The Imaging Experience: Getting to Know Your Technologist

On this second episode of Breast Assured: Conversations About Breast Health, fellowship-trained breast imaging expert and Director of Breast Imaging, Dr. Madhavi Raghu, and Radiologic Technologist, Ana Newsome, are joined by a breast navigator to discuss the important role the technologist plays during the imaging experience and for breast health in general.

00:05 - 00:25

Dr. Madhavi Raghu

Hello, and welcome back to *Breast Assured: Conversations About Breast Health*. I'm your host, Dr. Madhavi Raghu, and I'm the director at Connecticut Breast Imaging based in Danbury, Connecticut. Today, we were talking with one of our very own mammography techs, Ana Newsome, about her journey in the field of breast imaging. Hope you enjoy the conversation!

00:33 - 00:39

Dr. Madhavi Raghu

So let me introduce Ana today, so, Ana, welcome to the show. We're so excited that you're here today.

00:39 - 00:40

Ana Newsome

Hello. Thank you for having me.

00:40 - 01:12

Dr. Madhavi Raghu

So, Ana is a very important member of our team. She is, she is essentially the artist. She is the person, the front line who actually meet and greets patients and actually positions patients for the mammogram. So, Ana, before we get started, I know that a lot of patients come in and they may be a little anxious about their mammogram. What are some things that you would say to them to help alleviate some of the anxiety that they may have related to the test?

01:12 - 02:05

Ana Newsome

The most important is communicating with your patient and trying to make them as comfortable as possible. I know it's probably not the most comfortable exam to be done. However, sometimes just a way of talking to them and making them calmer just seems to alleviate the anxiety of having this test done. So, what I typically do, is just as I'm positioning the patient, I tend to talk to them, tell them to breathe through it and just kind of distract them a little bit from what I'm doing and positioning and compressing the patient just to kind of keep their mind off of that specific portion of the exam, whereas I'm just talking to them, telling them to breathe and before you know it, I'm where I need to get and the compression is there and we do the exposure.

02:05 - 02:40

Dr. Madhavi Raghu

You're right, it goes pretty quickly. I think that typically we obtain two images per breast, so in two different projections. So, one projection allows us to see very deeply into the breast and it's called the oblique view. And then the other projection is sort of from top to bottom. So I think between those images, the breast is released from compression. So, I know that you work very closely in in getting the patients positioned properly – what are some challenges that you may have encountered while positioning a patient?

02:40 - 03:16

Ana Newsome

We have certain patients with either limited range of motions with their shoulders due to surgeries or due to some injuries. So again, I just tell the patient and try to tell them to let me know as far as they can do. If you start off that way instead of just saying, “Hey, you need to do this,” say, “Hey, tell me how much you can do,” it kind of gives them a little bit of, “Oh ok, I did. I was able to get where I'm supposed to get.” So, I think communicating is number one and just to kind of make them comfortable.

03:16 - 03:55

Dr. Madhavi Raghu

And, you know, we encourage patients even if they have disabilities or if they have any limitations, as you pointed out, including shoulder related issues or if a patient is in a wheelchair, it should not preclude them from getting a mammogram, which is a very important test. Now I know that we are, we provide Tomosynthesis. All our mammograms are done Tomosynthesis, which is which is also called a 3-D mammogram, and the benefits are that it's it allows us to leaf through the breast. We can look at the breast one through one-millimeter slices and really find subtle cancers or findings that would not be apparent on a 2-D mammogram.

03:55 - 04:20

Dr. Madhavi Raghu

In addition to that, the number of callbacks that are associated in screening with the Tomosynthesis study, it's reduced compared to a 2-D mammogram. Now our patients, when they get the Tomo study, is it a bit longer, in your opinion, than in the conventional 2-D mammogram? And if so, do you talk to them throughout the screening mammogram as they're getting these images?

04:21 - 04:41

Ana Newsome

As far as time, if any, very little. I mean, we're still in the room, I believe the same amount of time you're still explaining to them, it's still the same positions. The breathing may be a little different, but as far as time wise, very little. Yeah, I think it's very important to have the 3-D done.

04:41 - 05:17

Dr. Madhavi Raghu

That's right. Like I said, we are 100 percent Tomo, so we offer it to every patient, regardless of their age and their breast density, they are offered screening with Tomosynthesis. Now I know that one of the biggest issues for a lot of women is pain that's encountered during the mammogram and generally the technologists I know do a great job working with patients to alleviate that discomfort. So, what are some of your tips, both in terms of positioning the patient and also just the patient's experience in helping them feel comfortable during a mammogram?

