



Introduction

1. FNA and core biopsy are medical procedures performed to identify the nature of lesions in the breasts most commonly masses or microcalcifications.
2. The procedure can be done under X-ray, ultrasound or other imaging guidance through the overlying skin (i.e. percutaneous). During FNA, a very fine needle is inserted into the area of interest in the breast to aspirate small amount of tissue or fluid sample for cytological analysis. For core biopsy, a larger cutting needle is used to obtain a complete core of tissue for histological analysis.
3. The procedure will be performed by trained specialists. The procedure will generally be performed in the Radiology Department under ultrasound or stereotactic x-ray guidance.

The Operation / Procedure

1. The procedure will be performed under aseptic technique. The nurse will sterilize the field of procedure and cover it with sterilized towel.
2. FNA is usually performed without local anesthesia via a very fine needle inserting into the lesion concerned.
3. Core biopsy is usually performed under local anesthesia. Two or more passes of biopsy needle may be required to obtain adequate tissue for optimal assessment. A “click” sound will be encountered due to movement of needle parts during the biopsy procedure.
4. Duration of the procedure varies, depending on the complexity of the condition. It may take only 15 minutes, though for the more complicated cases the duration may be over 90 minutes.
5. Before, during and after the procedure, your vital signs (like blood pressure and pulse rate) will be monitored.
6. Specimen will be sent to pathological laboratory for examination which may take a few days to complete.

Before the Operation / Procedure

1. A written consent is required.
2. Please inform our staff before the examination if the patient thinks she is pregnant.

Risk and Complication

1. Minor bruising around biopsy site (common).
2. Big blood clot formation (uncommon).
3. Big blood clot requiring surgical drainage (0.1%).
4. Infection requiring drainage and/or antibiotic treatment (0.1%).
5. Possible tumour seeding: has been reported but very rare, 0.005% for FNA.
6. Pneumothorax (under ultrasound guidance) (0.01%).
7. Unfortunately not all core biopsies / FNAs are successful. They are subject to sampling error or rarely the tissue samples obtained may be inadequate for diagnosis and for some pathological diagnoses, excision biopsy is the appropriate next step of management. In such circumstances, the repeated core biopsy / FNA or excision biopsy may have to be done.
8. Despite these potential complications, percutaneous breast core biopsy / FNA is normally very safe and is designed to save you from having excision biopsy which is more invasive. A positive diagnosis can help you to get the appropriate treatment. Common complications are minor and severe complications are very rare.

Should a complication occur, another life-saving procedure or treatment may be required immediately.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

1. The Hong Kong Society of Interventional Radiology Limited, Patient Information Leaflet: Percutaneous FNA (Fine Needle Aspiration) / Core Biopsy of Breast Lesion (2010)
2. Smart Patient Website by Hospital Authority: Percutaneous Image-guided Needle Biopsy (2004)