

# Therapeutic Mammoplasty

## Therapeutic mammoplasty

Therapeutic mammoplasty is a relatively new technique in breast cancer surgery. It is a technique which removes the tumour but conserves some of the breast tissue, leaving a smaller breast whilst trying to maintain the best possible shape of breast. This is done by removing the tumour with a wide local excision (lumpectomy) technique and then repositioning the remaining breast tissue by using a breast reduction technique. Your surgeon may offer this type of surgery where there is a larger tumour or the tumour is in a position where a simple wide local excision may adversely affect the shape and size of the breast and or result in an indentation in the breast.

If your surgeon feels this type of surgery might be an option for you, your Breast Care Nurse will be able to talk to you in more detail about the surgery and show you photographs of what your breast may look like afterwards. This would also give you an opportunity to ask any questions that you might have.

Your surgeon may also talk to you about operating on your other breast to obtain symmetry; this procedure is known as a Contralateral Reduction Mammoplasty. This uses the same technique as a therapeutic mammoplasty and can be done simultaneously or at the end of your breast cancer treatment as a second operation. In some cases surgery to the other breast may not be needed at all.

## Potential advantages of a therapeutic mammoplasty

- Better breast symmetry after surgery
- Better breast shape with an uplift

- In some cases it can avoid the need for a mastectomy (removal of the whole breast)
- As the breast will be reduced in size there may be less soreness and skin breakdown after radiotherapy

## Potential disadvantages of a therapeutic mammoplasty

Choosing this type of operation will involve a longer anaesthetic (approx. 2 hours) this will be done as a day case procedure, you will need someone to stay with you overnight and support you for 24hrs at home. If surgery is undertaken to both breasts (bilateral surgery) you may stay in overnight.

It involves a more extensive procedure than just removing the tumour (wide local excision) and you may experience some discomfort for several weeks.

There may be more scarring, with scars on both breasts if bilateral surgery is undertaken. The position and amount of scarring will depend on the type of therapeutic mammoplasty technique your surgeon uses.

There is a higher risk of delayed wound healing, wound infection and bleeding/bruising after the operation.

You may experience altered nipple sensation with the nipple becoming more or less sensitive. In rare cases the blood supply to the nipple may be inadequate and you may lose all or part of the nipple or nipple skin.

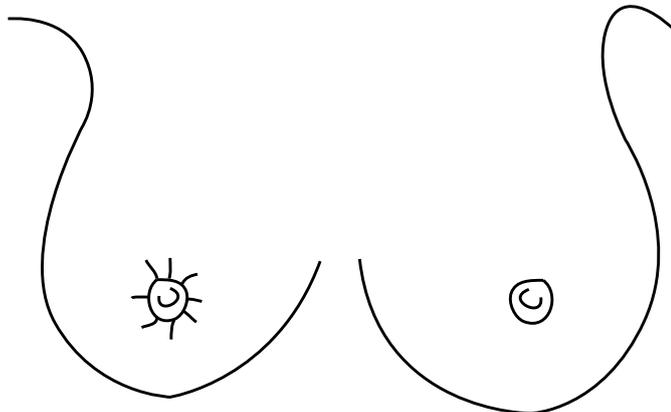
The size of your breast following surgery will be dependent on the size and position of the tumour or extent of the disease to be removed.

## What does the surgery involve?

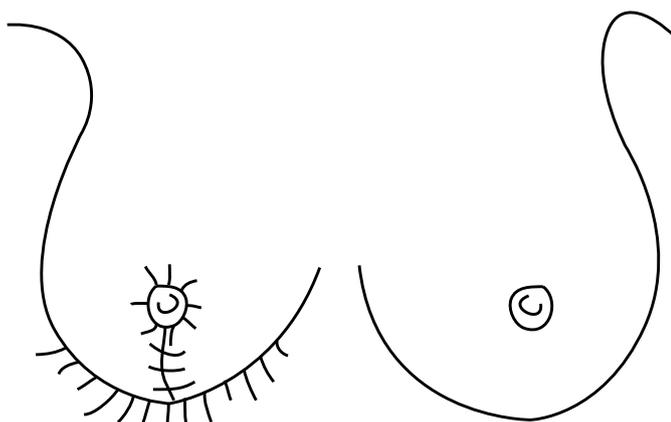
Techniques for this operation vary and the surgeon will discuss with you the procedure that would be best suited for you. The type of technique used will depend on the size of your breast, the size of the tumour and the position of the tumour within your breast. When a larger amount of breast tissue is removed because of the size of tumour some of the skin may also have to be removed and in some cases the size of the nipple reduced to match the new size of the breast that has been formed to ensure the best cosmetic outcome.

