

1. Introduction and Aims of Guidelines.

The aim of the guideline is to ensure that the Breast Nurse Practitioner can perform a diagnostic Fine Needle Aspiration of a palpable breast lump after a period of training and supervised practice. The Breast Nurse Practitioner will be supervised by a consultant surgeon/ senior doctor within the Breast Unit until assessed as competent. The Breast Nurse Practitioner will be trained to aspirate an adequate sample of cells for cytological assessment to provide a diagnosis of the palpable breast lump, following clinical examination and breast imaging as per UHL Breast Unit protocol (2019).

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 Specialist Surgery planned care division Breast Care Unit and are deemed competent once they have completed an extensive training and assessment period, to undertake fine needle aspiration of a palpable breast lump.

4. POLICY

All Breast Nurse Practitioners who undertake breast Fine Needle 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 Breast Nurse Practitioner should perform a Fine Needle Aspiration of a minimum of ten palpable breast lumps under the supervision of a Breast Consultant or senior breast clinician/ Breast Nurse Practitioner.

The results of the tests should be checked via ILAB to ensure the sample taken was adequate.

During the period of supervised practice the Breast Nurse Practitioner should keep a record of practice as evidence for assessment.

For best practice and audit purposes the Breast Nurse Practitioner should keep a record of the patients he/she has done a Fine Needle Aspirate on, also if the sample was adequate.

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 :-Lead Breast Nurse Practitioner or Head Nurse.

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

2. Guideline Standards and Procedures

PROCEDURE FOR FINE NEEDLE ASPIRATION OF PALPABLE BREAST LUMPS

Action	<i>Rationale</i>	<i>Indication/Evidence</i>
<p>EQUIPMENT</p> <ol style="list-style-type: none"> 1. Chlorhexidine 2% skin preparation wipe. 2. Sterile syringe 10ml 3. Sterile needle 21G (green) 4. Gauze swab 5. Plaster 6. Disposable receiver 7. Gloves 8. Plastic apron 9. Sharps Container. 10. Specimen pot with cytology preservation fluid in. 11. Cytology request Form. <p>Wash hands and prepare equipment.</p> <p>Put on a plastic disposable apron.</p> <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 his/her arm above their head.</p>	<p>RATIONAL</p> <p>To prepare for fine needle aspiration.</p> <p>To ensure the patient is prepared for and agrees to the procedure, giving verbal consent. To try to reduce anxiety about the procedure.</p> <p>To facilitate access to the site of the breast lump.</p> <p>To ensure patient</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) NMC London.</p> <p>The breast lump will have been assessed clinically and by imaging as per UHL breast Unit protocol (2019) prior to</p>

<p>Clean the skin above the site of the palpable breast lump with chlorhexidine 2% skin wipe and allow to dry.</p> <p>Attach the 21g needle to the syringe. Fix the breast lump between two fingers.</p> <p>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, note the consistency of the lump i.e soft, rubbery or gritty.</p> <p>Continue to aspirate the lump with maximum suction, moving the tip of the needle back and forth, in different directions without withdrawing the needle through the skin</p> <p>Send the aspirate for cytology in a cytology pot.</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>Apply dry gauze and pressure to the area .</p>	<p>comfort and maintain the patients safety, should they feel faint during the procedure.</p> <p>To reduce the risk of infection.</p> <p>To stabilise the lump prior to inserting the needle for aspiration.. To reduce the risk of the patient moving.</p> <p>To commence aspiration as soon as the needle has passed into the lump.</p> <p>To assess the lump by its consistency.</p> <p>To ensure adequate sampling of the lump.</p> <p>To ensure correct preservation and transportation of the sample</p> <p>To identify the specimen for accurate results</p> <p>To reduce the risk of</p>	<p>fine needle aspiration.</p> <p>As per UHL skin preparation policy DMS 11957</p> <p>Royal Marsden manual of clinical nursing procedures. (2009)</p> <p>As per UHL Pathology handbook. (2009)</p> <p>As per Royal Marsden manual of</p>
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<p>Check not allergic to plasters and apply a plaster or non-allergenic dressing to the site.</p> <p>Dispose of needle and syringe into sharps container.</p> <p>Arrange an appointment for results of the Fine Needle Aspiration Cytology.</p>	<p>bleeding/ bruising .</p> <p>To reduce the risk of an allergic skin reaction / infection.</p> <p>To reduce risk of injury and infection to staff</p> <p>To ensure the patient is aware of a benign result or to safely act upon an equivocal or malignant result.</p>	<p>clinical nursing procedures.(2009)</p> <p>As per UHL infection control policy for the safe disposal of sharps. DMS NO 33425</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 fine needle aspiration of a palpable breast lump.

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 breast lump is palpable.
2. The Breast Nurse Practitioner will only do a fine needle aspiration of the Breast lump following clinical examination and imaging score of 2 or above, (as per UHL Breast unit protocol).
3. The Breast Nurse Practitioner will carry out fine needle aspiration a minimum of ten times with the sample being reported as adequate , 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 will be by regular assessment of competence yearly.

**MEDICAL SUPERVISORS ASSESSMENT OF NURSE PRACTITIONERS
COMPETENCE IN FINE NEEDLE ASPIRATION OF PALPABLE BREAST
LUMPS.**

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 lump fine needle aspiration.	
Checks patients identity/allergies	
Communicates the procedure effectively to the patient and checks for understanding.	
Gains verbal consent	
Demonstrates a safe fine needle aspiration technique following the above guidelines.	
Safely labels and fills out the request form for fine needle aspiration Demonstrates the ability to safely dispose of sharps.	
Demonstrates ability to arrange for the patient to get the results of the test.	

4. Monitoring Compliance

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

5. Supporting References

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

WWW.nmc-uk.org

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

www.rmmonline.co.uk/rmmm7/procedure/07/ss4

UHL Breast Unit Protocol (2019)

6. Key Words

Breast Fine needle aspiration

CONTACT AND REVIEW DETAILS

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<p>Details of Changes made during review: References updated. Lead Breast Nurse Practitioner may assess professional accountability and supervise practice. July 2022 – no change</p>	