

# Challenging Patients and Situations: Practical Tools for Real Life Solutions



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# THANK YOU!!

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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**
- Body Habitus Issues
- Special Needs



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## Patient Circumstances

- Mobility
- Limitations
- Breast size



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## Mobility

- Walkers
- Wheelchairs
- Motorized wheelchairs



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## REMEMBER!!

- Mammograms require stability, ROM and balance!
- DO NOT just ask the patient, “Can you stand?”



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## Patients with Walkers



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## Patients with Walkers

- Keep the walker next to the machine
- Make sure there is a chair close by so she can sit down between views, if needed
- Let them hang on to the bottom of the IR



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## Patients in Wheelchairs

- Remove the arms from the chair
- 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)
- For the MLO, turn the wheelchair 45 degrees away from IR



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## Wheelchair – CC View

Sit the patient forward in wheelchair.

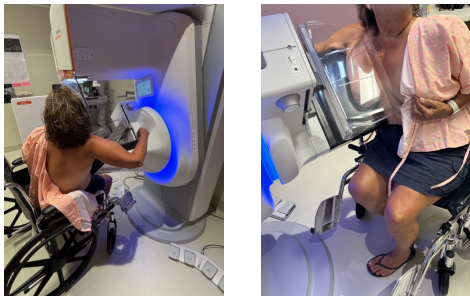


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## Wheelchair – MLO View

Turn the wheelchair 45 degrees away from the IR.



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## Motorized Wheelchairs

Let them drive themselves where you need them to be!



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## Reduce Fall Risk



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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.



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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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## 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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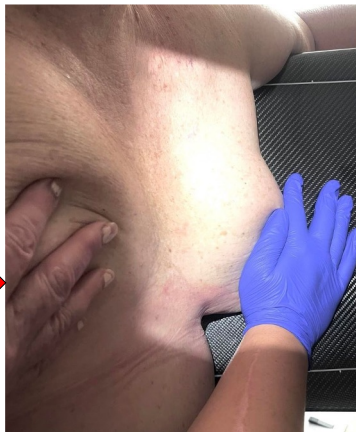
## Extremely Large Breasts – Tips

- 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

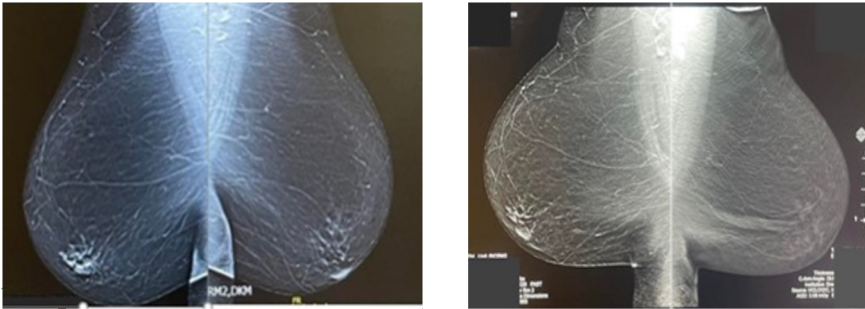


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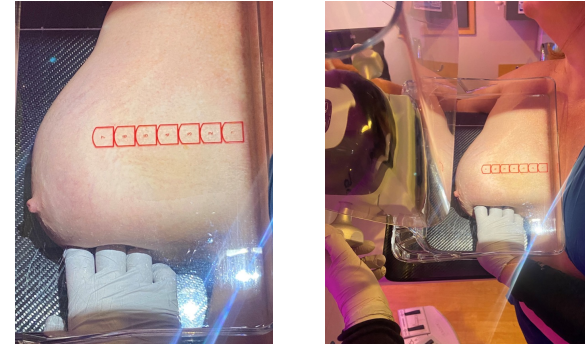
## Holding the Breast in the Up and Out Position Until Compression is Complete