05:17 - 06:04

Ana Newsome

Yeah, I think this is a lot of questions, especially for first time patients that are having a mammogram, is the pain because I think they hear so many stories. First, I start off to let them know, “Hey, don't worry about that. You know, you do your best. I will try my best to make this as comforting as possible for you. Go nice and slow.” You don't necessarily need to do a fast exam. I think spending time with the patient explaining to them prior to you doing everything sometimes makes them feel a little better. And I think letting them know that they did a great job just makes them feel better. Say, “Hey, oh my God, you're right, I was able to do it,” and they are coming back next year before you know it and say, “Hey, this was not as bad as I thought it was going to be.”

06:04 - 06:12

Dr. Madhavi Raghu

What is your experience in terms of pain that may be experienced by one person compared to another? Is it the same for everybody?

06:13 - 06:25

Ana Newsome

That's a great question. I think everybody has a different pain tolerance and threshold, and not everybody is going to necessarily have the pain or discomfort as another patient. So it's very different.

06:25 - 06:55

Dr. Madhavi Raghu

That's really important to mention that because while for some patients, it may be uncomfortable, that's really where the technologist can partner with the patient and help them get through study, which is very important for them to have a screening mammogram in the first place. So I know that patients – first time patients – our baseline patients have a lot of questions related to their mammogram and we want them to have a good experience and we want them to come back year after year. And some patients may get called back and it's the scary experience.

06:55 - 07:26

Dr. Madhavi Raghu

So one of the services that we offer through Connecticut Breast Imaging is that all baseline patients do you get a phone call to prepare them for the screening mammogram and the subsequent experience or any potential downstream imaging that may stem from the screening mammogram. So here, to discuss some aspects of that conversation is Emma, who's our navigator. So Emma, can you tell us a little bit about what do you speak to patients about with respect to a baseline mammogram and what to expect?

07:26 - 07:52

Emma Hansen

Of course, thanks for having me back on the podcast. So, when we call baseline patients before the exam, we really just start by asking if they have any questions that need to be answered just to kind of open the conversation. Explain the procedure to them from start to finish so that when they show up to the office and Ana does their mammogram, they know a little bit more about what to expect. And that seems to alleviate a lot of the anxiety right off the bat, just kind of knowing what you're going into.

07:53 - 08:23

Emma Hansen

We then explained to them that afterwards you may need to come back for additional imaging for a couple of reasons, and we let them know that after your baseline mammogram, that's when you're most likely to receive a call to come back for additional imaging. And we explain that the reasoning for that, of course, is that we don't have any old mammograms to compare to, so we don't know what's normal for their breasts yet. So, you know, we explain to them that any discrepancy are radiologists are going to be extremely cautious and they're going to want to do additional imaging.

08:23 - 09:01

Emma Hansen

We also let them know that a lot of baseline patients find out that they have something called dense breast tissue and dense breast tissue, just as you know, is thicker breast tissue makes the mammogram harder to see through. And so we let patients know that if they get a phone call from our office saying that they have dense tissue and their doctor recommends an ultrasound, that that is not a bad thing. And it doesn't mean that there's anything wrong with their breast or anything that they need to be scared of. So those are really the two types of additional imaging that we cover with them. And I have had patients tell me that it does make it less scary if they do receive those phone calls because they know what to expect.

09:02 - 09:49

Dr. Madhavi Raghu

No, I think that's a really important phone call to make because I think patients are scared and patients are uncertain about what to expect. And unfortunately, breast cancer is very prevalent in society, and we all know individuals who have breast cancer or who’ve suffered through breast cancer, so understandably, it can be a very scary and overwhelming experience. And that's right,

you're absolutely right, there are patients for whom a screening ultrasound or a complete breast ultrasound is recommended. And so those appointments may be made at the time of screening mammogram or potentially after the screening mammogram has been read because once the radiologist has interpreted the mammogram as a heterogeneous lesions or extremely dense, then those patients are recalled for a potential ultrasound.

09:50 - 09:59

Dr. Madhavi Raghu

Now, another question that that frequently comes up is deodorant. What do you tell patients when they come in and what is the protocol for deodorant?

09:59 - 10:28

Ana Newsome

So, we typically, you know, right off the bat, we're changing the patient first, and I always ask, “do you have any either powder, creams or any type of deodorant on?” And if you do potentially arrive to your exam with deodorant, no problem. We do have some wipes in the dressing room for you to wipe it off, just in case something shows up in the image that can potentially be mistakenly misclassified as something else, and they have no problem usually doing it.

