



Having a mastectomy (breast removal surgery)

This leaflet explains what will happen when you come into hospital for your operation. It is important that you understand what to expect and feel able to take an active role in your treatment.

This surgery is often performed as a day case under general anaesthetic. However, depending upon other medical conditions you may have, an overnight stay may sometimes be necessary.

This leaflet will answer some of the questions that you may have.

Why am I having this surgery?

A mastectomy is an operation to remove as much breast tissue as possible (and will include loss of the nipple), in order to safely remove the cancer and a rim of normal tissue around it. It is not possible to guarantee being able to remove all of the breast tissue. This operation is normally done when other types of surgery are unsuitable or, following a discussion of your treatment choices, you feel that a mastectomy is the appropriate choice for you.

Is there an alternative to surgery?

You will have discussed various treatment options with your doctor so that you can make the best decision for your individual situation and some patients may be offered chemotherapy or endocrine therapy in order to reduce the tumour prior to surgery. The aim of the surgery is to remove the breast tissue to prevent the cancer from growing or spreading further. However, each person's risk of breast cancer recurrence (the cancer coming back after surgery) is different and depends on many factors, such as the size, type, grade and features of the cancer and whether the lymph nodes were affected. The risk of breast cancer recurring is higher in the first few years and usually reduces as time goes on.

However, recurrence can happen even many years after treatment. This is why it's important to continue to be breast and body aware

If you choose not to have surgery for breast cancer, you may be shortening your life expectancy. If the growth is a cancerous tumour, it may spread to other parts of the body.

Are there any complications of my surgery?

Your consultant will explain any possible complications so that you are aware of these when you are asked to sign your consent form. Some possible complications are:

- 1. Thickened scar:** Scar healing is unpredictable and although the scar usually heals as a fine line, occasionally it may heal in a thickened fashion called a 'keloid' or 'hypertrophic' scar. This scar may not be entirely 'flat and smooth' on the chest wall and may vary in appearance according to your body shape and size.
- 2. Infection:** Following this sort of procedure, infection may occur in up to 5 in 100 patients, but infections can usually be treated with antibiotics. However, occasionally we may need to

reopen the wound, drain the infected fluid and then pack the wound, in which case it may take some weeks to heal.

3. **Haematoma:** Occasionally, patients can bleed after surgery, blood collects in a lump underneath the wound (known as a haematoma) and this may need to be removed, either in the clinic or by a second operation (4% risk – 1 in 25 patients).
4. **Wound pain:** Some patients experience pain, discomfort or altered sensations in or around the wound during or after the healing process. Usually, these sensations will settle with painkillers but if the problem continues, we would recommend that you contact your GP. If necessary, they can then refer you back to see us if there is any ongoing problem.
5. **Seroma:** This is fluid that naturally collects beneath the wound, which may require draining if there is a lot of it, or it is uncomfortable. It is possible that you may require drainage on a number of occasions in the first few weeks after surgery. Your breast care nurse will discuss with you how to attend the Seroma Clinic.

Before your operation

You will be offered the opportunity to have a discussion with the breast care nurse prior to the date of your operation. This is to discuss the operation in more detail and discuss the psychological impact of having a mastectomy; you will also have the opportunity to see a photograph of the likely scar (if you wish to) and the different sorts of prosthesis available.

What happens in theatre?

During the surgery, the surgeon will make incisions and remove all visible breast tissue. The edges of the incisions are brought together to form a scar that will appear as curved horizontal line where the breast has been removed. A drain may be inserted into the wound at the time of surgery. This may be removed before you leave hospital or, on some occasions, you will go home with the drain still in place. The clinical staff will explain how to look after the drain. The breast tissue removed will be sent to pathology for examination and a report will be produced that will give your surgeon all the pathological (tissue analysis) information. This information will help guide any further treatment you may require.

What happens after my operation?

- **Pain:** It is normal to experience some mild to moderate pain and discomfort after your operation and while the wound is healing. You will also get some moderate bruising around the area. You will be offered painkillers to help reduce the pain and you should continue to use these as required, once home.
- **Prosthesis:** Prior to your surgery, you would have seen the breast care nurses to fit you with the temporary soft prosthesis in your bra (women patients).
- **Time off work:** After leaving hospital, you should allow up to 4 weeks off work, although you may require longer than this, depending on the healing process and the type of job you do. Please ask staff if you require a 'fit note' for work so we can provide this before you leave hospital. If you require a longer time off work than is indicated on the certificate, your GP can provide you with an additional certificate.
- **Resuming normal activities:** You should allow yourself time to rest after your surgery. Try not to set yourself big tasks too soon. You should be able to gradually resume normal household activities between 2-4 weeks after surgery when you feel well enough.

Also avoid heavy lifting, including hoovering and carrying shopping for 2-4 weeks.

