

## Imaging the Challenging Patient

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MAMMOGRAPHY

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## Difficult 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



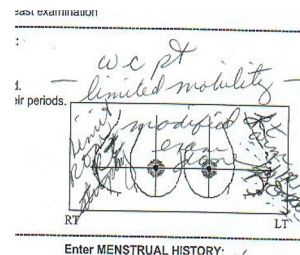
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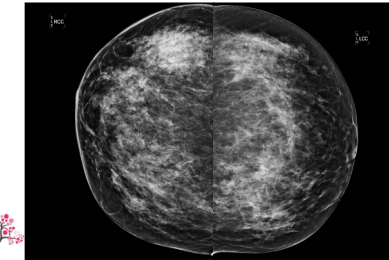
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### Positioning Dilemmas in Mammography: Unique Patient Circumstances

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- Gurneys
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### Try Something Different

- Let the patient "drive" herself
- For MLOs, come in at an angle
- Do the opposite:
  - ➔ Instead of the CC do the FB
  - ➔ Instead of the MLO do LM



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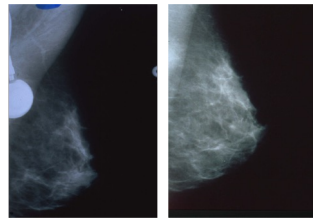
### Keep it Simple

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



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### Pacemakers and Portacaths



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### Pacemakers and Portacaths

- Do not put excessive pressure on these devices!
- Perform a high MLO, with mild compression, to include the pacemaker and axilla
- Perform an anterior compression view in front of the pacemaker
- For CCs, do not try to include the pacemaker



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### Positioning Dilemmas in Mammography

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### Patient Limitations

- Cannot stand unassisted
- Limited ROM – neck, shoulder, arm, etc.
- Partial or full paralysis
- Overly medicated
- Developmentally disabled
- Elderly and/or infirm
- Confused



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### Patient Cannot 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 Cannot 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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### Limited Range of Motion (ROM)

Assess mobility and **do not force!**

- Shoulder
- Neck
- Arm



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### Limited Range of Motion (ROM)

Other options include:

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



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### Limited Range of Motion (ROM)

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



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### Patient Limitations

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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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### Partial or Full Paralysis

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



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### Patient Limitations

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### Overly Medicated

- Always perform in a seated position
- 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 the caretaker or person accompanying the patient for assistance



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### Developmentally Disabled

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



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- Developmentally disabled
- **Elderly and/or infirm**
- Confused



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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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### Patient Limitations

- Cannot stand unassisted
- Limited ROM – neck, shoulder, arm etc
- Partial or full paralysis
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- Developmentally disabled
- Elderly and/or infirm
- **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
- Stability
- ROM



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

Instead, ask if they can do things in their "real life" that require similar ability, for example: *"Do you move 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

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



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**DO YOUR BEST...**



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### Positioning Dilemmas in Mammography

- Unique patient circumstances
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- **Body habitus issues**
- Skin/fat folds
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### Body Habitus Issues

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



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### Body Habitus Issues

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### Kyphosis

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



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### Kyphosis



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### Kyphosis

- Attempt standing views first, for documentation
- Do a "lordotic" CC while seated (or standing, if patient is stable)
- Do a LM



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### Body Habitus Issues

- Kyphosis
- **Scoliosis**
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- Prominent abdomen
- Thick axilla



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### Scoliosis

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



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### Scoliosis



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### Scoliosis

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



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### Body Habitus Issues

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



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### Pectus Carinatum

**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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### Pectus Carinatum



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### Body Habitus Issues

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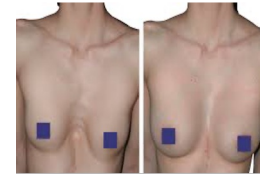
### Pectus Excavatum

**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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### Pectus Excavatum



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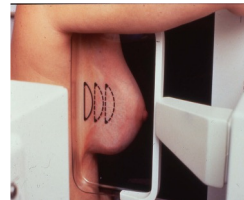
### Pectus Carinatum/Excavatum

- Perform standard CC and MLO views
- "Chevron" CCs as needed (XCCL and CV)
- LM
- Slightly angle LM



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### LM



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### Other Challenges

- Extremely large breasts
- Extremely large patients



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### Difficult because...

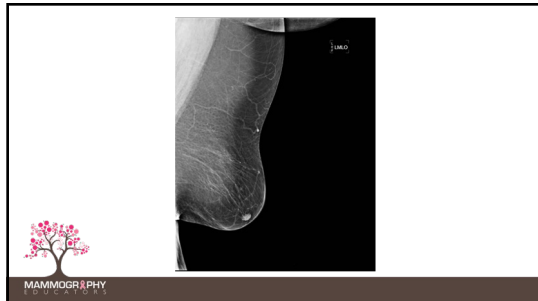
- Volume of breast tissue
- Limited size of IR
- Increased probability of stretching of the skin
- IMF issues
- Protruding abdomen



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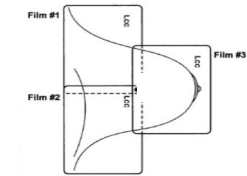
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### Extremely Large Breasts

- Biggest challenge is that multiple films have to be used and then be "pieced" together, making sure that breast tissue was not "missed."
- "Mosaic" or "tile" the breast in segments



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### Positioning Dilemmas in Mammography

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



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### 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

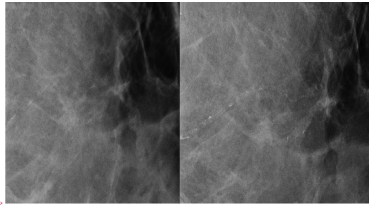
- Unique patient circumstances
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- **Motion**



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### Motion Artifact



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### Motion

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



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### 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 and/or belligerent
- Argumentative



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### Challenging Situations

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### Patient Unable to Follow Instructions

- Have printed instructions describing "how to change" in the changing room
- Speak slowly
- Show them what you want/need them to do



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### Challenging Situations

- Patient unable to follow instructions
- **Non-English speaking**
- Uncooperative and/or belligerent
- Argumentative



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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 and/or belligerent**
- Argumentative



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### Uncooperative and/or 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 and/or belligerent
- **Argumentative**



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### Argumentative, Condescending, Rude

- Use appropriate “scripts” to defuse challenging situations
- Do not get “defensive”
- Do not respond to negative remarks



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DO YOU WANT TO  
BE RIGHT OR DO  
YOU WANT  
TO BE HAPPY?

Dr. Phil  
PHIL-ISM



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**DO YOUR BEST!!**



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**Interact with Breast Imaging  
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**For questions or more information:**

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