TIPS AND TRICKS TO IMPROVE POSITIONING

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PIPER BREAST CENTER MINNEAPOLIS

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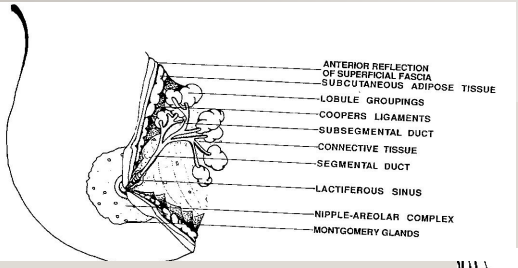
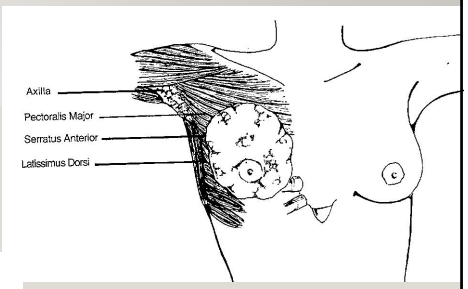
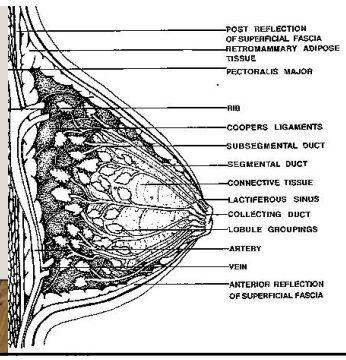
OBJECTIVES

- Tips to help perform better positioning for CC, MLO, XCCL and ML views.

BREAST ANATOMY







TIPS ON POSITIONING CC VIEW

- Patient should be standing straight forward with toes facing machine.
- Have patient stand about a hands distance away from the receptor and lean into the machine.
- Have patient look to her medial side.
- Drape the opposite breast over the corner of the receptor.
- To help increase PNL on CC view, pull the breast with both hands. Lifting the breast so the PNL is perpendicular to the chest wall. Anchor the breast at twelve o'clock, don't remove hand until you start compression. When compression is coming down slide hand towards nipple not to the side.

TIPS ON POSITIONING CC VIEW

- Check for air gaps on medial side
- To help get more lateral tissue and better contact portion of the breast is to elevate the ipsilateral (same side) arm, bring it slightly forward, bending at the elbow and rest their hand on the corner of the receptor. Works well for women with accessory tissue under the arm to prevent the bulge from occurring and not getting an even, uniform compression over the breast.
- Pec muscle will only be seen on about 45-50% if all patients.
- Cleavage should be seen about 35% of the time.

TIPS ON POSITIONING CC VIEW

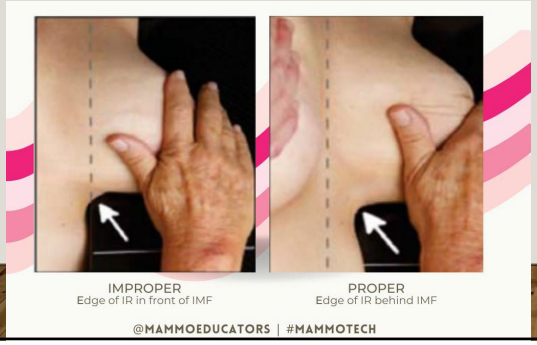
- Nipple should be centered on the CC view. It may not be centered due to prominent medial or lateral fullness of the breast.
  - Breast tissue should never be sacrificed in order to center the nipple or show the nipple in profile. Additional views should be added and labeled appropriately.
- What happens when the IR is not correct…
  - Elevating the breast too high- loss of inferior and posterior tissue.
  - Too low – the breast droops and eliminates superior and posterior tissue.

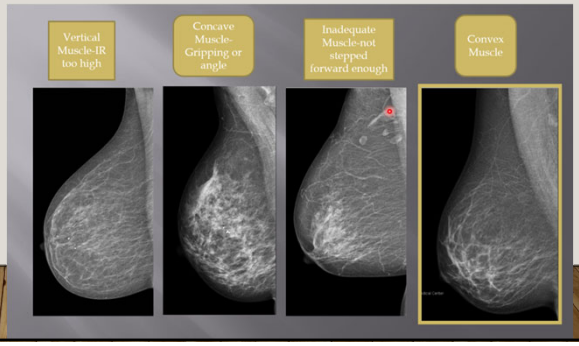
TIPS ON POSITIONING MLO VIEW

- Place the corner of the image receptor into the axilla, so it is just anterior to the latissimus dorsi.
- Keep the shoulder forward by keeping your arm on her shoulder or by verbal instructions. (if the muscle is concave the shoulder is elevated, or the IR is too high.) The IR should be halfway between the top of the shoulder and axillary crease or at the sternoclavicular joint.
- Don't let the patient grasp the handle, it pulls the pectoralis muscle back into the chest wall. Tell the patient to drape their arm on the machine.
- Have the patient look over her shoulder.
- Excessive axillary folds on MLO
  - Causes; hollow armpits, very thin, immobile hard breasts, lumpectomy on lateral part of breast
  - With these patients place the corner of the IR behind the latissimus dorsi

