



**Procedure Information Sheet -  
Breast Localization**

Visit No.: Dept.:  
Name: Sex/Age:  
Doc. No.: Adm. Date:  
Attn. Dr.:

Page No:

01	02	03	04	05	06	07	08	09
+10	+20	+30	+40	+50	+60	+70	+80	+90

Patient No.: PN

*Please fill in /  
affix patient's label*

**Introduction**

1. Based on the results obtained from patient's recent mammogram or ultrasound, physician may recommend that an area of patient's breast be excised for diagnostic purpose or as treatment option. If the lesion cannot be located with clinical technique, Breast Localization can assist the surgeon correctly and accurately in targeting the abnormal areas.
2. The purpose of breast localization is to place a guide wire within the breast at the point of concern either 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. The abnormal area is first located with either ultrasound or Stereotactic X-ray machine. A hook wire is placed under guidance until optimal position is obtained.
3. Duration of the procedure varies, depending on the complexity of the condition. It may take 40 – 60 minutes.
4. Before, during and after the procedure, your vital signs (like blood pressure and pulse rate) will be monitored.
5. After surgical removal of lesion, specimen radiography must be performed to ensure that the lesion was adequately excised.

**Before the Operation / Procedure**

1. A written consent is required.
2. Inform medical staff before the examination if the patient thinks she is pregnant.
3. Inform medical staff if patient has any history of allergies to food, drugs or local anesthesia.
4. Inform medical staff if the patient is on anticoagulant or antiplatelet drugs. Withhold the medication as doctor prescribed.
5. Check clotting profile for any bleeding tendency when necessary, to be corrected if abnormality detected.

**Risk and Complication**

1. Hookwires may be dislodged or may migrate prior to surgery.
2. Failure of needle localization (0-20%).
3. Pneumothorax.

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



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**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. Medscape. Retrieved on 12 Dec 2013, from <http://emedicine.medscape.com/article/1844520-overview>
2. Smart Patient Website by Hospital Authority: Breast Lump Excision (2013)

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I acknowledge that I have understood the above information and was given opportunity to ask questions concerning my procedure.

\_\_\_\_\_  
Name of Patient / Relative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship (If any)

\_\_\_\_\_  
Date