

## **Radioguided Occult Lesion Localisation (ROLL)**

### **What is a Radioguided Occult Lesion Localisation (ROLL) procedure?**

This procedure is required to surgically remove the abnormal area in your breast detected by mammography or ultrasound.

To enable the surgeon to remove this abnormality that cannot be felt, the area of breast tissue needs to be pinpointed by a special procedure called a Radioguided Localisation procedure which will be performed in the Breast Unit.

A small amount of radioactive substance is injected into the abnormal breast tissue and this can then be detected by a special probe in theatre to help the surgeon identify and find the area of concern.

### **Why do I need it?**

A Radioguided Localisation is usually needed when an abnormal area in the breast has been seen on your mammogram or ultrasound but cannot be felt. The surgeon needs to be guided to this area as there is no lump to feel.

### **What are the benefits to this procedure?**

The procedure is quick and there is no wire left in the breast when a wire localisation procedure is performed.

### **Are there any alternatives?**

A wire localisation procedure can be performed as an alternative. You will be able to discuss this with your surgeon prior to surgery.

### **What risks are there?**

There are no special precautions needed for this procedure.

The radiation dose represents a very low risk. You **will not** be required to avoid contact with children or pregnant women after undergoing this procedure.

If the isotope localisation fails, an alternative technique might have to be used (wire localisation). **(There is a separate leaflet for this procedure)**

### **What side effects might there be?**

There are no side effects to having this radioactive injection. There may be side effects from the surgery immediately after this injection but this is covered in a separate leaflet.

### **Do I need any preparation before I come for the procedure?**

There is no specific preparation for this procedure but as you will go to theatre afterwards then any preparations would be the same as for any surgical treatment.

You will attend the pre-operative assessment clinic in the Breast Unit prior to your surgery to assess your general health. You will need a blood test, a chest X-ray and maybe a heart tracing (ECG).

You would need to starve according to the instructions in your admission letter.

**What sort of anaesthetic will I have?**

You will have a general anaesthetic before surgery but not before this procedure.

**What will happen when I arrive for the procedure?**

You will walk down to the Breast Unit and be taken back to the ward immediately afterwards.

**Will I need to sign a consent form or give verbal consent?**

You will need to sign a consent form prior to surgery but only verbal consent will be required for this procedure

**What does the procedure involve?**

Mammography or ultrasound is used to identify the abnormal area. A radiologist or advanced practitioner will clean and numb the skin.

A fine needle is introduced into the breast to locate the area to be removed and the correct position will be confirmed by another mammogram or ultrasound scan.

A tiny amount of radioactive isotope is then injected into the breast where the abnormal area has been located and the needle is removed. A small dressing is placed on the injection site and you will return to the ward prior to theatre.

The whole process will only take a few minutes.

**What does the surgery involve?**

In theatre your surgeon will use a special device (gamma-pobe) to identify and find the area that has been previously localised with the radioactive isotope injection.

After the area of concern is found, it will be removed from the breast.

This procedure can be combined with a Sentinel Lymph Node Biopsy (SLNB) if needed.

In this case two separate injections of radioactive isotope are done prior to your surgery. **(There is a separate leaflet for the SLNB procedure).**

**How long will I need to stay in hospital?**

You will be ready to go home the same day or the following day at the latest.

**When I go home, will I need someone with me?**

It is required that there is someone at home who is able to look after you as with any surgery until you are feeling better.

**Will I need any follow up care?**

When you are ready for discharge you will be allowed home. If you have a surgical drain in place this may not be removed before you go home. The nurses on the ward will teach you how to manage your drain. They will also arrange for the district nurses to remove the drain at the appropriate time after your surgery.

**When can I start my normal activities again?**

You should refrain from driving for six weeks but can resume normal social activities as soon as you feel able. You will be fine to go back to work when you feel well enough.

**Who should I contact if I have any questions?**

After you have been discharged from the ward and have returned home, you may have a problem/concern or worry that you would like to talk about with someone who will understand. If this is the case, you can contact us on the telephone numbers below.

Breast Specialist Nurses    01204 390494

Clinic Nursing Staff        01204 390190

Breast Unit Reception       01204 390346

Ward M1                        01204 390718

**Where can I find more information from other sources/websites?**

Breast Cancer Care- Helpline 0808 800 6000

[www.breastcancercare.org.uk](http://www.breastcancercare.org.uk)

Cancer BACUP- Helpline 0808 800 1234

[www.cancerbacup.org.uk](http://www.cancerbacup.org.uk)

**We recognise that not everyone will find this document easy to read. We can arrange for large print, audio tapes versions and for summaries or explanations in other languages. Please call 01204 390825 if we help.**

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