You should also allow up to 2 weeks before resuming to drive and only then when you can safely perform an emergency stop.

- **Exercises:** You will be given an exercise sheet and encouraged to perform these following advice from the breast care surgery team. It is important to start stretching your arm and shoulder to maintain strength and mobility and to soften scar tissue. If you have ongoing problems with shoulder or arm stiffness, we can refer you to a physiotherapist.

When will I be discharged?

You will leave hospital later the same day of the surgery if you are a day case patient. It is essential that you have someone who can collect you and drive you home. You will need someone at home with you for at least the first 24 hours.

Occasionally, you may need to stay in hospital overnight due to other medical conditions or to monitor your wound or drain for longer.

Wound care

Your wound will be covered with a waterproof plastic dressing or surgical glue. If you have a waterproof plastic dressing, you can remove this after 10-14 days. If surgical glue was used, this simply wears off over a few weeks. With either dressing or glue, you can shower the day after surgery but avoid a bath until 5 or 6 weeks after the operation. Your stitches are dissolvable, so do not require removal, but will disappear over time (usually a few weeks).

There will be swelling and some discharge from the wound once you get home, and this may produce some blood staining on your clothes or bed sheets. This is normal and is nothing to worry about, but if you have any big concerns, please contact your breast nurse for advice. Out of hours, please telephone the Surgical Assessment Unit (SAU) – number at the end of this leaflet.

Please contact your GP if your wound looks infected, (hot, red, swollen or you have a fever) so they can assess and prescribe antibiotics if needed.

Bras

In the first few weeks after surgery, you are usually advised to wear a bra that fits comfortably but is not too tight and has no underwiring. Your surgeon or breast care nurse can advise you on the best type of bra to wear. It is important to choose a style that feels soft and comfortable to allow the area to heal. For example, a bra made of cotton can feel softer on the skin.

Breast prosthesis

If you would like a permanent breast form (prosthesis) following your surgery, you should contact the Berkshire Cancer Centre Outpatient Department on 0118 322 7888 around 4-6 weeks after your discharge from hospital to arrange an appointment in the fortnightly Prosthetic Clinic. You will have had an opportunity to discuss whether you would like a prosthesis prior to your surgery and again in the Seroma Clinic.

Surgery follow-up

You will have an outpatient appointment to see your consultant 14-28 days after surgery. At this appointment, a member of the surgical team will check your wound, discuss the pathology results along with further treatment options, and you will have an opportunity to raise any concerns you

may have. The appointment will be arranged and communicated to you beforehand.

It may be helpful to bring a relative or friend with you to the follow-up appointment when the results and any additional treatment you may require are discussed.

If other treatments are needed, you will then see a member of the oncology (cancer specialist) team to discuss these. Further appointments will be made for you as needed.

Sexual relations

Many women lose interest in a physical relationship after breast surgery. This is common and is usually temporary. The breast care nurses can discuss this with you in more detail if you wish.

Useful contact details

Department of General Surgery – Breast Unit: 0118 322 6890

Pre-operative Assessment Clinic 0118 322 8532

Breast Care Nurses 0118 322 7420 or email: breastcarenurses@royalberkshire.nhs.uk

Surgical Assessment Unit 0118 322 7541 or 7542

Patient Advice and Liaison Service 0118 322 8338 or email: PALS@royalberkshire.nhs.uk

Breast Cancer Support Groups

The groups meet every month, details below:

(Please contact the relevant contact for up-to-date information on the next meeting.)

Breast Cancer Support Group Reading – AKA The B-team:

First WEDNESDAY of every month at 6.30pm (please check before attending as programme dates can vary at times). Meet at the Apex building (next to Reading station), Forbury Road, Reading RG1 1AX. Please contact the B-Team via email bteam.berkshire@gmail.com for up-to-date information on the next meeting, or via Facebook (private group) by searching for “Breast Cancer Support Group Reading – AKA The B-Team ”

Newbury Support Groups:

Newbury Breast Cancer Support group meets the second TUESDAY of the month at 2.30pm, in the restaurant foyer at Thatcham Garden Centre, Bath Road, Thatcham RG18 3AN.

Please contact: Ann Pocock, Breast Cancer Care Volunteer 07717 182 427, email: annpocock53@btinternet.com or Sally Hook 07890 546 640, email: shook46@hotmail.com.

Newbury Cancer Care also run a general cancer support group, called Coffee Connections. They meet on Mondays (except Bank Holidays) in the Waterside Centre (behind Camp Hopson) from 10am-12pm.

There is a general cancer support group in Thatcham, who meet in the Thatcham Parish Hall (opposite Forresters Hair Salon on the A4 – parking is in the Waitrose car Park behind the hall). This group meet from 10.30am-12.30pm each Thursday.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.
