



Mammotome® Questions and Answers

Q: What is a breast biopsy?

A: A breast biopsy is the removal of a sample of breast tissue for examination and is the only definitive way to determine if an abnormality is cancerous or not. Most breast biopsies are performed because a woman or her doctor finds a lump or other abnormality during a regular self-exam, checkup or because of an abnormal mammogram.

Q: I was told that my mammogram was abnormal. What does this mean?

A: One out of every fifty mammograms shows an abnormality. These can range from microcalcifications (small deposits of calcium buildup) to small masses (lumps) that may not be detectable by a medical exam or a self-exam. If your doctor finds an abnormality, he or she will probably recommend a breast biopsy.

Q: Does a breast biopsy mean I have cancer?

A: No, the purpose of a biopsy is to get an accurate diagnosis based on what your doctor saw in your mammogram. In fact, 80% of all biopsies are benign (not cancerous).

Q: What biopsy choices do I have?

A: There are many breast biopsy options. Open surgical biopsy is a two-step procedure: the first step is performed in a radiology suite and the second in an operating room under general or local anesthesia. The radiologist targets the area by wire localization, which means that a wire is inserted into the area of the breast where the abnormality was found. The surgeon then makes an incision in the breast and removes a large section of tissue for examination.

The Mammotome Breast Biopsy System is a new biopsy method - percutaneous biopsy (only a small skin incision is made). It is a procedure that is performed under local anesthesia using a probe device that is inserted into the abnormal tissue area of the affected breast.

Q: How quickly do I need a biopsy once I'm told it's necessary?

A: A general guideline would be one to two weeks. You and your doctor should decide what is best in your individual case.

Q: Is the Mammotome procedure accurate?

A: The Mammotome biopsy yields adequately-sized tissue samples for testing and analysis, thus helping physicians accurately diagnose breast cancer. There have been more than 375,000 procedures performed by surgeons and radiologists across the country, at more than 1,200 locations.

Q: How large is the skin incision that will be made in my breast?

A: The Mammotome probe is inserted into the breast through a tiny skin incision just a fraction of an inch long and it can be covered with a small adhesive bandage. Open surgical biopsy requires a 1 1/2- to 2-inch-long incision.

Q: Will I get a scar from the Mammotome procedure?

A: Mammotome will minimize scarring. With an open surgical procedure, there is a possibility of substantial scarring and disfiguration.

Q: Will I be conscious during the procedure?

A: You will feel at ease during the Mammotome procedure because it is done under local anesthesia, requires no sutures and can be performed quickly. In comparison, the open surgical procedure is done under local or general anesthesia and requires stitches.

Q: Will I have to be hospitalized?

A: The Mammotome procedure is done by either a surgeon or radiologist and is an outpatient procedure.

Q: Will my insurance cover the Mammotome breast biopsy?

A: As with all insurance questions, it is best to check with your carrier. However, the Mammotome method is a recognized procedure that is normally covered by standard insurance providers.

Q: Is the Mammotome method the right choice for me?

A: The Mammotome procedure is most appropriate for use in diagnosing abnormalities detected by a mammogram and can be used for small lumps. Of course, as with any medical procedure, it is best to discuss your options with your doctor.

Q: How can I get more information on the Mammotome?

A: Consult your physician for additional information.