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## “Knuckle Table” Trick



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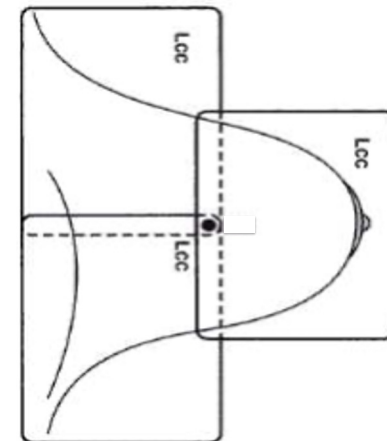
## Extremely Large Breasts – Challenges

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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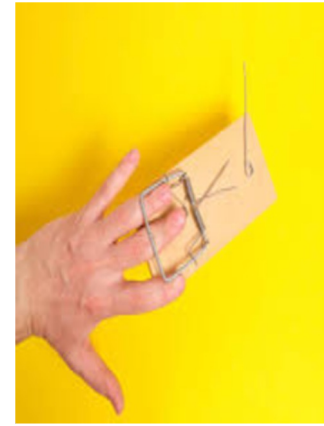


## Extremely Small Breasts



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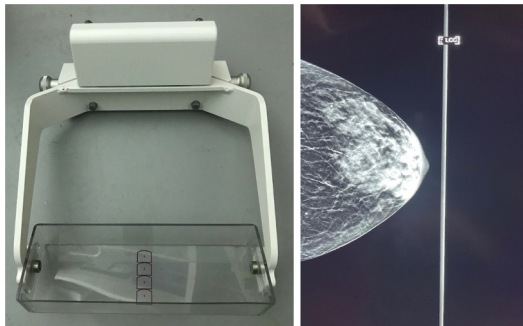
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## Use the Half (Implant) Paddle



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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

- Patient Circumstances
- **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)*



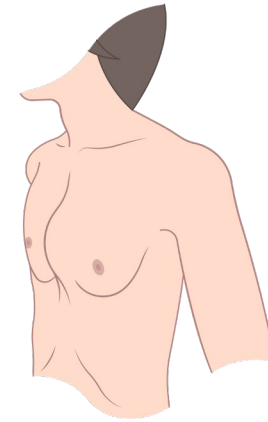
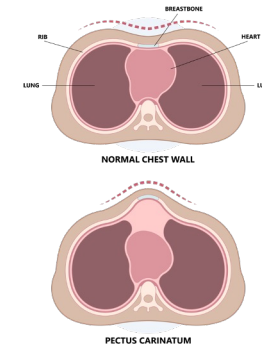
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## Carrions



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## PECTUS CARINATUM



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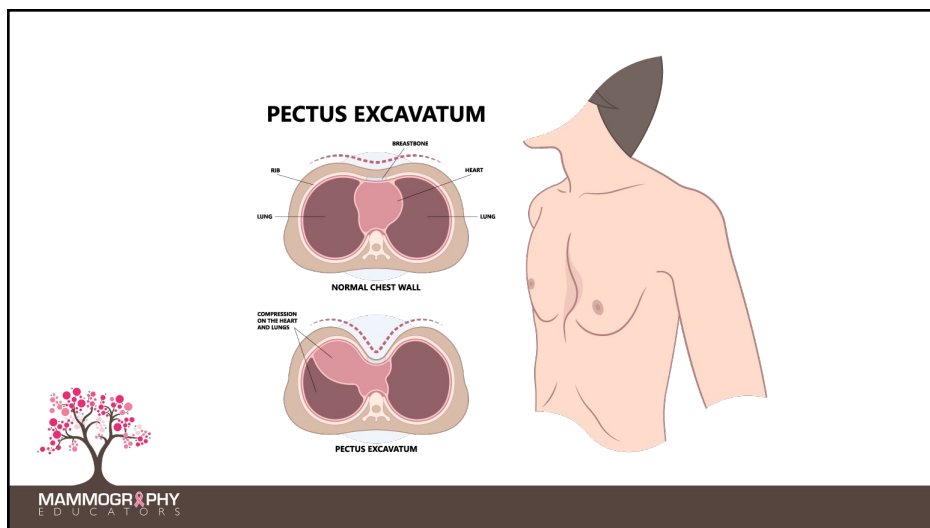
## Pectus Excavatum

