



Wide local excision (WLE) of breast lump

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 or occasionally under local 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?

Wide Local Excision (WLE), also known as a lumpectomy, is an operation to remove a lump in the breast along with some surrounding healthy breast tissue. This is usually recommended for patients with breast cancer, but there are some non-cancerous lumps that also require this type of surgery. Your doctor will have already discussed with you which category your lump falls into.

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 to minimise the risk of it spreading and growing.

If you choose not to have surgery for breast cancer, you may be shortening your life expectancy. This is because if the lump 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.
- 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. Bruising.**
- 5. Redness and swelling.**
- 6. 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.

7. **Seroma:** This is fluid that naturally collects beneath the wound, which may require draining if there is a lot of it, or if it is uncomfortable.
8. **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.
9. **Distortion of the breast shape:** Following surgery for breast cancer, radiotherapy is often also given. The scar forming process can take a couple of years to finish 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.

What happens in theatre?

The surgeon makes an incision to access the lump. Breast tissue is freed up from the skin and then the area to be removed is cut out from the surrounding breast tissue. A rim of tissue approximately 1cm is taken around the lump to try to ensure a clear margin. This tissue is then sent off to pathology for examination under a microscope. Pathologists check how close the abnormal area is to the edges of the tissue removed.

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.

What happens after my operation?

- **Pain:** 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.
- **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 driving and only when you can safely perform an emergency stop. You will be given an exercise sheet and encouraged to perform these at least three times a day from the day after your 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.

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 someone 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.

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.

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 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

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