

# Challenging Patients and Situations in Mammography

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## Challenging Patients

- Challenges with patient circumstances
- Challenges with body habitus issues



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## Positioning Dilemmas in Mammography

- **Unique patient circumstances**
- Patient limitations
- Body habitus issues
- Skin/fat folds
- Motion



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## Positioning Dilemmas in Mammography

- **Unique patient circumstances**
  - Wheelchairs
  - Gurneys
  - Scooters
  - Pacemakers, Portacaths, Defibrillators, Shunts



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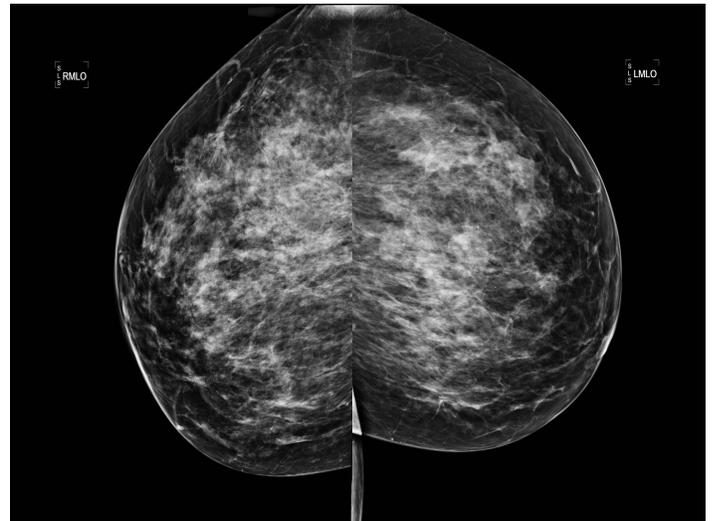
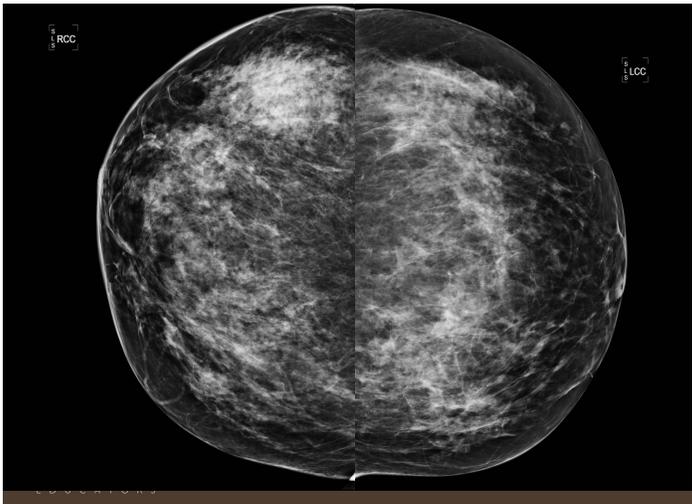
past examination

1. w.c pt  
limited mobility -  
ir periods.



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Enter MENSTRUAL HISTORY: /



## Positioning Dilemmas Mammography

- **Unique patient circumstances**
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## Try Something Different

- **Do the opposite**
  - Instead of the CC do the FB
  - Instead of the MLO do LM



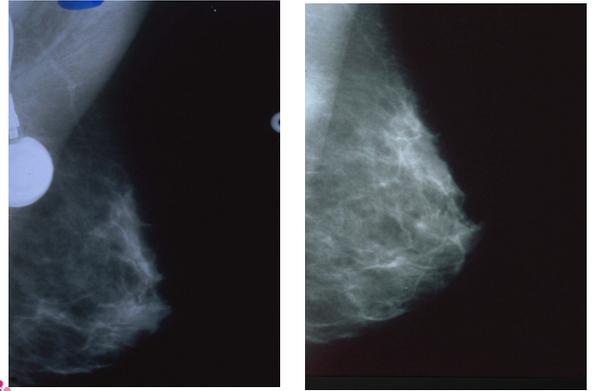
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## Keep it Simple

- I rarely do a FB
- I rarely do SIO
- I never do an LMO



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## Positioning Dilemmas in Mammography

- **Patient limitations**

Special needs:

- Can't stand unassisted
- Limited ROM – neck, shoulder, arm etc.
- Partial or full paralysis
- Overly medicated
- Developmentally disabled
- Elderly, Infirm
- Confused



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## Patient Can't Stand Unassisted

- Have caretaker (if available) help “hold” the patient.
- Technologists are not required to “hold” patients and should only do so in very limited circumstances.