10:28 - 10:57

Dr. Madhavi Raghu

So, one of the issues that we used to see with deodorant in the world of 2-D mammography, is that deodorant can produce calcifications in the axilla or the armpit region, and we know that cancers do occur in that area. Now with Tomosynthesis we're able to tell if the calcifications are in in the skin, but those calcifications may mask an underlying smaller mass or even suspicious calcifications.

10:57 - 11:45

Dr. Madhavi Raghu

So to make the exam clearer, that is why we actually ask patients to wipe the deodorant off. It helps us, as radiologists, interpret the exam more accurately. Once a mammogram is performed, typically, the results are available, I think, usually within 24 hours. And then, you know, our patients are going to get called back – they are called back by our navigator and they'll call back and potentially, you know, they have to return for additional imaging, our navigators will explain what that means and what needs to happen for the patient. So when patients return for what's called a diagnostic mammogram for extra pictures, what are some things that you talk to patients about to help them with their anxiety? Because I know that that can be very scary for many patients.

11:45 - 12:22

Ana Newsome

Yes, they get nervous right away. So as I bring them in, you know, again, I tried telling them, you know, try not to be nervous. Let's get through the exam. We’ll go as smoothly as possible and you will potentially know your results today. And that just seems to calm them down a little bit instead of having to wait another 24 hours for their results. Typically, here we have a radiologist on site and we verify that they don't need any more additional imaging or an ultrasound. And I just let them know you will know your results by the end of the exam, so don't worry.

12:22 - 13:04

Dr. Madhavi Raghu

That’s right. I think that's one of the differences between a diagnostic mammogram and a screening mammogram. So all diagnostic patients are evaluated by the radiologist – the imaging is evaluated before the patient departs. So if the patient needs to undergo a biopsy, we'll go in and speak with the patient, discuss the results and if possible, even perform the biopsy the same day or very shortly thereafter. So patients have the opportunity to speak with the physician, with the radiologist who interpreted the exam so that they leave with a peace of mind or with a plan in place. And I think that's really important.

13:04 - 13:34

Dr. Madhavi Raghu

Sometimes patients may need to have an ultrasound after the diagnostic mammogram. Again, we do that very immediately right after the diagnostic views so that the patients don't have to wait or have to

return for additional imaging. We try to put all of that together at one time. And again, the patients will have the opportunity to speak with a radiologist. So I think that, you know, we all have just to kind of switch gears a little bit, we all have a reason for doing the things that we do.

13:34 - 13:53

Dr. Madhavi Raghu

I would love to know what motivated you to become a mammography technologist because I truly believe that what you do, what your colleagues do, is so critical for creating important images that are helpful for all these women. So I just want you to share with us as to what drove you to become a mammo tech.

13:53 - 14:53

Ana Newsome

That's a great question, because personally, I had to do a mammogram myself and at the imaging facility that I went to, I didn't have a good experience. You know, from the check in, to the tech, to the leaving, to so many questions – it was a first mammogram myself, and the tech was not very comforting, you know, and as we discussed previously, it is not the most comfortable test. You know, you're very nervous. You don't know what to expect. You don't know what to do. You're very tense. And I just kind of thought to myself, you know, if only that tech was a little bit more passionate, maybe my exam and my anxiety wouldn't have been so bad. So I thought to myself, "Hey, maybe I can give this a try," you know, because it's a very personal test, you know? And if I can try to make somebody comfortable and make their exam that much more – or less I should say – anxious, you know, that's a goal I wanted to make.

14:53 - 15:18

Ana Newsome

So once I started training in mammo, I actually really enjoyed it. You know, I enjoyed making the patient leave out of there knowing, "hey, this was not so bad," you know. And not having the experience I had. And having a potential smile on their face, you know, and that's what kind of drove me to proceed to this route in the radiology field.

15:19 - 16:08

Dr. Madhavi Raghu

And, you know, in my years of practicing breast imaging, I can tell you that patients may remember a physician's name, but they always remember their technologist's name. And I think that's key. I mean, they come in and they ask for the same person, sometimes year after year – and that is a true compliment to the person who, you know, initially started them on their breast imaging journey. So we have great value and reverence for what you do as technologists because, you know, if the patients have a really good experience and a thoughtful experience then they are actually probably going to be more likely to adhere to screening guidelines, and that's really important. So I really want to thank you for your time and for discussing your point of view. And thank you, Emma, for your contribution as well.

16:09 - 16:10

Emma Hansen

Thanks. Thanks for having me back.

16:14 - 16:40

Dr. Madhavi Raghu

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