LUMPECTOMY/MASTECTOMY
PATIENT/FAMILY EDUCATION

Being diagnosed with breast cancer can be emotionally challenging. It is important to learn as much as possible about your cancer and the available treatments. More than one type of treatment is commonly recommended for breast cancer. Each woman’s situation is unique and which treatment or treatments that will be recommended is based on tumor characteristics, stage of disease and patient preference. Surgery to remove the cancer is an effective way to control breast cancer.

The purpose of this educational material is to: increase the patient’s and loved ones’ knowledge about lumpectomy and mastectomy to treat breast cancer; reduce anxiety about the surgery; prevent post-operative complications; and to facilitate physical and emotional adjustment after breast surgery.

THE BASICS

There are three primary goals of breast cancer surgery:

1. To remove a cancerous tumor or other abnormal area from the breast and enough surrounding breast tissue to leave a “margin of safety” around the tumor or affected area.
2. To remove lymph nodes from the armpit area (axilla) to check for possible spread of cancer (metastasis) or remove lymph nodes that are already known to contain cancer.
3. Sometimes one or both breasts are removed to prevent breast cancer if a woman is at especially high risk for the disease.

Breast cancer surgery can be done before or after chemotherapy (if chemotherapy is recommended). Radiation therapy and hormonal therapy (if recommended) are typically done after surgery.

There are several types of breast surgery. The type of surgery best suited for a specific woman depends on the type of breast disease, the size and location of the breast disease/tumor(s) in the breast, and the personal preference of the patient.

DEFINITIONS

Breast-conserving (also called breast-sparing) surgery—surgery to remove the tumor/abnormal tissue plus a margin of healthy surrounding tissue. The breast surgeon only recommends breast conserving surgery if enough breast tissue will remain to leave a cosmetically acceptable breast.

There are two types of breast-conserving surgery:

Lumpectomy—for removal of very small breast tumors.

Partial or segmental mastectomy—for removal of somewhat larger tumors/abnormal areas of tissue.
For women who are not candidates for breast-conserving surgery or prefer surgical removal of the entire breast, there are three types of surgery:

**Simple mastectomy**—removal of the breast and nipple only.

**Total (also called modified radical) mastectomy**—removal of the breast and some or all of the lymph nodes in the armpit area.

**Radical mastectomy**—removal of the breast, some or all of the lymph nodes in the armpit area, and removal of the chest muscle (pectoralis) underneath the breast. Because of the widespread use of mammograms and early detection, few women with breast cancer need radical mastectomy.
Additional procedures that typically accompany breast surgery:

**Needle localization**—on the day of surgery and using ultrasound guidance, the radiologist inserts a wire through the skin and into the breast tumor to mark the exact location of the tumor, which aids the surgeon in locating the tumor during surgery. The wire is removed with the breast tumor.

**Sentinel lymph node mapping**—a surgical procedure performed to biopsy a small sampling of lymph nodes in the armpit area on the same side as the breast cancer so that unnecessary surgical removal of all of the lymph nodes can be avoided. The sampled lymph nodes are examined in the pathology lab for presence of tumor cells. This information aids in future treatment planning. (See Torrance Memorial’s *Sentinel Lymph Node Mapping* patient instruction sheet for additional information.)

**Axillary lymph node dissection**—surgery to remove some or all of the lymph nodes in the armpit, especially when the presence of metastasis (spread) of cancer cells to the lymph nodes has been confirmed by biopsy.

**PRE-SURGERY PLANNING**

Be sure to take a written list of all your medications including the dose, schedule and why you are taking the medication when you go to your initial consultation with the surgeon. Ask the surgeon if you have any questions about what you may or may not take in the days before surgery.

A physical exam will be performed by the surgeon at his/her office before your surgery day. You will be given an instruction sheet listing additional medical work-up that you will need to have done before the day of surgery, like blood work, chest x-ray, and electrocardiogram (EKG). Depending on your health insurance plan, your primary care physician may be responsible for arranging your pre-surgery medical work-up. You will be given prescriptions for medications to control pain, which you should have filled at your pharmacy before the day of surgery.

After the surgeon has described the planned surgery to you and answered all of your questions, you will sign an informed consent (written permission to perform the planned surgery including sentinel lymph node mapping and axillary lymph node dissection, as indicated). The surgeon’s office staff will inform you of your surgery date and time, either at the time of your consultation visit or a few days later (if you are not undergoing breast reconstruction as part of your surgery.)

If you are having a mastectomy and you want or are considering breast reconstruction, the surgeon’s office staff will make an appointment for you to see a plastic surgeon who specializes in breast reconstruction.

