



UW Medicine
UNIVERSITY OF WASHINGTON
MEDICAL CENTER



Eksirei za Uchunguzi wa Matiti

Eksirei ya uchunguzi wa kutambua ugonjwa wa kansa ya matiti

Kijitabu hiki kinaeleza kuhusu eksirei za uchunguzi wa matiti. Kinajumuisha umuhimu wake, wakati zinapaswa kufanywa, na jinsi ya kujitayarisha kwa uchunguzi.

Eksirei ya uchunguzi wa matiti ni nini?

Eksirei ya uchunguzi wa matiti ni eksirei ya uchunguzi wa kutambua ugonjwa wa kansa ya matiti. Hutumia Eksirei kupiga picha za matiti.

Kuna aina 2 za eksirei za matiti:

- *Eksirei za uchunguzi wa matiti* hutumiwa kutambua ugonjwa wa kansa ya matiti kwa wanawake ambao hawana dalili au maumivu ya matiti.
- *Eksirei za utambuzi wa ugonjwa wa matiti* hutumiwa kutambua sababu ya dalili, kama vile uvimbe kwenye titi.



Kwanza mtaalamu maalum wa kufanya eksirei wa kike aliyehitimu atakusaidia kukaa katika mkao unaofaa ili kupiga picha za matiti yako.



Changanua msimbo huu wa QR kwa kamera ya simu yako ili kupata nakala ya kidijitali ya kitini hiki.

Kwa nini ninapaswa kufanyiwa eksirei ya uchunguzi wa matiti?

Eksirei za uchunguzi wa matiti husaidia kutambua ugonjwa wa kansa ya matiti mapema, kabla wewe au daktari wako kuhisi mabadiliko yoyote kwenye matiti yako. Hii inamaanisha kuwa tunatambua ugonjwa wa kansa ukiwa mdogo na unaweza kutibiwa kwa urahisi zaidi. Hatua hii inaweza kuokoa maisha ya mwanamke. Ugonjwa wa kansa unapotambuliwa mapema, kuna uwezekano mkubwa wa kupona.

Ninapaswa kufanyiwa eksirei ya uchunguzi wa matiti wakati gani?

Makundi kadhaa yana mwongozo kuhusu eksirei za uchunguzi wa matiti, ikijumuisha Shirika la Kansa la Marekani (ACS, American Cancer Society), Jopokazi la Huduma za Uzuiaji wa Magonjwa la Marekani (USPSTF, United States Preventive Services Task Force), na Mtandao Mpana wa Huduma za Kansa wa Kitaifa (NCCN, National Comprehensive Cancer Network). Kila moja ya makundi haya linapendekeza kipindi tofauti cha muda wa kufanyiwa uchunguzi. Makundi yote yanakubaliana kuwa kuanza kufanyiwa eksirei ya uchunguzi wa matiti kila mwaka ukiwa na umri wa miaka 40 huokoa maisha ya watu wengi.

Hiyo ndio sababu mashirika ya ACS na NCCN yanakubaliana kuwa wanawake wenye hatari ya kiwango cha wastani ya kupata ugonjwa wa kansa ya matiti wanapaswa kuwa na chaguo la kuanza kufanyiwa eksirei za uchunguzi wa matiti kila mwaka wakiwa na umri wa miaka 40. Makundi yote yanatambua kuwa kila mwanamke anaweza kuwa na uamuzi tofauti kuhusu wakati na mara za kufanyiwa uchunguzi.

- Wanawake wengine wanaweza kuamua kuanza kufanyiwa uchunguzi wakiwa na zaidi ya umri wa miaka 40. Wanaweza pia kuamua kufanyiwa uchunguzi mara chache, kama vile baada ya mwaka mmoja.
- Wanawake wenye hatari ya kiwango cha juu ya kupata ugonjwa wa kansa ya matiti wanapaswa kuanza kufanyiwa uchunguzi mapema kabla ya kufikisha umri wa miaka 40.
- Eksirei za uchunguzi wa matiti huenda zisifae kwa wanawake walio na matatizo mengine hatari ya afya.

Tafadhali zungumza na daktari wako kuhusu hatari yako ya kupata ugonjwa wa kansa ya matiti, mapendeleo na matamania yako. Pamoja, mnaweza kufanya uamuzi unaokufaa zaidi.

Maelezo Zaidi Kuhusu Eksirei za Uchunguzi wa Matiti

Miali ya eksirei inayoingia mwilini wakati wa kufanywa kwa eksirei ya uchunguzi wa matiti hutumiwa kutengeneza picha za 2D

(*conventional*) na 3D (*tomosynthesis*). Aina zote mbili za picha husaidia kutambua ugonjwa wa kansa ya matiti.

