



# Therapeutic mammoplasty

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**This leaflet explains what will happen when you come into hospital for your operation and aims to answer some of the questions you may have. 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 or occasionally under local anaesthetic. However, depending upon other medical conditions you may have, an overnight stay may sometimes be necessary.**

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## What is a therapeutic mammoplasty?

Therapeutic mammoplasty is an operation to remove the breast cancer (therapeutic) and then reshape the breast by removing skin and breast tissue (mammoplasty), to try to preserve a normal breast shape that will usually be smaller and more uplifted.

There is a limit to how much breast tissue can be removed with a standard lumpectomy without adversely affecting the appearance of the breast, but this technique allows us to remove more breast tissue and attempt to leave an acceptable cosmetic outcome.

The operation is suitable for women with moderate to larger breasts, and who have a degree of droop (ptosis).

If there is significant asymmetry (difference between your breasts) afterwards, the breast on the other side may also need to be reduced, to provide a better match in size and shape, if so desired. This is known as symmetrisation surgery and will be performed at a later date.

## What are the advantages?

- The technique aims to produce a normal breast shape with no indentation, distortion or loss of cleavage that might otherwise be likely. It is particularly useful for lower breast tumours that are more likely to develop a deformity if a simple lumpectomy is performed.
- For women with larger breasts who desire smaller breast this can be an added benefit.
- For women with very large breasts, reducing the size can make radiotherapy easier.

## What are the disadvantages?

- The surgery is more extensive than a simple lumpectomy with more scarring.
- There are more risks associated with the surgery, including altered nipple sensation or numbness, potential for nipple necrosis (1%), and fat necrosis, and problems with wound healing. These will be discussed in more detail later.
- A specific cosmetic outcome cannot be guaranteed and there is still a risk you may have a degree of distortion or indentation.
- There is still a risk of further surgery if we not get clear surgical margins around the area of disease

## Is there an alternative?

The other surgical options are to have a simple lumpectomy (also called a wide local excision) without reshaping the breast, or to have a mastectomy and remove all of the breast tissue.

## What does the operation involve?

On the morning of surgery, your surgeon will do some marking on you to plan out the operation and may take some photographs if you haven't already been to Medical Photography for this. You will also meet the anaesthetist.

Some lumps can be felt but occasionally some cannot. This then requires a marker to guide us to the area. This is done either by using a skin marker under ultrasound-guidance or by placing a wire (on the same day) or seed (a few weeks beforehand) into the area to be removed under local anaesthetic, using a mammogram or ultrasound-guidance. With ultrasound guidance, there is a very small miss rate affecting around 1 in 100 patients. If the abnormal area is missed, a second operation may be needed.

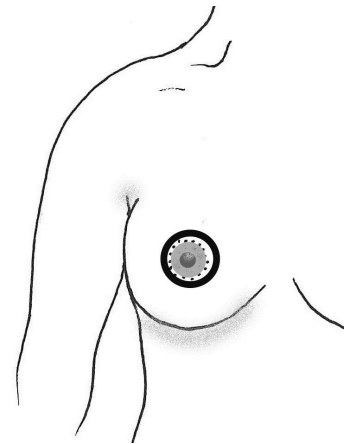
The operation may also involve surgery to your lymph glands in your armpit that will have been discussed with you before.

To perform the operation, the tumour and a margin of tissue around it are removed first, and then the breast is reshaped with the nipple repositioned. The full extent of surgery depends on the technique being used and this will be discussed with you in the clinic:

- **Round block mammoplasty**

A small donut of skin is removed from around the areola (darker skin around the nipple), and then the skin in the area of the cancer and more widely beyond it is freed up from the breast tissue. The breast cancer is then removed and the surrounding breast tissue on either side, which has been freed up from the skin, is stitched together to fill the space. The wound around the areola is then closed with dissolvable stitches buried underneath the skin surface to leave a donut scar. A dressing is placed on top. This tends only to elevate the breast slightly and flattens the breast projection a little

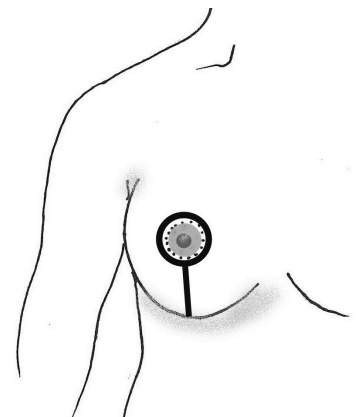
*Figure 1: Round block mammoplasty (donut)*



- **Vertical scar mammoplasty**

A small donut of skin is removed from around the areola and the lower central part of the breast. The skin in the lower part of the breast is freed up from the breast tissue and the breast cancer is then removed with or without some of the overlying skin. The breast tissue on either side is then stitched together to fill the space and the nipple lifted up into a higher position. The wound around the areola and lower central breast is then closed with dissolvable stitches as before to leave a lollipop scar and a dressing placed on top. This elevates the breast a little more and has a greater effect on changing the shape

