



Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

### STEREOTACTIC BREAST BIOPSY DISCHARGE TEACHING SHEET

After the biopsy procedure, we will place gauze and a band-aid on the small entrance site. You will be given a small ice pack to place inside your bra before you leave.

1. Leave the ice pack inside your bra for 20 minutes then take the pack out for 20 minutes. Repeat this process for the first 4 hours.
2. Keep the area dry. Do not bathe or shower for 24 hours. The outer dressing can be taken off after 24 hours. Leave steri-strips that are directly against your skin in place until follow-up appointment.
3. You may experience some mild discomfort and bruising on the underside of the breast and/or at the procedure site.
4. For the next 24 hours, if you need to take something for discomfort, use Tylenol (if allowed by your physician). **DO NOT TAKE ASPIRIN.**
5. You may resume normal activity and medications immediately, however do not participate in strenuous activities (aerobics, heavy lifting, jogging, etc.) for 24-48 hours.
6. If you have any problems (i.e., excessive bleeding, drainage, redness or heat) call your physician. If excessive swelling occurs, apply pressure immediately and call your physician.
7. Wear your bra to bed the first night to reduce movement of the breast.

We appreciate the opportunity to provide this service to you. If you have any questions please contact your physician (listed below). If your physician is not available, please call St. Claire Regional Medical Center at 606-783-6500 and ask for the surgeon on call. To speak with a nurse, contact the Diagnostic Imaging Department at 606-783-6761. Return to the Emergency Department if unable to reach the physician or nurse.

You are scheduled for a return appointment with your physician on:

\_\_\_\_\_ a.m./p.m.  
Date Time

With Dr. \_\_\_\_\_ at Cave Run Surgical Specialists, 425 Clinic Drive, Morehead, Kentucky (606) 784-7551

I acknowledge that I have been informed of and understand all of the instructions given to me. I have been given all appointments necessary for follow up and all prescriptions/medications necessary for treatment. I do not have any more questions at this time. I understand that I may call at any time if I have any further questions or problems.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Nurse's Signature

\_\_\_\_\_  
Date

**DISTRIBUTION: WHITE – Patient's Copy; PINK – Medical Record**