

FILE NAME SW-BLLOC
OPERATION NO 027
SURGEON.....M.H.EDWARDS
Last updated 04 08 06

MAMMOGRAPHIC LOCALISATION/EXCISION OF BREAST LESION

GRADE 5 (VERY SEVERE)

THESE STEPS COVER

MAMMOGRAPHIC/LOCALISATION OF BREAST LESION

UNILATERAL OPERATION

BILATERAL OPERATION

REDO OPERATION

SECTIONS

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SURGEON
STEP
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- 1 PRELIMINARIES - READ ON
- 2 CHECK YOU HAVE THE CORRECT PATIENT
- 3 CHECK YOU HAVE THE CORRECT SIDE
- 4 CHECK YOU CAN SEE THE LESION
ON THE LOCALISATION MAMMOGRAMS
- 5 ESTIMATE THE POSITION OF
THE LESION RELATIVE TO THE
LOCALISATION NEEDLE
- 6 CHECK THE NEEDLE HAS NOT
SLIPPED FROM POSITION
Examine the conscious patient in the
anaesthetic room.

Have the patient lying supine on the
operating table.
- 7 CHECK NO OTHER LESION
HAS APPEARED
- 8 PREPARE THE PAPERWORK
Fill in a Specimen Mammogram request form.

Mark whether the patient is a Screening
Service patient.

Fill in a Histology request form.

Mark whether the patient is a Screening
Service patient.
- 9 CHECK THERE IS NO OTHER
PROCEDURE TO DO
- 10 ANAESTHESIA - READ ON

GENERAL ANAESTHESIA
- 11 POSITION -READ ON

SUPINE with the upper limb on the affected
side at right-angles on an arm board.

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11 CONT

Make sure the arm board is attached to the operating table at the level of the patient's shoulder.

Make sure the top of the arm board is at the same height as the top of the operating table.

(2 arm boards for a bilateral operation).

Have bare skin from neck to umbilicus, and from mid-upper arm and behind the posterior axillary fold to the opposite nipple.

(To the opposite mid-upper arm for a bilateral operation).

Keep all wires, skin electrodes, and tubing away from this area.

12 REMOVE THE NEEDLE DRESSING

Do this with great care.

Make sure you do not dislodge the needle.

13 STANCE -READ ON

Stand on the side of the lesion with your one assistant on the opposite side.

14 SKIN PREPARATION - READ ON

Have the upper limb lifted to 60° by a theatre assistant holding the hand.

Clean the skin from above the clavicle to below the costal margin, and from the posterior axillary fold to the opposite nipple.

(To the opposite posterior axillary fold for a bilateral operation).

Use 2 swabs on sticks with 0.5% Chlorhexidine in 70% Propanol and one to dry off.

Include the needle shaft in the cleansing.

15 TOWELLING UP - READ ON

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- 16 PLACE THE ARMBOARD TOWELS
Place 1 dressing towel with an underlying paper towel on the arm-board up to the posterior axillary fold.
- 17 TUCK A LARGE GAUZE PACK
Place the gauze pack under the posterior axillary fold to catch any seeping blood.
- 18 LOWER THE UPPER LIMB
Have the upper limb lowered to the arm board and tied down onto it with a gauze strip.
- 19 PLACE THE LOWER TOWEL
Place a paper towel up to the costal margin.

Place an abdominal towel up to the inframammary fold.
- 20 PLACE AN UPPER TOWEL
Place an upper towel over the neck down to the clavicle.
- 21 PLACE AN UPPER LIMB TOWEL
Cover the upper limb with another towel drawn medially to the posterior axillary fold.
- 22 PLACE A CHEST TOWEL
Cover the opposite chest to the midline with a 4th towel.

(For a bilateral operation, towel up from one posterior axillary fold to the other).
- 23 FIX THE TOWELS
Fix the towels to the skin with 4 towel clips.

(For a bilateral operation, cover the opposite breast temporarily with a further towel).
- 24 CHECK THE DIATHERMY is working.
- 25 SKIN INCISION - READ ON

LOCALISE THE FILM

Date
Left and Right
Cranio-caudal, medio-lateral, oblique.

