

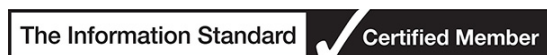
B02 Mastectomy

Expires end of March 2021

You can get information locally by contacting the Senior Nurse on duty at your local Ramsay Health Care hospital or treatment centre.

You can also contact:

You can get more information from www.aboutmyhealth.org
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Information about COVID-19 (Coronavirus)

On 11 March 2020 the World Health Organization confirmed COVID-19 (coronavirus) has now spread all over the world (this means it is a 'pandemic'). Even though lockdown has been eased, there is still a risk of catching coronavirus. Hospitals have very robust infection control procedures, however, it is impossible to make sure you don't catch coronavirus either before you come into the hospital or once you are there. You will need to think carefully about the risks associated with the procedure, the risk of catching coronavirus while you are in hospital, and of not going ahead with the procedure at all. Your healthcare team can help you understand the balance of these risks. If you catch the coronavirus, this could affect your recovery and might increase your risk of pneumonia and even death. Talk to your healthcare team about the balance of risk between waiting until the pandemic is over (this could be many months) and going ahead with your procedure.

Please visit the World Health Organization website: <https://www.who.int/> for up-to-date information.

Information about your procedure

It is very important that your cancer surgery goes ahead as planned, and as soon as possible to prevent the spread of the disease. Following the Covid-19 (coronavirus) pandemic, some hospital processes have changed. Your healthcare team can tell you about the risks of coronavirus.

You may need to self-isolate for the 14 days leading up to the operation (your healthcare team will confirm this with you). If you are not able to self-isolate, tell your healthcare team as soon as possible. You may need a coronavirus test 48 hours before the operation. This involves the healthcare team taking a nasal and throat swab (using cotton wool to take a sample from the surface of your nasal passage and throat). If your test is positive (meaning you have coronavirus), the operation will be postponed until you have recovered.

Coronavirus is highly contagious (meaning it spreads easily from person to person). The most common way that people catch it is by touching their face after they have touched a person or surface that has the virus on it. Try not to touch your face, especially if you have not washed your hands.

Wash your hands with alcoholic gel or soap and water when you enter the hospital, at regular intervals after that, and when you move from one part of the hospital to another.

Be aware of social distancing. Chairs and beds are spaced apart. If your healthcare team need to be close to you, they will wear personal protective equipment (PPE). If you can't hear what they are saying because of their PPE, ask them to repeat it until you can.

You may not be allowed visitors, or your visiting may be restricted.

Your cancer surgery is essential and the hospital and health professionals looking after you are very well equipped to perform it in a safe and clean environment. Guidance about coronavirus may change quickly - your healthcare team will have the most up-to-date information.

What is breast cancer?

Breast cancer is a malignant growth that starts in the glandular tissue of your breast. It affects about 55,000 women every year in the United Kingdom.

It is not known why most breast cancers develop. Only 1 in 20 breast cancers happen because it runs in the family. Early treatment improves the chance of you being free of early breast cancer.

What is a mastectomy?

A mastectomy involves removing all your breast, including your nipple. As well as removing your breast tissue, your surgeon may remove lymph nodes (glands) in your armpit (axilla) to find out if there are any cancer cells in them.

Although a mastectomy involves removing all your breast, it is possible to have breast reconstruction to recreate a breast shape. This can be performed at the same time as the mastectomy or by a later operation. You will be able to discuss this with your surgeon before your mastectomy.

Your surgeon may have recommended a mastectomy or you may have chosen to have a mastectomy. It is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

What are the benefits of surgery?

Removing the cancer by surgery gives the best chance of you being free of early breast cancer. The breast tissue and lymph nodes that your surgeon removes will be examined under a microscope to help decide on any further treatment.

If you have an advanced breast cancer, where the cancer has spread to other areas of your body, it is unlikely that surgery will lead to you being cured. Surgery, together with other treatments, may control the cancer and improve your quality of life.

