

## FAQs -

### MAMMOGRAPHY

#### WHY IS MAMMOGRAPHY SOMETIMES UNCOMFORTABLE?

Patients will feel firm pressure but no significant pain. If you feel discomfort, please inform the technologist. The quality of your mammogram is greatly dependent on compression of the breast, which may sometimes cause discomfort (the discomfort is brief). Compression decreases breast motion that can cause blurry images. Thicker breast tissue also causes x-ray scatter and that degrades images. The total x-ray dose to the breast is greatly reduced by good breast compression. Breast compression also flattens the breast so that all of the tissue can be visualized in the image.

Scheduling your exam 1 week following the start of your menstrual cycle (or when your breasts are least tender) can help to reduce discomfort you may experience during compression due to premenstrual tenderness. Eliminating coffee, tea or caffeinated products 5 days prior to your examination and taking a pain reliever such as Tylenol, Motrin or Aleve 1 hour prior to your exam may also help.

#### WHY SHOULDN'T I WEAR DEODORANT?

Some ingredients in deodorant can simulate calcifications in the breasts. When calcifications are seen on a mammogram, additional mammogram pictures are required to better visualize them. Thus, deodorant may cause you to have additional unnecessary pictures.

#### HOW MUCH RADIATION AM I EXPOSED TO?

Radiation exposure from a mammogram is about 0.2 to 0.3 rads per breast or roughly equivalent to less than 3 weeks of naturally occurring radiation from the environment. There is no direct evidence that this amount of radiation has any effect on the breast, particularly after age 40. For more information about radiation exposure, see basic principles of radiation safety.

#### WHY DO I NEED ADDITIONAL VIEWS?

Frequently the four standard views are adequate. However, it is common for the technologist to perform additional views if an area of tissue is not well seen on the standard views. In addition, the radiologist may request extra views to clarify an area of density or calcification seen on the standard views.

#### CAN I HAVE AN ULTRASOUND INSTEAD OF A MAMMOGRAM?

Mammography is the best test to evaluate the entire breast. Ultrasound is used as a “problem solver” to further evaluate an abnormality seen on a mammogram or a lump felt by the patient or physician.

#### SHOULD I HAVE A MAMMOGRAM IF I AM STILL BREAST FEEDING?

Unless you are experiencing symptoms, mammograms should be postponed if you are breast feeding. It takes about 3 months for breasts to return to normal after nursing stops.

#### DO I NEED A MAMMOGRAM IF I HAVE BREAST IMPLANTS?

Yes, women with breast implants should participate in regular mammography screenings just as women without breast implants. In order to visualize as much breast tissue as possible, women with implants undergo four additional views as well as the four standard images taken during diagnostic mammography. In these additional x-ray pictures, the implant is pushed back against the chest wall and the breast is pulled forward over it. This allows better imaging of the forward most part of each breast.

#### WILL MY BREAST IMPLANTS “POP” IF I HAVE A MAMMOGRAM?

These occurrences are extremely rare. The average mammogram generates less than 4 lbs. of pressure. Most breast implants are designed to withstand hundreds of pounds of pressure.