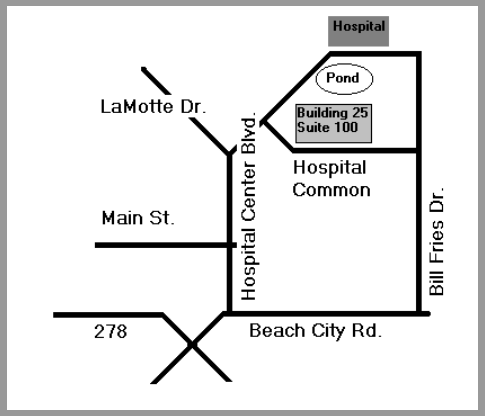
Location

Our office is located in the single story building in the Hospital Center Common located across from Hilton Head Hospital.

We are located on the web at:

www.HHISurgeons.com



Performing Surgeries at:

Hilton Head Hospital

Outpatient Surgery Center of Hilton Head

Coastal Carolina Hospital

Surgery by Surgeons

A fully trained surgeon is a physician who, after medical school, has gone through at least five years of training in an accredited residency program to learn the specialized skills of a surgeon. One good sign of a surgeon's competence is certification by The American Board of Surgery, a national surgical board approved by the American Board of Medical Specialties. All such board-certified surgeons have satisfactorily completed an approved residency training program and have passed a rigorous specialty examination.

The letters F.A.C.S. (Fellow of the American College of Surgeons) after a surgeon's name are a further indication of a physician's qualifications. Surgeons who become Fellows of the College have passed a comprehensive evaluation of their education, training, and professional qualifications, and their credentials have been found to be consistent with the standards established and demanded by the College.

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Surgical Breast Biopsy

SURGICAL SPECIALISTS

HILTON HEAD GENERAL & LAPAROSCOPIC SURGERY

Richard L. Hussong, Jr., MD, FACS
Thomas P. Rzeczycki, MD, FACS
Robert L. Soares, Jr., MD, FACS

FELLOW AMERICAN COLLEGE OF SURGEONS
FACS
COMMITTED TO EXCELLENCE

Board Certified
General Surgeons

SURGICAL EVALUATION OF THE BREAST

REASONS FOR REFERRAL TO A SURGEON

Women are usually referred to a surgeon when there have been changes on her mammogram or breast examination. Changes in the breast examination that are concerning are multiple and may be: a new lump or mass, nipple inversion, nipple discharge, and skin changes such as redness, scaling, swelling, or pitting. Many of the changes that prompt a referral to the surgeon will ultimately turn out to be benign (not cancerous).

COMPONENTS OF A BREAST EVALUATION

The most important aspect of the evaluation is the **clinical breast examination (CBE)**. During the CBE both breasts and axillae (armpits) are visually inspected and palpated by the surgeon looking for any changes out of the ordinary. If changes are found or the mammogram has a reported abnormality then an ultrasound will likely be performed. The ultrasound is valuable in determining if the abnormality is solid or cystic.

BIOPSY

The surgeon uses the mammogram, ultrasound and physical findings to decide how suspicious a change is and if it warrants a biopsy. A biopsy is a sampling of the breast tissue for evaluation by a pathologist for the presence of cancer cells. Even if there is not a great degree of suspicion a biopsy may be warranted to alleviate patient anxiety.

More than 1.2 million breast biopsies are performed annually in the US, and 80% of these biopsies prove to be benign. Therefore, every attempt is made to perform the biopsy in the least invasive manner possible.

KINDS OF BREAST BIOPSIES

There are several different ways to perform a breast biopsy. The method used is dependent upon the features of the breast change, patient characteristics, and physician preference. Fortunately, most women are now able to get an accurate biopsy without going to the operating room.

FINE NEEDLE ASPIRATE (FNA)—A FNA is performed in the office with a small amount of local anesthetic, numbing medication, injected into the skin. A thin needle is passed into the breast lesion several times to obtain the tissue or fluid to be sampled. There is minimal discomfort afterwards and no stitches are necessary.

CORE BIOPSY—This type of biopsy is also performed in the office and also requires a small amount of anesthetic to numb the skin and breast tissue. Unlike the FNA, the needle is larger and requires a small quarter inch incision to allow for its insertion. The needle is then inserted four or six times to remove cores or “plugs” of tissue for evaluation by the pathologist. No stitches are required and discomfort afterwards is minimal.

STEREOTACTIC BIOPSY—This method of biopsy is usually performed in a radiology department or an outpatient facility. In this technique a computer analyzes mammograms taken from two different angles to calculate the exact location of a lesion in the breast. The breast is then anesthetized and a small quarter inch incision is made. The computer calculations are then used to direct a vacuum-assisted biopsy needle into the breast lesion. After a mammogram verifies appropriate needle placement, multiple samples of tissue are removed. Like FNA and core biopsy, this procedure is associated with little discomfort and no stitches.

OPEN EXCISIONAL BIOPSY— If a patient is not a candidate for one of the above techniques then the biopsy is performed in the operating room through an incision one to two inches in length. Usually a golf ball sized amount of tissue is removed and the incision is closed with stitches. This technique can be performed with numbing medicine alone but is usually done with some sedation or under general anesthesia. Most patients recover quickly from surgery but will still experience more discomfort than with the other less invasive methods.

When a breast lesion is not palpable or amenable to biopsy by one of the other techniques described previously a **needle** or **wire localized biopsy** is performed. In this form of open biopsy a radiologist places a needle or wire into the breast lesion before surgery. The wire then directs the surgeon to the area of abnormality that needs to be removed for evaluation.

RESULTS

Once a specimen is obtained it is sent to the pathologist for evaluation under the microscope, which may take twenty-four to forty-eight hours. Occasionally the small samples obtained with FNA, core biopsy and stereotactic biopsy make it difficult to reach a definitive diagnosis and a patient will need to go on to have an excisional biopsy performed.