

Patient Information

Hookwire Localisation

What is a Hookwire Localisation?

Mammography, Ultrasound and Magnetic Resonance Imaging (MRI) examinations can identify abnormalities in the breast that cannot be felt by a doctor.

If the abnormality is to be surgically removed, it is necessary to place a fine wire, called a hookwire, into the breast with its tip at the site of the abnormality. The wire acts as a marker during surgery and enables the surgeon to identify the correct area of breast tissue. Mammography or ultrasound scans are used to guide the hookwire into the correct position.

The wire is called a hookwire because there is a tiny hook at the end, which keeps it in position.

here there is a clear watery fluid (cerebrospinal fluid, or CSF) which surrounds the spinal cord and communicates with the same fluid that is both inside and around the brain.

Preparation

Usually, this procedure will be performed a few hours before you have surgery. There is no preparation required for the hookwire localisation, but there will be preparation for the surgery that follows the hookwire localisation.

Preparation instructions/information for the surgery will be provided to you by your surgeon.

How long will it take?

The procedure usually takes about one hour. Our porters will escort you once you've been admitted both to and from our Health Hub location.

What to expect

Before the procedure you be asked to remove all jewellery and clothing from the waist up, and change into a loose fitting examination gown.

The skin of the breast will then be washed with antiseptic before a very fine needle is used to give local anaesthetic to numb the breast in the area for biopsy. The local anaesthetic may sting for a few seconds when it is being given, and after this the area will become numb.

The radiologist that will be performing this procedure specialise in breast imaging. The radiologist will use either mammographic or ultrasound guidance to localise the lesion that is going to be removed. They will then insert a fine needle into this region. Images will be taken to check the position of the needle, once it is in the correct position, a fine wire is passed through the centre of the needle and the needle is removed, leaving the hookwire in place. A final set of images will be taken to show the surgeon where the tip of the wire lies in relation to this lesion.

After Your Examination

A porter will return you to the NSPH Day Ward where they will observe you for up to four (4) hours, after which you will be free to leave.

Following the hookwire placement, a piece of the fine wire will be protruding from the breast. This projecting wire will be protected with padding and taped down to the skin and the hookwire remains in the abnormality in the breast.

You will be instructed after the procedure to not move your arm on the side of the hookwire to reduce the risk of dislodgement.

The surgeon will remove the wire together with the abnormality at the time of the operation. Your previous imaging and the images from the hookwire localisation will be sent with you to the operating theatre so that the surgeon may refer to them.

Questions?

You will be given the opportunity to ask any questions of the technicians or radiologist at the time of your procedure, however if you have any queries prior to the appointment, please feel free to contact us by phone or email – 02 9170 4500 or contact@nsrnm.com.au

If you have any questions regarding **why** the hookwire localisation is required, these should be directed to your surgeon. We are happy to re-schedule your booking so you can discuss it with your doctor.