

Vacuum-assisted excision (VAE) of breast lesion

Information and advice for women

Breast Unit

What is the procedure?

A vacuum-assisted excision (VAE) of a breast lesion involves a small cut being made in your breast and the lesion (area of swelling or a lump) being removed using a needle attached to a vacuum/suction device. This lesion will then be analysed in the laboratory to see what it is. The procedure is performed using ultrasound guidance.

You will need this procedure if you have already had a biopsy of your breast and the results showed you need the lesion to be removed for further examination or you have asked for this area in your breast to be removed.

What are the benefits?

The benefit of this procedure is that we can get more tissue to check your breast lesion in greater detail for anything suspicious.

A VAE is less invasive than surgical excision of the lesion. It is also often better tolerated than surgical excision because a local anaesthetic is used instead of general. This will reduce your recovery time and you will not have to stay in hospital overnight. Residual scarring is also reduced.

What are the risks?

Common risks of the procedure include:

- **Bruising** (haematoma) happens in up to 13 out of 100 women.
- **Pain** – around 4-40 out of 100 women experience mild pain after the procedure.
- **Bleeding** – can occur during the procedure rather than afterwards. This happens in 2-4 out of 100 women.
- **Scarring** – you will have a small scar where the cut was made.

Less common risks of the procedure include:

- **Fainting** – This may happen after the procedure. We will observe you for a period of time after the procedure before you go home.
- **Parts of the lump may be missed** – This occurs in 5 out of 100 VAE's.
- **Wound infection** – The procedure is a sterile procedure and so this risk is minimal.

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Information and advice for women

Breast Unit

What are the risks of not having the procedure?

This procedure is usually only performed for benign lesions and therefore there may be no risk to leaving the lesion alone. However once the breast tissue is removed it is sent to the laboratory for further analysis which, may help to determine the cause of the lesion development.

Are there any alternatives to this procedure?

Depending on the circumstances, it may be reasonable to leave the lesion alone without any further operations/procedures although this means any symptoms caused by the lesion would also be untreated such as pain or a lump. If you decide not to have the lesion removed, you should check your breast regularly for any changes.

The other alternative is surgical excision, although this is a longer and more invasive procedure which usually requires a general anaesthetic.

Your doctor will discuss this in more detail with you.

Preparing for the procedure

Unless specifically asked to discontinue certain medications or attend for a blood test, there is no preparation required prior to the investigation. Your Breast Surgeon will have discussed this with you at your previous appointment, however if you have any concerns about this, then you can contact the Breast Care Nurses (contact details on page 9).

During the procedure

When you arrive at the Breast Unit, you will meet with the consultant who will perform your procedure. He/she will explain the procedure including any risks and give you the chance to ask any questions. Once you are happy to go ahead, the consultant will ask you to sign a consent form.

Shortly after, the procedure will take place in one of our ultrasound rooms. It will take around 45 minutes. You will be directed to the ultrasound room by the assisting Radiographer or Assistant Practitioner, who will also be present in the room, along with the Consultant during the procedure.

1. You will be asked to undress to the waist.
2. The area of your breast which requires removal will then be located using the ultrasound machine.

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Breast Unit

3. Once the area has been located, local anaesthetic will be injected into the breast. When local anaesthetic is injected it will become uncomfortable at first. There will be a stinging sensation which should not last long and once the area is numb the rest of the procedure should be painless.
4. A small incision is then made into the breast (approximately ¼" or 5mm).
5. A needle will then be placed through the incision into the breast. The ultrasound image will be used to ensure the needle is in the right place.
6. The Consultant will then start the excision. During the excision, the needle will go round and take several small samples of tissue. You will also hear a noise from the machine similar to a sewing machine.
7. The samples taken will be through the single incision site, unless we have told you that we would like to perform a second procedure.

After the procedure

Once the excision is complete, the assistant will:

- Press on the area to stop any bleeding and reduce bruise formation.
- Put a paper stitch and dressing on the incision which you must keep in place for a minimum of 24 hours.
- Put a pressure bandage over the area to further reduce any bleeding or bruising. You must keep this on for the rest of the day. Sometimes the bandage will come off sooner. If this happens, do not worry, the initial effects will have still been beneficial.

You will stay in the Breast Unit for 30 minutes after the procedure so we can ensure that there is no further bleeding from the incision site, there are no signs of fainting and you are well enough to leave.

Going home

We recommended that you do not drive home after the procedure so please arrange for another way to get to and from the Breast Unit.

You may resume normal activities as soon as you feel able to, although strenuous activity should be avoided in the first 24 hours.

Do not worry if you develop bruising around the biopsy site or feel a lump over the next few days, this is quite normal and will go down on its own.

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Information and advice for women

Breast Unit

Each person will experience a different amount of discomfort after the procedure. The anaesthetic wears off after approximately 1 hour. After this you may feel uncomfortable around your breast. You can take paracetamol for this.

Please do not take Aspirin as this may increase bruising. If however you are already taking Aspirin as part of your prescribed medication please continue with your usual daily dose as prescribed.

Follow-up

Before leaving the unit we will tell you when your follow-up appointment with the surgeon will be. This is about a week after the procedure to check your breast and give you the results from the analysis of your tissue samples.

Symptoms to report

If bleeding occurs after you go home and it does not stop, then you should contact your GP or NHS Direct on 111 (24 hours a day, 7 days a week) for advice. However in the unlikely event that the bleeding is severe then we suggest you go to your nearest A&E.

Contact details

We hope this leaflet has helped to explain the procedure. If you have any further queries then please contact our Breast Care Nurses on the numbers below (Monday – Friday between the hours of 9am and 5pm) or your family GP.

Breast Unit

Birmingham Treatment Centre
City Hospital
Dudley Road
Birmingham
B18 7QH
Tel: 0121 507 4976
Monday – Friday, 9am – 5pm

Walsall Breast Unit

Walsall Manor Hospital
Moat Road
Walsall
WS2 9PS
Tel: 01922 721 172, ext 7108 or 6404

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Further information

You can get more information from the National Institute of Health and Care website www.nice.org.uk/lipg156

For more information about our hospitals and services please see our websites www.swbh.nhs.uk and www.swbhengage.com, follow us on Twitter @SWBHnhs and like us on Facebook www.facebook.com/SWBHnhs.

Sources used for the information in this leaflet

- Journal of Ultrasound in Medicine, Ko EY et al, 'Factors affecting the efficacy of ultrasound-guided vacuum-assisted percutaneous excision for removal of benign breast lesions.' January 2008
- National Institute for Health and Care Excellence, 'Image-guided vacuum assisted excision of benign breast lesions.' February 2006
- National Institute for Health and Clinical Excellence Interventional Procedures Programme, 'Interventional procedures overview of image-guided vacuum assisted excision biopsy of benign breast lesions', February 2005

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5303 or email: swb-tr.swbh-gm-patient-information@nhs.net



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