

## WHAT IS A LUMPECTOMY?

Lumpectomy is performed to remove a cancerous lump from your breast. It is also often called breast-conserving surgery or wide local excision because — unlike a mastectomy — only a portion of the breast is removed.

During a lumpectomy, the lump or tumour as well as a small amount of normal tissue around the lump, is taken to help ensure that all the cancer is removed. A lumpectomy is usually followed by radiation therapy to the breast to decrease chances of recurrence. Deciding between a mastectomy and lumpectomy can be difficult. Both procedures are effective for treatment of breast cancer.

Your doctor may recommend a lumpectomy if you have:

- A single small breast cancer
- A similar low chance of recurrence compared to a mastectomy
- Enough breast tissue so that once the lump is removed you will obtain an aesthetic result
- A breast cancer located in an area of the breast that once removed will result in an acceptable aesthetic outcome
- Not had previous radiation to the same breast for an earlier breast cancer.
- The ability to commit to the daily schedule of radiation therapy.

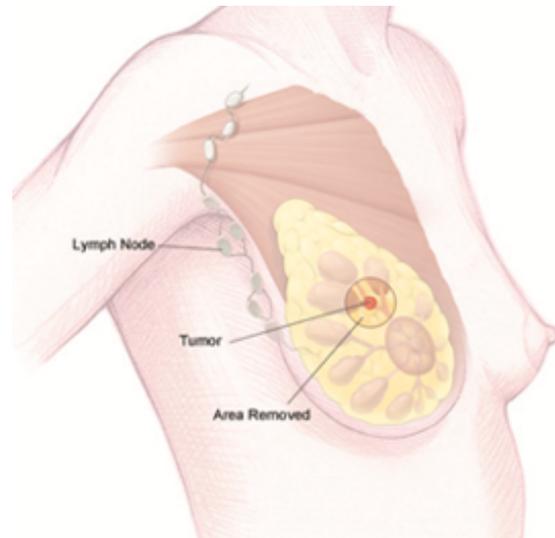
### Advantages

- Conserve appearance and sensation of your breast
- Procedure is less invasive
- Shorter recovery time

### Disadvantages

- 5 to 7 weeks of radiotherapy 5 days per week

- There may be a slightly higher risk of recurrence with certain cancers
- If you develop a recurrence you may require a mastectomy



## POST-OPERATIVE COURSE

A lumpectomy is performed under general anaesthesia and you will require 1-2 days in hospital.

A dressing is placed over your surgery site and will be managed by hospital staff as per your surgeon's directions. Drains inserted during surgery will be removed once fluid has adequately stopped draining. You may be discharged with a drain in place and care of this will be arranged by District Nursing Service (DNS) or Hospital in the Home (HITH). Drain may remain in place for up to 1-2 weeks. You will have a tubular compression bandage in place post-surgery which you should wear for six weeks. South West Breast clinic staff will advise when you may start wearing a bra. Everyone recovers differently but most people are back to most normal activities by 4 to 6 weeks.

A review appointment at South West Breast Clinic approx. 7-10 days post discharge from Hospital.

## POTENTIAL RISKS OF SURGERY

**Shoulder pain and stiffness:** You will be seen by a physiotherapist post operatively and they will guide you on the appropriate exercise program.

**Bleeding/haematoma:** Any bleeding after surgery is usually minor. Rarely, however, you may bleed enough to require a return to theatre to drain the blood and stop any further bleeding.

**Infection:** Uncommon, however if it does occur you may be required to commence antibiotics. If you have an expander it may need to be removed.

**Swelling (lymphedema):** Is more likely in your affected arm if you have an axillary node dissection. You will be referred to a lymphatic specialist and physiotherapist prior to surgery to decrease the risk of this occurring.

**Scar widening/hypertrophy:** This can occur with any scar. Your wound will be carefully closed however some people may develop widened or elevated scars. You will be provided with education on how to monitor for this and avoid this potential complication.

**Fluid collection (seroma):** This can occur in up to 10% of people. If a collection does accumulate then it will need to be drained, which can generally be performed in our rooms.

**Wound separation/delayed healing:** This is uncommon however small areas may break down and required dressings or revision surgery in the future.

**Contour deformity:** Whilst every effort is made to ensure perfect contour of both breasts, small irregularities occasionally may occur.

**Shoulder pain and stiffness:** You will be seen by a physiotherapist post operatively and they will guide you on the appropriate exercise program.

**Anaesthetic complications:** Sore throat, nausea/vomiting, other rare complications (ie. allergic reaction to anaesthetic) can be discussed with your anaesthetist.

**Deep venous thrombosis (DVT)/ pulmonary embolus (PE):** Risk of a DVT is 1 in 100. Rarely these can be fatal if they become a PE. Special precautions are taken in hospital to avoid this.

If there are any questions or concerns, we encourage you to contact WPRS to discuss these either with your surgeon or the dedicated team at Southwest Breast Clinic.

I .....  
have read and understand the procedure and potential risks. I have no further questions regarding my surgery.

Yes

No

I consent to Southwest Breast Clinic using my images for presentations and educational purposes.

Yes

No

Signed:.....