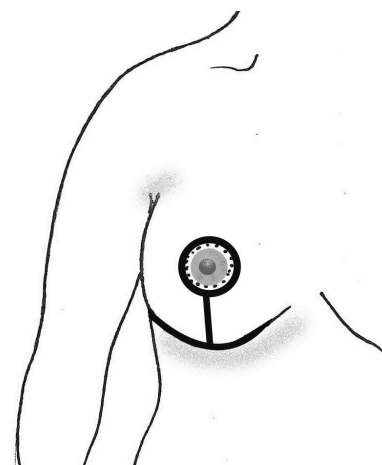
*Figure 2: Vertical scar mammoplasty (lollipop)*



### • **Wise pattern mammoplasty**

Scars are usually around the nipple and down the middle of the lower breast and then along the lower fold of the breast to produce a so-called anchor scar. This will normally be hidden by the bra cup. The breast cancer is removed, along with any excess breast tissue and skin from the lower part of the breast, with the breast reshaped with the nipple in a higher position to suit the new smaller uplifted breast. The wounds are closed and dressed as per the other techniques.

*Figure 3: Wise pattern mammoplasty (anchor)*



Occasionally, it may be necessary to remove the nipple if the breast cancer lies close to the centre of the breast. If removal of the nipple is required, a new nipple can be reconstructed at a later date, usually under local anaesthetic.

At the same time, some or all of the lymph nodes may be removed from the armpit. This is done to assess whether the cancer has spread to any of the lymph nodes (also called glands) as this information helps plan any further treatment you may need. This will be explained to you separately.

This usually results in a significant breast lift, reduced volume and major shape change. Most patients usually decide to have surgery to the other breast later to create better symmetry.

### **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:

- **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.
- **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).
- **Bruising.**
- **Redness and swelling.**
- **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.
- **Delayed wound healing:** The blood supply at the point where the vertical scar meets the horizontal scar (the T-junction) is the poorest and so this area is vulnerable. The skin may fail to heal and will separate leaving a raw area, and is occasionally extensive, requiring regular dressings for several months until the wound is fully healed. Delayed healing can occur in 3 – 5% (between 3 and 5 cases out of every 100).
- **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.

- **Nipple complications:** The operation by its nature partially disrupts the blood supply to the nipple. There is a small but definite risk of nipple loss from this type of surgery, either total or partial (less than 1% - 1 in 100 cases). The risk is greater the closer the tumour is to the nipple. Loss of, or altered, nipple sensation is a more common complication seen in 30-50% of patients; this may be a temporary or permanent symptom.
- **Further surgery:** If we are unable to get a clear rim (margin) of normal tissue around the lump, then usually further surgery will be required on your breast. We will not know this until you attend for your results between 14-28 days later. The chance of not getting a clear margin around the lump at first operation is approximately 20% (1 in 5) patients.
- **Asymmetry:** There may be some lasting differences in the size and shape of your breasts following surgery. As mentioned earlier, this may result in a significant difference. You may desire the breast on the other side to be reduced to provide a good match in size and shape. This wouldn't normally be done until at least 6 months after radiotherapy if it was required.
- **Fat necrosis:** This is a common complication with this type of surgery due to interruption to the delicate blood supply of the fatty tissue within the breast. Occasionally, this fat dissolves and turns into a yellow, oily fluid that can leak through the wound closure. It more commonly results in a lump or hard nodular areas within the breast and may occur several months after surgery. Any breast lumps found should be checked with your GP and/or mentioned at your follow-up appointment.
- **Deep venous thrombosis/pulmonary embolism:** This can happen after any operation and general anaesthetic. Risks are reduced by wearing preventative stockings and giving an anticlotting injection in certain cases.

## What happens after my operation?

- **Pain:** It is normal to experience some shooting pain and discomfort after your operation and while the wound is healing. The breasts will be swollen and your nipple sensation may be altered. The swelling and bruising subside in 4-6 weeks but can take 6-12 months for the scars and shape of the breasts to settle. You will need to take regular painkillers following surgery.
- **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 for a minimum of 6 weeks after surgery when you feel well enough. Also avoid heavy lifting, including hoovering and carrying shopping for at least 6 weeks. You should also allow up to 2-4 weeks before driving and only when you can safely perform an emergency stop. You will be given an exercise sheet but do not undertake these exercises for 10 days following surgery. 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.
- **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.

## **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 also need an adult at home with you for at least the first 24 hours.

## **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 need removing, 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.

Sometimes, fat necrosis is mistaken for infection, with redness and swelling but you are not unwell and there is no significant wound discharge.

**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 and prosthesis**

You should wear a soft supportive bra (**no underwiring**) immediately after the operation. This helps prevent the weight of the breasts pulling on the wounds and affecting the healing process. You should wear the supportive bra for four to six weeks day and night, only taking it off to shower.

If there is a significant difference in size, it may be necessary to wear a partial prosthesis in your bra, this can be discussed with your breast care nurse who will advise you about fitting clinics.

## **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](mailto: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](mailto: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](mailto: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](mailto:annpocock53@btinternet.com) or Sally Hook 07890 546 640, email: [shook46@hotmail.com](mailto: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](http://www.royalberkshire.nhs.uk)

<b>Please ask if you need this information in another language or format.</b>
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RBFT Breast Unit, July 2025. Next review due: July 2027.