

LUMPECTOMY

This is a surgical procedure in which the Surgeon will remove the breast tissue around the area where the guidewire is placed. Once the tissue has been removed, the tissue sample comes to the Mammography department for imaging. The Radiologist reviews the images of the tissue and relays the information to the surgeon as to whether enough tissue or more tissue needs to be removed from the area in question.

SENTINEL NODE IMAGING

This is a Nuclear Medicine procedure that may be required by the Surgeon prior to surgery to visualize the lymph nodes. This test is done if there is a question as to whether the lymph nodes are involved with the disease process. The patient will come back to the Nuclear Medicine department where the Radiologist will make 4 subcutaneous injections with a special “dye” around the nipple area. Once all 4 injections are done, the patient will massage the “dye” into the area around the nipple and the Nuclear medicine technologist will begin taking images. When the first lymph node appears on the images, the patient will then proceed to surgery.

“Most medical experts agree that successful treatment of breast cancer often is linked to early diagnosis.”

Two Locations to Serve You

IMAGING SERVICES
ST. CATHERINE HOSPITAL
401 EAST SPRUCE
GARDEN CITY, KS 67846

TEL: 620-272-2276 www.stcath-hosp.org

THE WOMENS CLINIC
AT ST. CATHERINE HOSPITAL
115 N. MAIN STREET
GARDEN CITY, KS 67846



MRI of the Breast (MRI CAD-computer aided detection)

MRI is the most reliable method for evaluating the difference between normal and diseased tissue which enables the physician to determine what the inside of the breast tissue looks like.

In the past few years, MRI has become a valuable addition to the Mammography for improved cancer detection in women who are at a greater risk of developing breast cancer.

During the MRI, you will be asked to lie on your stomach with your breasts in a special imaging coil. Your arms will be outstretched and an IV will be inserted into your hand or lower arm.

An initial set of images will be done first and then an injection of contrast will be administered for the remaining images obtained. These images are transferred to a computer program which assists the Radiologist in the interpretation of the images. The entire procedure takes about 1 hour.

After the exam the Radiologist will interpret the images and the results of the procedure will be sent to the patient’s healthcare provider.

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St. Catherine Hospital

401 East Spruce St.
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A Guide to Breast Care Services

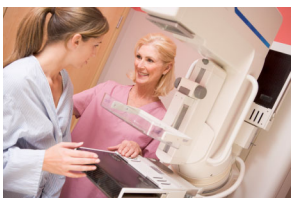
Available Services Include:

- Mammography
- Ultrasound
- Ultrasound Biopsy
- MRI Breast CAD (computer aided detection)
- Stereotactic Biopsy
- Nuclear Medicine
- Breast Surgery



WHAT IS A MAMMOGRAM?

Mammography is a specific type of imaging that uses a low-dose xray system with a specific film/ screen combination for the examination of the breast tissue. Mammogram images are obtained with front and side images by compressing the breast tissue in between 2 plates. You will experience a brief period of pressure as your breast tissue is compressed, which is necessary for visualization of the breast tissue. Most medical experts agree that successful treatment of breast cancer often is linked to early diagnosis. Mammography plays a central part in early detection of breast cancers because it can show changes in the breast up to 5 years before a patient or physician can feel the changes.



So Who Interprets the Mammogram?

Our Radiologist on staff interprets the images and provides “same day” verbal results to our patients. The final report is then sent to the patient’s healthcare provider. The patient will also receive a letter from the Mammography Department providing the results of the Mammogram.

CURRENT GUIDELINES FROM THE AMERICAN CANCER SOCIETY RECOMMEND SCREENING MAMMOGRAPHY EVERY YEAR FOR WOMEN BEGINNING AT THE AGE OF 40. THE NATIONAL CANCER INSTITUTE ADDS THAT WOMEN WHO HAVE HAD BREAST CANCER AND THOSE WHO ARE AN INCREASED RISK DUE TO A GENETIC HISTORY OF BREAST CANCER SHOULD SEEK EXPERT MEDICAL ADVICE ABOUT THE FREQUENCY OF THEIR MAMMOGRAM.

STEREOTACTIC BIOPSY

If a suspicious mass is detected on the Mammogram, the Radiologist will determine an appropriate course of action to be taken. This procedure is done with the patient lying on their stomach. The breast in question is placed through the table in order for the tissue to be compressed for the biopsy. The Radiologist performs the procedure with the assistance of the Mammogram Technologists. Once the breast tissue is compressed, the Radiologist advances a needle into the breast tissue at the area of suspicion and takes a sample for the Pathology Department. Results from the biopsy usually take 3-4 days. After the biopsy, the patient is given a cold compress and instructed to take a pain reliever (i.e. Tylenol) for the discomfort.



ULTRASOUND

The Radiologist and/ or healthcare provider may determine that an ultrasound be done after your mammogram procedure. Because of the different types of tissues associated with breast tissue, an ultrasound can be performed in order to evaluate any abnormality seen on the mammogram, due to the fact that not all cancers can be seen on mammogram images.

The ultrasound procedure is harmless and painless. Ultrasound uses sound waves to produce the image with a gel and transducer that is placed directly on the skin. The gel allows the technologist to move the transducer freely along the surface of the skin in order to obtain good, quality images. Once the images are produced, the Radiologist reviews these with the Ultrasound technologist to determine if more images need to be obtained or if further testing needs to be done.

Ultrasound Biopsy

If the Radiologist and/ or healthcare provider determine that a biopsy of the questionable area in the breast needs to be biopsied, this procedure will be done with Ultrasound. The breast tissue is cleaned and prepped and a small amount of “numbing medicine” will be injected into the area to assist with the discomfort. The Ultrasound technologist uses the gel and transducer to assist the Radiologist in placement of the core biopsy needle. Once the Radiologist reaches the area of suspicion under ultrasound guidance, he will take a small tissue sample. The breast tissue sample is then sent to the Pathology department, which will test the sample. This process usually takes 3-4 days.

Once the tissue sample(s) are completed, a tissue marker will be placed into the area(s) of the biopsy. This is done to provide a history for the future healthcare provider and Radiologist in the event of future testing or images for follow-up. A cold compress is given to help aid in the discomfort of the biopsied area and the patient will be instructed to take a pain aid, such as Tylenol, for any discomfort.

Positive results reported after the Ultrasound Breast biopsy : If the patient has undergone the biopsy of the breast under Ultrasound guidance and that tissue sample comes back “positive” for a type of cancer, the patient’s healthcare provider will discuss the process to follow., which may involve a Mammogram needle placement, Sentinel Node imaging and a Lumpectomy.

Mammogram Needle Placement

Is a procedure where a needle/ guidewire is placed into the suspicious area of the breast tissue by the Radiologist. The breast is imaged by the Mammography technologist to help aid the Radiologist in correct placement of the guidewire for the Surgeon. This guidewire helps aid the Surgeon to excise the tissue in question for further testing.

**WE UNDERSTAND YOUR CONCERNS AND QUESTIONS. HOW CAN WE HELP YOU?
CALL US FOR MORE INFORMATION**

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