


**Guidelines and training procedure on the aspiration of breast cysts for Breast Advanced Nurse Practitioners.**

**MSK and SS CMG**

University Hospitals of Leicester 

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### **1. Introduction and aims of guidelines.**

The aim of the guidelines is to ensure that the breast nurse practitioners can aspirate a patients breast cyst which is palpable and symptomatic after a period of training and supervised practice. The nurse practitioners will be supervised by a consultant surgeon/ senior doctor within the breast unit until assessed as competent. The nurse practitioner will be trained to aspirate the palpable and symptomatic breast cyst following the correct clinical and radiological diagnosis of the breast cyst. The patient will be assessed as per University Hospitals of Leicester' (UHL) unit protocol to diagnose the breast cyst in the first instance.

### **2. Legal Liability Guideline Statement**

Guidelines issued and approved by the Trust are considered to represent best practice. Staff may only exceptionally depart from any relevant Trust guidelines providing always that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible healthcare professional' it is fully appropriate and justifiable - such decision to be fully recorded in the patient's notes.

### **3. Scope**

The scope of the policy is to cover all Breast Nurse Practitioners who work in UHL Planned Care Division Specialist Surgery Breast Care Unit and are deemed competent once they have completed an extensive training and assessment period, to undertake aspiration of a breast cyst.

### **4. Policy**

All Breast Nurse Practitioners who undertake breast cyst aspiration will have met the criteria for expansion of their role. They will complete training as described in the package and will meet the learning outcomes. The procedure will be performed according to the agreed guidelines for the procedure. Once competence has been achieved the Breast Nurse Practitioner will assume accountability for his/her own actions as per Nursing and Midwifery Council Guidelines (2019). (NMC)

### **5.Criteria:**

In order to fulfil trust indemnity requirements and to comply with NMC guidelines in relation to accountability in practice, each Breast Nurse Practitioner must complete the specified training package which includes a period of supervised practice.

The nurse practitioners should aspirate a minimum of ten breast cyst under the supervision of a breast consultant or senior breast clinician.

During the period of supervised practice the nurse practitioner should keep a record of practice.

For best practice and audit purposes the nurse practitioner should keep a record of the patients

he/she has aspirated cysts on also.

The Breast Nurse Practitioner must demonstrate an understanding of her professional limitations and boundaries in accordance with NMC Guidelines and accountability in practice. This must be assessed by a senior nurse within the surgical directorate. i.e.: -Matron or Head Nurse.

The Breast Nurse Practitioner must be deemed competent to perform aspiration of a breast cyst by a consultant breast surgeon, using the LCAT assessment process, before they can practice independently.

## **2. Guideline Standards and Procedures**

### **PROCEDURE FOR ASPIRATING BREAST CYST**

<b>ACTION</b>	<b>RATIONALE</b>	<b>INDICATION/ EVIDENCE</b>
<p><b>EQUIPMENT</b></p> <ol style="list-style-type: none"> <li>1. Chlorhexidine 2% skin preparation wipe.</li> <li>2. Sterile syringe 10ml</li> <li>3. Sterile needle 21G ( green)</li> <li>4. Gauze swab</li> <li>5. Plaster</li> <li>6. Disposable receiver</li> <li>7. Gloves</li> <li>8. Plastic apron</li> <li>9. Sharps Container.</li> </ol> <p>Explain the procedure and rationale to the patient and give opportunity to ask questions.</p> <p>Ask the patient to lie on the examination couch with their arm above their head.</p> <p>Clean skin above the site of the palpable breast cyst with chlorhexidine 2% skin wipe and allow to dry.</p>	<p>Wash hands and prepare equipment. Put on a plastic disposable apron.</p> <p>To ensure the patient is prepared for and agrees to the procedure, giving verbal consent and to reduce anxiety about the procedure</p> <p>To ensure patient comfort and maintain the patients safety, should they feel faint during the procedure To reduce the risk of infection.</p> <p>To reduce the risk of infection .</p>	<p>As per UHL guidelines for hand hygiene. DMS 23813</p> <p>Document verbal consent in patients notes. NMC guidelines for professional practice ( 2019) Breast cyst will have been diagnosed as per UHL breast Unit protocol prior to aspiration. (2019)</p> <p>As per UHL skin preparation policy. DMS 11957</p>