- 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)

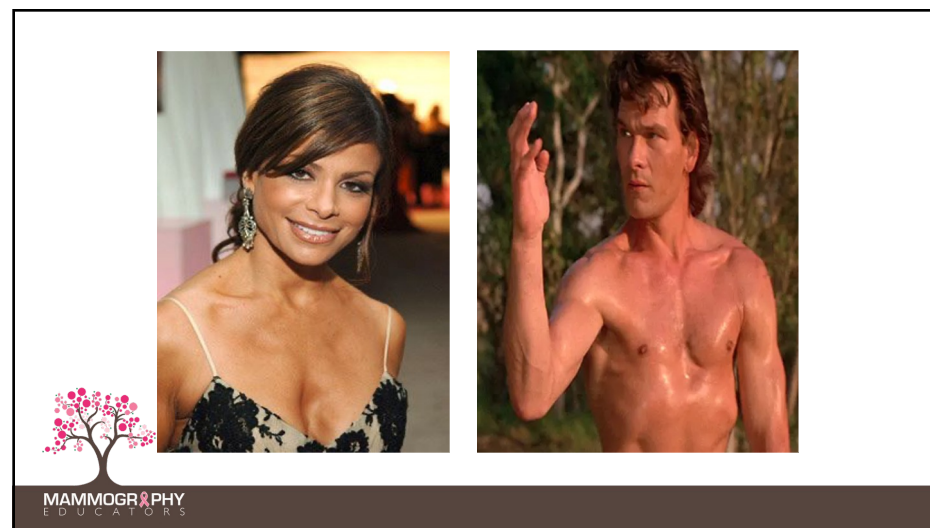
*Hint: Excavate, cave*



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## Pectus Carinatum & Pectus Excavatum

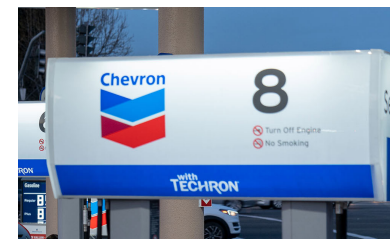
- Try standard views
- “Chevron” the CCs – XCCL and CV, as needed
- LM as additional view (slightly angle the top of the IR away from the breast being imaged, if needed)



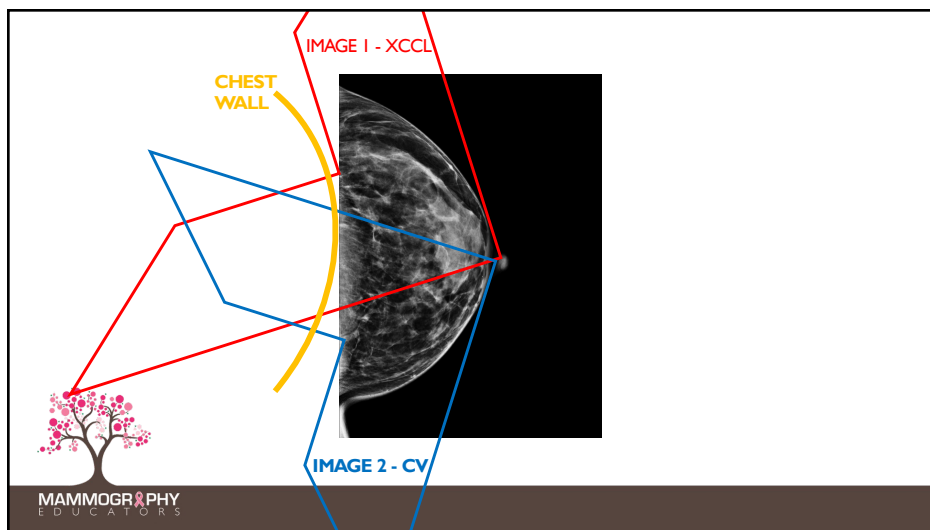
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## “Chevron” the CCs

Like doing an XCCL and CV, nipple must be included on each.



