

Mastectomy

A mastectomy is the removal of as much breast tissue as possible including the skin and nipple area. This surgery is carried out to the affected breast only and leaves a flat chest wall on one side with a horizontal incision line. Your breast surgeon will have discussed with you the reasons why a mastectomy has been advised for you.

It is usual to remove some lymph glands (also called lymph nodes) in the armpit (axilla) at the same time through the same incision. This is called a sentinel node biopsy (SNB). Some patients may require surgery to remove the majority of the lymph glands in the armpit, which is called an axillary clearance.

If your mastectomy is being done to treat pre-invasive Ductal Carcinoma In situ (DCIS), the surgeon will advise testing the lymph glands at the same time to avoid another operation, as occasionally small areas (foci) of invasive breast cancer are found when the breast tissue is examined by the pathologists.

Before the operation, an appointment will be made for you to meet with a breast care nurse to discuss your surgery in more detail in a pre-mastectomy clinic. At this appointment you will have the opportunity to discuss the surgery in more detail and revisit the reasons why a mastectomy has been advised. You will also be able to look at photographs of mastectomy scars and see examples of the different types of prostheses and bras available. It is also an opportunity to discuss your emotional wellbeing at this time, and any possible fears and anxieties you may have about losing your breast. You are welcome to bring someone with you if you wish.

What happens if I need to have a mastectomy?

You will usually be given a date for surgery at your meeting with the surgeon. Prior to the operation you will have a pre-operative assessment that will either be completed at the hospital or over the telephone. This usually comprises a routine blood test and ECG (can be done at your GP surgery if you are having a telephone assessment) with a discussion about your previous medical history and what will happen when you are admitted for surgery and post operative instructions. If you have an appointment at the hospital for the assessment please allow 2 – 3 hours to complete all the tests.

You will be sent a letter confirming your operation date and time of admission to the ward at the Royal Devon & Exeter Hospital. This is usually Wynard Ward in the Centre for Women's Health, or Knapp Ward in the main hospital.

The letter will also include details of when to stop eating and drinking pre operatively. You should be advised at the pre operative assessment about your regular medications and if appropriate, when to stop anticoagulant therapy e.g. warfarin and Clopidogrel.

You will also receive an appointment with your surgeon to discuss the results of your surgery; this is usually 10 to 14 days following your operation.

A mastectomy can be carried out as a day case procedure under general anaesthetic. If you live alone you will need to have an adult to stay with you overnight on the first night following your surgery.

We advise that you have a shower/bath on the day of your operation and not to shave your underarm hair on the side of the proposed surgery within 48 hours as this can cause trauma to the skin and increase the risk of infection.

If you have a general anaesthetic you are advised not to drive for two days after the operation. If your operation is performed later in the day than initially anticipated and you live a distance from the hospital, you may be advised to stay in the hospital overnight.

You should bring in a dressing gown and slippers as you will usually walk to theatre and the hospital corridors can be cold. Please do not bring any valuables into hospital with you. We will provide you with a soft prosthesis to wear in your bra. Please bring in a soft, non-wired bra. It is your personal choice about when you start to wear your bra/prosthesis.

If you have a drain(s) following the operation, it is usual to be discharged home with it/them in place. Breast drains are small plastic tubes attached to a drainage bag and are held in place with a small stitch and secured with a dressing. They drain the fluid from your wound which normally collects after an operation. These drains help to reduce bruising and swelling around your wound. You will be able to carry the drain(s) around easily. It is safe to go home with your drain and the District Nurse from your GP Practice or local hospital will usually visit daily to assess the drainage and remove it/ them at the appropriate time. If you have any questions or concerns about your drain please contact your District Nurse, or Breast Care Nursing Service.

Your wound will have a waterproof, adhesive dressing in place. You may also have some suture strips over the incision site. The sutures will be dissolvable and do not need to be removed.

Please refer to the "Advice When you are Home" leaflet for further information on wound care and removal of dressings.

If you work, we advise that you have time off to recover depending on the type of surgery you are having and what job you do. This is usually a minimum of two weeks. It is important to give yourself time to recuperate both physically and emotionally. Please discuss this with the surgeon and breast care nurse who will be able to advise you.

We expect you to make a good recovery quite quickly after your operation and to experience no serious problem. However, it is important that you know about minor problems that may occur and what more serious issues can happen, albeit rarely.

