

UW/HMC Inpatient Breast Imaging and Biopsies

Background:

- All diagnostic breast imaging including percutaneous breast biopsies is performed as an outpatient at the Breast Imaging Clinic at FHCC or UWMC-NW.
- Breast presentations to Emergency Departments across UW Medicine most commonly occur at HMC, are relatively rare, and are generally managed by the Emergency Radiology Section with outpatient follow-up to occur at Breast Imaging Clinics at FHCC or UWMC-NW.
- In exceptional clinical circumstances (such as hemodynamical instability, highly contagious infection, patient disposition/discharge pending breast work up), a clinical team may ask for a breast core biopsy to be performed on an inpatient basis at UWMC-ML, UWMC-NW, or HMC.
- This process describes proposed practice for exceptional cases where a breast imaging and/or a breast biopsy needs to be performed at a UW Enterprise Hospital (UWMC-ML, HMC, UWMC-NW) rather than at FHCC or UW-NW Breast Imaging Clinic.
- Breast imaging is available to review and consult on breast-related imaging and findings (8am-5pm) and can be reached by phone or SecureChat:
 - FHCC (for UWMC-ML and HMC cases): 206-606-1470 or check Amion for SecureChat
 - UWMC-NW (for UMWC-NW cases): 206-668-5951 or check Amion for SecureChat

NOTE: In cases where an inpatient team is concerned about a breast malignancy and the patient has an exceptional clinical circumstance (as above) that precludes outpatient work up, a breast surgical oncology consult is recommended to help triage the patient prior to inpatient breast imaging and/or biopsy order.

Workflow (in situations where a targeted breast ultrasound is requested without biopsy):

- A “chest” ultrasound will be performed by the sonographer in the area of clinical concern and will be brought to the abdominal imager for review.
 - Recommend performing static transverse and longitudinal views without and with measurements (if there is a finding)
 - Cine views included only when a case is less clear or span
- If the abdominal imager would like a consult from a breast radiologist, they can call respective breast imaging reading rooms as above for consultation.
- Within the radiology report, it can be stated “Images were interpreted with Dr. XXX, Breast Imaging, consulting on the case.”

Originally created by Drs. Ken Linnau, Diana Lam, Cathy Phan, ARNP August 2020 Last Update: August 15, 2022
Updated and reviewed by: Dr. Diana Lam, Dr. Manjiri Dighe, Dr. Evan Johnson, Dr. Habib Rahbar, Dr. Janie Lee, Dr. Ken Linnau August 2022

Discussed with Dr. Chris Ingraham at Breast Imaging Faculty and Staff meeting August 2021
Reviewed at UWMC-NW Breast Program Faculty Meeting August 2021

Workflow (in situations where a biopsy is requested):

- An inpatient breast surgical oncology consult has already been done, and the surgical oncology team has deemed that an inpatient breast biopsy is needed under image guidance. Skin punch biopsies will be performed by the surgery team.
- Contacts:
 - UWMC-ML – Non-Vascular IR (NVIR) Procedures – 206-598-3725
 - HMC – Non-Vascular IR (NVIR) Procedures – 206-744-8075
 - UWMC-NW – Body-IR Procedures – 206-668-1902
- Approval of a breast biopsy to be performed on an inpatient requires direct attending- to-attending consultation.
- US GUIDED NEEDLE BX [UGUIDE] can be used as an inpatient order for these types of biopsies
- If a breast biopsy is approved to be performed in Body Procedures, the following process is recommended:
 - Obtain 3-4 full cores with device of 18G or larger (FHCC uses 14 or 12G, which we do not stock at the hospitals)
 - Store in formalin 10% (orange top) – straight in formalin (no Telfa)
 - Use normal Epic Surgical Pathology Order (see below)*
 - Describe lesion location by breast quadrant (or o'clock position) and distance from the nipple on ultrasound.
 - Place marker clip in the lesion that was biopsied (e.g. gold fiducial).
 - Specimen Delivery - For pathology questions call: 206-598-4286.
 - No post-biopsy mammogram will be performed. Deferred until outpatient basis.

Ultrasound Image Documentation:

- Pre-procedural images – finding in 2 orthogonal views, with the following labels:
 - Laterality, Clockface, Distance from Nipple, transducer direction (TRANS and LONG)
 - Example: “Right breast 10 o'clock 5 cm from nipple TRANS”
- Intra-Procedural Images: Both PRE-fire and POST-fire images should be documented in the long axis of the needle, with the following labels:
 - Laterality, Clockface, Distance from Nipple, transducer direction, BIOPSY
 - Intraprocedural clip image as above adding the word “CLIP” in label

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