There are 4 main approaches to Therapeutic Mammoplasty:

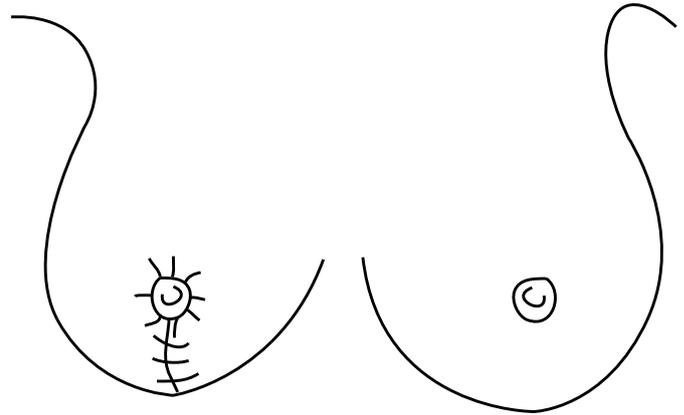
- i) **Round Block Therapeutic Mammoplasty**, where the incision is made only around the edge of the areola.



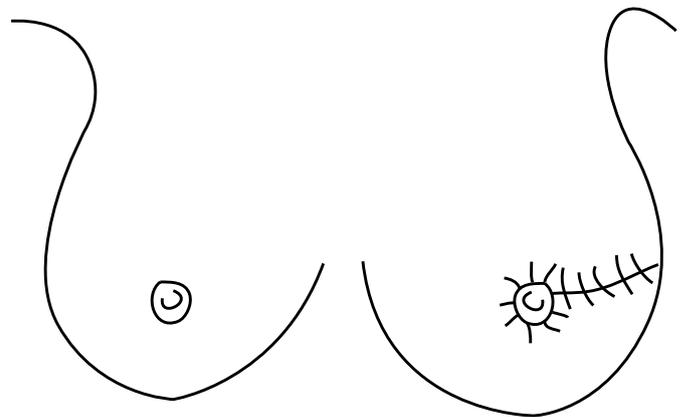
- ii) **Wise Pattern Therapeutic Mammoplasty**, where the incisions are made around the areola, vertically down from the areola to the crease or fold of the breast, and in the crease or fold of skin beneath the breast, the inframammary fold. This procedure allows skin from both sides of the breast to be brought down and around the areola to reshape the breast.



- iii) **Vertical Scar Therapeutic Mammoplasty**, incision around the nipple and vertically down from the areola towards the crease or fold below the breast allowing the surgeon to remove breast tissue and skin as necessary.



- iv) **Racquet/Lateral Therapeutic Mammoplasty**, incision around the nipple and out to the side towards the axilla.



If your tumour or area of disease cannot be felt by the surgeon it may be necessary to insert a wire in to the area using an ultrasound or mammogram machine, (see wire guidance leaflet) which will assist the surgeon to remove the correct area.

The surgeon removes the tumour along with some additional tissue, the tumour and the surrounding tissue is sent to the lab to be analysed later. Tiny titanium clips will be placed in your breast to help the oncologist with the planning of your radiotherapy treatment if this is required. The clips will remain in the breast and you should not be able to feel them.

If it has been recommended that you have some lymph glands removed from your axilla (armpit), this can be done during the same operation and will be discussed with you at the time of your diagnosis and discussion about surgery. (see

section on axillary surgery). This may necessitate a separate incision or scar in the armpit.

The stitches to close all wounds are dissolvable.

The new scars may be supported with brown tape or dressings.

Your surgeon may also use additional wider tape to support your newly shaped breast(s), this is to ensure that the breast tissue and the scars are supported and to prevent movement of the breast tissue.

It is important that you wear a supportive Bra day and night for the first 6 weeks after surgery.

## Pre-operative assessment

Following the meeting with your surgeon you will be given a date for surgery. Prior to your operation you will be invited to come to the hospital for a pre-operative assessment to check the general state of your health prior to having a general anaesthetic. This assessment will include:

- Blood tests
- Electrocardiogram (ECG) to measure the electrical activity of your heart and detect any possible problems)
- Urine test
- Blood pressure
- Temperature
- Pulse

This will take place approximately a week before your operation in the hospital. Alternatively this may be over the telephone; this may depend on your general fitness and health. This will also provide an opportunity to ask any questions that you may have.

## Before surgery

You will usually be admitted to hospital the morning of your operation. You will be seen by the anaesthetist and a Doctor from the Surgical team. They will talk to you about your operation and discuss what they plan to do. This is a good time to ask any final questions and talk about any concerns you may have. They will ask for

your written consent to confirm that you fully understand what is going to be done and what you are agreeing to. If you are unsure, don't be afraid to ask the doctor to explain further.