- Kwa **picha za eksirei za uchunguzi wa matiti za 2D**, picha ya kila titi hupigwa katika mionekano 2: mwonekano wa kutoka juu hadi chini na mwonekano wa upande.
- **Picha za eksirei za uchunguzi wa matiti za 3D** hupiga picha nyingi katika mionekano 2 sawa. Hii hutengeneza rundo la picha nyembamba sana zinazojulikana kama *vipande*.

Picha za eksirei za uchunguzi wa matiti za 3D husaidia mtaalamu wako wa eksirei kuona vizuri zaidi tishu yoyote isiyo na afya. Hii inaweza kupunguza hitaji la kufanya uchunguzi wa ufuatiliaji wa tishu ambazo zinaweza kuonekana kuwa si za kawaida kwenye picha za eksirei za uchunguzi wa matiti za 2D. Hiyo ndio sababu Kituo cha Matibabu cha Chuo Kikuu cha Washington (UWMC, University of Washington Medical Center) na Kituo cha Saratani cha Fred Hutchinson sasa hutumia zaidi picha za eksirei za uchunguzi wa matiti za 3D.

Tangu mwezi wa Juni 2018, watoa huduma za bima ya afya katika jimbo la Washington wanatakiwa kulipia huduma ya tomosynthesis chini ya sheria na masharti sawa kama wanavyolipia huduma ya eksirei ya uchunguzi wa matiti.

Hatari za kufanyiwa eksirei ya uchunguzi wa matiti ni zipi?

Kwa wanawake wengi, faida za kufanyiwa eksirei ya uchunguzi wa matiti zinazidi hatari zake. Lakini, kama huduma zote za uchunguzi, kufanyiwa eksirei ya uchunguzi wa matiti kuna hatari zake:

- Magonjwa mengi ya kansa ya matiti yanaweza kuonekana kwenye picha za eksirei ya uchunguzi wa matiti, lakini mengine hayawezi kuonekana. Ikiwa una wasiwasi kuhusu afya ya matiti yako, zungumza na daktari wako au mtaalamu wa afya ya matiti kuhusu dalili zako. Ni muhimu kufanya hivyo hata kama umefanyiwa eksirei ya uchunguzi wa matiti hivi majuzi tu ambayo haikuonyesha matatizo yoyote.

- Eksirei ya uchunguzi wa matiti inaweza kusababisha “onyo la uongo.” Onyo la uongo ni wakati ambapo eksirei ya uchunguzi wa matiti inaonyesha uwezekano wa kuwepo kwa tatizo ambalo baadaye hubainika kuwa si kansa baada ya uchunguzi zaidi kufanywa. Uchunguzi huu unaweza kujumuisha kufanyiwa eksirei zaidi za uchunguzi au kuchukuliwa kwa sampuli ndogo ya tishu (*biopsy*) ili kufanyiwa uchunguzi kwenye maabara.

Katika UWMC na Fred Hutch, maonyo ya uongo hutokea kwa chini ya 10% ya wanawake (chini ya idadi ya wanawake 10 kati ya 100). Hiki ni kiwango bora kuliko kiwango cha wastani cha vituo vya huduma za afya nchini Marekani.

Je, ni salama kufanyiwa eksirei za uchunguzi wa matiti?

Ukifanyiwa eksirei ya uchunguzi wa matiti, miali ya kiwango cha chini huingia mwilini mwako. Katika maisha yetu ya kila siku, sisi sote hukabiliwa na “miali ya asili” inayopatikana katika mazingira. Kiwango cha miali inayoingia mwilini mwako kutokana na kufanyiwa eksirei ya uchunguzi wa matiti inakaribia kutoshana na kiwango cha miali ya asili inayoingia mwilini mwa mtu anayeishi Marekani kwa kipindi cha miezi 2.

Kiwango hiki cha chini cha miali ni salama zaidi na hakina uwezekano wa kuathiri afya yako. Ikiwa una maswali yoyote kuhusu miali, tafadhali zungumza na mtaalamu anayekufanyia eksirei (mtu anayekupiga picha za matiti yako) au daktari siku ya kufanyiwa uchunguzi.

Ninajitayarishaje kwa shughuli ya kufanyiwa eksirei ya uchunguzi wa matiti?

Siku ya kufanyiwa uchunguzi:

- Usijipake marashi, poda ya ulanga, au losheni kwenye makwapa au matiti yako. Hii itasaidia kuhakikisha kuwa picha zako zinatoka kwa ubora wa juu.
- Beba picha zozote za zamani za eksirei za uchunguzi wa matiti (ikiwa unazo). Hizi ni muhimu kwa daktari (*radiologist*) atakayeangalia picha zako.

