

Challenging Patients and Situations in Breast Imaging

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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
- 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

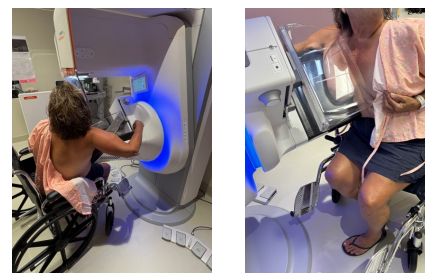
Sit the patient forward in wheelchair.



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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.
- Assist the patient as needed when transferring to the gurney.



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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 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
- For US – try to abduct the arm as much as possible without forcing.



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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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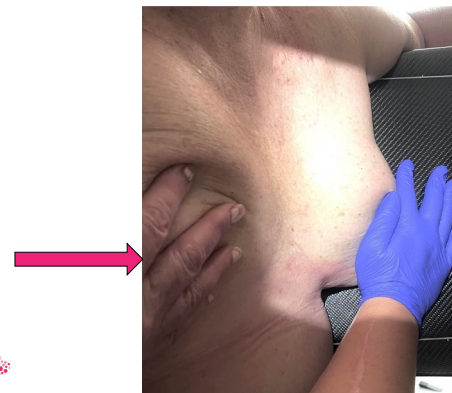
Extremely Large Breasts – Tips

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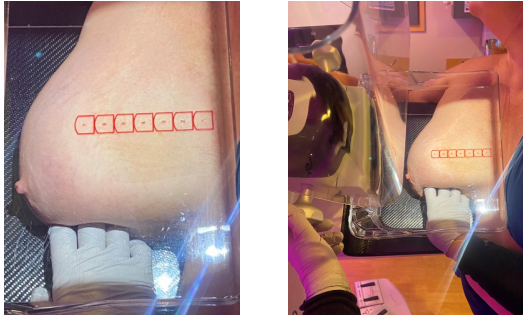
Holding the Breast in the “Up and Out” Position
Until Compression is Complete



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“Knuckle Table” Trick



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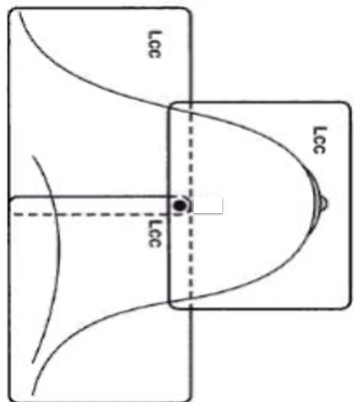
Extremely Large Breasts – Challenges

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 Large Breasts – US Challenges

- For US, use paper tape to keep breast tissue separated as needed
- Roll the patient and breast as needed
- Use pillows or angle sponges



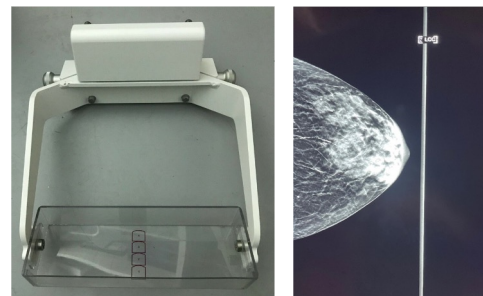
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Extremely Small Breasts



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Use the Half (Implant) Paddle



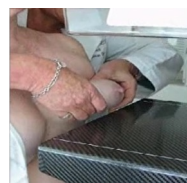
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Position From Behind the Patient

- 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

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- **Body Habitus Issues**
- Special Needs



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Body Habitus Issues

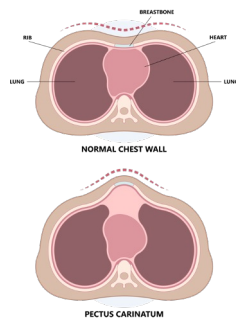
- Pectus Carinatum
- Pectus Excavatum
- Kyphosis
- Lordosis
- Scoliosis