LOCALISE THE BREAST

Upper, lower, medial, lateral.

LOCALISE THE LESION

eg. Left, upper, outer
+ magnified views.

LOCALISE THE WIRE

Check the needle has been left on the wire.
If not, complain.

The tip in the breast: x cm. superior to the
lesion.

y cm. lateral to the

lesion.

breast.

Estimate the amount of wire outside the

breast.

Estimate the depth the wire extends in the

27 PLAN THE INCISION

Choose a site on the breast nearest to the
lesion.

Do not be influenced by the entrance site of
the needle.

Choose an incision in a Langer's line, which
encircle the breast.

Make the incision suitable for inclusion in
any later mastectomy incision.

Make the incision periareolar if the lesion
is within 2cm. of the areola.

28 INCISE THE SKIN

Use a no.10 Swann-Morton blade

29 DEEPENING THE INCISION - READ ON

Cut into the subcutaneous fat until you have
can feel the needle and guide wire.

30 COAGULATE VESSELS

31 HOLD UP 1 SKIN EDGE

Use 2 Littlewoods forceps.

32 FINDING THE LESION - READ ON

33 HOLD THE NEEDLE/GUIDE WIRE

Choose a site on the needle/guide wire
superficial to the lesion.

Use artery forcep to grasp the

needle/guide wire with a cuff of breast tissue.

Make sure the tissue is firmly clamped onto the needle/guide wire.

34 DISSECTING OUT THE LESION - READ ON
Use dissecting scissors.

Dissect out a piece of tissue around the end of the guide wire to include the suspected site of the lesion and the guide wire.

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35 CONT Dissect the tissue with at least a 1cm. margin of hopefully normal tissue.

36 REMOVE THE TISSUE AND
THE NEEDLE/GUIDEWIRE
Unscrew the lock on the needle to do this.

37 INSPECT THE EXCISED TISSUE
Look for microcysts, lumpiness, or sclerotic patches.

Feel for abnormal hardness.

Do not cut the tissue across, because you will spoil the pathologists's chance of estimating clearance of a malignancy.

38 INSPECT INSIDE THE CAVITY
Look for abnormal tissue.

Feel for irregular or hard tissue.

39 DISSECT OUT ANY SUSPECT
TISSUE

40 SEND TO THE X-RAY DEPARTMENT:

THE SPECIMEN(S) IN A DRY SWAB

THE SPECIMEN MAMMOGRAM REQUEST FORM

ALL THE MAMMOGRAMS

A FORMAL/SALINE HISTOLOGY CONTAINER

THE HISTOLOGY REQUEST FORM

41 CONTROL BLEEDING

Use 2 Langenbeck retractors for retraction,
and diathermy for coagulation of bleeders.

Steadily move around the cavity, coagulating
as you go.

Evert the depths of the wound with a
Littlewoods forcep for better access.

42 INSERT A WOUND DRAIN

Use a Portovac drain.

Push the spike into the depths of the wound,
and bring it out through the skin at an STEP

NUMBER

42 CONT

inconspicuous site such as the inframammary
skin crease.

Cut the drain with stitch scissors to fit
inside the wound.

43 STITCH THE DRAIN TO THE SKIN

Use a No 1 silk stitch (Ethicon W799).

Tie the skin stitch with 4 half hitches.

Wrap the stitch 4 times tightly around the
drain at skin level so that the drain is
pinched.

Tie the stitch with 4 more half hitches.

Cut the ends 4cm. long.

44 WOUND CLOSURE - READ ON

45 REPAIR THE BREAST DEFECT

Use vertical continuous stitches of 2/0
Vicryl (Ethicon W9136) to make a transverse
closure of the breast parenchyma.

This will give a better appearance than a
vertical closure.

It will prevent the skin being drawn down
into a crater by the suction drain.

Make sure the stitches do not tether down
the skin.

