

Challenging Patients and Situations in Mammography

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Challenging Patients and Situations

- Patient Circumstances
- Body Habitus Issues
- Special Needs



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Challenging Patients and Situations

- **Patient Circumstances**
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Patient Circumstances

- Mobility
- Limitations
- Breast size



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Mobility

- Walkers
- Wheelchairs
- Scooters



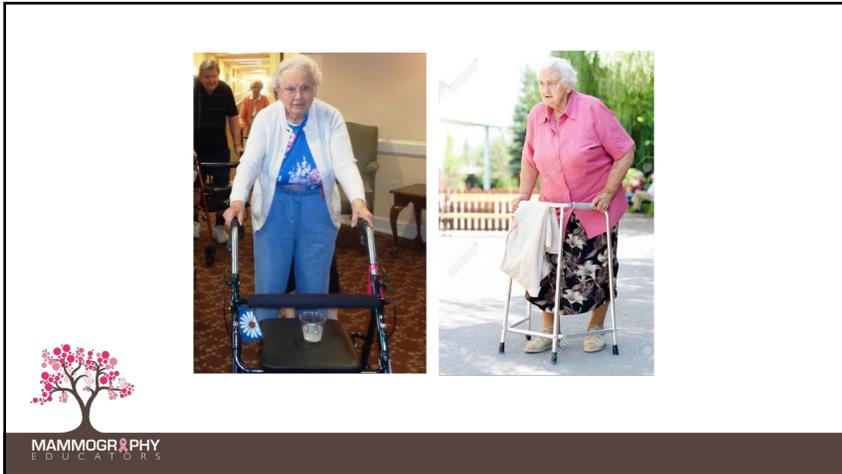
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Patients with Walkers

- Assess stability
- Have the patient sit up as straight as possible in the chair
- Have the patient sit as far forward as possible in the chair (use pillows to “bolster” them)
- Move foot pedals out of the way



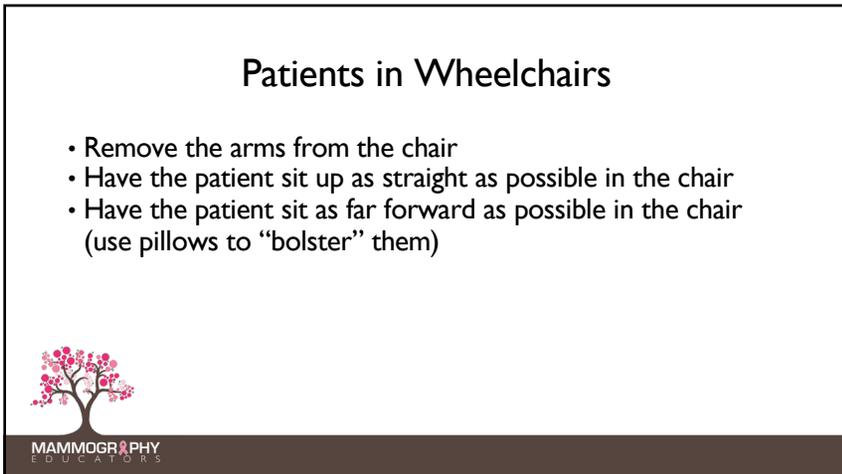
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Let them drive themselves where you need them to be!



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Mobility

- When in doubt, the patient should be seated!
- Leave the patient in their wheelchair
- Be very cautious of stools with wheels
- Consider patient stability



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Mobility

- Override automatic compression release
- Let them hang on
- Get assistance
- Accurately assess stability



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Assessing Stability

Ask them if they do everyday things things that require similar ability:

- “Can you get in and out of bed on your own?”
- “Can you get to the bathroom without help?”



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Don't just ask... “Can you stand”?

Mammography requires:

- Balance
- Stability
- ROM



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Limitations

- Limited ROM – neck, shoulder, arm, etc.
- Full or partial paralysis



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Limitations

- Mostly does not affect CC
- If you can't do an MLO, do a LM or ML
- For visualization of UOQ, do a slightly angled AT



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Breast Size

- Extremely large
- Extremely small



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Extremely Large Breasts



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Extremely Large Breasts – Challenges

- Volume of breast tissue
- Weight of the breast
- Limited IR size
- Increased probability of stretching/tearing of the skin (especially in IMF)
- Protruding abdomen



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Extremely Large Breasts – Tips

- Perform a high and low MLO, if needed
- Do an anterior compression view, if needed
- To help increase visibility of the IMF, have the patient lift and flatter their contralateral breast



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Extremely Large Breasts – Tips

- Hold the breast up higher than you think you need
- Make sure breast is held up and out
- **Don't let go** until compression is complete



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Holding the Breast in the Up and Out Position Until Compression is Complete



