Aims: The advent of screening along with increased patient awareness means that approximately 30–50% of breast lesions are impalpable at diagnosis. SAVI SCOUT is a reflector guided system using an implanted device within the breast to guide excision. A probe is then used, in a similar fashion to sentinel node localisation, to target and excise the lesion. As it lacks an external component, it can be placed days prior to surgery, one of a number of advantages it has over our current standard; wire guided excision.

Methods: Our unit aimed to review the implementation of the SAVI SCOUT system into our practice, looking at the excision and re-excision rates as well as evaluating the advantages or drawbacks we found during our learning curve with this device.

Results: 18 patients underwent 19 SCOUT guided excisions, over a nine month period. Average age was 62 (range 50–81) and modal length of hospital stay was 0 days (range 0–1). All 18 patients were female and 79% (n-15) underwent wide local excision with 21% (n-4) undergoing quadrantectomy with mammoplasty. 100% of patients (n-19) had the lesion successfully removed. 10% (n-2) of patient underwent re-excision due to close or positive margins.

Conclusion: Our study has small numbers so far but represents successful use of this technology with good outcomes. We have also found its use acceptable to both surgeons and radiographers. In our experience we have found that diathermy can prevent the reflector from sending or receiving signals if used too close to the device.