BREAST HEALTH AND RADIOLOGICAL EXAMINATIONS

PATIENT INFORMATION

In the process of supporting breast health your doctor may ask you to undertake a Radiological examination. This is an overview of the main examinations available and their key benefits.

Different examinations provide various types of information to the diagnosing Radiologist.

Please discuss the examination options with your referring doctor.

Radiological Examinations

**Mammography**

Mammograms involve a low dose X-ray examination of the Breasts. Mammography plays an important part in the early detection of Breast Cancer, before there are any signs or symptoms of the disease. A Mammogram can be either 2D or 3D.

A 3D Mammogram captures a series of thin ‘layers’ (around 1mm thick) through the breast providing greater detail.

3D Mammography can demonstrate (*see notes) early invasive breast cancers more clearly than 2D Mammography alone. 3D Mammograms may be more valuable for those with dense breast tissue or implants.

2D Mammogram capture images in 2 dimensions. This may be appropriate for those patients with non-dense breast tissue and / or where a lump may be larger.

**Breast Ultrasound**

Not all breast cancers can be detected by mammography alone and referring Doctors usually request Mammograms in conjunction with Ultrasound. Ultrasound uses sound waves and can find different types of lesions to Mammograms.

US of the breast is a real time examination; a patient can indicate the location of a lump and it can be immediately viewed and correlated by the Radiologist with Mammography. Ultrasounds are also used to assess lumps seen on Mammography and to determine if they are solid or cystic.

Microcalcification, which can be a sign of early cancer, is generally not visible on Ultrasounds and is usually found with Mammography.

**Breast Biopsy**

Biopsies are a specialist radiological procedure performed by the Radiologist using Ultrasound to obtain a sample of a lesion for a Pathologist to examine.

A biopsy of a breast lesion under 6mm in size may result in removing most of the lesion and therefore the site of the lesion could be difficult to locate in the future. A Radiologist may recommend the placement of a breast tissue marker (breast clip) to ensure the site of the lesion could be located again if needed.

In the digital image on the left there is a potential lesion in the subareolar region of the breast. In the 3D images on the right, it is easy to see there is no lesion present.
Implants and Mammograms

If you have an implant, you may be concerned about the impact of a Mammogram in terms of potential leakage / rupture. Having an implant makes a Mammogram no less important. Mammograms are generally safe if you have an implant unless there is already an issue with the implant.

The amount of compression used in Mammograms is less when imaging patients with implants, to reduce any risk of rupture. The implants can obscure some of the breast tissue on Mammography but this is minimised with 3D Mammograms as they reduce hidden tissue to a minimum.

Medicare Considerations and Costs

In considering your options, please be aware that Medicare uses rules to determine if rebates can be accessed by you. To be eligible for a rebate there are important criteria that diagnostic Mammogram examinations need to comply with. Your referring Doctor will be aware of the Medicare requirements.

Mammography examinations that meet Medicare rules are Bulk Billed. Ultrasound and Intervventional procedures identified above for concession card holders are mostly Bulk Billed. Non-concession card holders will have an out of pocket fee for Ultrasound and Intervventional procedures.

Service Availability

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You can initiate an appointment via our website www.ncrg.com.au or call:
North Coast Radiology: 1300 669 729
Clarence Valley Imaging: 02 6604 2400
Chatswood Radiology: 02 8423 2700
Ryde Radiology: 02 9813 2500

Please bring your referral, Medicare and any concession cards plus all previous films and results to your examination.

Results

Your diagnostic images and reports can be sent electronically to your referring doctor and yourself. Reports are sent normally to your doctor within 24 of your examination whilst reports sent to patients are delayed by 7 days to give your doctor time to review the report. Images are sent electronically 24 hours after the appointment.

Notes