

Excision biopsy of a breast lump

Breast Care Centre

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Information for Patients

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What is an excision biopsy of a breast lump?

An excision biopsy of a breast lump involves removing breast tissue through a small cut. This is usually done under a general anaesthetic (when you are asleep) but in some cases the surgeon will discuss numbing the area with a local anaesthetic (while you are awake).

Your surgeon may be able to feel a lump or a change in the breast (palpable). A mammogram or ultra sound scan may have shown an area that cannot be felt (non-palpable).

The removed tissue sample is then sent to the laboratory to be examined under a microscope.

What are the benefits of this surgery?

You have been advised to have an excision biopsy, but it is your decision if you want to go ahead or not.

This is usually done for one of the following reasons:

- The breast tissue will be looked at under a microscope to find out what it is.
- To find out if this is a cancer.
- You may have already had a biopsy of the area with a needle, but this has not been able to give a definite diagnosis.
- You may be advised to have a lump removed even if it is not a cancer (benign) and your surgeon will discuss this with you.
- You may want to have the lump removed even though it is not a cancer for other reasons.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

How is it done?

Marking: If your surgeon cannot feel the lump you will have a marker to guide where they need to take the breast tissue from. This is done before surgery by the radiologist in the breast care centre. This can be either a skin mark, if it is close to the skin, or a magseed (magnetic seed) inserted into the area similar to your needle biopsy, or by using a fine guide wire. You will be given a local anaesthetic to numb the area for the magseed and wire procedures.

If your surgeon can feel the lump (palpable) then there is no need for marking.

The surgery: Is usually done under a general anaesthetic. Sometimes the surgeon is able to do it under a local anaesthetic if it is close to the skin. Your surgeon will discuss this with you. You will also be seen by an anaesthetist before your operation, usually on the day of your surgery.

The surgery takes about half an hour to an hour. The skin will be cut and the tissue removed and sent to the laboratory for analysis. Your surgeon will aim to reduce the risk of scarring wherever possible. This sometimes means cutting around the areola (the darker part of the nipple), but it will depend upon where the lump is in your breast.

After the surgery: As this is a short surgery you should be able to go home the same day. You will need to make arrangements for a friend or family member to collect you from the ward and stay with you for 24 hours after your surgery. Sometimes it is necessary to stay overnight and you are advised to bring a small overnight bag with you just in case. If you live alone and cannot arrange for someone to stay at home with you, then you will need to stay in the hospital for one night.

What are risks?

As with any surgery, complications can happen. These include:

- Anaesthetic complications. The anaesthetist will discuss these with you on the morning of your surgery. Some complications can be serious and can even cause death.
- Bleeding during or after the surgery. Very occasionally a blood transfusion is required.
- Bruising at the surgical site. Wearing a supportive, well fitting bra is helpful with this.
- Pain. You will be provided with pain relief whilst you are in hospital. You may be provided with strong pain relief to go home with. You will need to have a supply of simple pain relief such as paracetamol to continue at home as we do not supply these. They can be purchased cheaply over the counter in any pharmacy or many shops. It is advised to take regular pain relief for a few days afterwards if you have continued pain, please follow the advice given on the packet and do not exceed the recommended dosage. Sometimes pain can be continuous and permanent due to damage to the nerve endings.
- Infection. It is usually safe to shower after 2 days (48 hours) following your surgery, using simple water and soap. It is important to keep your wound clean. Contact your GP or ward team if you develop a high temperature, notice a thick yellow pus discharge or your wound becomes hot red and sore. You may require antibiotics. Rarely, you may need another operation. The breast ward has a dressing/wound clinic every morning.
- Scarring of the skin.

What are the risks?

- Dimpling and/or an indentation (dip) in the breast. This will depend on how much tissue has been removed and the size of your breast. Infection and bleeding can also affect the way your breast looks.
- Continued lumpiness under or around your wound. It is normal for your wound to feel lumpy for around 4 to 6 weeks, but this can be longer in some cases.
- Change of sensation to the nipple. This usually settles but in some cases can be permanent.
- Blood clot to your leg (deep vein thrombosis, DVT). This can cause pain and swelling, heat or redness in your leg. The veins near the skin can appear larger. The healthcare team will assess your risk. You will be encouraged to get out of bed as soon as possible after your surgery. You may be provided with special socks to wear for your surgery. When you are home it is important to keep mobile. Seek medical advice if you think you have a DVT.
- Blood clot to your lungs (pulmonary embolus, PE). This is when a blood clot moves through your blood stream to your lungs. On the ward, let your nurse or doctor know if you feel short of breath, have pain in your chest or back or if you cough up blood. If you are at home call an ambulance and go to the nearest emergency department.

Going home

The ward will advise you when you can go home. They will provide any necessary pain relief and give advice on wound care. You may have a dressing over the wound and this can come off after 48 hours. Your stitches are dissolvable so do not need to be removed. You may have some little bandage strips (Steri-Strips™) on the wound and these will gradually come off, usually in the shower. Some surgeons will use a glue to close the wound and it is important not to peel it off, it will flake off in time. You can usually get the wound wet after 48 hours and it is important to keep it clean to prevent infections. Do not soak the wound for at least 5 days, but it is ok to get it lightly wet in the shower. Some surgeons like the wound to be kept dry for longer and your ward nurse will advise you when you go home.

Wearing a soft, well fitting bra that supports your breast will help to reduce any pain and bruising. You may have some swelling but this will settle down.

If you are worried about anything, contact your healthcare team and they should be able to reassure you.

DO NOT operate machinery or do anything dangerous, including cooking, for at least 24 hours after having your anaesthetic. or longer if you feel you have not recovered feeling, movement or coordination. Some people take longer to clear the anaesthetic from their body.

DO NOT drive until you feel able and confident to do so, your insurance may be invalid if you do drive too soon after your surgery.

To reduce the risk of blood clots, follow the advice you have been given. It is important to keep well hydrated and to keep mobile with gentle exercise.

You should be able to return to your normal activities after about 7 to 10 days. You should be able to return to any sports you enjoy after 2 to 3 weeks, depending on what the sport is. Your surgeon can advise you.

Your biopsy results

You will be sent an appointment to discuss the results of the biopsy about 3 to 4 weeks after your surgery. This may be by telephone or you may be asked to come back to the clinic. This will be with your surgeon or an advance nurse practitioner (ANP). They will talk to you about the results and any other treatments that may be needed.

Contact Details

Ward 34: 0116 250 2490 - The surgical breast ward is open from Monday to Friday (except Bank Holidays). There is a wound/dressing clinic on Saturday mornings. Please contact for advice and wound queries.

Breast Care Centre: 0116 250 2513 - The breast clinical nurse specialist (CNS) team are available from Monday to Friday between 9.00 am and 4.pm (except Bank Holidays) for advice and support.

An answerphone service is available but messages are only listened to during office hours. Therefore please do not leave emergency messages. We aim to get back to you within 24hours but this may take longer during busy times.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
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Previous reference:

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