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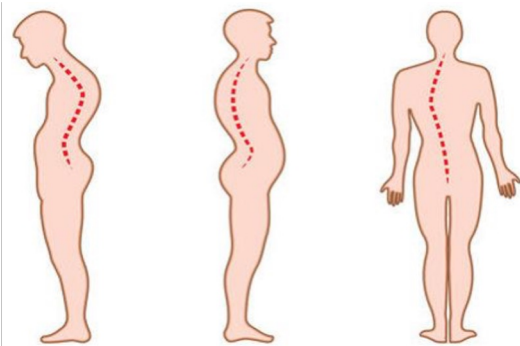
## Conditions of the Spine

- 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

- Patient Circumstances
- 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...

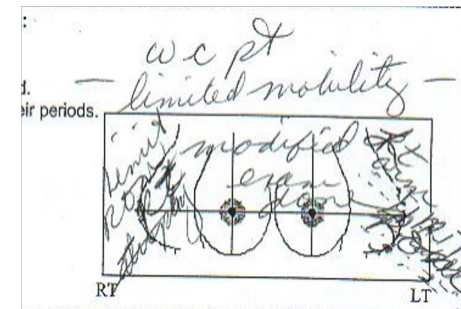
- Document... Document... Document!
- Use appropriate terminology
- Keep it concise
- Be consistent



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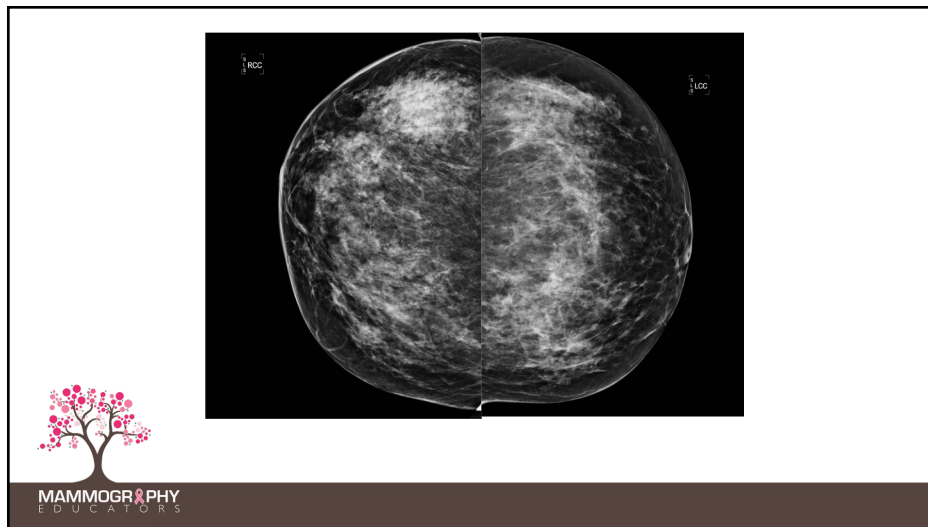
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## What **NOT** To Do

