

Breast Services – Interventional Procedure

UHDB Breast service STOP moment guidance: March 2022

The UHDB Breast service STOP moment guidance forms part of the Imaging Policy – Local Safety Standards for Interventional Procedures (Appendix 5).

All interventional procedures conducted within the UHDB breast service require a STOP moment.

- The Healthcare Professional performing the interventional procedure (operator) will perform the STOP moment checks.
- All staff in the room, and the patient, will be involved with the STOP moment.
- All parts of the STOP moment form will be completed
- A final check of the required biopsy site should be performed immediately before the needle is inserted into the skin.
- All drugs e.g. lidocaine must be recorded with the batch number, and checks recorded (second checks are not required for medical staff)

The STOP moment form will be retained in the breast unit packet (or case notes).

The PROCEDURE REQUEST FORM section is completed to request an Advanced Practice colleague to perform an X-Ray guided procedure:

- Stereo core biopsy of the breast
- Pre-operative needle marker of the breast
- Clip placement in the breast

The STOP moment checklist form is to be used for procedures documented in the list below:

Procedures conducted as part of triple assessment within a single visit to the clinic.

Cyst aspiration
Abscess drainage

Procedures conducted within the Breast Care Unit at a Clinical visit.

Seroma aspiration
Skin lesion incision/drainage e.g. for sebaceous cyst
Tissue expansion for reconstructive procedures
Wound Assessment/Dressing
Histopathologic samples are not usually taken.

Ultrasound Guided:

FNA Breast
Core Biopsy Breast
Vacuum biopsy diagnostic
Vacuum biopsy excision

Breast Services – Interventional Procedure

Ultrasound Guided (contd.):

FNA Axilla
Core biopsy Axilla
FNA other (specify)
U/S wire placement
Other FNA or Core biopsy (please specify)
Clip placement

CLINICAL Guidance

FNA Breast
Core biopsy breast
Punch biopsy breast
Other procedure (please specify)

X-Ray Guidance

Stereo core biopsy breast
Stereo vacuum diagnostic biopsy breast
Stereo vacuum excision biopsy breast
Needle marker procedure
Stereo wire placement
Clip placement

This guidance applies to all Consultants, trainees, and Advanced Practitioners and Nurses conducting interventional procedures in the breast service at the UHDB Hospitals.

Examples of the relevant forms are attached to this guidance.

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Ratified - PQRS- Nov 22, GS+U BU Dec 22
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Breast Services – Interventional Procedure

Affix Patient ID Label

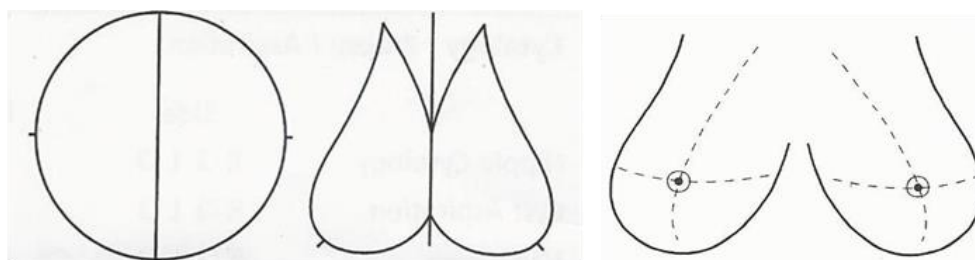
Name:

Date of Birth: DD / MM / YYYY

Hospital or NHS Number

PROCEDURE	RIGHT SIDE	LEFT SIDE
Ultrasound Guided		
Core Biopsy Breast		
Vacuum Biopsy - Diagnostic		
Vacuum Biopsy - Excision		
FNA Axilla		
Core Biopsy Axilla		
U/S Wire Placement		
Clip placement		
Clinical Guidance	RIGHT SIDE	LEFT SIDE
Core Biopsy Breast		
Punch Biopsy Breast		
Other (Specify)		
X-Ray Guidance	RIGHT SIDE	LEFT SIDE
Stereocore Biopsy Breast		
Stereo Vacuum Diagnostic Biopsy Breast		
Stereo Vacuum Excision Biopsy Breast		
Needle Marker Procedure		
Stereo Wire Placement		
Clip Placement		

Location/Lesion of Biopsy Required/Performed



PROCEDURE REQUEST FORM

PROCEDURE REQUESTED WITH X-RAY GUIDANCE	RIGHT BREAST	LEFT BREAST
Stereocore biopsy breast		
Needle marker procedure		
Clip placement		
Location and description of abnormality for biopsy requested:		
Requesting clinician:		Date:

STOP Moment Checklist

ID Check <ul style="list-style-type: none"> • Patient name • Address • DOB • Hospital No 		Staff present at the STOP moment		
		Operator:		
		Chaperone:		
		Other:		
Site & Procedural Checks				
Procedure:		Left <input type="checkbox"/>	Right <input type="checkbox"/>	Bilateral <input type="checkbox"/>
	Yes	No		
Site and side confirmed: (patient/request form/relevant imaging)	<input type="checkbox"/>	<input type="checkbox"/>		
Appropriate Consent Completed	<input type="checkbox"/>	<input type="checkbox"/>		
Is the necessary equipment available?	<input type="checkbox"/>	<input type="checkbox"/>		
Does the patient take any anticoagulants?	<input type="checkbox"/>	<input type="checkbox"/>		
Is the patient allergic to anything?	<input type="checkbox"/>	<input type="checkbox"/>		
Document allergy information:				
Local Anaesthetic Batch Number:			1 st Checker	2 nd Checker
Site and side confirmed immediately prior to administration of local anaesthetic into the skin.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
STOP Moment Completed by:	Signature:			
	Position:			
	Date:			
Post Procedure Checks				
	Yes	No	N/A	
All instruments/needles/swabs checked/counted and disposed of correctly?	<input type="checkbox"/>	<input type="checkbox"/>		
Have all specimens been labelled correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient details checked on pathology form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Post-procedure instructions given?	<input type="checkbox"/>	<input type="checkbox"/>		
Has a clip marker been inserted?	<input type="checkbox"/>	<input type="checkbox"/>	Batch No: (sticker)	
Discussion notes (if needed):				