

PREOPERATIVE DIAGNOSIS: , Nonpalpable neoplasm, right breast.,POSTOPERATIVE DIAGNOSIS: , Deferred for Pathology.,PROCEDURE PERFORMED: ,Needle localized wide excision of nonpalpable neoplasm, right breast.,SPECIMEN: , Mammography.,GROSS FINDINGS: ,This 53-year-old Caucasian female who had a nonpalpable neoplasm detected by mammography in the right breast. After excision of neoplasm, there was a separate 1 x 2 cm nodule palpated within the cavity. This too was excised.,OPERATIVE PROCEDURE: ,The patient was taken to the operating room, placed in supine position in the operating table. Intravenous sedation was administered by the Anesthesia Department. The Kopans wire was trimmed to an appropriate length. The patient was sterilely prepped and draped in the usual manner. Local anesthetic consisting of 1% lidocaine and 0.5% Marcaine was injected into the proposed line of incision. A curvilinear circumareolar incision was then made with a #15 scalpel blade close to the wire. The wire was stabilized and brought to protrude through the incision. Skin flaps were then generated with electrocautery. A generous core tissue was grasped with Allis forceps and excised with electrocautery. Prior to complete excision, the superior margin was marked with a #2-0 Vicryl suture, which was tied and cut short. The lateral margin was marked with a #2-0 Vicryl suture, which was tied and cut along. The posterior margin was marked with a #2-0 Polydek suture, which was tied and cut.,The specimen was then completely excised and sent off the operative field as specimen where specimen mammography confirmed the

excision of the mammographically detected neoplasm. On palpation of the cavity, there was felt to be a second nodule further medial and this was grasped with an Allis forceps and excised with electrocautery and sent off the field as a separate specimen. Hemostasis was obtained with electrocautery. Good hemostasis was obtained. The incision was closed in two layers. The first layer consisting of a subcuticular inverted interrupted sutures of #4-0 undyed Vicryl. The second layer consisted of Steri-Strips on the epidermis. A pressure dressing of fluff, 4x4s, ABDs, and Elastic bandage was applied. The patient tolerated the surgery well.