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## Patient Can't Stand Unassisted

- Sit the patient down in a wheelchair, a chair with a back or stool without wheels.
- If confined to a wheelchair, remove the arms if possible.



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## Positioning Dilemmas in Mammography

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## Limited Range of Motion

Assess mobility and do not force!

- Shoulder
- Neck
- Arm



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## Limited Range of Motion

Other options include:

- LM/ML
- AT
- Seated (lordotic) CC
- “High and low” MLO



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## Limited Range of Motion

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



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## Positioning Dilemmas in Mammography

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- **Partial or full paralysis**
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## Partial or Full Paralysis

- Limited examination may have to be performed.
- Appropriate notations should be made on the history sheet.



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## Full or Partial Paralysis

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



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## Positioning Dilemmas in Mammography

### • Patient limitations

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## Overly Medicated

- Always do seated.
- If facilities are known to send patients on anti-anxiety drugs that prohibit the performance of the mammogram, ask your physician to discuss the situation with the medical director of the facility.
- Ask for caretaker or person accompanying the patient to help.



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## Positioning Dilemmas in Mammography

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## Developmentally Disabled

- Seek assistance from caretaker
- Note limitations on history sheet appropriate terminology



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- **Elderly, Infirm**
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## Elderly and/or Infirm

- Consider limitations
- Choose views that are possible
- Make notation(s) on history sheet
- Assess stability and balance



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- **Confused**



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## Confused (Dementia/Alzheimer's)

- Explain things clearly
- Use terminology the patient understands
- Speak slowly and clearly
- Be empathic
- Be patient



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## Patient Limitations

- Override automatic compression release
- Let them hang on
- Get assistance



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## Don't just ask: "Can you stand?"

- Mammography requires:

- Balance
- S stability
- ROM

Ask them if they do things in their "real life" that require similar ability: i.e. "Do you get to and from the bathroom on your own?"



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## When in doubt.....

- Don't push it!
- Document, document, document



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## Combinations

- Can't stand unassisted
- Limited ROM – neck, shoulder, arm etc.
- Overly medicated
- Developmentally disabled
- Partial or full paralysis



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DO YOUR BEST.....



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## Positioning Dilemmas in Mammography

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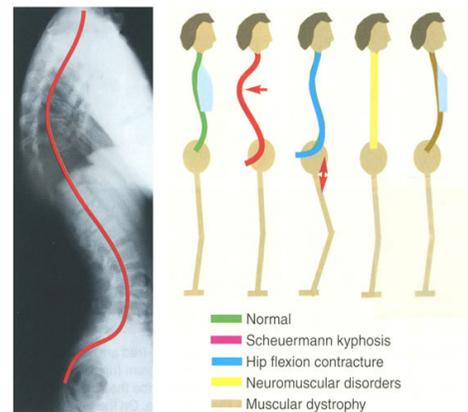
## Positioning Dilemmas in Mammography

- **Body habitus issues**

- Kyphosis
- Scoliosis
- Pectus carinatum
- Pectus excavatum
- Prominent abdomen
- Thick axilla



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## Positioning Dilemmas in Mammography

- **Body habitus issues**

**Kyphosis** (Greek - *kyphos*, a hump) in general terms, is a common condition of a curvature of the upper (thoracic) spine.



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## Positioning Dilemmas in Mammography

- **Body habitus issues**

**Scoliosis** (from Greek: *skoliōsis* meaning "crooked") is a medical condition in which a person's spine is curved from side to side, shaped like a "s", and may also be rotated. It is an abnormal lateral curvature of the spine.