The Surgical Team will use an indelible pen to draw on you, to indicate the site of the operation. Shortly before your operation you will be asked to put on an operation gown and most women will be given anti-embolic stockings (elasticated support stockings) to wear during and for a short time after their operation. These reduce the risk of harmful clots forming in the blood. You will then be taken to the operating theatre, where you will be given an injection to send you to sleep before the operation begins.

## Your hospital stay

You will be admitted as a day case, but if you are having bilateral surgery you may be advised to stay overnight.

Your operation will be carried out under a general anaesthetic and you will not be able to eat or drink immediately before your operation. Specific information about this will be sent to you with your admission papers before your operation.

If staying overnight you will need to bring your usual toiletries and you may like to bring pyjamas or nightdresses that open fully down the front which are more convenient as pulling clothing over your head may be difficult following surgery.

After the surgery you will be advised to wear a sports or supportive bra.

Having a supportive bra is extremely important as it is this that supports and stabilises the newly reshaped breast tissue, reducing swelling and pressure on the internal and external scars, whilst the wounds are healing. **You are advised to wear a sports or supportive non-wired bra both day and night for at least six weeks.**

It is also useful to purchase a bra extender which will increase the comfort of your bra in the early post-operative period if there is any swelling or bruising. Your Breast care nurse or the ward nurse will ensure that your bra fits adequately prior to discharge. Your surgeon will advise you on the anticipated size of your breast(s) following surgery.

## After your operation

You will wake up initially in the theatre recovery area and you will be transferred back to the ward when you are awake and comfortable.

On return to the ward you will be able to drink water and will be offered something to eat.

You will be encouraged to get out of bed as soon as you feel able to with support or supervision.

If staying overnight your close family are welcome to visit that evening.

You will need to wear your supportive bra on discharge from hospital.

After a general anaesthetic you are not safe to drive for 4 days due to the effect of the anaesthetic. The surgery will also affect your ability to drive and you will therefore not be safe to drive for at least 2 weeks following your operation. Your surgeon will be able to give you more detailed advice when assessing your progress at the first outpatient consultation following your operation.

## What to expect after the surgery

You may find that you experience some pain and discomfort following your operation. You will be offered painkillers when you are in hospital and most women find that it helps to take these regularly. When you are discharged home you will be given a supply of painkillers. One of the benefits of taking regular painkillers is that even if you do not experience much pain, they do help you maintain good arm movement which is particularly important if you have had lymph glands removed. You may need to take painkillers for several weeks following your operation.

Your breast(s) can be bruised and swollen. It will take a couple of months for breast(s) to settle down and assume a more natural shape. You may notice that you feel less sensation in your nipples, areolas and breast skin but this will hopefully be temporary. However, it may take up to a year before sensation returns to normal. If your nipples/areolas were removed and grafted, sensation will never return to the pre-operative state. Overall there is a 50% rate of altered nipple sensation.

## Wound drains

It is unusual for drains to be used following Therapeutic mammoplasty, however, occasionally wound drains may be required following this surgery but this would be at the surgeon's discretion. If a wound drain or drains are required they are often removed prior to discharge. If they are to remain your surgeon and breast care nurse will discuss this with you and explain what is involved, you will also be given specific written information for this.

## Wound care

Your wound dressings will be removed at 10-14 days after surgery when you return to the outpatient clinic for the results of your surgery. If you are experiencing any irritation due to the dressings or have any other concerns about your wounds prior to your outpatient appointment please contact your breast care nurse Monday – Friday. Over the weekend and public holidays please ring Otter Ward on 01392 402807 or your GP.

## Moving your arm

After breast surgery it is very important to use and exercise your arm correctly. A Physiotherapist will usually see you post operatively and teach you a range of arm exercises which are also included in your information folder. It is very important to follow your Physiotherapist's advice and practice the exercises at frequent intervals. The purpose of arm exercises is to avoid any arm or shoulder stiffness developing. It is tempting to overprotect your arm and shoulder but this is something that you should avoid. The exercises are to help you regain the range of arm movement you had before your operation and relieve any tightness over your chest wall. Continue these exercises at home and return to full use of your arm as soon as possible (if you have had lymph glands removed please refer to the specific advice in the section on axillary surgery). Doing your exercises little and often is probably the best advice.

Do not be alarmed if you ache or feel a pulling sensation during or after exercises, it is very unlikely that exercising will do any damage whatsoever.

## Follow up appointments

You will be given an appointment to attend outpatients 10-14 days after your surgery. At this point we will review your wounds and dressings and discuss your final results of your surgery and any further treatments as necessary.

