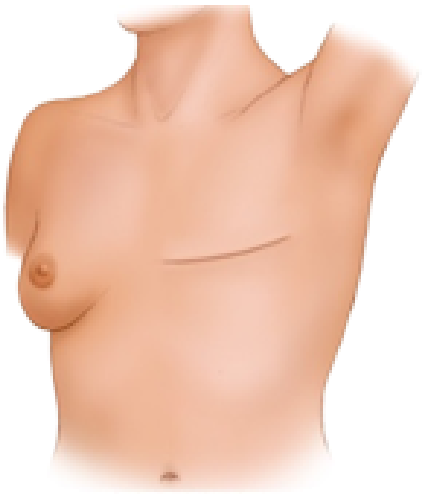
SOUTHWEST breast clinic

MASTECTOMY

WHAT IS A MASTECTOMY?

A mastectomy is surgery to remove your breast tissue to treat your breast cancer. You may have a mastectomy to remove one breast (unilateral mastectomy) or very occasionally both breasts (bilateral mastectomy).

Whilst a mastectomy is one treatment option for breast cancer, breast-conserving surgery (lumpectomy), in which only the tumour is removed from the breast, may be another option. Deciding between a mastectomy and lumpectomy can be difficult. Both procedures are an effective for treatment of breast cancer. But a lumpectomy isn't a viable option for everyone with breast cancer, and others prefer to undergo a mastectomy.



Your doctor may recommend a mastectomy if you have:

- two or more tumours in separate areas of the breast.
- widespread or malignant-appearing calcium deposits (microcalcifications) throughout the breast tissue
- a large tumour relative to the overall size of your breast in which case there is not enough breast tissue left to obtain an acceptable aesthetic result.
- previously had radiation treatment to the breast.
- had a lumpectomy, but cancer is still present at the edges (margin) of the tumour excised
- carry a gene mutation that gives you a high risk of developing a second breast cancer
- a medical condition (i.e. scleroderma or lupus) and may not tolerate the side effects of radiation to the skin
- are pregnant and radiation creates an unacceptable risk to your unborn child

We, at South West Breast Clinic pride ourselves in providing you a holistic approach to your care. If you and your breast surgeon decide a mastectomy is the breast treatment for your cancer then it is important to consider breast reconstructive options.

Breast reconstruction is a complex procedure performed by a plastic surgeon, also called a reconstructive surgeon. If you are planning breast reconstruction at the same time as a mastectomy, you'll meet with the plastic surgeon before the surgery.

POST-OPERATIVE COURSE

A mastectomy is performed under general anaesthesia and will require 2-3 days in hospital. If you also have a reconstruction, you may be in the hospital a few days longer.
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). The drain may remain in place for up to two weeks.

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You may 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

Bleeding/haematoma: Bleeding after surgery is usually minor. Rarely, 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.

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

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

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.

Damage to major nerves/arteries of arm: Extremely rare, but a known complication.

Anaesthetic complications: Sore throat, nausea/vomiting, other rare complications (i/e. 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:.....