

Wide local excision (WLE) of breast lump

This leaflet will explain what will happen when you come to the 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 or local anaesthetic; however, depending upon other medical conditions you may be required to stay overnight. This leaflet will answer some of the questions that you may have.

Why am I having this surgery?

WLE is an operation to remove a lump in the breast with some surrounding healthy breast tissue. This is usually undertaken for patients with breast cancer, but there are some non-cancerous lumps where we need to do this and your doctor will have discussed with you beforehand to let you know into which category your lump falls.

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. The aim of the surgery is to get rid of the lump so it cannot spread or grow.

If you choose not to have surgery for breast cancer, you may be shortening your life expectancy. If the lump is a cancerous tumour, it may grow outside the breast and 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 asked to sign your consent form. Some possible complications are:

- **Thickened scar.** Scar healing is unpredictable and although the scar usually heals up to a fine line, it occasionally may heal in a thickened fashion called a 'keloid' or 'hypertrophic' scar.
- **Infection** occurs in up to 5 in 100 patients, following this sort of procedure but if it occurs it can usually be treated with antibiotics. Occasionally, however, we may need to open the wound, drain out the infected fluid and then it may need to be packed, in which case it may take some weeks to heal.
- Very occasionally 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.
- **Bruising.**
- **Redness and swelling.**
- 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, he/she can then refer you back to see us if there is any ongoing problem.

- Occasionally, fluid collects beneath the wound (called a **seroma**), which may require draining if there is a lot of it and it is uncomfortable.
- **Distortion** of the breast shape.
- Following surgery for breast cancer radiotherapy is often also given. Scarring can take a couple of years to mature and this can ultimately result in a change in shape of your breast. It is not possible to guarantee a good cosmetic result but we try to reduce the risk of change in shape as much as we can.
- 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. We will fail to get a clear margin around the lump at first operation in approximately 1 in 5 patients (20%).

What happens in theatre?

An incision is made close or distant from the area of the lump, depending on where it is in your breast and the breast tissues are cut out from around the lump. A rim of tissue approximately 1cm is taken around the lump to try and ensure clearance. This is then sent off to pathology for examination under a microscope. Pathologists check how close the area is to the edges of the tissue removed. Most lumps can be felt but occasionally, there is an abnormality in the breast that 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 or seed into the abnormality under local anaesthetic, either by mammogram or ultrasound-guidance. With this latter technique, there is a very small miss rate of about 1:100, when a second operation may be required as a consequence of it being missed on the first occasion.

What will happen after my operation?

It is normal to experience some mild pain and discomfort after your operation and while the wound is healing. You will also find some moderate bruising around the area. You may take your normal painkillers to help reduce the pain.

It is important that you rest and recover for a minimum of 7 days following the operation.

You should not drive for at least 7 days after surgery and need to be pain free and able to do an emergency stop before driving again. You should refrain from any usual housework for at least 7 days and then build up gradually. Vigorous physical exercise should be avoided for at least 4 weeks but ask your surgeon before restarting such exercise.

Please ask staff if you require a 'fit note' for work and this will be given to you before you leave hospital. Following surgery we would usually consider two weeks sick leave as standard but depending on the physical activity of your work you may be able to return sooner if you wish (desk job working from home) or longer if a significantly active occupation. If you require a longer time off work that is indicated on the certificate, your GP can provide you with an additional certificate.

When will I be discharged?

You must be eating and drinking and you need to be able to walk about on your own. If you are having the surgery as a day case, it is essential to have someone escort you home and be with you over night as you may still be drowsy from the anaesthetic. You will not be able to drive yourself home.

What will happen after I am discharged?

- **Wound care:** When you come back from the operating theatre, your wound will be covered with a dressing to keep it clean. This is showerproof and removed at your outpatient appointment with your surgeon. If you are happy to remove the dressing yourself you will be shown how to do this.
If there is any swelling or discharge from the wound when you are at home, please contact your breast care nurse in normal working hours or the Surgical Assessment Unit out of hours (numbers at the end of this leaflet). Your stitches are dissolvable.
You will be required to do arm exercises after your surgery but not for the first 7 days after surgery. It is important to do them regularly. If you are going to have radiotherapy to the breast you are required to lift your arms above your head. You will be given an exercise sheet by the breast care nurse or the ward nurse.
- **Biopsy results:** You will be given an outpatient appointment to see a member of the surgical team to check your wound and explain the surgical findings to you and other treatments that may be needed. If other treatments are needed it will then be necessary for you to see a member of the oncology (cancer specialist) team to discuss whether you require any further treatments. An appointment will be made for you at a later date. It may be helpful to bring a relative or friend with you to discuss the results and any additional treatment you may require.
A WRVS tea bar is available in the Berkshire Cancer Centre and you are welcome to eat and drink normally while you wait.

Useful contact details

Hopkins Ward 0118 322 7771

Adult Day Surgery Unit 0118 322 7622

Pre-operative Assessment Clinic 0118 322 8532

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

Surgical Assessment Unit 0118 322 7541 or 7542

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

Breast Cancer Now

0808 800 6000 <https://breastcancernow.org/>

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

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

Breast Unit, March 2022. Next review due: March 2024

Compassionate

Aspirational

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Excellent