

Breast lesion localisation using Scout® Radar Reflector

Patient Information Leaflet

What is breast localisation?

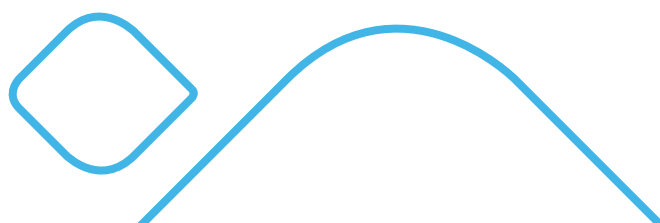
Breast localisation is a procedure to mark an area of breast tissue or a lymph node that needs removing but cannot be felt by examination. A wire or a reflector device (12mm) called Scout is inserted into the breast tissue or lymph node before surgery. The surgeon will then remove the abnormal tissue along with the wire or the marker, guided by the wire or a radar signal sent from a machine during surgery to the reflector.

What are the benefits of using Scout?

- Scout allows accurate identification of the area to be removed, which may reduce the need for you to have a second operation.
- It may reduce waiting times on the day of your operation.
- It can be placed in your breast or lymph node several days, or even weeks before surgery and this may help to minimise the stress of needing to have this done on the day of your operation.
- It can be left in place safely if other treatments are required before surgery

What are the alternatives to Scout localisation?

An alternative method to Scout localisation is a wire localisation. This involves inserting a fine wire into the breast using ultrasound or mammogram guidance. The wire will then be a guide for the surgeon when they remove the tissue. This would need to be done on the day of surgery, which may cause additional anxiety before the operation.



What does the procedure involve?

A qualified member of the breast radiology team inserts the Scout. You will need to attend the breast unit where an ultrasound scan of your breast or a mammogram will be done to locate the area that needs to be removed.

Local anesthetic (LA) injection:

- Local anaesthetic will be injected to numb the area – this will be sharp and may sting for a few seconds but it works very quickly.
- Local anaesthetic is generally very safe and serious problems are rare. Once the local anaesthetic wears off you may have some discomfort and/ or some minor bruising or bleeding at the injection site.
- Occasionally, some people may experience dizziness, headaches, blurred vision, twitching muscles, continuing numbness or pins and needles. These problems will usually pass but you should tell the healthcare professional in charge if you experience any of these.
- In very rare cases the local anaesthetic may cause a severe allergic reaction, which may be life threatening.

The procedure

- As soon as the local anaesthetic is working, a thin needle guide with the Scout reflector loaded inside it will be inserted into the area of breast tissue or lymph node that needs removing.
- You may feel some pressure in your breast during the procedure, but this is not normally painful. If you do feel any pain, please make the staff aware, so that more LA can be given
- Once the lesion is identified, a small button on the guide is pressed and the Scout reflector drops into the breast lesion or lymph node.
- The doctor or radiographer performing the procedure may need to use a small detector, similar to the ultrasound probe, to pick up a signal from the reflector.
- The procedure will usually take about 30 minutes.

What happens after the Scout localisation?

Immediately after the procedure you will have a mammogram to confirm that the Scout is in the right place in your breast.

(A mammogram is NOT needed after placement into a lymph node).

You can remove the dressing after 24 hours.

You can return to work and most activities the following day.

Avoid heavy lifting for 24 hours.

You may shower the following day, but do not soak in a bath or go into a swimming pool for 48 hours.

You might find it more comfortable to wear a comfortable supportive bra for 24 hours.



You will not be able to feel the Scout once inserted, and you may continue with your normal activities.

What are the risks of Scout localisation?

- You may have some *mild discomfort and bruising*. If you do have discomfort or pain you are advised to take regular pain relief such as paracetamol.
- You may see a small amount of *bleeding* on your dressing. This is normal. If you have any heavy, bleeding that soaks through your dressing you are advised to apply firm pressure. If this continues and you are concerned, please contact the breast care nurses, or seek other medical advice.
- If you have any signs of *infection*, such as a high temperature and/or redness you need to seek medical attention. Please contact the breast care nurses, or seek other medical advice.

What happens during surgery?

During surgery, while you are under general anaesthetic, the surgeon will use a detector to identify the Scout reflector in the breast tissue or lymph node that needs removing. The surgeon will then proceed with your surgery. The Scout will be removed during surgery.

Who do I contact if I have any concerns?

If you have any concerns Monday – Friday, 8am-5pm, please contact your breast care nurse. If you have any problems out of hours or weekends then you can telephone 111 (NHS non-emergency contact number).

Feedback

Your feedback is important to us and helps us influence care in the future. Following your discharge from hospital or attendance at your outpatient appointment you may receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

**If you have any questions or concerns please contact
Breast Care Nurses
Royal United Hospital
Tel: 01225 824057**

If you would like this leaflet in email form, large print, braille or another language, please contact the Patient Support and Complaints team on 01225 825656.

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