

Wire-guided Localisation

This leaflet explains more about wire-guided localisation, including the benefits, risks and any alternatives and what you can expect when you come to hospital. If you have any further questions, please speak to a doctor or nurse caring for you.

What is wire-guided localisation?

Wire localisation is performed in order to pinpoint the exact place within the breast that has been identified (usually on a mammogram or an ultrasound) for removal at surgery when the surgeon cannot locate it by feeling it.

Why should I have wire-guided localisation?

Wire-guided localisation is performed, at the request of your surgeon, before your scheduled operation. It helps the surgeon by accurately locating and marking the area identified on imaging so that it can be removed at surgery.

What are the risks?

Any medical procedure involves risks. You need to be aware of these so that you can make an informed choice about the procedure.

1. Failure to identify the area of abnormality at the time of localisation

There are two possible reasons for this. Firstly if the area is bruised as a result of a previous biopsy, it may be difficult to see on the ultrasound or the mammogram. Secondly, if the abnormality on the mammogram is an area of calcium then some of this may have been removed at the time of biopsy, making it more difficult to identify the affected area at the time of the wire placement.

2. Wire placement is suboptimal

Occasionally the check mammogram may show that the wire has moved or is not in the correct location. In this situation a second wire will need to be inserted. The first wire will remain in the breast and both wires will be removed during your surgery.

3. Dislodgement of the wire between placement and surgery

Try to avoid sudden or vigorous movements, particularly when using the arm on the side where the wire has been inserted.

4. Feeling faint or fainting during the procedure

If you feel unwell at any stage during the procedure please tell the radiologist or any member of staff.

Are there any alternatives?

The wire-localisation has usually been requested by your surgeon because the area to be removed is difficult to identify by feel/examination alone. There are no alternatives to wire-localisation available at St George's NHS Trust.

How can I prepare for wire-localisation?

No preparation is needed. Please arrive at the Rose Centre and report to reception at your scheduled appointment time.

Asking for your consent

It is important that you feel involved in decisions about your care. The radiologist performing the wire-localisation will explain the procedure to you and answer any questions you may have. They will ask for your consent before carrying out the procedure. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy.

What happens during wire-guided localisation?

The procedure is performed by the radiologist (x-ray doctor) who places a fine guide-wire into your breast so that the tip lies within or adjacent to the affected area. This is done in The Rose Centre before your surgery (usually the day before or on the morning of your surgery).

Depending on how the lesion is seen best, this is done using either ultrasound or mammography. You will meet the radiologist and be asked to remove the clothing on the top half of your body including your bra. You will then be asked to sit or lie on the couch for the procedure.

The radiologist will then locate the affected area in your breast using either ultrasound or by doing a mammogram. They will clean the area and numb the breast using local anaesthetic, this may sting a little. Once your breast is numb, the radiologist will then insert a narrow wire, which is mounted in a hollow needle, through your skin and down to the area within your breast which has been planned to be removed at surgery. There is a small hook at the tip of the wire designed to prevent it moving before the operation.

You may need one or more wires depending on the request from your surgeon.

You will then usually have a further mammogram to show the position of the wire lying in your breast, which is useful for surgical planning. There is a risk that this mammogram shows that the wire is not in a satisfactory position, in which case a second wire will be placed.

The radiologist will then usually place an ink-mark on your skin to demonstrate where the internal tip of the wire lies within your breast.

How long will it take?

The wire localisation and check mammogram will take approximately 60 minutes, but please set aside two hours to allow for unexpected delays.

Will I feel any pain?

Anaesthetic is injected into your breast via a needle and syringe. You may feel minor pain when this is being administered. The area will quickly become numb. Once the area is numb the radiologist will begin the wire-localisation. You may feel touch or pressure during the procedure, after the local anaesthetic has been injected but you should not feel pain. If you feel pain, please tell the doctor performing the procedure and they can usually offer some more anaesthetic.

What happens after wire-localisation?

After the procedure the external part of the wire will be coiled against your skin and covered by a padded dressing. You will be given information regarding how to care for the dressing until your surgery.

You are free to leave the radiology department when your wire has been dressed.

You may need to attend further appointments, such as a nuclear medicine injection, following the wire insertion. Please check with your surgical team/breast care nurse.

You will have your planned operation in the afternoon following the wire-localisation or on the following day. The wire will be removed during surgery. Your surgery should have been confirmed in writing by the surgical team before the wire is inserted.

What do I need to do after I go home?

A soft bra can be worn overnight which will help to keep the dressing in place and support your breast. Vigorous exercise or excessive movement of the arm on the side where the wire has been placed should be avoided, as this could cause the wire to be displaced prior to surgery. The dressing should be kept completely dry (you can have a shallow bath).

Contact us

If you have any questions or concerns about wire-guided localisation, please contact the breast care nurses on 020 8725 1626 (Monday to Friday, 9.00am to 5.00pm).

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



Reference: CSC_WGL_01 **Published:** July 2019 **Review date:** July 2021