Are there any alternatives to a mastectomy?

If you have invasive breast cancer, where the cancer has grown through the ducts to the surrounding breast tissue, there are other treatments available such as hormone therapy, chemotherapy, radiotherapy and biological therapy (treatment with Herceptin). These treatments on their own are unlikely to lead to you being cured and they also have side effects and complications. However, they may shrink the cancer or control the cancer for a few years.

Removing the cancer by surgery gives the best chance of you being free of early breast cancer.

For most women, combining surgery with one or more of the other treatments will further improve the chance of being free of early breast cancer.

Sometimes it may be possible to remove the cancer with a rim of breast tissue around the cancer, instead of having to remove all your breast tissue. The operation is called a wide local excision and is usually combined with radiotherapy.

You should discuss the options carefully with your surgeon and breast-care nurse.

What will happen if I decide not to have the operation?

If appropriate, your surgeon will discuss non-surgical treatments with you.

The cancer may not be controlled by other treatments, or the cancer may be controlled at first and then spread in a few months or years.

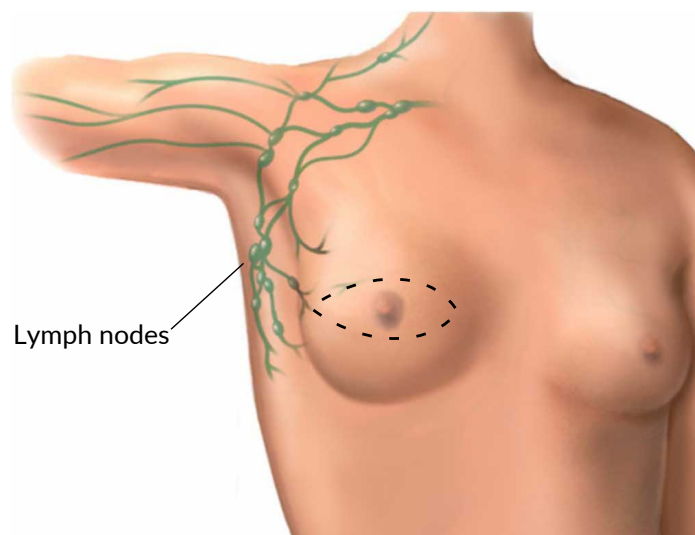
Not removing the cancer by surgery will reduce the chance of you being cured.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is performed under a general anaesthetic. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.

Your surgeon will make an elliptical (oval) cut on your breast to include your nipple.



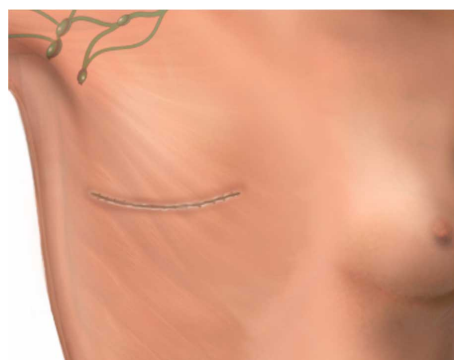
An elliptical cut

The direction of the cut depends on where the cancer is. Your surgeon will remove your breast tissue.

Your surgeon will remove any lymph nodes from your armpit through the same cut. They will go through the fatty tissue of your armpit to remove them. Your surgeon will tell you before the operation if they need to remove any of your lymph nodes. They may need to remove 1 or 2 targeted lymph nodes (sentinel node biopsy), about 4 or 5 random lymph nodes (axillary sampling) or most of your lymph nodes (axillary node clearance).

Your surgeon will insert drains (tubes) under your skin to help your wound to heal. They will close the cut with stitches, clips or glue. Your surgeon may place dissolvable stitches under your skin so you will not be able to see them.

Your chest on the side of the operation will be flat. Your wound should heal to a faint line across the side of your chest.



The usual position of a scar

Will I need more treatment?