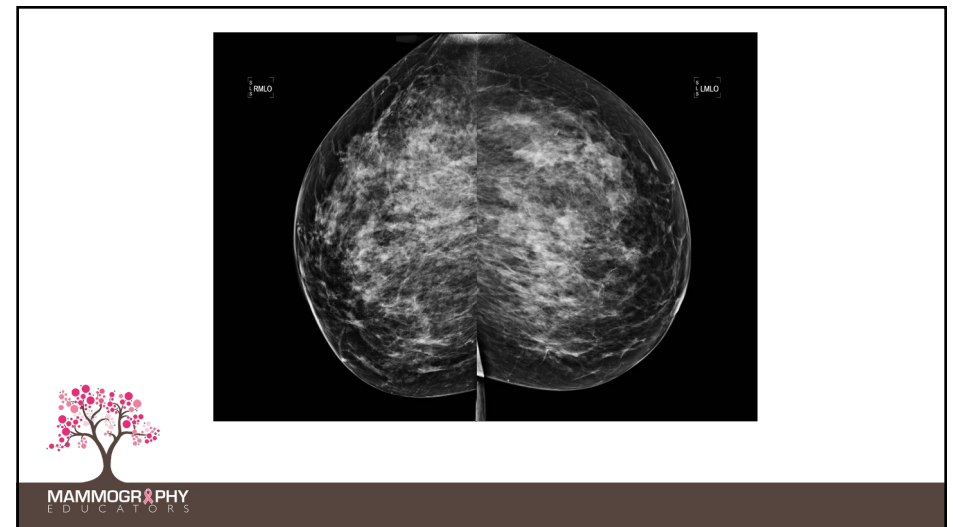


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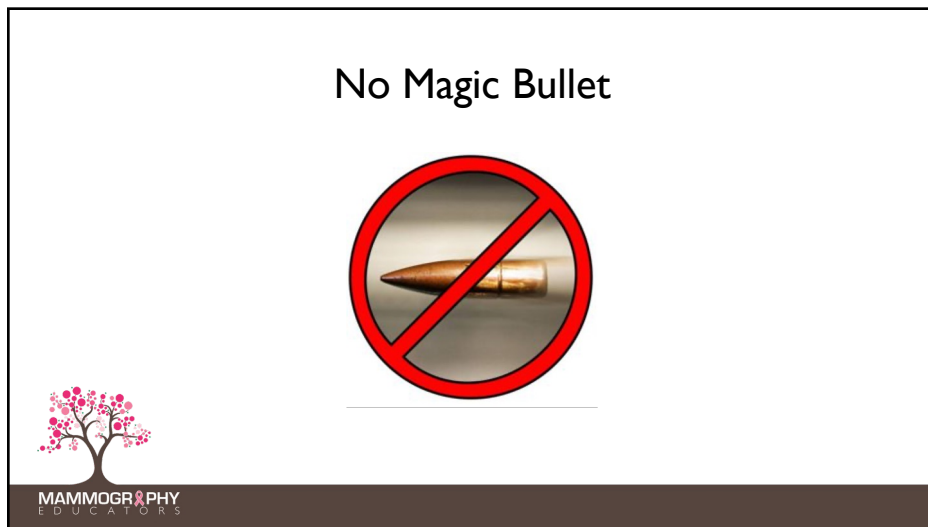
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## Challenging Situations Communication Tips – Patients

- Complaining about mammograms
- Complaining about other things
- Complaining about everything
- Inappropriate comments

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## Communication Tips – Patients

FEAR and ANXIETY cause most people to:

- Be crabby/complain
- Be angry
- Do crazy things
- Say crazy things

These behaviors give the patients a feeling of “control” during the mammogram.



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***“I hate mammograms.”***

*“Thank you for coming in anyway.”*



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***“Are you the nurse?”***

*“No, I’m an x-ray tech. It’s very different training.”*



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***“Aren’t you afraid of radiation?”***

*“An important part of my training is to make sure that the proper precautions have been put in place to make it safe for me and you.”*



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***“What a disgusting job.”***

*“I’m proud to work in women’s health.”*



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***“Do you like touching breasts all day long?”***

*“No of course not. I just want you to have the best mammogram possible.”*



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***“Is this all you so all day long?”***

*“Yes it is. I’m proud to work in women’s health.”*



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## Tips for Scripts

- Don't get defensive.
- Remember, it's not personal.
- Anxiety creates some “interesting” actions/reactions.
- Do NOT make fun of your patients or their behavior.
- How would you act in this same situation?



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## Act Don't React

- Offer the patients correct information and reassurance.
- Get the patient in and out quickly.
- Tell the patient what you are going to do before you do it.
- Invite the patient into a partnership.



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“We’re going to do this together”



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*Thank You!*

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