthogonal US projection and make minor adjustment in the depth of the needle, deploy transmitter per above or thread Kopans wire through the needle, remove needle, test transmitter audio, confirm adequate positioning on ML and CC mammograms, radiograph the excised surgical specimen to assure total removal of the localized abnormality and transmitter or wire in its entirety, communicate specimen results to the operating surgeon.
US NL <http://youtu.be/aejA7f4b1-l>
- Breast sentinel node injection (SNI)**: With ultrasound guidance and aseptic technique, a total of 1 millicurie of Tc-99m sulfur colloid is injected periareolar 12:00 location. The time of injection should be at least 90 minutes earlier than anticipated sentinel node bx. No nuc med imaging. Nonmigration of isotope can occur for the following reasons: poor/no isotope tag, injection into the malignant mass, injection into hematoma/seroma, lymphatic obstruction or alteration in the setting of bulky axillary LAN or prior lymph node surgery, morbid obesity, CHF/severe CVD, idiopathic
- Hi Risk Benign path**: ADH, ALH, LCIS, FEA, Papilloma with atypia, Radial scar/CSL
Must excise ADH, Papilloma with atypia, Radial scar/CSL if not microscopic, others are on per case basis
Must excise (to exclude malignant phyllodes): Fibroepithelial lesion, phyllodes
Must excise (predilection to be locally aggressive): Fibromatosis, granular cell tumor, most mesenchymal not PASH