

**TABLE 1. TYPES OF PROCEDURES TO DETERMINE  
IF A LUMP OR SUSPICIOUS CLUSTER IS CANCER**  
( continued)

<b>Core needle biopsy</b>	Uses larger needle with special cutting edge to take a core of tissue out of breast. Use local anesthesia. Not used for very small lumps. Usually done in doctor's office or outpatient area of hospital. Usually no scar.
<b>Needle localization; may also be called localization biopsy or mammographic localization with biopsy</b>	Two-part procedure. Fine needle containing a wire is put into breast so that tip rests in area of change seen on mammogram. Second mammogram confirms needle is in right place. Surgeon takes out lump or cluster in area where wire is. Fine needle portion done in radiology department, with surgery in operating room with local anesthesia. Scar depends upon amount of tissue taken out.
<b>Stereotactic biopsy or stereotactic localization biopsy</b>	Patient may be sitting up or lying on table with hole in it to allow breast to hang down. Computer plans exact position for needle. Either fluid or cells can be taken from lump. Local anesthesia may be needed. No scar.
<b>Incisional</b>          <b>Excisional</b>	Takes out part of the lump to be examined by a pathologist. Uses local or general anesthesia. Usually done in outpatient department of hospital. Operation lasts less than one hour, followed by an hour or two in the recovery room. Small scar. Since the advent of fine needle and core biopsy, rarely used for breast cancer.  Takes out the entire lump or the suspicious area. Used for lumps that are small. Uses local or general anesthesia. Usually done in the outpatient department of a hospital or a surgical center. Operation lasts less than one hour, followed by an hour or two in the recovery room. May change the shape of your breast, depending on size of lump, where located and how much additional tissue is removed. Scar depends on type of surgery done.