All your breast tissue and lymph nodes removed will be examined under a microscope. Your surgeon will know the results 1 to 2 weeks later. If you only had a sentinel node biopsy and the lymph nodes contain cancer cells, you may need to have an axillary dissection.

For about 9 in 10 women, other treatment given after surgery will be of benefit. Your surgeon and oncologist (doctor who specialises in treating cancer with medication and radiotherapy) may recommend that you have radiotherapy, chemotherapy, hormone therapy or biological therapy.

These treatments also have side effects and complications. Your surgeon and oncologist will discuss the options with you and recommend the best treatment for you. You will be informed about these treatment options to make sure you get the best treatment to meet your needs.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

If you take hormone replacement therapy (HRT), your surgeon may recommend that you stop taking it as it may increase the risk of the cancer coming back.

What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.

- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and can even cause death.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move your arm freely to prevent your shoulder from getting stiff.
- Bleeding during or after the operation (risk: 2 to 3 in 100). You may need a blood transfusion or another operation and it is common for your chest or armpit to be bruised.
- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics and any pus may need to be removed. You may need another operation.
- Unsightly scarring of your skin.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.

- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

Specific complications of this operation

- Developing a lump under your wound caused by fluid collecting (seroma). This is normal. Sometimes the fluid needs to be removed using a needle.
- Developing a lump under your wound caused by blood collecting (haematoma). You may need another operation to remove the blood.
- Numbness or continued pain around your armpit or the inner part of your arm caused by injury to the small nerves that supply your skin. Any pain usually gets better within a few weeks. Numbness can last for up to 6 months and can sometimes be permanent.
- Skin necrosis, where some of the skin at the edge of your wound dies leaving a black area (risk: less than 2 in 100). You may need another operation to remove the dead skin or, rarely, a skin graft using skin from another area of your body.
- Stiff shoulder. The healthcare team will give you exercises and it is important that you do them to keep your shoulder moving. Take painkillers as you are told if you need to relieve the pain. If you also have radiotherapy to your armpit (as well as to your chest wall) or if most of your lymph nodes are removed, there is a higher risk your shoulder movement may be restricted (frozen shoulder). Treatment for a frozen shoulder may involve physiotherapy, medication and injections.
- Arm weakness or swelling of your arm and hand (lymphoedema), as a result of axillary surgery. The risk is higher if you also have radiotherapy to your armpit or if most of your lymph nodes are removed. You can get lymphoedema months or even years later. It will make your arm prone to infection. Your breast-care nurse will give you advice on how to care for your arm to reduce the risk of swelling.

Less than 1 in 10 women will get a complication in the first 30 days.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward.

The healthcare team will recommend exercises to help you to move and strengthen your arm. It is important that you do these exercises regularly after you go home.

Your breast-care nurse will advise you about starting to wear a soft pad (prosthesis) in your bra, usually before you leave hospital.

You should be able to go home after 1 to 5 days. However, your doctor may recommend that you stay a little longer. You should be able to go home with the drains in place and come back to have them removed.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

You should be able to return to normal activities after 2 to 3 weeks. Wearing a soft bra that fits comfortably will help to relieve any discomfort.

Do not lift anything heavy or do strenuous exercise, such as vacuuming or ironing, for 3 weeks.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and comfortable wearing a seat belt. Always check your insurance policy and with your doctor.

The future

The healthcare team will arrange for you to come back to the clinic within 3 weeks. The breast tissue and lymph nodes that your surgeon removed will have been examined under a microscope. Your surgeon will tell you the results and discuss with you any treatment or follow-up you need. They will also be able to tell you when you can return to work.

Once your wound has healed, your breast-care nurse will fit you with a more suitable, long-term prosthesis.

Summary

Surgery gives the best chance of you being free of early breast cancer. A mastectomy involves removing all your breast tissue. It usually involves removing some or most of the lymph nodes in your armpit, which helps your surgeon to decide on any further treatment.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Acknowledgements

Reviewer: Kalliope Valassiadou (MD)

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