

## Standard Operating Procedures

### Screening Mammogram

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<b>Approved by:</b>	<b>Breast Directorate, Women's and Children's Governance</b>
<b>Approved by Medicines Safety Committee:</b> <i>Where medicines included in guideline</i>	<b>NA</b>
<b>Date of Approval:</b>	<b>23<sup>rd</sup> October, 2024</b>
<b>Date of Review:</b> This is the most current document and is to be used until a revised version is available	<b>23<sup>rd</sup> October, 2027</b>

### Aim and scope of Standard Operating Procedure

The purpose of this standard operating procedure (SOP) is to ensure the correct patient receives the correct examination, and that the images are acquired with all identification information accurately displayed and archived in the correct patient's file on PACS in accordance with IR(ME)R (2017); NHSBSP quality assurance standards and GDPR (2016).

### Target Staff Categories

**Radiographers**  
**Assistant/Associate Practitioners**  
**Administrative Staff**

### Key amendments to this Standard Operating Procedure

Date	Amendment	Approved by:
23 <sup>rd</sup> October, 2024	Document approved	Women's and Children's Governance Meeting

## Documentation

**Mammographer performing the examination must sign the SCR-FILM section at the bottom of the client screening form to confirm:**

- Client has been positively identified in line with IRMER procedure (a) (Breast Imaging key documents page)
- Patient identifiable data (PID) are all correct
- Examination is justified
- Informed consent was obtained and maintained
- Historical and current relevant medical history is accurately recorded
- The dose for each exposure is in line with NDRL for screening mammography and LDRL for unit
- Digital records in NBSS and PACS are complete and accurate

## Patient identification process

### 1. Positive identification of the patient

Patient must be asked to give their full name, date of birth, and address. These details should be checked at reception, against the information held in NBSS, on the clinic sheet and the client screening form; and checked again on the X ray machine acquisition workstation immediately prior to the initial exposure being performed. The operator initials the client screening form (final section) to confirm the identity check has been performed and the examination justified.

If the patient is unable to communicate their identification information an accompanying adult or interpreter may do so on their behalf. A passport is an acceptable form of identification if submitted with proof of address. This should be noted in comments field on CRIS or radiographer comment NBSS.

Particular care needs to be taken in correctly identifying clients with the same or similar names.

**The exposure must not be undertaken if the identification cannot be verified.**

### 2. Confirm justification of the examination

Examination must be justifiable under current NHSBSP guidance:

- Client must be in receipt of an appointment
- Client must not have had a mammogram within the last 6 months (excepting technical repeat)
- Client must not be under care or in the process of referral to a one stop clinic

- If the client has undergone mastectomy and reconstruction, the reconstructed breast must not be imaged. If there is any doubt regarding the mastectomy, seek advice from an Advanced Practitioner with access to PACS

### **3. Check previous events**

On a live site with access to PACS, check the date of most recent mammogram.

Ask the client whether they have undergone breast imaging elsewhere since our last record - imaging performed privately or outside of Worcestershire would not be visible in PACS.

Do not proceed if the client has or may have had a mammogram within the last 6 months (excepting technical repeat)

### **4. Check previously recorded and current clinical history**

Accurately record relevant clinical history in NBSS and on client screening form with reference to the departmental procedure for recording signs and symptoms (Appendix 1).

For clients with breast implants – imaging must be performed by a radiographer following the departmental protocol (Appendix 2) the client must be informed of the limitations of mammography for clients with implants.

- ### **5. Obtain and maintain valid informed consent**
- leaflet given with screening invitation. Use clear language and an interpreter if necessary  
If consent is withdrawn at any time pause the examination and discuss with the client whether she wishes the examination to be resumed, rebooked or ceased. Refer to the current NHSBSP Partial Mammography guidance.

### **6. Technical considerations**

A cranio-cordal and medio- lateral oblique view of each breast should be acquired with Eklund views in the cranio-cordal position for clients with augmented breasts where possible.

