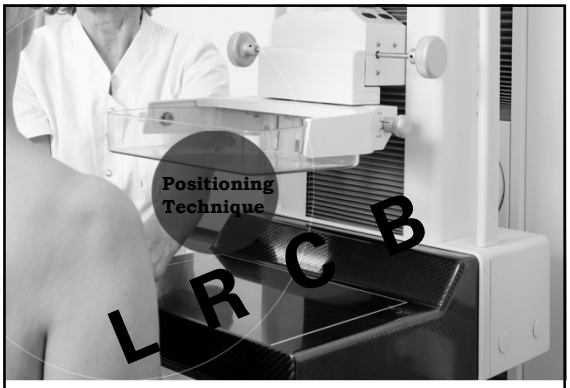

Cary van Landsveld-Verhoeven

1

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Disclosure of speaker's interest

- No (potential) conflict of interests

2

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Mammography Positioning Technique

3

Quality Radiographer

LRCB

Initial education course:

- Practical (6 weeks)
- Theoretical (5 days)
- Exam (50 mammograms)

- Certificate: 'LRCB radiographer breast cancer screening'

4

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Places where most tumors are missed

- 1. Inframammary angle
- 2. Lower axillary area (deep pect.muscle)
- 3. Retromammilair area

5

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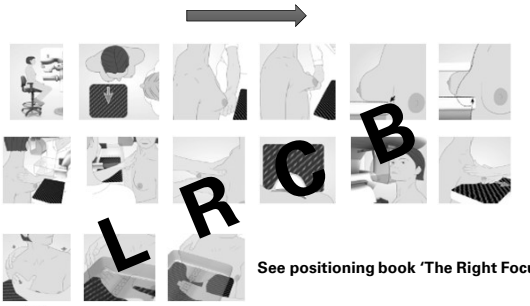
VISUAL INSPECTION AND CORRECT REPORTING

- Essential for the assessment of mammogram

6

Steps for CC view

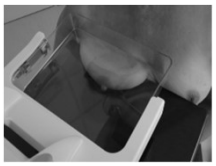


See positioning book 'The Right Focus'

7

CC - view

- As much as possible of the glandular tissue imaged (maximum on the medial side, as much as possible on the lateral side)
- Nipple positioned in the centre and outside the glandular tissue (in profile)
- If possible musculus pectoralis major displayed (50-60%)



8

Common positioning errors in the craniocaudal image

- Incorrect height (too low)
- Woman too far from bucky
- Shoulder not low enough

9

Flexibele (F.A.S.T.) paddle

Eur Radiol
DOI 10.1007/s00330-014-3422-4

BREAST

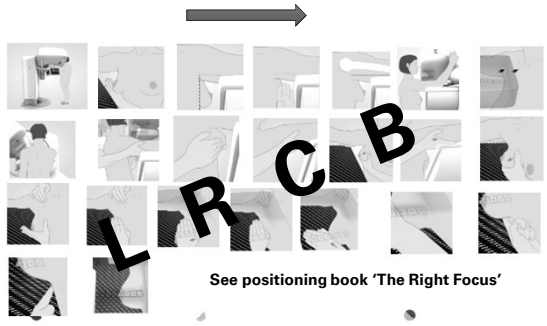
Comparison of a flexible versus a rigid breast compression paddle: pain experience, projected breast area, radiation dose and technical image quality

Mireille J. M. Broeders · Marloes ten Voorde · Wouter J. H. Veldkamp · Ruben E. van Engen · Cary van Landsveld – Verhoeven · Machteld N. L. 't Jong – Gunneman · Jos de Win · Kitty Droogh-de Greve · Ellen Paap · Gerard J. den Heeten

Less tissue imaged

10

Steps for MLO view



See positioning book 'The Right Focus'

11

MLO - view

- Entire glandular tissue is imaged
- M. pectoralis is shown onto nipple level and sufficiently wide
- Nipple in profile
- Inframammary angle displayed

12

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Common positioning errors in the mediolateral oblique image

- Bucky set too high
- Arm not extended far enough
- Folds

13

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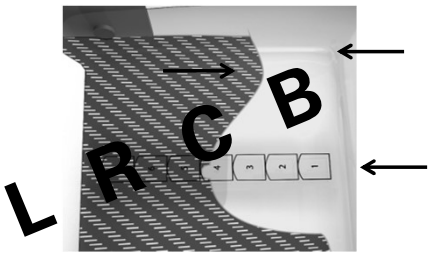
Positioning mammography



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Additional views

LRCB

(Spot-compression/ magnification view)

Lateromedial / mediolateral view

"Cleopatra" view (extended CC-view)

