

**This leaflet can be made available in
alternative languages/formats on request**

Further help and contact details:

**Should you need to contact the Breast Team for more
information you are welcome to use the following:**

**Macmillan Breast Cancer Nurse Specialist:
01744 646053**

**Breast Surgery Secretaries:
01744 646783 or 01744 646700**

**The Breast Care Team will aim to return your call as
soon as possible**

**Department of Surgery
Burney Breast Unit**

ROLL

**(Radio guided Occult Lesion
Localisation)**

SNOLL

**(Sentinel Node and Occult Lesion
Localisation)**

WGL

(Wire Guided Localisation)

Patient information leaflet

This leaflet aims to give you enough information to understand about this procedure, why you need it, what to expect and what happens at different stages of your journey.

What are ROLL, SNOLL and WGL?

These are types of procedures performed for removal of breast lumps or abnormalities which cannot be felt but need to be removed to establish a diagnosis or a part of your cancer treatment.

ROLL is **R**adio guided **O**ccult **L**esion **L**ocalisation.

WGL is **W**ire **G**uided **L**ocalisation.

SNOLL is combined surgery of **S**entinel **N**ode and **O**ccult **L**esion **L**ocalisation (Removal of breast lesion and lymph node). For **Sentinel Node localisation** please refer to a separate leaflet available in the unit for full details.

Why do we advise ROLL / WGL operation?

This procedure is advised when a breast lump is not felt but seen only on the imaging i.e. mammogram (breast x-ray) or scan. The surgeon is guided to the abnormal area seen only on x-rays in order to take out a piece of breast tissue.

What does it involve?

The lump in your breast will need to be marked before the operation. A tiny amount of radioactive “dye” will be injected into the lump. It is done in the X ray department, in the ultrasound or mammography room. Sometimes a thin wire will be left in the breast until the operation is complete.

What are the benefits?

The benefits of the above procedure are that removal of lump in the case of biopsy confirmed breast cancer or establishing the exact nature of the abnormality in question when the tissue diagnosis is uncertain.

It helps the surgeon to accurately remove the abnormality while taking out the least possible amount of tissue needed and achieve as best cosmetic result as possible.

What type of anaesthesia will be given to me?

This procedure is performed under general anaesthetic i.e. drug induced unconsciousness for the duration of the surgery. The general anaesthesia is administered by an anaesthetist who is a doctor with experience in the field.

What are risks of procedure?

Risks of general anaesthesia can often be nausea, confusion and pain and is often short lived. Very rare complications of general anaesthetic could include awareness, paralysis and death and risk of these varies from individual to individual.

Your health status will be assessed in the preoperative assessment clinic before surgery. You will be given an opportunity to discuss anaesthetic options and risk with an anaesthetist prior to surgery. If you are identified as at high risk for general anaesthesia, other options may be discussed.

What is the procedure specific risk?

The procedure specific risks include bleeding from wound, clot in the wound (haematoma), wound infection, allergic reaction to the radioactive dye (very rare), discomfort, need for further operation, very rarely failure to remove the target lesion. In an unfortunate event that you had any of the above complication your surgeon will discuss and guide you through.

What are the alternatives procedures available?

We have been using Radio-guided Occult Lesion Localisation over the past ten years. Our unit experience is that Radio-guided Occult Lesion Localisation (ROLL) has been superior to

other alternative technique i.e. wire localisation in terms of success rate and patient comfort. Decision to offer wire instead of Radio-guided Occult Lesion Localisation (ROLL) targeting is done by our very experienced radiologist on a case by case basis.

Are there any harmful effects of radioactive substance?

The dose of radioactivity used for localising the breast lesion is very small. The amount of radiation exposure you would get from this procedure is less than or similar to that of a chest x ray. However, in your case the breast lesion containing the radioactive substance is taken out of the body within few hours of injection. Even if the tissue injected with this radioactive liquid is not removed surgically in exceptional circumstance, the radioactivity within it disappears to undetectable level in few hours and causes no harm to you.

