



CLARKSTON

McLaren Breast Center
5701 Bow Pointe Dr. Suite 255
Clarkston, MI 48346
(248) 922-6810 option 1

After-Care for Breast Biopsy Instructions

- 1. You may have mild discomfort, swelling, or tenderness of the entire breast and this may last for 7-10 days. You may have bruising where the needle entered the skin.
2. Apply an ice-pack to biopsy site for 20 minutes on and 20 minutes off until bedtime.
3. Wear a supportive bra for next 24 hours including while sleeping to help minimize motion of the breast.
4. For any discomfort, tenderness, or pain that you may experience, over the counter medication such as Tylenol may be taken according to package directions. Do not take any NSAIDS (Ibuprofen, Aleve) or any aspirin containing products for 24 hours.
5. Do not participate in strenuous activities for 24 hours. No lifting, bending, stretching, cooking, cleaning, etc. Avoid activities with arm movement.
6. Keep biopsy site dry for 24 hours. You may shower 24 hours after procedure.
7. Leave band-aid and steri-strips in place for up to 5 days. You may remove after 5 days if these do not fall off on their own.
8. Watch for excessive bleeding, swelling, redness, fever, or discharge from site or nipple. If any of these symptoms occur, please contact the Breast Center or your primary care physician. If after hours, please go to the Emergency Room or Urgent Care.
9. Biopsy results are typically available in 5-7 business days and the results will be sent to your physician. You will be notified of your results by the ordering physician. If you have not received your results after 7 business days, please call your physician's office directly.

Thank you for choosing the McLaren Breast Center!

Kristin Booth, D.O.
Eric Stover, D.O.
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Lindsay Kirk, D.O.
Kevin Carter, D.O.

I have been given verbal instructions for aftercare and received a copy. I understand a tissue marker was placed in my breast during this procedure and consent that a post procedure mammogram was performed to document the placement of a tissue marker. All of my questions have been answered.

Patient: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
Technologist(s): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
Radiologist(s): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_