The risks of a general anaesthetic

General anaesthetics have some risks, which may be increased if you have chronic medical conditions, but in general they are as follows:

- **Common temporary side effects** (risk of 1 in 10 to 1 in 100) include bruising or pain in the area of injections, blurred vision and sickness, these can usually be treated and pass off quickly.
- **Infrequent complications** (risk of 1 in 100 to 1 in 10,000) include temporary breathing difficulties, muscle pains, headaches, damage to teeth, lip or tongue, sore throat and temporary problems with speaking.
- **Extremely rare and serious complications** (risk of less than 1 in 10,000). These include severe allergic reactions and death, brain damage, kidney and liver failure, lung damage, permanent nerve or blood vessel damage, eye injury, and damage to the voice box. These are very rare and may depend on whether you have other serious medical conditions.

Complications following mastectomy

- **Pain**, this is usually well controlled with simple analgesia you will be discharged home with. Please talk to your breast care nurse if the pain is severe or chronic as there are treatments available
- **Bruising/Bleeding** - this is not usually serious, but sometimes measures are needed to remove a large haematoma (collection of blood)

- **Seroma formation** - after the drain (if it has been used) is removed fluid can build up behind the scar. This is part of the healing process, but if it becomes painful and large please speak to your Breast care nurse as we may need to arrange to drain off the fluid. This can be done in a clinic setting and is usually painless.
- **Poor healing along the scar/Raised scar.** People heal differently, and this can be affected by other treatments you may need after the surgery, for example radiotherapy. If you generally heal poorly or have a tendency to form keloid scars please speak to your surgeon before the operation.
- **Dog ear formation/Excess tissue.** Occasionally after a mastectomy the natural tissue on your side can look more prominent. This can be corrected at a later date if it causes a problem with wearing your bra/prosthesis.

Breast Prosthesis (Breast Form)

If you do not have breast reconstruction at the time of your mastectomy one of the breast care nursing team will offer to fit you with a soft prosthesis to wear in your bra before you leave hospital. This will have been shown to you at the pre mastectomy clinic appointment with the Breast Care Nurse.

You will also be sent an appointment for approximately 4-6 weeks after surgery with your Breast Care Nurse. This is an opportunity to discuss how you are recovering physically and emotionally and discuss any concerns or issues you may have. You will then meet with the professional bra fitter and have silicone prosthesis and a complimentary bra fitted. The appointment to see both the breast care nurse and the fitter takes approximately an hour.

Your feelings after a mastectomy

During your pre mastectomy clinic appointment, you and your breast care nurse will have talked you through any immediate concerns that you have regarding losing your breast and some of the emotions that you may experience, but, following your surgery you may have feelings of uncertainty around looking at your mastectomy site. Your chest wall may look quite bruised and swollen initially after the operation, but this will settle over the coming weeks. There is no right or wrong time to look at your scar; you will choose the right time for you, and those close to you.

It is quite common that when you initially touch your scar it will feel hard and uneven, but this should soften and become more even over the next few months, although it can take up to 12 months for a scar to mature fully. Once you have returned to meet your surgeon and breast care nurse and your wound is fully-healed, if you feel able to, massaging your chest wall and scar with a non-perfumed moisturising cream, using two fingers in a firm circular action, will help keep the skin moist and hydrated and help the scar to soften.

The first response to losing your breast may be one of sadness and feelings of grief are not unusual. It will help to allow yourself time to adjust and come to terms with your breast loss. Recovering emotionally from your breast surgery can take some time and each person's response is different. If you are struggling or feeling isolated please remember that there are people who can help to support you. Your breast care nurse can talk to you about your feelings and also refer you for further help if appropriate. Your breast care nurse will also be able to offer practical help and advice.

Breast Reconstruction

All women who are advised to have a mastectomy are offered the opportunity to discuss breast reconstruction. Reconstruction can be done at the time of mastectomy (immediate reconstruction) or months, even years later (delayed reconstruction). If you wish to consider immediate breast reconstruction the surgeon will assess you on an individual basis to see what surgical options are available to you. There are some health factors that may preclude you from having an immediate breast reconstruction but your surgeon will talk you through this. If you are a smoker or user of nicotine products it is advisable that you stop as this will affect the types of reconstruction offered to you.

If support is needed then patients can access the specialist Stop Smoking Service within the hospital.

If you are deemed suitable for an immediate breast reconstruction, your surgeon will refer you to the breast reconstruction specialist nurse. The specialist nurse will talk you through your surgical options in detail, post-operative expectations and show you photographs of breast reconstruction. She will also be able to give you advice regarding specialist bras.

Delayed reconstruction options can be discussed with your surgeon on an individual basis following your treatments.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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