New supportive tape may be reapplied, you will be provided with additional tape to reapply, the breast care nurse will give you advice on how to do this. It is usually advised that the supportive tapes are continued for 6 weeks post operatively. You will also be advised to continue wearing your supportive bra day and night for at least a further 2 weeks.

## Further surgery

In some instances further surgery is required to remove more breast tissue if margins around the tumour are not adequate. This will be discussed with you at your follow up appointment and any further surgery planned if necessary. Very rarely, the second operation may require you to have a mastectomy (removal of all the breast tissue). This will be discussed in detail with you if that is what has been recommended.

## What problems can occur after the operation?

### Risks of general anaesthetic

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

- **Common temporary side effects** (risk 1 in 10 to 1 in 100) include bruising or pain in the area of injections, blurred vision or sickness (these can usually be treated and pass quickly).
- **Infrequent complications** (risk 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 difficulty in speaking.
- **Extremely rare and serious complications** (risk of less than 1 in 10,000) 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 depend on whether you have other serious medical conditions.

## What signs should I look for that might indicate a problem?

- Severe pain in the breast(s)
- Very high temperature (above 38 degrees)
- Redness/heat/excessive swelling of the breast(s)
- A lot of fluid/pus/blood coming from the wounds
- Offensive smell from wounds
- Pain/swelling in the calves

**Contact us or your GP if any of the above occur.**

## Specific potential complications

### Seroma

Following surgery, healing fluid is produced and this can collect beneath the skin within the breast tissue and is known as a seroma. In most cases this can be reabsorbed by the body, if however this is causing pain and discomfort and affecting the movement of your arm, it may need review by a breast care nurse or your consultant and can be removed in the outpatient department. If you are concerned about this please contact your Breast care nurse.

### What about scarring?

This procedure does leave noticeable, permanent scars where the suture lines have healed. These will vary from one woman to another; the amount of scarring will be dependent upon the technique used. Over the weeks and months following surgery, initially the scars can become thicker, red and possibly lumpy and uncomfortable. Gradually they become less obvious, usually eventually fading over 2-3 years. In some women they may end up as thin, white lines. In others, they may stretch and become red and prominent. There is no guarantee that your scars will be completely symmetrical.

The scars should not be visible under normal clothing and the average bra/bikini top.

## Nipple sensation

Patients who have their nipples maintained on underlying tissue and repositioned may still permanently lose some or all of their nipple sensitivity. Reduced sensation may extend over the breast skin. This will usually subside in the months following your operation but sometimes can be permanent. However, a small minority of patients may develop nipple hypersensitivity. Overall there is a 50% rate of altered nipple sensation.

## Loss of nipple/areola

Rarely, the nipple and areola may lose their blood supply and tissue will die resulting in loss of part, or all, of the nipple. The nipple can usually be satisfactorily reconstructed using skin on the overlying breast if necessary.

## Asymmetry

Your breasts will not be absolutely the same after the operation. The aim is to get a good match but as you may realise many women have a degree of asymmetry under normal circumstances. You should expect to be well matched in most cases afterwards when wearing a bra and in your clothes.

## Delayed or poor wound healing

Some of the wounds may take a little longer than others to knit together. This is particularly seen at the 'T' junction. These wounds will settle but often take a little longer to do so and may require repeated dressings.

## When will I be back to 'normal'?

### Bathing/showering

You may bath or shower as long as you do not get the dressings wet for the first couple of weeks, until the suture lines have healed. Once they have healed you may bath or shower as normal.

## Work/general activities

For the first 2 weeks you should not lift anything heavier than a kettle of water. Avoid any heavy lifting or vigorous housework (eg vacuuming) for 3 or 4 weeks after the operation. Increase your activities slowly, using how you feel as a guide. Most patients wounds have healed and they are able to resume a normal lifestyle 4-6 weeks after the operation.

## Sport

We advise you do not start any strenuous activity such as aerobics, squash, running, swimming and horse riding for at least 6 weeks after your operation. You should wear a good sports bra for such activities.

## Driving

Ideally you should avoid driving for 2-4 weeks after your operation. Turning movements and reversing are often the most troublesome actions. All wounds should be healed, you ought to be comfortable wearing a seatbelt and able to drive safely and perform an emergency stop. If in any doubt please seek medical advice or check with your insurance company that your policy is valid.

## Sunbathing

We advise you to use a high factor sunscreen or sun block on your breasts until your scars have fully matured; this may take up to 2 years.

## Feelings after breast surgery

It is important to have realistic expectations for the outcome of this type of surgery. The breasts may not be perfectly symmetrical and nipple height may vary. It can take up to six months for the breasts to settle into their new shape. It may take some time for you to adjust to your new body image. Most women quickly become comfortable with the new smaller breasts. **If you are concerned about your feelings following surgery please contact your breast care nurse.**

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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