

The Miller Method™

CC QUICK STEPS

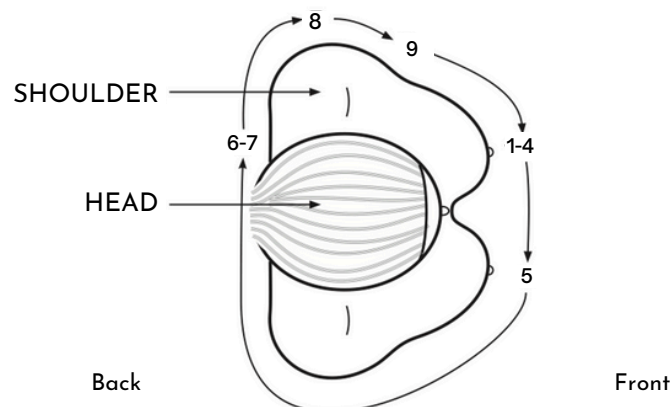
The following steps should be performed after the proper compression paddle size is chosen and the machine is at 0-degree angulation. Steps below describe positioning for the **LCC**.

Patient Preparation

- Stand on the medial side of the breast to be imaged
- Patient is facing the machine with feet, hips and shoulders forward and level
- Patient should be standing back about 2" from the IR with the nipple centered to the IR (or as close as possible)

1. Elevate breast/IMF (until the PNL is perpendicular to the chest wall)
2. Adjust IR height (so top edge is parallel with elevated IMF)
3. Pull the breast onto the IR with both hands (left hand on top; right hand on bottom) and at the same time, ask the patient to step forward into the machine (no leaning) and have them turn their face towards you
4. Anchor the breast with the base of your right thumb (after switching hands)
5. Lift the opposite/contralateral breast onto IR with your left hand, palm facing up; then ask the patient to turn their right hip forward
6. Guide the patient's head forward and around the face shield, if possible
7. Place your left elbow and forearm at the mid-thoracic region (where their bra clasp would be) and gently push the patient forward
8. Relax patient's left shoulder with your left hand (if possible)
9. Slide superior breast tissue forward by placing the base/edge of your right thumb on top of the breast against the chest wall, then apply compression while continuing to "push" the patient forward

OVERHEAD VIEW



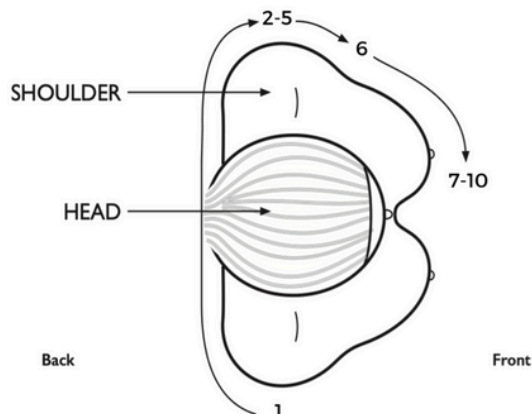
The following steps should be performed after: 1) the proper compression paddle size is chosen and shifted as needed, 2) the proper degree of angulation is determined and selected on the gantry, and 3) the IR is lowered as needed. Steps below describe positioning for the **LMLO**.

Patient Preparation

- Stand on the medial side of the breast to be imaged
- Patient is facing the machine with both feet, hips and shoulders forward and level
- Patient should move medially towards you, so that the bottom of the IR is directly below the plane of the nipple (halfway between the ASIS and umbilicus)

1. Stand perpendicular to the patient with your sternum pressing against patient's right humerus
2. Lift patient's left shoulder/arm up over the corner of the IR with your left hand in the patient's axilla.
At the same time, your right hand should "meet" your left hand in the axilla and help to lift the patient's left shoulder up and over the IR
3. IR is placed in back of axilla (just interior to latissimus dorsi)
4. Patient's left hand should be resting on bar, with their elbow bent behind the IR
5. Place your left hand on patient's left shoulder (if possible) to keep their shoulder relaxed and down
6. Your right hand, with palm facing up, slides down lateral side of breast to pull on lateral breast tissue and smooth out any skin folds
7. Once your right hand is at the bottom of the breast, turn your right hand over so that your hand is now palm down on the breast with the base of your thumb just anterior to the IMF
8. Push the breast up and out with the base of your thumb, keeping continuous contact with the breast
9. At the same, ask the patient to lift and flatten their other breast, as needed. (Caution: Do not ask the patient to pull their breast back)
10. Continue to hold the breast in the up and out position until compression is complete

OVERHEAD VIEW





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IMAGE CHECKLIST

In order to ensure maximum inclusion of breast tissue, the technologist and radiologist should consider the following criteria:

CC VIEW: SELF-EVALUATION

- Visualization of central, subareolar and medial aspects of the breast
- Visualization of pectoral muscle on approximately 40% of cases
- PNL must measure within 1.0 cm of PNL measurement on the MLO
- Retroglandular fat is visualized behind glandular breast tissue

MLO VIEW: SELF-EVALUATION

- Visualization of all breast tissue within the perimeter of breast margins
- The position of the breast is supported up and away from the thorax (not drooping) and the nipple is as close as perpendicular to the chest wall as possible
- Retromammary fat is visualized
- Inframammary fold is visualized and open
- Nipple is in profile
- Visualization of pectoral muscle: from axilla down to the level of the PNL, wide margin at the axilla, convex or straight configuration and radiolucent appearance