

# Therapeutic mammoplasty

## Introduction

This information is for women undergoing a therapeutic mammoplasty and explains what happens during the operation, outlining the benefits, alternatives and risks of surgery. If there is anything that you do not understand or you have further questions or concerns please speak to one of the breast care nurses. Their contact details are listed at the end of this document.

## 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.
- A drain may be left in the breast overnight meaning an overnight stay in hospital, and this will usually be removed the following day.
- There are more risks associated with the surgery, including altered nipple sensation or numbness, potential for nipple necrosis, 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.

### Is there an alternative?

The other surgical options are to have a simple lumpectomy (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 been to Medical Photography. You will also meet the anaesthetist. If the tumour is difficult to feel, you may need to go down to the X-ray Department before the surgery for the x-ray doctors to localise the tumour and put a guide wire into it under local anaesthetic, to guide us as to which breast tissue to remove.

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.

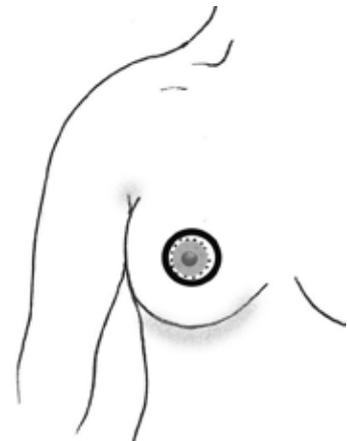


Figure 1: Round block mammoplasty (donut)

- 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.

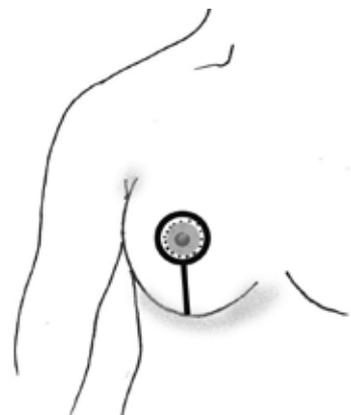


Figure 2: Vertical scar mammoplasty (lollipop)

- 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.

A small plastic drain may be left in overnight with this technique, and removed the following day all being well.

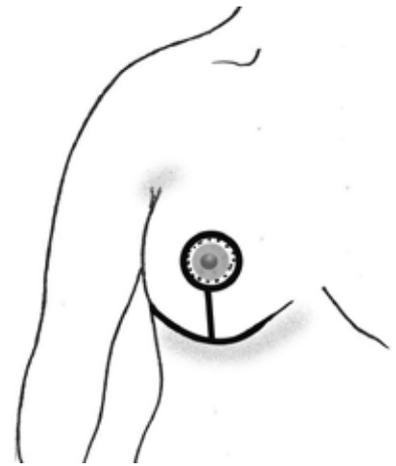


Figure 3: Wise pattern mammoplasty (anchor)

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.

### Are there any complications of my surgery?

All surgery carries some element of risk. The breast may be painful, swollen and bruised following your operation.

#### General complications

- Haematoma:

This is bleeding into the tissues following surgery and can occasionally lead to patients returning to theatre to stop the bleeding and remove the blood (3-4 in every 100 women).

- Wound infection:

This can occur after any type of surgery and may need treatment with antibiotics.

- Deep venous thrombosis/pulmonary embolism:

This can happen after any operation and general anaesthetic. Risks are reduced by wearing preventative stockings and giving an anti-clotting injection in certain cases.

#### Specific complications

- Re-excision (need for further surgery):

If we are unable to get a clear margin of normal tissue around the lump then usually further surgery will be required on your breast (20% - 2 in 10 cases). We will not know this until you attend for your results between 3-4 weeks later. If this is needed it can sometimes be done through the same incision, as a day case and performed within 4 weeks, but other times a mastectomy may be advised.

- 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).

- 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.

- 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.

- Scarring:

Initially, the scars will be fine, bright red lines; in most cases the scars will usually heal satisfactorily and soften, becoming much paler and less obvious after 12 months or so. Some patients have a tendency to form red and lumpy scars (hypertrophy) or keloid scars, which are broad raised scars. The scarring will be permanent.

- 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.

## What to expect after the operation

You will go back to the day surgery unit or the ward and we will encourage you to get up and move around. If you have a drain it is usually removed the following day and then you can go home.

You will need to take regular painkillers following surgery. You may experience some shooting pains in the breasts - these will ease over the next few months. 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.

## Wound care

Your wound will be covered with a waterproof dressing to keep it clean. The ward nurse will give you instructions on when you are able to shower. If there is any swelling or discharge from the wound when you are at home, please contact your breast care nurse for advice or attend the Seroma Clinic. Your stitches are dissolvable.

If you feel unwell with a temperature, vomiting or notice significant redness of the skin on or around the breasts you should either contact your GP or emergency out of hours service, if out of normal working hours, as you may have an infection and will need antibiotics.

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

## 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.

## Time off work

The length of time you need to take off work depends on the nature of your job but you will need at least to plan for two to four weeks. Please ask staff if you require a sickness certificate for work and this will be given to you 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 are advised to avoid strenuous exercise for a minimum of six weeks. You are advised not to have sex for the week following the surgery as sexual arousal can cause further swelling of the breasts. Allow only gentle contact with your breasts for about six weeks.

You are advised not to drive for up to four weeks following surgery and only when you can safely perform an emergency stop.

Avoid heavy lifting, including hoovering and carrying heavy shopping.

You will be given an exercise sheet but do not undertake these exercises for 10 days following surgery. If you have on-going problems with shoulder or arm stiffness we will refer you to the physiotherapist.

## Follow up treatment

You will be seen in the Berkshire Cancer Centre 7-14 days after your surgery to review the results of the surgery and remove your dressings. It may be helpful to bring a relative or friend with you to discuss the results and additional treatment you may require.

## Contact us

If you have any problems regarding your care or treatment at this hospital, please *Talk to us*. Your feedback will help us to improve and develop our service. Please speak to a member of staff in the clinic or on the ward, or if you would rather talk to a senior member of staff, ask to speak to the ward/departmental manager or matron.

Or speak to our Patient Relations Team who can offer you 'on the spot' support and advice as well as practical information at a time when you are feeling confused and anxious.

Patient Relations can be contacted on: 0118 322 8338 or ask a member of staff, the receptionists or the switchboard to contact them.

## Consultant Surgeons

Mr HN Umeh	Consultant Breast Surgeon
Mr B Smith	Consultant Oncoplastic and Reconstructive Breast Surgeon
Miss N Dunne	Consultant Oncoplastic and Reconstructive Breast Surgeon

## Trust Grade Breast Surgeons

Mrs S Connolly  
Dr E Hyett

## Advanced Surgical Nurse Practitioners

Carol Lister  
Vanessa Burridge  
Nicky Woodrow

Our clinical teams can be contacted via Clinical Administration Team 3 (CAT 3) on 0118 322 1883, then press the option for 'breast'.

## More information

If you have any questions about the procedure or this information, please speak to your doctor or nurse.

For more information about the Trust visit our website [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

This document can be made available in other languages and formats upon request.

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