46 CHECK THE SWAB, NEEDLE,
AND INSTRUMENT COUNTS

47 SKIN CLOSURE - READ ON

Use continuous subcuticular 3/0 Vicryl
(Ethicon W9890).

Check the Vicryl has a 5 throw knot on its
end.

Take 6 continuous subcuticular bites before
tightening up the stitch.

48 SPRAY THE WOUND

Use an acrylic spray (Nobecutaine).

49 TO OPERATE ON THE SECOND BREAST

STEP
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49 CONT

Change gloves.

Remove the temporary towel from the second
breast.

Clean the skin of the opposite side again
with Chlorhexidine in Propanol once.

GO BACK TO STEP 26 (LOCALISE THE LESION

50 SENDING MORE TISSUE - READ ON

51 AWAIT X-RAY CONFIRMATION
OF EXCISION OF THE LESION

OR ASSESS THE SPECIMEN MAMMOGRAM

IF THE LESION IS NOT SEEN ON THE SPECIMEN
X-RAY:

EXCISE MORE TISSUE

IF THE LESION IS NOT SEEN ON A SECOND
SPECIMEN X-RAY:

EXCISE MORE TISSUE

CALL A MORE EXPERIENCED SURGEON

CONSIDER CLOSING UP AND REPEATING
MAMMOGRAPHY ON THE BREAST IN A
MONTH

52 IF THE LESION IS SEEN ON THE SPECIMEN X-RAY:

READ ON

53 CHECK THERE IS NO OTHER
PROCEDURE TO DO

- 54 DRESSINGS - READ ON
Use a compliant dressing (Mepore).
Cover the wound(s) and the drain site(s) with
the same dressing(s).
- 55 CONNECT THE SUCTION SYSTEM
Use Super Glue on the joints.
- 56 START THE SUCTION SYSTEM
Compress the vacuum chamber and close the
plug on it.

STEP
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- 56 CONT (Or open the taps on an Exudrain)
- 57 FINAL TOUCHES - READ ON
- 58 CLEAN THE SKIN SURROUNDING
THE DRESSING
Use Chlorhexidine in Propanol.
- 59 CHECK THE WOUND DRAIN
IS WORKING
- 60 WRITE LEGIBLE OPERATION DETAILS
Arrange the patient's discharge the same day.
Arrange an Out Patient visit in 1 week.
- 61 FILL IN THE SURGICAL AUDIT FORM
- 62 DICTATE AN OPERATION LETTER
TO THE GENERAL PRACTITIONER
AND THE REFERRING PHYSICIAN
- 63 END OF OPERATION

STEP
NUMBER

64 EQUIPMENT LIST (FRIARAGE HOSPITAL)

BASIC PACK

MASTECTOMY PACK

INSTRUMENTS

3 X SPONGE HOLDERS
4 X BACHHAUS
2 X CROSSACTION TOWEL CLIPS
1 X NO.3 KNIFE HANDLE
1 X MCINDOES SCISSORS
1 X ASSISTANTS SCISSORS
10 X CURVED JOLL FORCEPS
1 X HEAVY DUTY NON-TOOTHED DISSECTING FORCEPS
1 X FINE NON-TOOTHED DISSECTING FORCEPS
4 X LITTLEWOODS FORCEPS
1 X NEEDLE HOLDER
2 X LARGE LANGENBECK FORCEPS

1 X DIATHERMY FORCEPS, LEAD AND QUIVER

STEP
NUMBER

65 MATERIALS LIST (FRIARAGE HOSPITAL)

SKIN
PREPARATION

HIBITANE IN PROPANOL X 2 DRY X 1

SUTURES USE	MATERIAL NO.	SHELF SIZE	MATERIAL SIZE	NEEDLE SHAPE	NEEDLE
TIES	VICRYL W9025 X1	2/0			
FAT	VICRYL W9251 X1	1	50MM	ROUND	BODY
SKIN	VICRYL W9890 X1	3/0	26MM	REV CUT	
DRAIN	SILK W793	1	90MM	CUTTING	
BLADE	NO.10				