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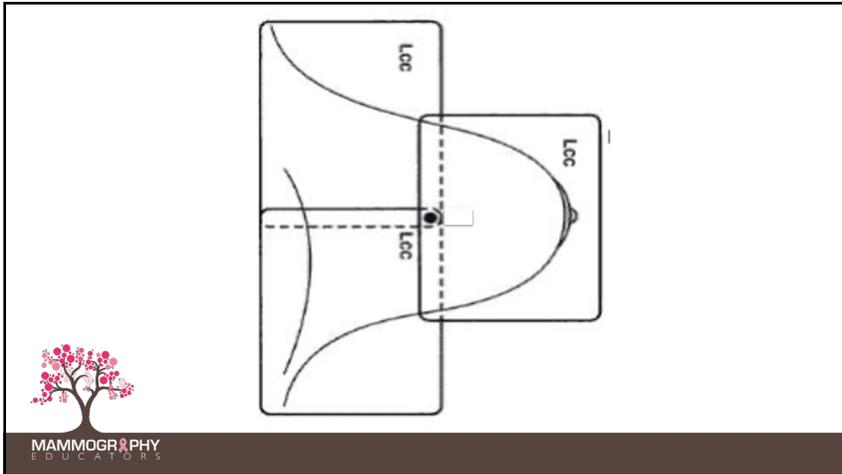
Extremely Large Breasts – Challenges

Biggest challenge is that multiple images have to be used and then “pieced” together, making sure breast tissue was not missed.

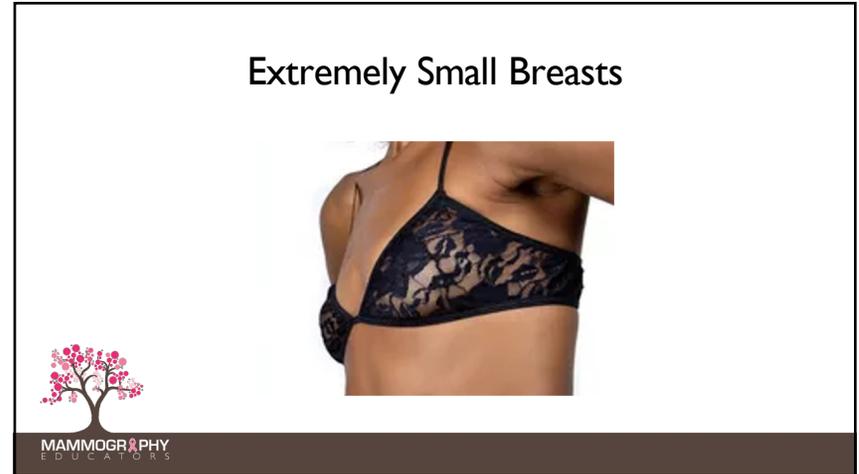
- Mosaic or tile the breast in segments
- Use “markers” to designate overlap



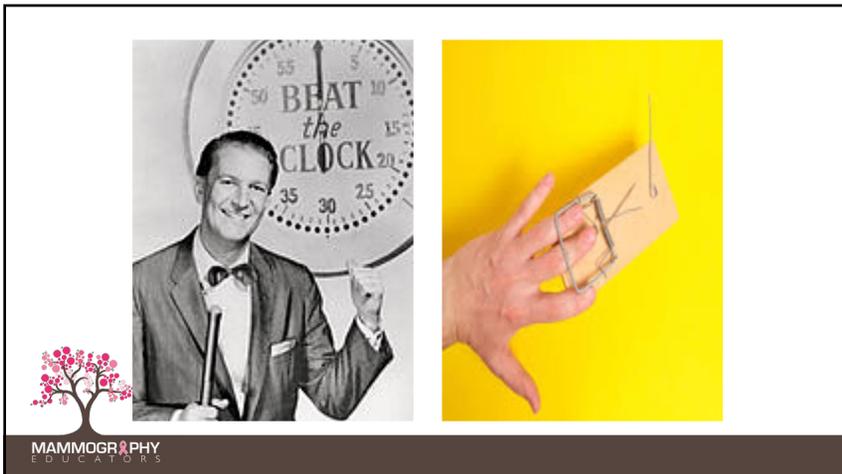
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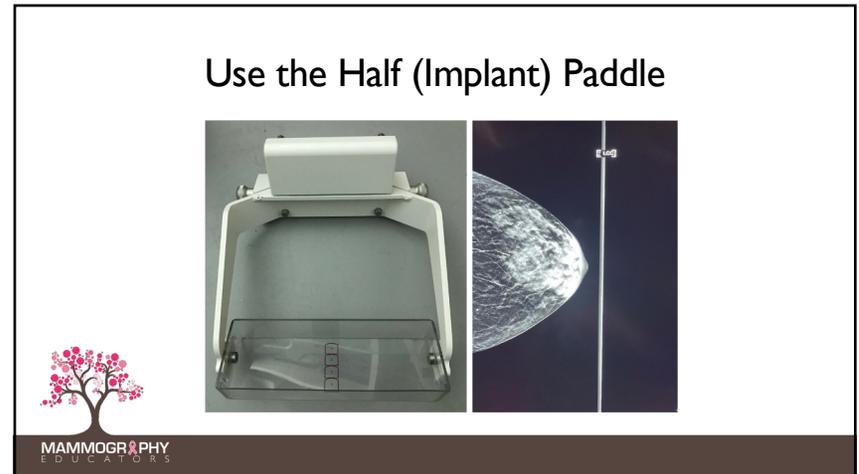
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Position From Behind the Patient

