Nursing Implications for Diagnostic Tests

**Breast Biopsy**

### PREPARATION OF THE WOMAN

#### All Biopsies
- Ensure that the consent form is signed.
- Acknowledge that preoperative anxiety is normal. It is important to remember that 80% of all breast lesions are benign.

### WOMAN AND FAMILY TEACHING

#### Aspiration Biopsy (Fine-Needle Aspiration Biopsy)
- A needle will be used to remove tissue and/or fluid from the breast lesion. This procedure may be done in the surgeon’s office and takes only a few minutes.
- Aspirated tissue is sent for histologic examination to determine whether it is cancerous. Results are sent to the surgeon within a few days.
- Mild analgesics are usually sufficient to relieve postbiopsy pain.

#### Stereotactic Core Biopsy (Tru-Cut Biopsy)
- The woman lies face down on a special stereotactic biopsy table with a hole through which her breast protrudes. The breast is anesthetized, the lesion located by mammography, and a computer-guided hollow-core needle enters the breast at high speed and withdraws a core of tissue.
- The tissue is sent for histologic examination to determine whether it is cancerous. Results are available within 36 hours.
- Mild analgesics are usually sufficient to relieve postbiopsy pain.

#### Incisional or Excisional Biopsy
- The needle-wire localization procedure provides a guide for the surgeon to follow. This procedure involves a mammogram followed by insertion of a hollow needle and one or more wires into the lesion. Dye may be injected through the hollow needle; the dye may cause a stinging sensation. The woman is then taken to the operating room with the wires in place for the biopsy.
- The biopsy is generally performed in an ambulatory surgery center using local anesthesia. If the woman has large breasts or is at high risk for complications, the surgeon may prefer to use the standard operating room.
- In an incisional biopsy, a section of tissue is removed from the breast lesion and sent for histologic examination.
- In an excisional biopsy, the entire lesion is removed along with a surrounding margin of normal-looking tissue. The specimen is then sent for mammographic and histologic analysis, to be sure that the entire lesion has been removed and to determine whether it is cancerous.
- A screen shields the operative area from view. A nurse stands within view of the woman to explain what’s happening, answer questions, and offer emotional support.
- If there is any painful sensation, the woman needs to ask for additional anesthesia.
- The surgeon closes the internal incision with absorbable sutures and secures the skin with sutures or tape. A gauze dressing is applied to protect the area.
- Postoperative pain, bruising, or scarring varies according to the surgeon’s technique and the woman’s tissue. It is helpful to wear a bra and to apply ice packs periodically. Mild analgesics are generally sufficient to control pain.
- Results of the biopsy are usually available within a few days.

### Medication Administration

**Tamoxifen**

*Tamoxifen (Nolvadex)*

Tamoxifen is the most widely prescribed breast cancer drug, commonly given to prevent recurrence of estrogen-positive breast cancer in postmenopausal women. It inhibits tumor growth by blocking the estrogen receptor sites of cancer cells. Tamoxifen increases a woman’s risk of developing endometrial cancer, deep vein thrombosis (DVT), and pulmonary embolism.

#### Nursing Responsibilities
- Assess for potential contraindications to therapy.
- Assess liver function tests; tamoxifen may interfere with liver function.

**Client and Family Teaching**

- If in childbearing years, use a nonhormonal, barrier form of contraception; tamoxifen has adverse effects on the developing fetus.
- Take the drug as prescribed until the physician indicates otherwise.
- Side effects such as hot flashes, vaginal dryness, irregular periods, and weight gain are commonly experienced by women taking tamoxifen.
- Do not smoke while taking tamoxifen; smoking further increases the risk of DVT.
- Promptly report any abnormal vaginal bleeding (nonmenstrual bleeding, bleeding after menopause) to your primary care provider.

Chemotherapy has become the standard of care for the majority of breast cancer cases with axillary node involvement. In late metastatic disease, chemotherapy becomes the primary treatment to prolong the woman’s life. Chemotherapy is discussed in Chapter 10.

Immunotherapy, using trastuzumab (Herceptin), is used to stop the growth of breast tumors that express the HER2/neu receptor (which binds an epidermal growth factor that...