<p>Attach the 21g needle to the syringe. Fix the lump caused by the cyst With two fingers. After warning the patient about the needle, slowly push the needle into the lump and pull back on the syringe plunger at the same time.</p>	<p>To prepare for cyst drainage To stabilise the lump prior to inserting the needle for drainage. To reduce the risk of the patient moving. To commence aspiration of the cyst as soon as the needle has penetrated the cyst wall.</p>	<p>Royal Marsden manual of clinical nursing procedures. ( 2009)</p>
<p>Continue to aspirate the cyst without moving the needle until no more fluid is left in the cyst.</p>	<p>To ensure complete aspiration of the cyst and reduce the risk of the cyst refilling.</p>	<p>As per UHL breast unit protocol. (2019)</p>
<p>Check the colour of the aspirate, if clear/ green/yellow colour this may be discarded with the needle and syringe.</p>	<p>Normal cystic fluid does not need sending for cytological assessment.</p>	
<p>If aspirate is bloodstained then send for cytology in cytology pot.</p>	<p>Could be indicative of a malignancy.</p>	<p>As per UHL breast unit protocol. (2019)</p>
<p>Ensure the pot is labelled with patients' hospital number and personal details and the correct pathology form is also filled out with patient medical details and identification details.</p>	<p>To identify the specimen for accurate results.</p>	<p>As per UHL Pathology handbook.</p>
<p>Apply dry gauze and pressure to the area.</p>	<p>To reduce the risk of bleeding/ bruising.</p>	<p>As per Royal Marsden manual of clinical nursing procedures. ( 2009)</p>
<p>Check not allergic to plasters and apply a plaster or non-allergenic dressing to the site.</p>	<p>To reduce the risk of an allergic skin reaction / infection. To protect patients clothes.</p>	
<p>Dispose of needle and syringe into sharps container.</p>	<p>To reduce risk of injury and infection to staff.</p>	<p>As per UHL infection control policy for the safe disposal of sharps. DMS NO 33425</p>

<p>Physically examine the area following aspiration of the cyst.</p> <p>If sample of cyst aspirate sent for cytology due to it being blood stained, then negotiate with patient if to bring back for results or whether to telephone with results.</p>	<p>To see if the palpable lump has gone following cyst aspiration. If not then discuss with the radiologist as to whether to repeat ultrasound scan.</p> <p>To ensure the patient is aware of a benign result or to safely act upon an equivocal outcome.</p>	<p>As per UHL breast protocol. (2019)</p> <p>As per UHL breast protocol management of results. (2019)</p>
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### **3. Education and Training**

#### **Assessment of Breast Nurse Practitioners undertaking aspiration of diagnosed and symptomatic breast cysts.**

1. The Breast Nurse practitioner will have clinically examined the patient before or after breast ultrasound scan +/- mammography as per UHL Breast Unit guidelines to ensure the cyst is palpable.
2. The Breast Nurse Practitioner will only aspirate the Breast cyst once confirmed on Imaging, or recurrent cyst within two months of last aspiration, and the patient has indicated that it is causing discomfort or would like it aspirating.
3. The Breast Nurse Practitioner will carry out breast cyst aspiration a minimum of ten times under the supervision of a competent practitioner and keep a reflective log of the procedure as per LCAT guidelines, for training and audit purposes.
4. When the Breast Nurse Practitioner has completed the training period and feels competent in the procedure she/he should be assessed by a consultant breast surgeon using the LCAT assessment process.
5. Assurance that clinical practice remains within the remit of UHL NHS Trust Breast Units guidelines by regular assessment of competence yearly.

## MEDICAL SUPERVISORS ASSESSMENT OF NURSE PRACTITIONERS COMPETENCE IN THE ASPIRATION OF BREAST CYSTS

COMPETENCY	COMPETENT ( signature)
Demonstrates an understanding of the rationale for this procedure through discussion and reflective practice	
Has attended UHL consent training	
Has successfully completed 10 supervised practises of breast cyst aspiration.	
Checks patients identity/allergies	
Communicates the procedure effectively to the patient and checks for understanding. Gains verbal consent	
Is able to interpret ultrasound diagnosis of a breast cyst and safely palpate the cyst.	
Demonstrates a safe cyst aspiration technique following above procedure guidelines +/- identifying if the aspirate needs to be sent for cytology.	
Demonstrates the ability to palpate the breast post cyst aspiration to check the lesion has gone and act upon clinical findings if not	
Demonstrates the ability to safely dispose of sharps, assess by observation of safe sharp disposal.	

### **4. Monitoring Compliance**

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Clinical competence	Assessment of practice and sign off	Lead Clinician/ Consultant surgeon	Initial sign off and yearly review of practice	Yearly evidence at IPR
Professional accountability	Guidelines for undertaking extended roles are understood and demonstrated by discussion. 2 Awareness of the NMC professional requirements and	Lead Advanced Nurse Practitioner or Head of Nursing	Initial Sign off and yearly review	Yearly evidence at IPR

	Scope of practice demonstrated through discussion. 3 Awareness of accountability demonstrated through discussion			
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## PRACTICE STATEMENT

This document authorises the practice of a Breast nurse Practitioner to undertake Aspiration of breast cysts on the basis of the following:

Indirect supervision of a recognised Consultant Breast Surgeon

Successful completion of a minimal 10 breast cyst aspirations checked and approved by a Consultant surgeon or Senior trained Breast ANP..

Written approval from supervising Breast Consultant within UHL Breast Care Centre.

## 5. Supporting References

Code of professional conduct. Nursing and Midwifery Council (2019)

[WWW.nmc-uk.org](http://WWW.nmc-uk.org)

Royal Marsden Manual. Chapter 7: Breast aspiration and seroma drainage

[www.rmmonline.co.uk/rmmm7/procedure/07/ss4](http://www.rmmonline.co.uk/rmmm7/procedure/07/ss4)

UHL Breast Unit Protocol (2019)

## 6. Key Words

Breast Cyst Aspiration

CONTACT AND REVIEW DETAILS	
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