

# CASE PRESENTATION: Patient Education and Pain Management Using the *en-bloc*® Breast Biopsy Device

## *Hill Breast Center Pasadena, CA*

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The Hill Breast Center, directed by The Hill Medical Radiologists, is dedicated to being the leader in diagnostic imaging and offering patients the latest technology available to promote breast health and for the diagnosis of breast cancer and other breast diseases. The Hill Breast Center works hand in hand with the Huntington Hill Breast Center to bring women extraordinary, compassionate breast care.

In this study, 33 patients who had a stereotactic or ultrasound-guided *en-bloc*® breast biopsy experienced an average pain rating of 0.91 on a scale 0-10 (0 = no pain). All of these patients described their procedure comfort as the same or better than the radiologist described. All 33 biopsies resulted in definitive diagnosis.

### ***Procedural Overview***

At our facility the technologist prepares the patient by explaining the overall procedure and post-biopsy instructions. The radiologist then comes in to discuss the clinical and other aspects of the case, including what is being biopsied and why, anticipated results, and what to expect during the procedure.

### ***Anesthetic Protocol***

All three radiologists at our facility administer anesthetic in the same manner. A skin wheal of Lidocaine is administered utilizing an interdermal needle-less skin injector. This is followed by injection of 19 cc's of Lidocaine surrounding the lesion (in four quadrants around the lesion, and in the deep and proximal regions of the lesion). In order to place Lidocaine deep and proximal along each quadrant, a spinal needle is used to inject the Lidocaine continuously while pulling back on the needle. 1 cc of Lidocaine with 1% Epinephrine is then injected in the tract leading to the lesion. After a 5 minute wait, the radiologists proceed to make an 8 mm incision and insert the introducers. After the probe is under the skin, the unit is turned on and the probe is advanced manually to the lesion area using short bursts of energy. Another stereo pair is performed to confirm probe location. Once the position is confirmed, the capture sequence is initiated and the specimen is obtained.

### ***Comments***

All three radiologists explain to the patients why they choose to use *en-bloc*® over alternative methods. We also set their expectations with respect to the procedural steps which will occur, length of the procedure and the possibility of some discomfort. We tell them that we are going to give a few minutes for the “numbing medicine” to take effect. This seems to give them some assurance (that we are concerned about their comfort and not our time). During the procedure, each radiologist details what is happening so that the patient can follow the actual procedure with the previous explanation. This is continually supported by the technical staff in their discussions with the patient and assistance during the procedure. Based on post-biopsy discussions with the patients, 23 of the 33 said the experience was as described by the radiologist. Ten of the 33 stated their experience was better than the physician described. Taking the time to discuss the procedure, educate the patient and administer Lidocaine in a consistent and proven protocol has enabled Hill Breast Center to have positive patient experiences.

# CASE PRESENTATION: Patient Education and Pain Management Using the *en-bloc*<sup>®</sup> Breast Biopsy Device

A total of 33 patients have experienced the *en-bloc*<sup>®</sup> breast biopsy through stereotactic or ultrasound imaging. Data on all 33 patients were reviewed and their data yielded the following information:

Procedure pain scale (0-10; 0 = no pain)	0.91 average
0	16 patients
1	8 patients
2	7 patients
3	1 patient
4	1 patient

## Patient experience

As described by physician	23 patients
Better than described by physician	10 patients
Worse than described by physician	0 patients

## Diagnosis / Pathology

Definitive diagnosis obtained	33 patients
Inconclusive diagnosis	0 patients