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## Scoliosis

- May require different degrees of angulation for the MLOs due to configuration of thorax.



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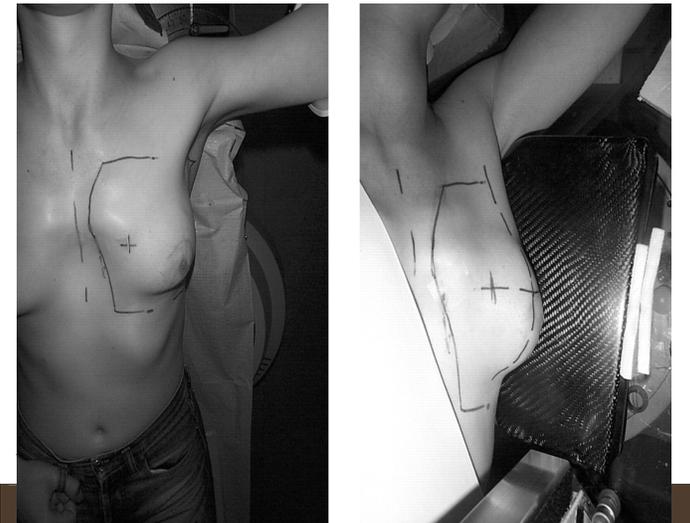
## Positioning Dilemmas in Mammography

- **Body habitus issues**

**Pectus carinatum**, also called **pigeon chest**, is a deformity of the chest characterized by a protrusion of the sternum and ribs.



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## Positioning Dilemmas in Mammography

### • Body habitus issues

**Pectus excavatum** (a Latin term meaning hollowed chest) is the most common congenital deformity of the anterior wall of the chest, in which several ribs and the sternum grow abnormally. This produces a caved-in or sunken appearance of the chest. It is usually present at birth and progresses during the time of rapid bone growth in the early teenage years, but in rare cases does not appear until the onset of puberty.



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### Perform a LM



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### Other Challenges

- Extremely large breasts
- Extremely large patients



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## Difficult because:

- Volume of breast tissue
- Limited size of IR
- Increased probability of stretching of the skin
- IMF issues
- Protruding abdomen



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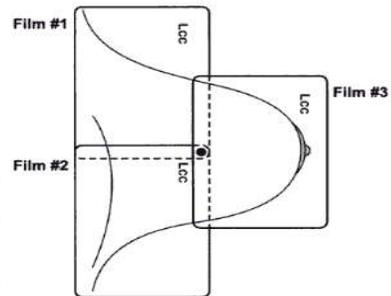


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## Extremely Large Breasts

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

- “Mosaic” or “tile” the breast in segments



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## Positioning Dilemmas in Mammography

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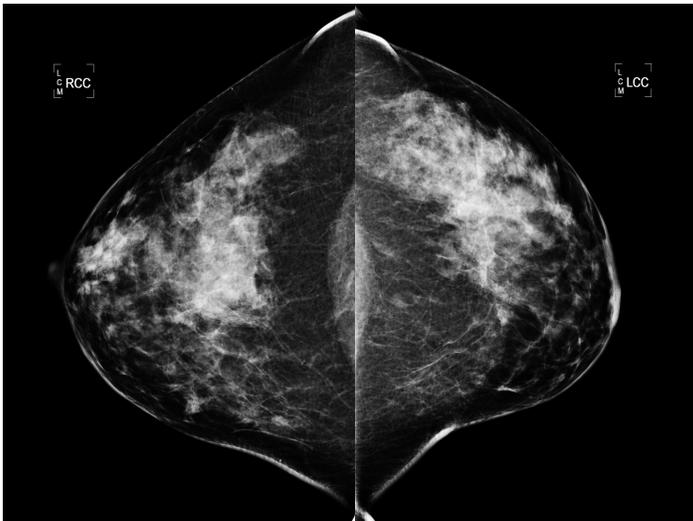
## Positioning Dilemmas in Mammography

- **Skin/fat folds**

Skin and fat folds are more visible on digital mammography due to the attenuation of the beam. Images should be repeated only when image quality and/or an area of concern is compromised.



