

Vacuum-assisted Core Biopsy (VAB) / Vacuum - Assisted Excision (VAE)

Information and advice for patients

Breast Unit

What is a vacuum-assisted core biopsy?

A vacuum-assisted core biopsy (VAB) involves taking a small sample of breast tissue from an area within your breast. Your Consultant may have suggested a VAB after reviewing your mammogram or doing an ultrasound scan, to let us make further checks.

A VAB takes slightly larger samples of tissue than a standard core biopsy (although the samples taken are still quite small). This will allow us to gain more accurate information about your breast tissue and determine whether the tissue is benign or requires surgical treatment.

A vacuum-assisted excision (VAE) would usually only be performed after another biopsy. It is similar to a VAB but involves taking more tissue.

What are the benefits?

The benefit of this procedure is that it will let us check your breast tissue in greater detail for anything suspicious.

What are the risks?

Common risks include pain, bleeding, bruising/haematoma (which can be extensive) and a small scar.

What are the risks of not having the biopsy?

The risk of not having a biopsy is that you could be leaving a cancer undetected, which could have otherwise been detected and treated or removed.

Preparing for the biopsy

We may ask you to stop taking some medications before the test or come in for a blood test. This is to check that your blood is clotting properly and to minimise the risks of bleeding. We will contact you for this.

During the biopsy

When you arrive at the Breast Unit, you will meet with the consultant who will perform your procedure. They will explain the procedure and any risks and give you the chance to ask any questions. Once you are happy with this, the consultant will then proceed with the biopsy.

The procedure takes place in one of the mammography or ultrasound rooms and usually takes 30-45 minutes. Most of this time is spent on preparation and making sure the needle will be in the correct place.

The investigation is similar to a mammogram in that your breast is compressed and will remain compressed throughout the biopsy. This is what happens:

Local anaesthetic will be injected into your breast to numb the area. This may sting a little for the first few seconds.

A tiny incision (cut) will be made in your skin, and the biopsy needle will be passed through it.

The biopsy needle is placed in the correct position using an x-ray to check the needle position. The biopsy will then start.

Tiny samples of tissue will be taken using a suction/vacuum device attached to the needle (the needle will stay in place throughout). You will feel a pushing/pressure sensation but it will not be sharp or painful.

After the tissue is taken, a clip may be left in the breast to mark the site in case a further biopsy or surgical procedure is needed at a later stage. This will have been discussed with you prior to the procedure.

A dressing and paper stitch will be placed on your breast to reduce any bruising (This must be kept on for a minimum of 24 hours).

The biopsy will be performed at a single site within the breast unless you have been informed otherwise prior to the procedure.

The tissue sample will be sent to the Pathology Department (laboratory).

After the biopsy

We will ask you to stay with us in the Breast Unit for 15 minutes after the procedure so we can make sure that there is no further bleeding from the biopsy site.

You should keep the dressing and paper stitch on for a minimum of 24 hours.

After the procedure you may resume normal activities as soon as you feel able to, although you should avoid strenuous physical activities in the first 24 hours.

You may develop significant bruising around the biopsy site and/or feel a lump there over the next day or so, this is normal and will resolve on its own.

Patients also experience different amounts of discomfort after the procedure. Once the anaesthetic has "worn off" your breast may feel uncomfortable. You can take paracetamol for this.

Follow-up and results

Your biopsy results will be discussed at a weekly meeting with our doctors and will usually be available to you one week after the core biopsy.

You will be sent or given a clinic appointment to discuss your results with a Breast Surgeon.

Symptoms to report

1. Significant breast swelling.
2. Shortness of breath.
3. **Continuous bleeding after leaving the department.**

If you experience any of the above symptoms contact your GP or NHS Direct 111.

Please do not take Aspirin as this may increase bruising (unless you are already taking Aspirin as part of your prescribed medication, then please continue with your usual daily dose as prescribed).

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 (Monday – Friday between the hours of 9am-5pm) or your GP.

Breast Unit

Birmingham Treatment Centre
City Health Campus
Dudley Road
Birmingham
B18 7QH
Tel: 0121 507 4976

Walsall Breast Unit

Walsall Manor Hospital
Moat Road
Walsall
WS2 9PS
Tel: 01922 721 172 ext 6404
Tel: 01922 721 172 ext 7108 (Breast Care Nurses)

Further information

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

Sources used for the information in this leaflet

- Public Health England (2016) NHS Breast Screening Programme Clinical guidance for breast cancer screening assessment. London: Public Health England. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/567600/Clinical_guidance_for_breast_cancer_screening_assessment_Nov_2016.pdf [Accessed 09 September 2024]
- Royal College of Pathologists (2016) Guidelines for non-operative diagnostic procedures and reporting in breast cancer screening. London: Royal College of Pathologists. Available from: <https://www.rcpath.org/uploads/assets/uploaded/386785bd-a318-43d5-9f7a94edc1aed364.pdf> [Accessed 09 September 2024]
- Simon J.R, Kalbhen C.L, Cooper R.A and Flisak M.E (2000) Accuracy and complication rates of US-guided vacuum-assisted core breast biopsy: initial results. *Radiology*, 215(3), pp.694-7

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