Kabla ya kufanyiwa uchunguzi, mweleze daktari au mtaalamu anayekufanyia eksirei ikiwa:

- Una matatizo yoyote mapya kwenye matiti yako
- Una historia ya kufanyiwa upasuaji wa matiti, uchunguzi wa sampuli za tishu au upandikizaji
- Unatumia dawa zilizo na homoni au zinazoathiri viwango vya homoni mwilini mwako
- Una historia ya kifamilia au ya binafsi ya ugonjwa wa kansa ya matiti
- Ni mjamzito, au ikiwa kuna uwezekano wowote kuwa huenda ukawa mjamzito

Ninapaswa kutarajia nini wakati wa kufanyiwa eksirei ya uchunguzi wa matiti?

Kwanza mtaalamu maalum wa kike wa kufanya eksirei aliyehitimu atakusaidia kukaa katika mkao unaofaa. Titi lako litawekwa kwenye sehemu maalum na kubanwa kwa muda mfupi na kafi. Picha ya titi moja hupigwa kabla ya kupigwa kwa picha ya titi jingine. Uchunguzi wote huchukua karibu dakika 15.

- Ni kawaida kuhisi mbano kwenye titi lako linapobanwa na kafi kwa ajili ya kila picha.
- Mwambie mtaalamu wa kufanya eksirei ikiwa unahisi uchungu. Wataalamu wetu wa kufanya eksirei watafanya kila wawezalo ili kukufanya ukae kwa starehe kadri iwezekanavyo.

Ni nani ambaye hufafanua matokeo?

Mtaalamu wa masuala ya eksirei ya matiti atasoma na kufafanua picha zako. Wataalamu wa eksirei wa UWMC na Fred Hutch ambao husoma picha za eksirei ya matiti wameidhinishwa na Bodi ya Rediolojia ya Marekani (American Board of Radiology) na wamepokea mafunzo ya ziada katika taaluma ya eksirei ya matiti. Wataalamu wetu wa eksirei wamezidi kiwango cha kitaifa cha ubora.

Nitapataje matokeo?

Utapokea barua ya matokeo yako kwa njia ya barua ndani ya siku 7 hadi 10 za kazi. Mtoa huduma wako wa afya atapokea pia ripoti na anaweza kujibu maswali yoyote uliyo nayo.

Ikiwa zimepita siku 10 tangu ulipofanyiwa eksirei ya uchunguzi wa matiti na hujapokea barua ya matokeo yako, tafadhali piga simu kwa nambari 206.606.7800.

Itakuwaje ikiwa barua ya matokeo yangu itaniomba nirudi ili kufanyiwa uchunguzi zaidi?

Barua yako inaweza kukuomba urudi ili kufanyiwa eksirei zaidi za uchunguzi wa matiti au kufanyiwa uchunguzi wa picha inayopigwa kwa kutumia mawimbi ya sauti (ultrasound). Tafadhali usiwe na wasiwasi ikiwa hili litatokea. Hili ni jambo la kawaida sana. Inamaanisha tu kuwa mtaalamu wa eksirei angependa kuchunguza vyema zaidi sehemu za matiti yako.

Au, baadhi ya picha zinaweza kuhitaji kupigwa upya kwa sababu ya matatizo ya kiufundi yaliyotokea wakati wa kufanyiwa eksirei yako ya kwanza ya uchunguzi wa matiti.

Ni muhimu urudi kwa ajili ya kufanyiwa eksirei hii ya ziada.

Tunaweza kutumia mbinu na vifaa tofauti ili kuhakikisha tunapata picha zinazoonekana vizuri zaidi.

Ili kupanga miadi ya kufanyiwa eksirei ya ziada, tafadhali piga simu kwa nambari 206.606.7800.

Una maswali?

Maswali yako ni muhimu. Wasiliana na daktari au mtoa huduma wako wa afya ikiwa una maswali au masuala yoyote.

Ili kupanga miadi ya kufanyiwa eksirei ya uchunguzi wa matiti, piga simu kwa nambari 206.606.7800.

UW Medicine



Fred Hutch
Cancer Center

Screening Mammograms

An imaging test to find breast cancer

This handout explains screening mammograms. It includes why they are used, when they should be done, and how to prepare for the test.

What is a screening mammogram?

A *mammogram* is an imaging test to find breast cancer. It uses X-rays to take images of the breasts.

There are 2 types of mammograms:

- *Screening* mammograms are used to find breast cancer in women who do not have breast symptoms or complaints.
- *Diagnostic* mammograms are used to look for the cause of a symptom, such as a lump in the breast.



A specially trained female technologist will help you get in the right position to take images of your breasts.

Why should I have a screening mammogram?

Screening mammograms help find breast cancers early, before you or your doctor can feel any changes in your breasts. This means we find the cancer when it is smaller and can be treated more easily. This can save a woman's life. When cancer is found early, the chance of cure is higher.