You should pre-register at the hospital a minimum of several days before your surgery date so that your check-in on the day of surgery goes smoothly. Call the preregistration representative at Torrance Memorial Medical Center at (310) 517-4754.
A week or so before your surgery, the appointment scheduler at the Breast Diagnostic Center will notify you via telephone what time on the morning of surgery that you are to be at the Breast Diagnostic Center for needle localization and/or start of the sentinel lymph node mapping procedure.

Do not eat or drink anything after midnight the night before surgery. You may take your normal medications with a sip of water at home on the morning of surgery. Exceptions to this are: do not take Coumadin (a blood thinner) or oral or injectable diabetes medication or aspirin or Plavix® (clopidogrel bisulfate).

ON THE DAY OF SURGERY

Please report to the Breast Diagnostic Center at 3275 Skypark Drive, Torrance on the morning of surgery at the scheduled time. Needle localization and sentinel lymph node mapping are performed under local anesthesia, i.e., you are awake but a small amount medicine to block pain is injected into the breast. The area will be covered with a bandage after the needle is placed. To help the injection used in the sentinel lymph node mapping travel to your armpit, you will be instructed to massage your breast. It is helpful if you wear a blouse or shirt that buttons up the front, no bra and a loose fitting sweater or sweatshirt that opens at the front.

A Breast Diagnostic Center staff person will escort you in a hospital mini-tram to the Outpatient Surgery Center in the outpatient wing of the hospital after the procedure(s). Your loved ones can stay with you while you are at the Breast Diagnostic Center and ride with you to the Outpatient Surgery Center.

After you arrive in the surgery pre-op holding area, an IV will be started and the pre-op nurse will do an assessment and teaching about post-operative pain control. The nurse will ask you what your acceptable level of pain is so that we can help you achieve adequate pain control. The anesthesiologist who will give you anesthesia to put you to sleep will talk to you before surgery. You will also meet with the surgeon to answer any last minute questions, mark your surgery site(s) and review the post-operative instructions.

Your family can stay with you while you are in pre-op. Once you are moved to the surgery suite, your family should wait for you in the 1st floor Outpatient Surgery Waiting Area if you are being discharged the same day. The surgeon will inform your family when you are out of surgery and in the recovery room. The nurse will tell your family when they can see you in the recovery area. Most patients who have mastectomy or lumpectomy do not need to stay overnight in the hospital after surgery.

If you are staying overnight in the hospital, your family should go the Family Waiting Room on the 1st floor of the hospital (near the Gift Shop). The surgeon will inform your family when you are out of surgery and in the recovery room. The Family Waiting Room volunteer will tell your family what hospital room you are going to and when you are transferred to the room so that they can visit you after surgery.
IN THE RECOVERY ROOM

You will awaken in the post-anesthesia care unit (PACU). You will be closely monitored by the nurse, including frequent vital signs, IV fluids and IV medications to prevent nausea and pain. Oxygen may be administered by a tube or small mask and a device will be attached to your finger to measure oxygen levels in your bloodstream. EKG leads may be attached to your chest to monitor your heart rhythm. You should immediately tell the nurse if you are in pain, have nausea, do not feel well or you experience any other unexpected symptoms.

YOUR INCISION

The incision will be closed by surgical glue and/or Steri-strips (thin surgical tape) to hold the edges of the wound together, and may be covered by a surgical bandage.

Pain level after breast surgery is highly individualized. At Torrance Memorial we use a pain scale of 0-10, in which 0 means no pain, 1-3 is mild pain, 4-7 is moderate pain, 8-10 is severe pain. Our goal is to achieve the level of comfort you desire. Uncontrolled pain can interfere with sleep, activity, healing and lead to additional complications. Pain medication will be offered to you to keep your pain under control but you should tell the nurse immediately if your pain level is too high. Your pain should be well controlled before you are discharged from the hospital.

You might require a drainage tube from the surgical site to a bulb-shaped plastic container (Jackson-Pratt drain) that provides mild suction to the incision area.

To work correctly, the bulb on the drain must remain flat at all times. Empty the drain at least twice daily or more often if the bulb is not flat. Do not let the drain dangle from your wound—place it in your pocket or pin it to clothing (without puncturing the tube).

To empty the drain:
1. Wash your hands with soap and water
2. Remove the plug at the top of the drain, then turn the drain upside down and squeeze in order to empty. The drainage will be bloody on the 1st day but will gradually become pinkish then clear yellow as each day passes. Drainage should not be foul-smelling or cloudy.
3. Roll the drain up, starting at the bottom to squeeze all the air out. While keeping the bulb rolled up, reinsert the plug.
4. Measure the amount of drainage and keep a written record to give to the surgeon at your post-surgery follow-up appointment in his/her office.
5. Wash your hands after emptying the drain.

