

## Having a mastectomy (surgical removal of a breast)

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This leaflet will explain 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 performed under a general anaesthetic and will require you to stay in hospital overnight; however depending on other medical conditions you may need to stay two or three nights. This leaflet will answer some of the questions you may have.

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### Why am I having this surgery?

A mastectomy is an operation to remove all of the breast tissue (and will include loss of the nipple), in order to safely remove the cancer and a rim of normal tissue around it. This operation is normally undertaken 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. The aim of the surgery is to get rid of the problem area 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 growth 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:

#### 1. Thickened scar

Scar healing is unpredictable and although usually the scar heals as a fine line, occasionally, the scar heals 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 if it occurs it can usually be treated with antibiotics. Occasionally however, we may need to

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

### 3. Haematoma

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.

### 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, he/she can then refer you back to see us if there is any ongoing problem.

### 5. Seroma

This is fluid that collects beneath the wound (called a seroma), 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 this clinic.

## What happens in theatre?

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. Incisions will be made and the breast tissue will be removed. The edges of the incisions are brought together to form a scar that will appear as horizontal line where the breast has been removed. A drain may be inserted into the wound at the time of surgery and this will be removed before you are discharged from hospital.

The tissue will be sent to pathology for examination and a report will be produced which 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 pain and discomfort after your operation and whilst the wound is healing. You will also find some moderate bruising around the area. You will be offered painkillers to help reduce the pain and should continue to use these as required once home.

Prosthesis: If you have not already been seen by the breast care nurse during your admission, a member of the team will see you to fit you with the temporary soft prosthesis in your bra (women patients).

Time off work: At home you should allow up to 4 weeks off work, although you may require longer than this, depending on the healing process and your job. 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 should also allow up to 4 weeks before driving and only when you can safely perform an emergency stop. You should be able to gradually resume normal

activities when you feel well enough. Avoid heavy lifting, including hoovering and carrying shopping. Ensure that you stretch frequently at first to recover and maintain strength and mobility in your arm and to soften scar tissue. You will be given an exercise sheet and encouraged to perform the exercises at least 3 times per day. If you have ongoing problems with shoulder or arm stiffness we will refer you to the physiotherapist.

### Wound care

When you come back from the operating theatre your wound will be covered with a 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.

### When will I be discharged?

Most patients will remain in hospital for one night. Occasionally, you may need to stay an extra night if we need to monitor the drainage from your wound for longer. It is essential that you have someone who can collect you and drive you home and advisable that you have someone with you at home who can offer support.

### Follow-up treatment

You will be given an outpatient appointment to see your consultant 10-14 days after surgery. The results from your operation will be discussed together with any concerns you may have. This appointment will be in the Berkshire Cancer Centre and will be on a Tuesday morning. It may be helpful to bring a relative or friend with you to discuss the results and any additional treatment you may require.

You will be seen by 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.

A WRVS tea bar is accessible nearby and you are welcome to eat and drink normally while you wait.

### Useful numbers

Sonning Ward 0118 322 8458

Pre-operative assessment clinic 0118 322 8532

Breast Care Nurses 0118 322 7420

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

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