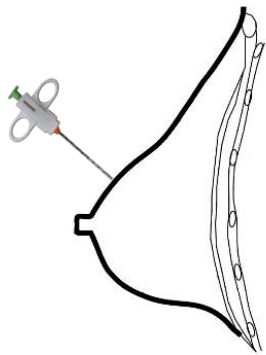




瑪麗醫院
Queen Mary Hospital



影像導引經皮穿刺細針 (FNA)/
粗針抽取細胞組織檢查/
真空抽吸乳腺組織檢查 (VABB)/
腋下淋巴細胞組織檢查
Imaging guided percutaneous
Fine Needle Aspiration (FNA)/
Core Biopsy / Vacuum Assisted
Breast Biopsy (VABB) for
Breast / Axillary Lymph Node



簡介

乳房組織穿刺檢查是利用穿刺針在局部麻醉下抽取乳腺病變的組織以作活組織化驗及病理分析

檢查前準備

- 檢查當天請攜帶以往相關的病歷記錄、私家乳房 X 光照片及報告
- 如懷疑或確定懷孕，應在檢查前通知本部門職員
- 檢查前無須禁食
- 檢查當天宜穿著鬆身衣服，避免穿著連身服飾

檢查過程

- 這項檢查是由放射科醫生利用超聲波、X 光或磁力共振影像導引下進行
- 首先放射科醫生會在乳房腫瘤 / 病變位置附近的皮膚表面注射局部麻醉藥，然後在皮膚上開一個小切口
- 經切口放入穿刺細針 / 粗針 / 真空穿刺針抽取乳腺 / 腋下淋巴病變組織樣本以作活組織化驗及病理分析
- 如進行真空抽吸乳腺組織檢查，當檢查完成後，會於抽針位置放入微型的定位標記，以便為日後定位或有須要時跟進。病人通常不會感覺到標記的存在
- 傷口通常毋須縫針，會自然癒合

檢查的特定風險及可能發生的併發症

- 局部麻醉藥過敏反應
- FNA / 活檢入口部位出血或有瘀痕（常見）
- 形成瘀血/血腫須作外科引流（不常見）

- 傷口疼痛及細菌發炎須引流及抗生素治療（不常見）
- 疤痕
- 定位標記移位
- 對周邊器官造成損傷（罕見）
- 並不是所有的細胞/活組織抽取檢查都是成功的。有機會在化驗過程中，發現細胞/組織取樣不足而未能確診。在少數情況下，有可能須要再次進行細胞/組織抽取檢查
- 經皮穿刺細針/粗針抽取細胞組織/真空抽吸組織檢查之目的是於手術前獲得準確之病理學診斷結果。常見的併發症通常較輕微，而嚴重的併發症亦十分罕見

檢查後須知

- 檢查後傷口部位會被妥善包紮，病人須用手在針刺部位加壓止血數分鐘。如感不適，請即通知醫生
- 注意保持傷口部位乾爽，避免沐浴時沾濕
- 傷口於檢查後三至四天癒合，便可除去包紮紗布
- 傷口部位可能出現瘀青屬正常現象，此情況於七至十天後會自行消退
- 檢查後可如常進食。建議避免於組織活檢的一邊手提取重物，直至傷口癒合。如有需要，可自行服用止痛藥
- 如出現以下徵狀，請於辦公時間致電瑪麗醫院放射科乳房造影部 2255 5500/2255 4839
 - 發燒超過 38.5°C/101.3°F
 - 傷口滲液，紅腫
 - 傷口劇痛

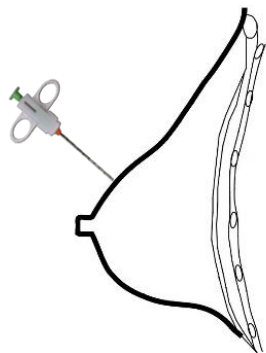
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Ownership	QMH/Department of Radiology - 15
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Introduction

Breast biopsy examination is performed by inserting a hollow needle into the breast lesion to obtain tissue under local anesthesia for pathological analysis

Preparation before the Procedure

- Please bring private mammograms and reports performed in other imaging units, if any
- Please inform our staff before the examination if you are or may be pregnant
- Normal diet as usual
- Wear loose clothing and avoid jumpsuit on the day of the examination

Procedure

- The procedure is performed by the Radiologist under ultrasound / stereotactic / MRI guidance
- Under local anesthesia, a small stab wound on the skin near the breast lesion / abnormality is made by the Radiologist
- Fine needle / core biopsy needle or vacuum assisted biopsy needle is inserted through the small wound to collect cells / tissues from the breast abnormality / axillary lymph node for pathological analysis
- After VABB is performed, a small marker will be inserted within the breast biopsy site to facilitate localization and further management when deemed necessary. The patient usually may not feel the presence of the marker.
- Suture may not be necessary. The wound will heal on its own

Possible Risks or Complications

- Allergic reaction to local anesthetic agent
- Bleeding and bruising around the biopsy site (common)
- Blood clot/hematoma formation which may require surgical drainage (uncommon)

- Wound pain and infection requiring drainage and/or antibiotic treatment (uncommon)
- Scar
- Marker migration
- Injury to adjacent organs (rare)
- Not all FNAs / core biopsies are successful. The cell/tissue samples obtained for analysis may be inadequate for diagnosis. In some occasions, FNA / core biopsy may have to be repeated
- The aim of the percutaneous breast FNA / core biopsy / VABB is to achieve a confirmed pathological diagnosis prior to operation. The common complications are minor and severe complications are very rare

Aftercare

- After the procedure, the wound will be dressed. You should press the dressed wound for several minutes to stop bleeding. Please inform our staff if there is any discomfort
- Keep the wound dry, avoid wetting it during shower
- The wound will heal in 3 to 4 days after the procedure. The dressing can be removed
- It is normal for bruising to occur at the wound site, which will subside on its own after 7 to 10 days.
- Resume normal diet after the procedure. It is advisable to avoid any heavy lifting on the biopsy side until the wound is healed. Pain killer can be taken if necessary
- If the following symptoms occur, please contact Breast Imaging Unit, Department of Radiology, Queen Mary Hospital, at 2255 5500/ 2255 4839 during office hours
 - Fever higher than 38.5°C/101.3°F
 - Abnormal discharge, oozing, swelling or redness from the wound
 - Severe wound pain

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