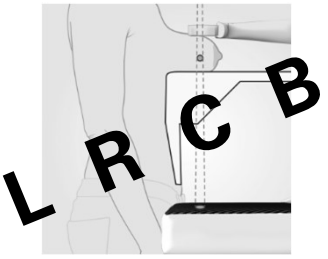
Cleavage view

Rolled view

15

LRCB

(Spot-compression/ magnification view)



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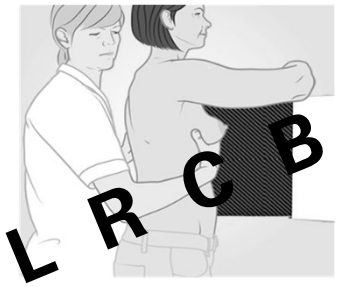
Lateral view (LM-ML)

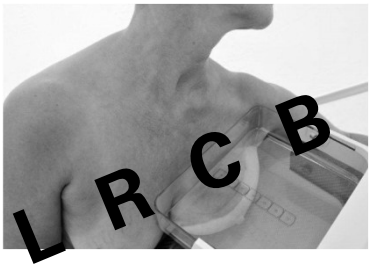
LRCB



17

Cleopatra view (XCCL)

LRCB



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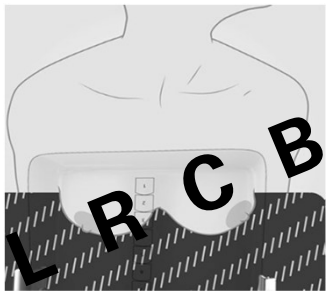
Cleavage view (CV)

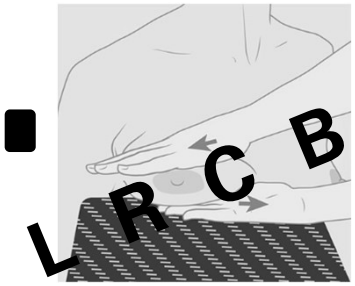
LRCB



19

Rolled view (RL-RM)

LRCB



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Implants

LRCB

Screening:

- CC- MLO views
- Potentially: NP (anterior tissue) or LM

- Eklund (only in clinic)

21

Implants

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AEC or Manual:

- Check all parameters
- Check also images which **appear to be good**!!

22

Reasons for adequate compression

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- Reduced glandular dose for the patient
- Less motion blur (object fixated) and less geometric blur (the object is thinner)
- Better visualization of a possible architectural distortion by better spread of structures and therefore less overlapping of glandular tissue
- Object becomes more uniform in thickness, thus more homogeneous image quality
- Less scattered radiation, thus better contrast of the image
- (lower tube load, shorter recording time)

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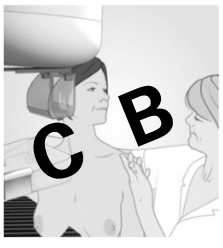
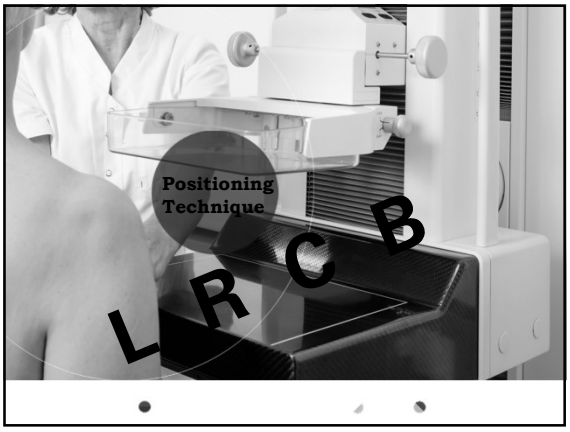
Social skills

LRCB

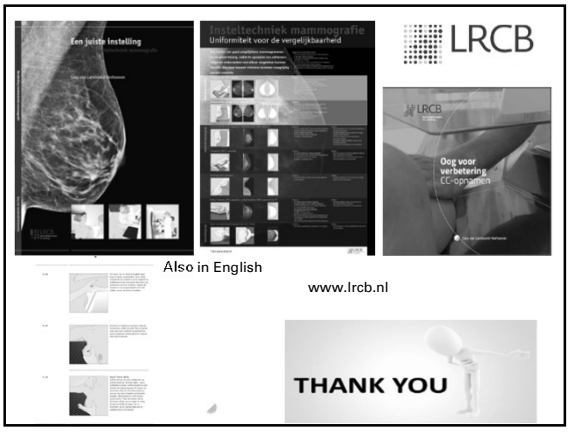
Essential part
of the examination



24


Positioning
Technique
L R C B

25


Een juiste instelling
Positietechniek mammografie
Uniformiteit voor de vergelijkbaarheid
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Oog voor verbetering
Also in English
www.lrcb.nl
THANK YOU

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