

POSITIONING TIPS FOR CC & MLO

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CC:

- Patient should be standing slightly away from the bucky/detector with both feet pointed straight forward.
- With shoulders slouched, ask patient to lean forward with hips back.
- Stand on the medial side of the breast when positioning.
- Patient's head is turned away from you.
- Elevate the IMF and adjust the bucky/detector accordingly.
- Using 2 hands, pull the patient's breast up and away from the chest wall onto the bucky/detector.
- Anchor the breast in place and **DO NOT LET GO!**
- The nipple should be pointing straight towards the back of the bucky/detector.
- Drape the opposite breast over the corner of the bucky/detector placing the sternum in contact with the bucky/detector.
- **REMEMBER, YOU MUST VISUALIZE MEDIAL TISSUE SINCE IT IS NOT DEMONSTRATED ON THE MLO!**
- Place your opposite arm across the patient's back with your hand on their shoulder.
- Gently pull some skin up and over the opposite clavicle to decrease patient's discomfort when the paddle contacts the skin.
- As the paddle begins to travel downward, pull lateral posterior breast tissue on to the bucky in order to visualize maximum glandular tissue.
- Add an XCCL if you are not able to visualize lateral glandular tissue on the CC.
- Make certain that the paddle is positioned against the chest wall to maximize visualization of posterior breast tissue.
- The pectoralis muscle is visualized on 20% to 40% of properly positioned Ccs
- Instruct the patient to stop breathing during the exposure.

MLO:

- Adjust the angle of the gantry to place the pectoralis muscle parallel to the pectoralis muscle.
 - Average angulation is 45 to 50 degrees
 - Short patient is 30 to 45 degrees
 - Tall patient is 50 to 60 degrees
- Adjust the height of the bucky/detector so the corner can be placed in the posterior aspect of the hollow of the axilla. Be certain the latissimus dorsi muscle is posterior to the bucky/detector, as this will compromise breast compression.
- Instruct your patient to lean in / reach across the bucky/detector.
- Rest the patient's arm with elbow slightly bent across the top of the bucky/detector.
- Do not allow the patient to grasp the handle grip, as this will place tension on the pectoralis muscle.
- Align the ASIS (anterior superior iliac spine) with the bottom corner of the bucky/detector in order to visualize the IMF (inframammary fold).
- With one hand, push posterior breast tissue forward – With the opposite hand, pull / scoop the pectoralis muscle and breast tissue on to the bucky/detector.
- Smooth out the skin of the axilla to prevent skin folds.
- Hold the breast in an UP AND OUT position to prevent drooping (camel nose appearance).
- As the paddle descends, the top corner of the paddle should rest just below the humeral head and just anterior to the clavicle.
- Adjust the patient to include all posterior and inferior breast tissue.
- Patient's feet should be facing toward the unit.
- Instruct your patient to hold her opposite breast BACK AND UP in order to open the IMF.
- Pull down on the abdominal tissue to verify that the IMF is free of skin folds.
 - For patients with a protruding abdomen, you may have to add a 90-degree lateral view focusing on inferior breast tissue and an open IMF.
- Instruct the patient to stop breathing during the exposure.

The MLO images the pectoralis muscle at a 20-degree angle demonstrated in a convex fashion from the axilla to the IMF. The pectoralis muscle should extend down to the level of the Posterior Nipple Line (PNL) or below. You may check that there is comparable breast tissue visualized by comparing the PNL measurements on the CC and the MLO. The measurements should be within 1 cm with the larger measurement on the MLO.