- Use the implant displacement technique
- If positioning from behind the patient, it is imperative that you explain the process first, to assure their comfort level
- Have the patient seated



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Challenging Patients and Situations

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- **Body Habitus Issues**
- Special Needs



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Body Habitus Issues

- Pectus Carinatum
- Pectus Excavatum
- Kyphosis
- Lordosis
- Scoliosis



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Pectus Carinatum

- Also called “pigeon chest”
- A deformity of the chest characterized by a protrusion of the sternum and ribs
- More common in males than females (4:1 ratio)

Hint: Carrion (birds that eat meat)



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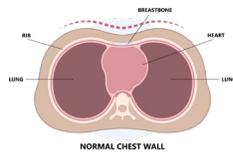
Carrions



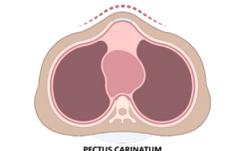
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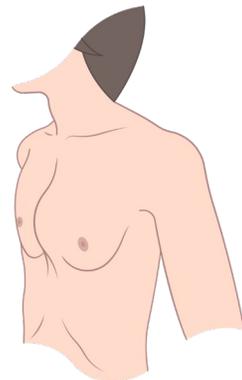
PECTUS CARINATUM



NORMAL CHEST WALL



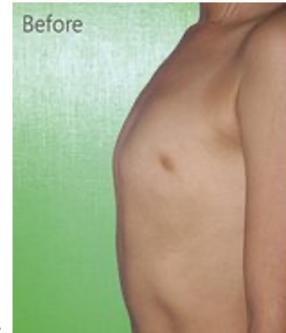
PECTUS CARINATUM



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Before



After



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Pectus Excavatum

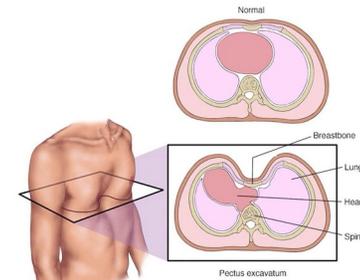
- Also called “funnel chest”
- A deformity of the chest characterized by an indentation of the sternum accompanied by a protrusion of the ribs
- More common in males than females (3:1 ratio)

Hint: Excavate, cave



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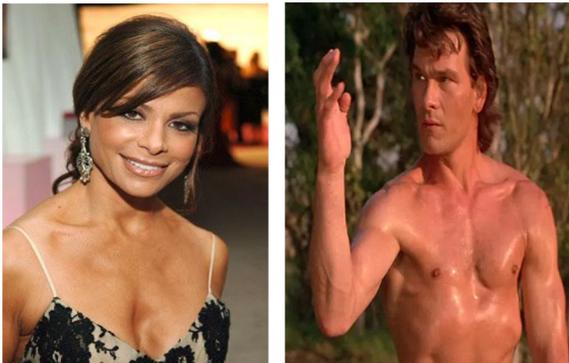


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Pectus Carinatum & Pectus Excavatum

- Try standard views
- “Chevron” the CCs: XCCL and CV, as needed
- LM as additional view (slightly angle the top of the IR away from the breast being imaged, if needed)



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Conditions of the Spine

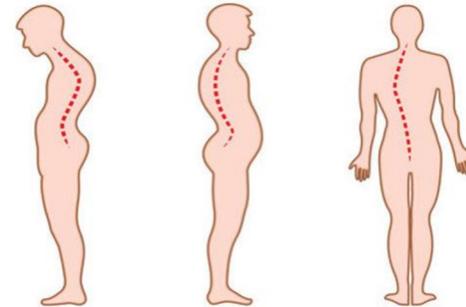
- Kyphosis – curvature of the **thoracic** spine
- Lordosis – curvature of the **lumbar** spine
- Scoliosis – curvature of the **lateral** spine



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Kyphosis Lordosis Scoliosis



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Kyphosis/Lordosis – Positioning

- Attempt the standard views first, then add views as needed:
- “Lordotic” CC
 - LM
 - Use tips recommended for pectus issues (angled LM, “chevroned” CCs)



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Scoliosis



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Scoliosis

- CCs should not be affected
- 2 different degrees of angulation for the MLOs may be needed



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KISS*

K.I.S.S

Keep It Simple
Sister!