When should I get a screening mammogram?

Several groups have guidelines about screening mammograms, including the American Cancer Society (ACS), the United States Preventive Services Task Force (USPSTF), and the National Comprehensive Cancer Network (NCCN). Each of these groups suggests a different timeline for testing. All groups agree that starting yearly screening mammography at age 40 saves the most lives.

That's why both the ACS and the NCCN agree that women with an average risk for breast cancer should have the choice to start yearly screening mammograms at age 40. All of the groups recognize that each woman

might make a different decision about when and how often to have screening.

- Some women might choose to start screening later than age 40. They may also choose to have screening less often, such as every other year.
- Women with higher risk for breast cancer should start screening earlier than age 40.
- Screening mammograms may not be a good idea for women who have other serious health problems.

Please talk with your doctor about your breast cancer risk, your values, and your desires. Together, you can make the choice that is best for you.

More About Mammograms

X-rays taken during a mammogram are used to make 2D (*conventional*) and 3D (*tomosynthesis*) images. Both types of images help find breast cancer.

- For **2D mammograms**, an image of each breast is taken in 2 views: a top-to-bottom view and a side view.
- **3D mammograms** take many images in the same 2 views. This creates a stack of very thin images called *slices*.

3D mammograms help your radiologist see any unhealthy tissue more clearly. This may lessen the need for follow-up tests of tissue that may appear abnormal on 2D mammograms. That's why the University of Washington Medical Center (UWMC) and Fred Hutchinson Cancer Center now use 3D mammograms most of the time.

As of June 2018, health insurance providers in Washington state are required to cover tomosynthesis under the same terms and conditions as they cover screening mammography.

What are the risks of getting a mammogram?

For most women, the benefits of getting a mammogram outweigh the risks. But, like all tests, mammograms have some risks:

- Most breast cancers can be seen on mammograms, but some cannot. If you have breast concerns, talk with your doctor or breast health specialist about your symptoms. It is important to do this even if you just had a mammogram that did not show any problems.
- A mammogram can result in a "false alarm." A false alarm is when a mammogram shows a possible problem that turns out to not be cancer after more tests are done. These tests may include more imaging exams or having a small tissue sample (*biopsy*) taken for testing in the lab.

At UWMC and Fred Hutch, false alarms occur for less than 10% of women (fewer than 10 out of 100 women). This is better than the average rate for healthcare facilities in the U.S.

Are mammograms safe?

When you have a mammogram, you are exposed to a low level of radiation. In our daily lives, we are all exposed to the “background radiation” that is found in nature. The radiation you receive from a mammogram is about the same that someone living in the U.S. picks up from nature over a 2-month period.

This low dose of radiation is very safe and is not likely to harm your health. If you have any questions about radiation, please talk with your *technologist* (the person who takes the images of your breasts) or doctor on the day of your exam.

How do I prepare for a mammogram?

On the day of your exam:

- Do **not** put deodorant, talcum powder, or lotion under your arms or on your breasts. This will help ensure that your images are the best quality.
- Bring any past mammograms (if you have them) with you. These are helpful to the doctor (*radiologist*) who will look at your images.

Before your exam, tell your doctor or technologist if you:

- Have any new problems in your breasts
- Have a history of breast surgeries, biopsies, or implants
- Are taking medicine that contains hormones or affects the hormone levels in your body
- Have a family or personal history of breast cancer
- Are pregnant, or if there is any chance you might be pregnant

What should I expect during the mammogram?

First, a specially trained female technologist will help you get in the right position. Your breast will be placed on a special platform and briefly compressed with a paddle. Images are taken of one breast at a time. The entire exam takes about 15 minutes.

- It is normal to feel pressure on your breast when it is compressed by the paddle for each image.
- Tell the technologist if you feel pain. Our technologists will do all they can to make you as comfortable as possible.

Who interprets the results?

An expert trained in breast imaging will read and interpret your images. The UWMC and Fred Hutch radiologists who read mammograms are certified by the American Board of Radiology and have received extra training in breast imaging. Our radiologists exceed the national criteria for excellence.

How do I get the results?

You will receive a letter with your results in the mail in 7 to 10 working days. Your healthcare provider will also receive a report and can answer any questions you have.

If it has been 10 days since your mammogram and you have not received your results letter, please call 206.606.7800.

What if my results letter asks me to return for more tests?

Your letter may ask you to return for more mammogram images or for an ultrasound. Please do not worry if this happens. This is fairly common. It only means that the radiologist would like a better look at areas of your breast. Or, some images may need to be done again because of technical problems with your first mammogram.

It is important that you return for this extra imaging. We may use different methods and equipment to make sure we get very clear images.

To schedule extra imaging, please call 206.606.7800.

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns

To schedule a mammogram, call 206.606.7800.