



## Breast Biopsy Information



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## Thank you for trusting Ochsner Covington with your care.

After reviewing the results of your recent mammogram, ultrasound, or MRI, your radiologist has recommended an additional test. The next test will provide more exact information on anything on your mammogram, ultrasound, or MRI that raises questions.

The additional test is called a “core needle biopsy.” During a core needle biopsy, a surgeon will numb the specific area of your breast and use a special needle to take a small sample of your breast tissue.

Surgeons often use additional imaging to help them see exactly where the sample should be taken. This process is called a “stereotactic” approach, meaning they look at the inside of the breast from multiple angles. The surgeon may use a mammogram, ultrasound, or MRI to guide the needle and remove the tissue, depending on what will produce the best images.

The tissue sample then goes to a lab where a pathologist looks at it under a microscope to determine whether the cells appear normal or abnormal.



We will provide your biopsy results directly in your MyOchsner portal. Let us know if you need help setting up a MyOchsner account.

We usually release biopsy results in 3-5 business days. Sometimes, it does take longer. **The results you see in MyOchsner are not final until a radiologist compares them to your previous tests, such as a mammogram or ultrasound.** Once this comparison is complete (typically in 1-2 business days), we will call you to confirm your results. We can then answer any questions and help you make any follow up appointments needed.



If you have any questions or concerns about your biopsy or after-care instructions, call our mammography coordinator.

**Erin West, RT(R)(M)**

**985-898-7023**

**Monday - Friday 7:00 am - 3:30 pm**

## Get Connected with MyOchsner

**The MyOchsner app connects to your medical record at Ochsner.**

- See your health information including biopsy results.
- Learn about and message your care team.
- See your medicine list and request refills.
- See your scheduled appointments including upcoming procedures.

Scan this QR code to download the MyOchsner app.



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## Commonly Asked Questions

### **Does the procedure hurt?**

This procedure requires a local anesthetic injection. This injection is usually the most uncomfortable part of the procedure. After your skin has been anesthetized, you should not feel any pain or discomfort.

### **Where is the procedure done?**

The biopsy is performed in a breast imaging procedure room located within Ochsner Covington.

### **How long does the procedure take?**

The actual biopsy will last around 30 minutes. However, you should plan on being here for an hour to allow for before- and after-procedure teaching and preparation.

### **Can I take my medicines?**

If you take blood thinners (including aspirin), your physician will determine if these medications should be held and for how long. If a blood thinner has been prescribed by a provider, please inform the mammography coordinator so that orders from your provider can be obtained.

If you take any anti-anxiety or narcotic medication, you must sign your procedure consent before taking these medications, and you must have an adult available to drive you home. Please notify the mammography coordinator and the radiologist if you are allergic to any medications.

### **Do I have to fast?**

No. You may eat a normal meal before your appointment.

### **What should I wear?**

Please wear a 2-piece clothing set (like pants and a shirt) because you will be asked to take off everything from the waist up. No rompers or dresses please. Style your hair back, away from your head and shoulders.

### Can I drive after the procedure?

Yes, if you have not taken any anti-anxiety or narcotic medication.

### Do I need to have a loved one accompany me?

No, but please feel free to do so if this will be of comfort to you. You will need an adult to drive you home if you have taken any anti-anxiety or narcotic medication.

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## Post-Biopsy Care Instructions

### Home Care Instructions

After a biopsy, the incision site and some, or all, of your breast may be bruised and uncomfortable. **This is normal.** You may have a tiny scar where your doctor removed the tissue sample. You can relieve many of these symptoms yourself.

- Apply an ice pack or take Tylenol® as directed. (If you cannot take Tylenol, please contact your physician for alternatives.)
- Do not take aspirin products or blood thinners for 72 hours. (If prescribed by a provider, please contact that provider for further advice.)

### For 24 hours after the biopsy

- Don't lift anything heavy (more than 20 lbs.).
- Avoid strenuous activities.
- Keep the incision area dry.

### After 24 hours

- You may remove the gauze covering the incision.
  - Clean the incision area daily with antibacterial soap and water.
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## After 7 days

- You may remove the tape strips (also called Steri-strips®) holding the incision closed.



Call your provider if you experience any of the following.

- Any obvious bleeding (some dried blood or slight oozing is normal)
- Redness or swelling around the incision
- Persistent pain that is not relieved by ice or Tylenol
- Fever over 101°
- Yellowish drainage or pus from the incision site

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## Follow-Up Care

Our mammography coordinator can address any concerns you may have.

If you need immediate help outside of regular clinic hours, please call the Nurse Care Line. The Nurse Care Line is open 24/7 and there is no charge.

**Nurse Care Line: 1-800-231-5257 or 504-842-3155**

You may also go to the nearest emergency room or urgent care clinic in your area.

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# Reading Your Biopsy Report

## Benign Results

Most breast biopsy results are benign – not cancer. If the results are benign, we usually recommend you get a follow-up mammogram in 6 months or resume yearly breast cancer screening. The list below shows some of the benign results that may appear in your biopsy report. Other benign results are also possible.

- Stromal fibrosis or dense stromal fibrosis
- Fibroadenoma or fibroadenomatoid changes
- Adenosis or sclerosing adenosis
- Apocrine metaplasia
- Cystic ducts or microcyst formation
- Fibrocystic changes or cyst wall
- Benign breast tissue
- Columnar cell change or columnar cell hyperplasia
- Usual ductal hyperplasia
- Pseudoangiomatous stromal hyperplasia (PASH)
- Chronic inflammation
- Fat necrosis

## High Risk Lesions

Some breast biopsies show changes in the tissue, or lesions, that may be related to breast cancer. If any of the conditions below are present, we will likely recommend an appointment with the breast surgery clinic. You and a breast surgery provider can then discuss a more extensive form of biopsy to exclude cancer.



- Atypical ductal hyperplasia (ADH)
- Atypical lobular hyperplasia (ALH)
- Lobular carcinoma in situ (LCIS)
- Papilloma
- Radial scar
- Complex sclerosing lesion
- Atypical papillary lesion
- Atypia
- Fibroepithelial lesion
- Phyllodes tumor (benign variant)
- Granular cell tumor

## Breast Cancer – or Malignant – Results

**If your breast biopsy reveals breast cancer (also called malignant) results, our mammography coordinator will contact you within one business day.** The mammography coordinator will confirm the results, answer any questions, and help you schedule the next steps of care.

**If you do not receive a call within one business day, please call our mammography coordinator, Erin West, at 985-898-7023.**

The following are possible malignant results.

- Ductal carcinoma in situ (DCIS) or intraductal carcinoma
- Invasive ductal carcinoma
- Invasive lobular carcinoma
- Malignant phyllodes tumor
- Metastatic carcinoma (lymph node)
- Lymphoma or leukemia (lymph node)

## Notes

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