Challenging Patients and Situations in Mammography

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Challenging Patients

- Patient circumstances
- Body habitus issues
- Special needs

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Challenging Patients

- **Patient circumstances**
- Body habitus issues
- Special needs

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Variable Patient Circumstances

- Mobility
- Limitations
- Breast size

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Variable Patient Circumstances

- **Mobility**
- Limitations
- Breast size

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Mobility

- Walkers
- Wheelchairs
- Scooters

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Mobility

- Walkers
- **Wheelchairs**
- Scooters

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Turn the wheelchair at a 45-degree angle away from the IR

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Wheelchair Patients

- Remove the arms from the chair
- Get her to sit up as straight as possible in the chair
- Have her sit as far forward in the chair as possible (use pillows to "bolster" her)

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Patients with Walkers

- Assess stability
- Get her to sit up as straight as possible in the chair
- Have her sit as far forward in the chair as possible (use pillows to "bolster" her)
- Move foot pedals out of the way

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Reduce Fall Risk

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Let Her Drive Herself to Where You Need Her to Be!

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Mobility

- When in doubt, the patient should be seated!
- Leave her in her 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 things in their "real life" that requires similar ability:

- "Can you get in and out of bed on your own?"
- "Do 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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Variable Patient Circumstances

- Mobility
- **Limitations**
- Breast size

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Limitations

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

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Limited ROM: 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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Variable Patient Circumstances

- Mobility
- Limitations
- **Breast size**

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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 size of IR
- 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 flatten her contralateral breast

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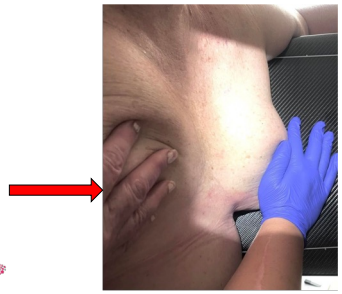

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Extremely Large Breasts: Tips

- Hold the breast up higher than you think you need
- Make sure it 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 "piece" them together, making sure that breast tissue was not "missed".

- "Mosaic" or "tile" the breast in segments
- Use "marker" to designate overlap

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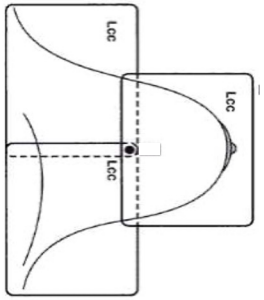

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Extremely Small Breasts

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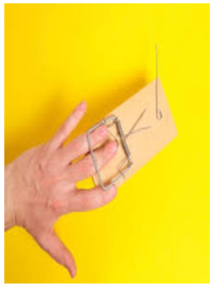

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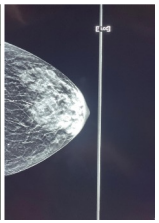
Use the Half (Implant) Paddle



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Position From Behind the Patient

- Use the implant displacement techniques
- Position from behind the patient*
- Have the patient seated

** If positioning from behind the patient, it is imperative that you explain the process to assure her comfort level.*

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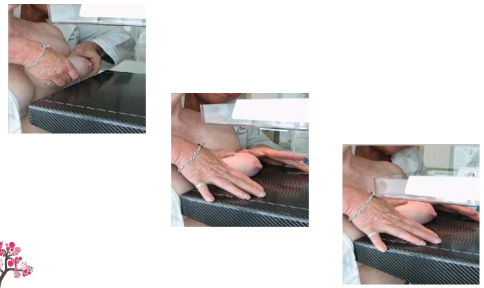

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Challenging Patients

- 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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Body Habitus Issues

- **Pectus carinatum**
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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: Carrions (birds that eat meat)

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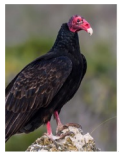
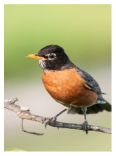
Carrions

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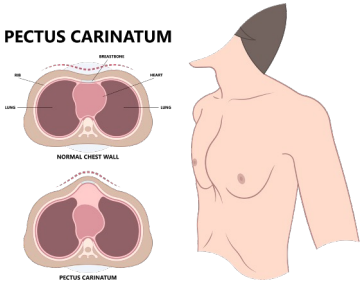

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Body Habitus Issues

- Pectus carinatum
- **Pectus excavatum**
- Kyphosis
- Lordosis
- Scoliosis

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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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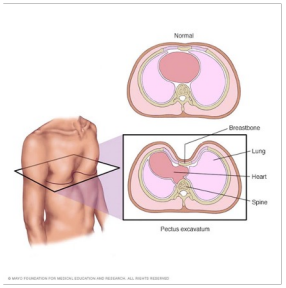

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Pectus Carinatum / Pectus Excavatum

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

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Body Habitus Issues

- Pectus carinatum
- Pectus excavatum
- **Kyphosis**
- **Lordosis**
- **Scoliosis**

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Conditions of the Spine

- Kyphosis: Curvature of the thoracic spine
- Lordosis: Curvature of the lumbar spine
- Scoliosis: Lateral curvature of the spine

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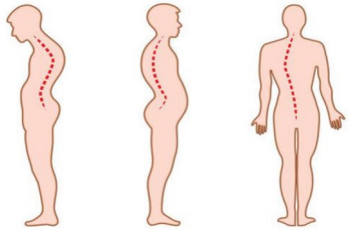
Kyphosis Lordosis Scoliosis



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Body Habitus Issues

- Pectus carinatum
- Pectus excavatum
- **Kyphosis**
- **Lordosis**
- Scoliosis

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Positioning for Patients with Kyphosis/Lordosis

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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Body Habitus Issues

- Pectus carinatum
- Pectus excavatum
- Kyphosis
- Lordosis
- **Scoliosis**

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Scoliosis

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Scoliosis

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

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KISS*

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Keep It Simple Sister!

- I 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

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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 them 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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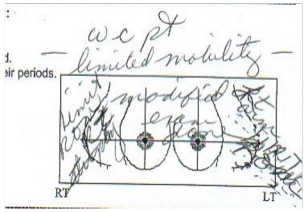
What NOT To Do



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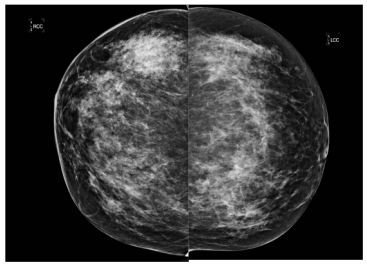

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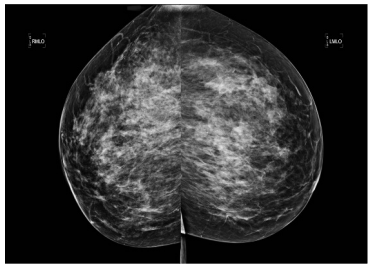

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No Magic Bullet

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