TIPS ON POSITIONING MLO VIEW

- Align the ASIS (anterior superior iliac spine) with the bottom corner of the receptor in order to better visualize the IMF.
- Patient's feet should be facing forward toward the unit.
- Hold the breast in an **UP AND OUT** position to prevent drooping (camel nose appearance)
- To get the back fat out of the IMF wrap your arms around the patient and pull the fat gently back, that will help not have those creases in the IMF.





TIPS ON POSITIONING MLO VIEW

- Most patients the IR will be angled at 45 degrees but not all, adjust the angle of the gantry to place the pectoralis muscle parallel to the receptor.
  - 35° = reduction mammoplasty and mastoplexy (lift), this will increase visualization of the pec muscle.
  - 40° = heavier patients with large heavy breasts
  - 45° = average
  - 50° = thinner pt's with small breasts
  - ** Try to keep the same angle year to year, this will help with interpretation to stay consistent

TIPS ON POSITIONING XCCL VIEW

- Should be done when posterior lateral glandular tissue extends past the edge of the image, usually only necessary in less than 10% of all screening exams.
- It's a variation of the CC view, so don't angle the tube or the patient.

TIPS ON POSITIONING THE ML VIEW

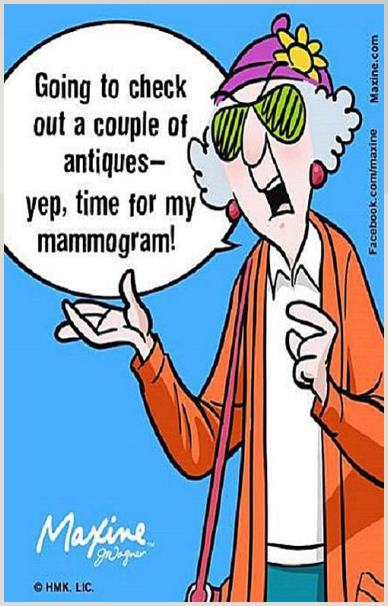
- Bring the IR into the axilla like the MLO view
- Have the patient stand slightly away from the machine and then lean into the machine (like the CC view) this will help keep the belly out of the way.
- Have them look over their shoulder.
- Don't let them grab ahold of the machine have them keep their hand flat.

OVERALL TIPS

- Develop a method, do what comes natural to you and how you get the best images, and be consistent with it.
- Remember we are bringing the breast back to its "natural" anatomical position.
- Use palpable and visual anatomy and landmarks for positioning.
- Gain the patients compliance/cooperation by explaining the procedure, listen to your patient.
- When giving directions to the patient tell them to take a step toward or away from you instead of left or right, patients are nervous and thinking like this could frustrate or tense the patient up.
- Tell the patient to slouch or relax

BOTTOM LINE

- Remember… no matter how many mammograms you've done that day, your patient is receiving her first and only mammogram of the year. Treat her as someone special. Someone love's her she is someone's somebody!



REFERENCES

- SBI-online
- Rad comm.net
- Aheconline.com

Videos with an easy patient average height and weight

CC view Positioning Video
https://youtu.be/XLRms21Dxu4
MLO Positioning Video – Part 1
https://youtu.be/XcM29tCTm5U
MLO Positioning Video – Part 2
https://youtu.be/sGanF1r3y1U

Videos with a more difficult patient, heavier and shorter

MLO Start to Finish
https://www.youtube.com/watch?v=2n7Ljo8MpSA&feature=youtu.be
CC Start to Finish
https://www.youtube.com/watch?v=MxiOgFJ5ug8&feature=youtu.be
Air gap
https://youtu.be/mTKoCM7Pz4w
CC view push back Implant view-pt seated
https://www.youtube.com/watch?v=aDA45eJTswE&feature=youtu.be
MLO view push back Implant view-pt seated
https://youtu.be/JAgLBUDoMWY
Tip for removing skin folds at IMF- hugging way
https://www.youtube.com/watch?v=jwCvQlknMM8&feature=youtu.be
MLO back pull -where I pull from (no talking):
https://youtu.be/x6K2kb9EZbI