Positioning and compression should ensure as much of the breast tissue as possible is imaged with no obscuring artefacts or movement unsharpness with as little discomfort as practicable.

Image quality must be optimised to increase cancer detection whilst keeping the radiation dose as low as reasonably achievable.

Correct annotation and identification details must be displayed on the resultant image(s) to include: name, date of birth and NHS number, anatomical and positional markers – MLO or CC, mammographer identification, date and time of examination.

### **7. Minimise the number of repeat examinations**

- ### **8. Check correct side if performing repeat imaging**
- Review original imaging and documentation.

- ### **9. Select correct exposure mode**
- Equipment is set up with the routine exposure mode as the default setting but it may be necessary to alter this.

**10. Following examination check that imaging has been correctly stored in PACS and all annotation is correct**

- 11.** Client screening record to be completed at the time of examination. All information written on the Client Screening Form must be recorded electronically in NBSS, including any information regarding client's particular requirements eg: accessible information, longer appointment times etc.
- 12.** Client must be given a clear explanation of the results process and information must be given regarding the importance of reporting any breast changes between screens to GP.

Appendix <b>1</b>	SOP- Recording signs and symptoms	M:\Acute\Radiology\BreastScreeningPOWCH\QMS\Core Processes\5 Mammography
Appendix <b>2</b>	Protocol- Implants	

## **References**

Ionising Radiation (Medical Exposure) Regulations IR(ME)R 2017:

<https://www.gov.uk/government/publications/ionising-radiation-medical-exposure-regulations-2017-guidance>

SOR pause and check:

<https://www.sor.org/learning/document-library/have-you-paused-and-checked/have-you-paused-and-checked-downloads>

NHSBSP

[Guidance for breast screening mammographers - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/breast-screening-quality-assurance-for-mammography-and-radiography)

<https://www.gov.uk/government/publications/breast-screening-quality-assurance-for-mammography-and-radiography>

[Breast screening: guidance on partial or incomplete screening mammography - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/breast-screening-quality-assurance-for-mammography-and-radiography)

<https://www.gov.uk/government/publications/breast-screening-quality-assurance-for-mammography-and-radiography>

GDPR

[Data protection: The Data Protection Act - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/breast-screening-quality-assurance-for-mammography-and-radiography)

The Pause and check – guidance provided by the Society and College of radiographers ensures compliance with IR(ME)R 2017

P	PATIENT	<ul style="list-style-type: none"> <li>• Confirm patient ID: name, date of birth and address</li> <li>• Check the exam is justified</li> <li>• Check the examination history for recent studies and duplication</li> <li>• Confirm the patient expected the exam</li> <li>• Confirm the patient has not had a similar exam recently</li> </ul>
A	ANATOMY	<ul style="list-style-type: none"> <li>• Select the correct anatomical area</li> <li>• Select the correct laterality</li> </ul>
U	USER CHECKS	<ul style="list-style-type: none"> <li>• Confirm the exam is being completed at the right date and time</li> <li>• Confirm the exposure has been authorised</li> <li>• Confirm the correct modality</li> <li>• Check radiation safety measures for staff and/or carers</li> <li>• Explain procedure to patient</li> </ul>
S	SETTINGS & SYSTEMS	<ul style="list-style-type: none"> <li>• Ensure equipment is working within NHSBSP QC guidelines</li> <li>• Select correct patient</li> <li>• Select correct imaging protocol / technique</li> <li>• Select optimal exposure mode (ALARP) - adjust if required</li> <li>• Select correct paddle/detector configuration</li> </ul>
E	EXPOSURE	<ul style="list-style-type: none"> <li>• Confirm there is no clinical reason this exposure should not proceed</li> <li>• Expose</li> <li>• Evaluate images, confirm necessity for repeat or additional views</li> </ul>
D	DRAW TO A CLOSE	<ul style="list-style-type: none"> <li>• Complete RIS/NBSS record</li> <li>• Confirm PACS images are stored accurately</li> <li>• Explain results process to patient</li> </ul>