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PECTUS CARINATUM



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Pectus Excavatum

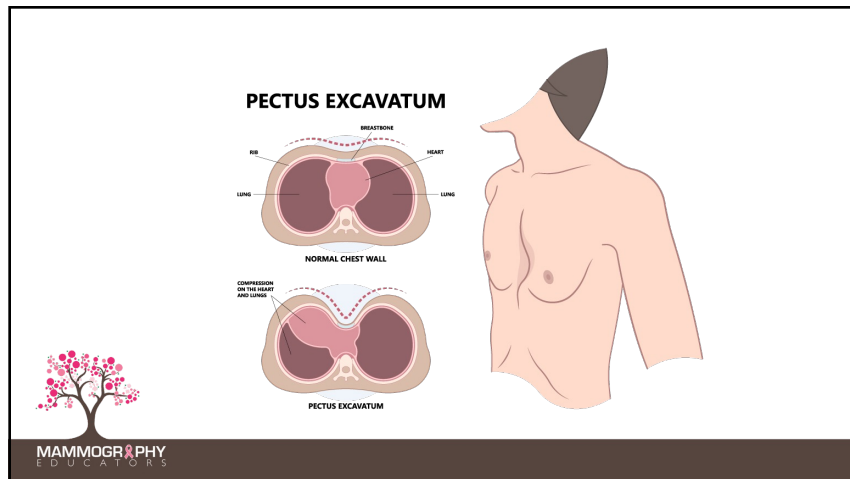
- Also called “funnel chest”
- A deformity of the chest characterized by an indentation of the sternum accompanied by a protrusion of the ribs
- More common in males than females (3:1 ratio)

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)



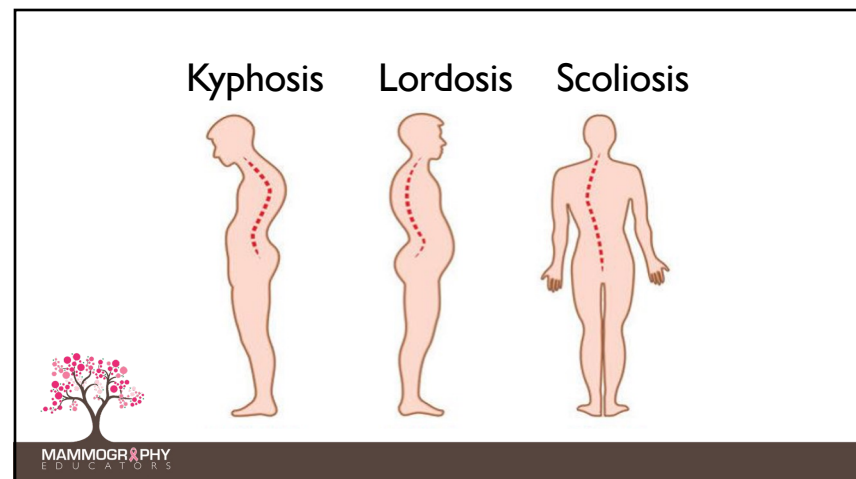
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Conditions of the Spine

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



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Kyphosis/Lordosis – 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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Kyphosis/Lordosis – US

- Depending on degree of kyphosis the patient may have difficulty laying flat
- Sit up slightly as needed
- Use pillows or angle sponges



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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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- **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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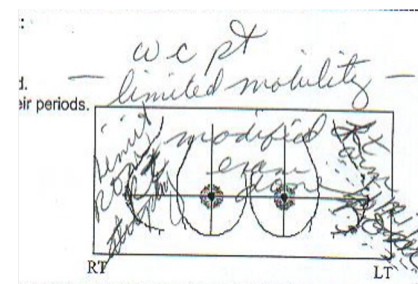
No Matter the Limitations...

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

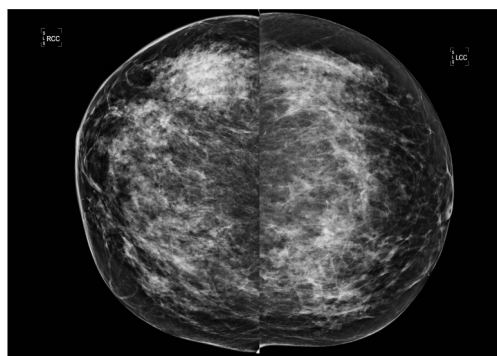


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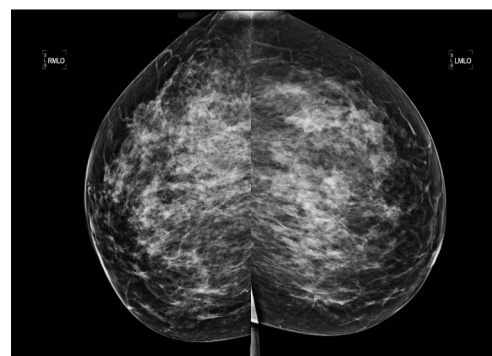
What **NOT** To Do



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No Magic Bullet



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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/ultrasound 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.”



69

“Do you like touching breasts all day long?”

“This is what is required of me to get the best images possible.”



70

“This is so much easier than a mammogram, why can’t I just do this instead?”

“Ultrasound is a different exam that compliments the mammogram so many times we need both.”



71

“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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References

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- Miller, Louise C. (2015) *Mammography Positioning Guidebook*. San Diego, CA.
- Miller, Louise C., Lehmann, T.L. (2020) *Image Quality & Positioning Problem Solving for Breast Imagers: Meeting EQUIP Standards*. San Diego, CA.



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