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Keep It Simple Sister!

- Attempt the standard views first
- Get “creative” as needed
- I *rarely* do a FB
- I never do a SIO
- I never do an LMO



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My Favorite Go-To View?!



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Challenging Patients and Situations

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- Body Habitus Issues
- **Special Needs**



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Special Needs

- Alzheimer's
- Dementia
- Overly medicated
- Elderly/infirm
- Confused
- Developmentally disabled



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Special Needs

- Seek assistance of caretaker
- Let their caretaker stay in the room
- Speak slowly and clearly
- Use terminology they can understand
- Find solutions for recurring problems



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Special Needs



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DO YOUR BEST!



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No Matter the Limitations...

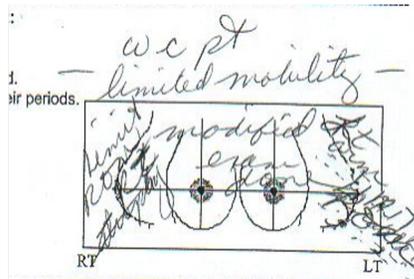
- Document... Document... Document!
- Use appropriate terminology
- Keep it concise
- Be consistent



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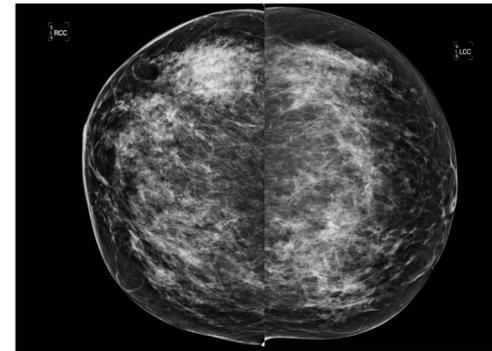
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What NOT To Do



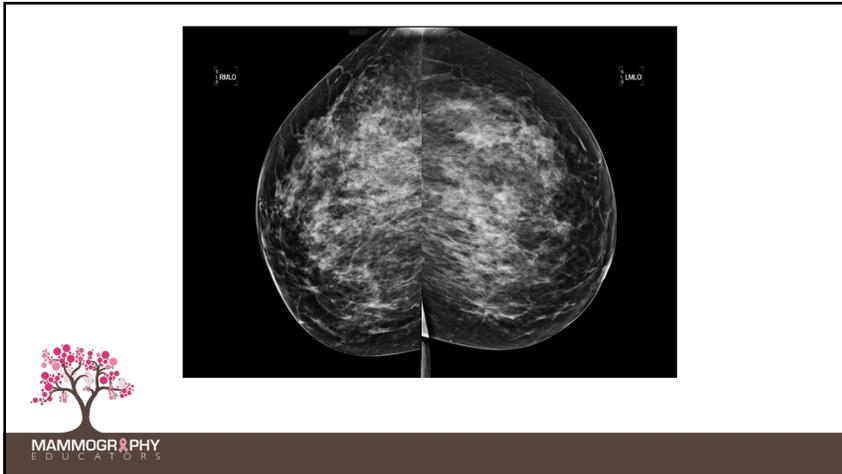
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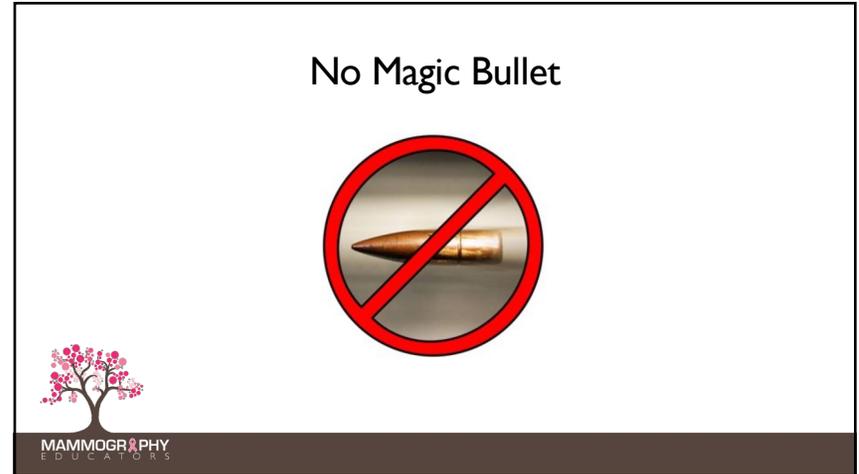


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