Your discharge teaching will include instruction by the nurse and printed information on how to care for the drains at home.
POST-SURGERY RECOVERY

Frequent deep breathing, coughing and turning are encouraged to prevent pneumonia.

Pain pills typically take 30-45 minutes to start working, so don’t wait for pain to become unbearable before you take the prescribed medication. The amount of pain you feel should decrease as each day passes. Unrelieved, new, increased or unusual pain should be reported to your surgeon promptly.

Many pain medications cause side effects like drowsiness and constipation. Be sure to drink adequate fluids and use an over-the-counter stool softener or laxative as recommended by your doctor. If side effects are excessive or unmanageable, notify your doctor.

Some patients experience nausea and/or vomiting after anesthesia. If you are having nausea or vomiting before discharge, the surgeon will give you a prescription for medication to take at home. If you vomit more than a few times or if nausea occurs for more than 24 hours or interferes with your ability to drink a normal amount of fluids, you should notify the surgeon’s office.

Other reasons to promptly contact the surgeon’s office include increased redness, swelling or drainage at the incision or temperature over 100.5 degrees Fahrenheit.

Before you leave the hospital, be sure you know when your follow-up appointment in the surgeon’s office is scheduled. At that appointment you will learn the results of the pathology report and discuss additional treatment that is recommended. The surgeon’s office will make an appointment for you to see a medical oncologist and radiation oncologist, as indicated.

RECOVERY AT HOME

It is common to experience a range of sensations after breast surgery, including tightness or pulling at the incision sites, numbness, “pins and needles” or brief, sharp twinges near the incision sites or under the arm.

Keep the incision areas clean and dry. With your surgeon’s approval, you may shower. Be sure to avoid direct spray, very hot water, harsh cleansers and talcum powder on the incisions. If the top (gauze) dressing becomes wet, you may replace it with a sterile, similar type dressing and tape. Do not remove or replace the Steri-strips (thin adhesive strips that hold the edges of the wound together). Follow your surgeon’s instructions regarding wearing a bra. If you have any questions or problems with your bandage, notify the surgeon’s office.

A general feeling of tiredness or low energy is common for days to weeks after surgery. Your normal level of energy will gradually return but you will probably need to rest more and limit some activities for the first week or so immediately after surgery.

Avoid strenuous activities and lifting, pushing or pulling heavy objects until clearance is given by your physician. Carry packages and heavier objects on your unaffected side.
Range of motion of the arm on the operative side will return as you gradually resume light household tasks, usual activities of daily living and self-care.

Speak with your surgeon about when you may resume driving and return to work. Most women do not drive or return to work until after all drains are removed and they have had their post-surgery follow-up visit in the surgeon’s office. You should not drive if you are taking pain medication other than acetaminophen (Tylenol®) or ibuprofen (Advil®, Motrin®).

Patients who have undergone lymph node surgery are at risk for development of lymphedema (abnormal fluid collection and swelling) in the arm on the same side as the surgery. You should avoid heavy lifting, having your blood pressure taken, blood drawn or an IV on the operative side if you have had lymph node surgery. Symptoms of lymphedema should be promptly reported to your surgeon since the condition can lead to infection, pain and disfigurement.

It is common to experience an emotional reaction before and after breast surgery. Looking at the incision for the first time or when your spouse or partner sees the incision for the first time can cause anxiety, sadness or a range of emotions. Consider looking down at the incision site the first time instead of looking in a mirror. It is normal to grieve for the lost breast. It is important to keep in mind that emotional adjustment to any body change takes time.

COMMUNITY RESOURCES

1. Torrance Memorial Medical Center Cancer Resource Center for information on all aspects of cancer diagnosis, treatment and recovery, including mastectomy supplies. All services are completely free of charge and available to anyone. (310) 517-4665 or 1st floor West Tower

2. American Cancer Society Reach to Recovery program for a temporary prosthesis (if you have undergone mastectomy) and information about arm exercises that can promote post-operative recovery. This free program also provides an opportunity to share concerns with another breast cancer survivor. Call the Torrance Memorial Cancer Resource Center (310) 517-4665 for a referral.

3. The Wellness Community South Bay Cities for breast cancer support group and individual and family counseling. (310) 376-3550 or www.wellnessandcancer.org

4. Torrance Memorial Rehab Department Outpatient Oncology Rehab Program for assistance with physical recovery, resuming normal activities and management of lymphedema. A prescription from your doctor is required. Call the Rehab Department at (310) 325-9110, ext. 2000 for additional information.