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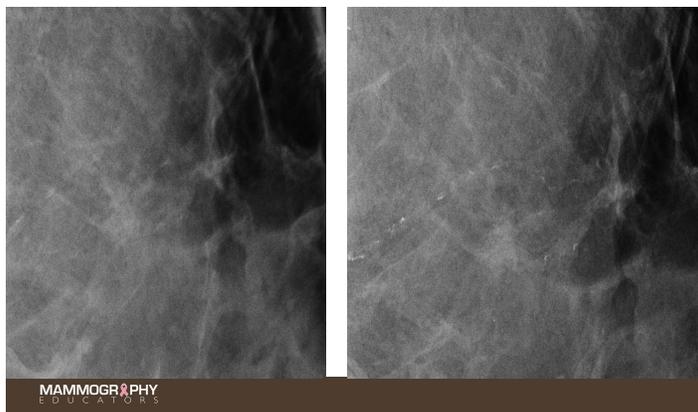
## Positioning Dilemmas in Mammography

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## Motion Artifact



## Positioning Dilemmas in Mammography

- **Motion**

For most patients tell them to stop breathing, but only after you have started to “rotor up.”



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## Positioning Dilemmas in Mammography

- **Motion – for mag views**

Try a “breathing” technique. Rather than telling the patient to “*stop breathing*,” tell her to:

*“Take a big breath in...blow it out...take another big breath in...blow it out...and now, hold it.”*

This will enable the patient to hold her breath longer, thus reducing the possibility of motion unsharpness.



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## Whatever the Limitations

Document....document....document

Tell it like it is using appropriate terminology.



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## Challenging Situations

- Patient unable to follow instructions
- Non English-speaking
- Uncooperative
- Belligerent
- Argumentative
- Patient unaware of clinical findings



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## Patient Unable to Follow Instructions

- Have printed instructions describing “how to change” in the changing room.
- Speak slowly.
- Show her what you want/need her to do.



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## Challenging Situations

- Patient unable to follow instructions
- **Non English-speaking**
- Uncooperative/belligerent
- Argumentative
- Patient unaware of clinical findings
- Patient scheduled for screening but reports clinical finding (pain, lump etc.)



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## Non English Speaking

- Ask for hospital/center/department translator
- Seek assistant from family member to translate
- Keep information short and simple
- Smile!



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## Challenging Situations

- Patient unable to follow instructions
- Non English-speaking
- **Uncooperative/belligerent**
- Condescending, Rude, Argumentative
- Patient unaware of clinical findings
- Patient scheduled for screening but reports clinical finding (pain, lump etc.)



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## Uncooperative - Belligerent

- Acknowledge feelings
- Explain your role and ask for her assistance
- Use patience
- Do not participate in negativity
- Ask for cooperation



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## Challenging Situations

- Patient unable to follow instructions
- Non English-speaking
- Uncooperative/belligerent
- **Condescending, rude, argumentative**
- Patient unaware of clinical findings
- Patient scheduled for screening but reports clinical finding (pain, lump etc.)



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## Condescending, Rude, Argumentative

- Use appropriate “scripts” to defuse challenging situations
- Don’t get “defensive”
- Don’t respond to negative remarks



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## Challenging Situations

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- Argumentative
- **Patient unaware of clinical findings**
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## Patient Unaware of Clinical Findings

- You feel something while positioning
- MD or clinician notes clinical finding that patient is unaware of



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## Challenging Situations

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- **Patient scheduled for screening but reports clinical finding (pain, lump etc.)**



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## Patient Scheduled for Screening but Reports Clinical Finding

- Develop and utilize policy and procedures regarding this and other challenging situations.
- Clearly explain the difference between a screening vs diagnostic examination.
- Patients who can no longer “locate” an area of concern should be asked to describe when and where she last experienced the symptom.



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*Thank you!*

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