Before surgery

Your surgeon will explain the results of investigations including biopsy that you may have undergone. Your surgeon will also explain what the need for removal of the lesion in question is using above techniques i.e., establishing diagnosis or treatment.

Before proceeding with your operation, you will need to consent for the procedure. Consenting is information sharing pertaining to your specific surgery explained to you by your surgeon and you would give your acceptance to the proposed procedure understanding the need, benefits and risks of operation. Consenting can be done in the clinic after discussing biopsy results by your surgeon or on the day of your procedure.

You would be seen in the preoperative clinic. You are likely to have blood tests, sometimes chest x-ray and heart tracing may be performed to evaluate your fitness for surgery.

The staff will ask questions relating to your health i.e. allergy, routine medication you might have been taking.

Your admission letter will confirm when to stop eating or drinking. Your surgeon may ask you to stop medication like **Aspirin, Warfarin** and other **anticoagulants (blood thinning agents)** before surgery. Please confirm with your surgeon.

Please bring a comfortable bra with you on the day of operation to wear it after surgery.

On the day of your operation

You will be admitted to the surgical ward. Most of these procedures are done as a day case. Day case means is that on most occasions you can go home on the same day after surgery.

On completion of admission procedure, ward staff will take you to Burney Breast Unit radiology department for a scan or X- ray of the breast. You will be requested to undergo an injection of tiny amount of radioactive “dye” into the lump under scan or X- ray guidance.

You may momentarily experience slight discomfort. On completion of this procedure, small wound dressing at the needle entry site is applied.

When Wire Guided Localisation (WGL) is performed, this is done in a similar way as above except that instead of or in addition to radioactive fluid injection a wire is inserted to the lump.

From the radiology department you will be escorted back to the ward or on some occasions to the forward waiting area of the operating rooms.

Surgery

On your return to the admission ward from the breast unit, you will be taken to the operating room. Before you are put to sleep, it is a standard practice among surgeons to check for the signals of the injection you just received.

Your anaesthetist will place a needle in your arm and you will be given an anaesthetic. Your surgeon will remove the breast lesion and its lymph node when applicable using the most appropriate incision. The specimen is checked for the X ray confirmation of the abnormality removal and is cross checked with the abnormality originally seen in your mammogram. On removal of the lesion the wound is closed and you will be returned back to the ward.

After Surgery

On your recovery from the anaesthetic you will have dressings on the wounds. Your nurse will check for your pulse, blood pressure, wound regularly. Please let your nurse know if you are in pain and require pain relief.

You may feel tired and sleepy for a few hours after surgery due to the anaesthetic. It is usual to notice some breast discomfort,

discolouration and bruising. Should you notice bruising it will get better over the next few days.

When you want to get out of bed for first time after surgery, make sure you ask a nurse to be with you in case you feel dizzy.

Once your surgeon and ward staff are happy with your progress and recovery, you will be discharged home. An appointment for follow up to check your wound and to discuss the results of your surgery will be arranged with your surgeon.

Once I go home

You will need someone to look after you on returning home. You will be able to do light day to day activities the next day. You may need simple pain killers for a couple of days. We advise you to use pain killers as prescribed.

Should you notice any unusual swelling associated with progressive pain, bleeding from the wound at the operation site, you are advised to contact the breast unit during day time on a normal working week (**see contact details mentioned below**) and Accident & Emergency department during out of hours.

Results and follow up

You will be provided with a follow up appointment before discharge, please check with your nurse before going home. In the follow up wound clinics, advice on the progress of the wound is given by a wound care nurse. The results of surgery will be discussed by your surgeon when the results become available, normally ten to fourteen (10 -14) after surgery. During the consultation advice on further treatment, including more surgery may be given.

Should you need further treatments like radiotherapy, chemotherapy etc., arrangements will be made for you to see the respective specialist i.e. Oncologist and you will be informed of the appointment. Further follow-up with your surgeon for the coming months will be arranged.

Consequences of not having the procedure

It is recommended that you complete the treatment as advised. Should you need more consultations and time to think through, please let your surgeon know and they can be arrange. Should you want to defer your operation please let your surgeon know and appropriate advice will be offered. We recommend you to complete the treatment.