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Procedure Information

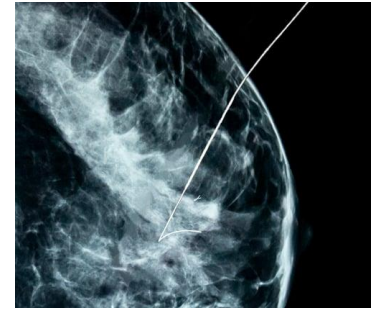
Wire Localization Excision

Introduction

Wire localization excision is a procedure to pinpoint the nonpalpable breast lesion by either mammographic or Ultrasound guidance. Excision under the guidance of wire is then performed.

Outcomes

Wire localization helps to localize nonpalpable lesions or calcification for excision in order to establish diagnosis.



Source:
https://blog.beekley.com/hubfs/Imported_Blog_Media/overcoming_challenges_localization.jpg

Procedures

1. The initial localization procedure is performed under local anaesthesia by the radiologist.
2. The radiologist will mark the target lesion with a narrow guide wire by using either ultrasound or mammography.
3. After the wire is placed into the breast, you will be sent to the operating room for surgical removal of the targeted lesion of the breast under general anaesthesia.

Possible Risks and Complications

1. Wound bleeding
2. Wound infection
3. Permanent scar
4. Dislodging of the wire (unusual)

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-procedure Preparations

1. Good hygiene can prevent wound infection. Therefore, we advise you to clean up yourself on the day of the procedure.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the procedure.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
4. Pre-medication / intravenous infusion may be prescribed.
5. No food or drink six to eight hours before the procedure.
6. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
7. Please empty your bladder before the procedure.

Post-procedure Instructions

General

1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia including feeling tired, drowsy, nausea or vomiting.
Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse(s) for wound pain. Analgesics may be given as prescribed by the doctor.
3. In order to prevent dislodgement of the wire, you should avoid any activities after wire insertion.

Wound Care

1. Please keep the wound clean and dry.
2. Wear loose clothing to avoid pressure on the affected area.

Advice on Discharge

1. Immediately consult your doctor or return to hospital for professional attention in the event of severe wound pain and redness, tenderness, pus or blood oozing, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
2. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification