

## Breast Care Nursing Services

### Information for Patients

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# Mastectomy

## Your Operation Explained

### Introduction

This booklet is designed to give you information about having a mastectomy and the care you will receive before, during and after your operation. We hope it will answer some of the questions that you or those who care for you may have at this time. It is not meant to replace the discussion between you and your surgeon, but helps you to understand more about what is discussed.

### What is a mastectomy?

Mastectomy means the removal of the whole breast including the nipple. The end result is a visible scar across half of the chest, usually hidden by the bra cup. As time passes the scar will fade and become less visible, although it will never completely vanish. The skin where the breast was can be smooth or quite bumpy.

In most cases, a sentinel lymph node biopsy, axillary node sample (to remove some lymph nodes in the armpit) or an axillary node clearance (to remove all of the lymph nodes in the armpit) may be performed at the same time as the mastectomy. See patient information leaflets 'Sentinel Lymph Node Biopsy' 'Axillary Node Sample or 'Axillary Node Clearance'.

These operations are done to assess whether the cancer has spread to any of the lymph nodes (also called glands) as this information helps to plan any further treatments you may need. If these operations are suggested then your surgeon will explain which is best for you and why.

### Why am I being offered a mastectomy?

Most mastectomies are performed because there is cancer within the breast tissue. Sometimes these cancers are invasive or in situ which is known as Ductal Carcinoma in Situ (DCIS). Sometimes there is more than one area of cancer in the breast hence why a mastectomy is recommended. However, every case is different and your doctor or breast care nurse will be able to give you more detailed explanations if you need.

Once an area has been found and a diagnosis made, it is necessary to make a decision about the best way to treat you.

### The operation of mastectomy often depends on many factors, including:

- The size of the area and its appearance on the mammogram.
- The position of the area.
- The size of your breast.
- The advice of your consultant.
- The type of cancer that you have.
- Your opinion.

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### **Are there any alternatives to mastectomy?**

Sometimes an operation can be offered to remove part of the breast and also give radiotherapy treatment to that breast. Your medical team has decided that this is not suitable for you. This can be for a number of reasons including the size of the lump, if you have more than one lump, if you have chosen to have a mastectomy, radiotherapy or drug treatment alone would not be suitable in your case. If nothing is done the problem in your breast will get worse.

### **What is breast reconstruction?**

In some cases it is possible to reconstruct the breast that has been removed, although the end result will not feel like your original breast. Reconstruction will not be able to give back the exact appearance, shape and sensation of your original breast.

There are several different kinds of reconstruction. These have different recovery times and will cause different levels of discomfort. Sometimes reconstruction can be done at the same time as the mastectomy operation (immediate reconstruction) but sometimes a second operation is offered at a later stage (delayed reconstruction). With some reconstructions further surgery is needed to match the appearance of the reconstructed breast with the original breast. This may include operating on the unaffected breast to achieve symmetry.

Your surgeon will talk with you about these options and give you some more information if reconstruction is suited to your case and is something that you would like to consider.

### **What are the risks of this operation?**

Possible risks and complications include:

- Bleeding from the stitches or inside the wound. You should not be concerned if you find a small amount of blood spotting your wound dressing, but if more bleeding than this occurs after your discharge you should contact the breast care nurses/assessment clinic or the ward immediately.
- Infection. If your wound becomes inflamed, red, hot, sore, or oozes pus you should contact your GP or your breast care nurse for assessment and possible antibiotic treatment.
- Thrombosis. This is a risk with all surgery and occurs when a blood clot forms in a vein, usually in the leg. You may be given blood thinning (anticoagulation) injections and you will be advised to wear support stockings whilst in hospital to help prevent this.
- Numb areas in the arm/shoulder or pins and needles. Surgery can cause damage to the nerves – some of this will improve over time, although the scar itself will remain numb permanently.
- Immobility or a 'frozen' shoulder. This is caused by not moving the arm following surgery. You will be given information on gentle exercises and advice on preventing this.
- Risk of lymphoedema. This is swelling of the arm caused by the surgery or radiotherapy. You will be given information on exercises and advice on preventing this.

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The breast care nurses are available to give advice, information and support throughout the course of your treatment and follow-up care. Please do not hesitate to contact them at the hospital if you are worried, or have any questions that you would like to ask.

Also remember that you can contact the staff on the ward where you had surgery out of hours.

### What happens before the operation?

Before your admission you will be asked to attend a pre-operative clinic. Here, relevant tests and examinations are done i.e. physical examination, blood tests, chest X-ray and possibly heart monitoring also known as electrocardiogram (ECG). These can take two to three hours.

- You will normally be admitted on the morning of your operation.
- You will be asked not to eat, drink or smoke from midnight prior to your operation.
- The ward staff will advise you about bathing and removing make-up and jewellery etc.
- You will also be fitted with support stockings which should be worn prior to the operation and until discharge. These are to minimise the risk of deep vein thrombosis (DVT). An anticoagulation injection may be prescribed daily for you to further reduce the chances of DVT.

### How will I recover from the operation?

The operation itself takes about one and a half hours and is under a general anaesthetic. After the operation time is spent in the Recovery Room until you are awake enough to return to the ward. You may find that you have an intravenous infusion or 'drip' in your arm for a few hours. This is to give you fluids directly into a vein until you feel able to drink, usually later on in the same day.

Expect to feel sore for a few days. Regular painkillers will be offered on a regular basis. If these are not effective please inform the nursing staff so that alternative pain relief can be offered to you.

### What are drains?

Drains are plastic tubes, which allow blood and fluid to drain away from the wound and collect in a bottle or bag. Not everyone will have a drain inserted. Others may have one or two drains coming from under the wound. Drains also help to minimise bruising.

If drains are used the length of time until they are removed will vary, your surgeon will be happy to discuss this with you in more detail.

### When can I return home?

This depends on whether or not you have drains, or want to go home with a drainage bag or bottle still in place.

If you would prefer to go home with your drains in place then, it is often possible to go home on the day following the operation. If you decide that you do not want to go home with the drain, you may be in hospital for three to five days.

### **How will I feel over the next few days?**

Once you are back at home, you may find that you have a few days feeling low. If you feel your low moods are continuing and you would like to talk further, please feel able to ring your breast care nurse for information, advice and support.

### **How should I care for the wound?**

Your wound will be covered with a waterproof dressing and you will be able to bath or shower as usual during this time. You may find bathing relieves discomfort and helps you move your arm. Most surgeons use dissolvable stitches (sutures) which do not require removal, but if stitches or clips need removing, this will be done around 10 days after the operation. You may need to come into the Breast Unit, or alternatively your practice nurse could remove them.

Steri-strips (little strips of plaster) may be used to give extra support to the wound. You can get these wet and they will start to loosen after about 10 days when they can be eased off as you would a plaster.

Many people find it difficult to look at the wound, especially in the early days. However, being able to look at the wound seems to be a way of helping in the adjustment and acceptance process. You may prefer to have someone with you when you first look at the operation site.

You will be asked to keep your bra with you whilst in hospital. Your bra is needed so that you can be fitted with a lightweight cotton breast form called a Comfie. Your bra should be comfortable and supportive.

An appointment will be given for you to be fitted with a permanent silicone prosthesis, between four and eight weeks later. These are silicone breast forms which fit into your bra and may be worn against the skin or in a pocketed bra to keep it in place. Various shapes, sizes and colours are available and expert advice will be on hand to help you choose what suits you and your body.

Pocketed bras are available from various manufacturers and details of these are available from the breast care nurses.

### **What will happen after discharge?**

Although adjustment may not be easy after the operation, be kind to yourself and take time to recover. The length of time needed to rest and recover after this operation depends very much on you as an individual. There are no real restrictions on what you may or may not do, but heavy lifting is not advised for at least six weeks.

You can expect to feel sore for a few days. You will be offered pain killers regularly. If these are not effective, please tell the nurses or doctors. If your lymph nodes have been removed you may have a numb feeling on the inside of your arm. Sometimes it can be quite painful. It does improve with time, although some areas sometimes remain numb.

Any drainage tubes that have been used will be removed usually two to three days after your operation. This can be a little uncomfortable and some patients find it painful. It is very common to develop 'seroma' which is a collection of fluid underneath the arm or under the wound. It may be uncomfortable but is not harmful. If a seroma develops, and is causing you concern, you may wish to contact the breast care nurses. They can advise you whether you will need to visit the hospital to have the fluid drained.

### **When can I drive?**

You can drive as soon as you can make an emergency stop without discomfort in the wound. This may be about 10 days after the operation. You must also be comfortable wearing a seatbelt.

You should speak to your insurance company about any restrictions following surgery.

### **When can I return to work?**

If you work then you may return when you wish, although most women feel that they do need a few weeks off to get over the emotional and physical strain of having a mastectomy. Six to eight weeks is about the usual length of time to take off work, but this differs from person to person. Your GP will supply you with a sick note and advise you further.

### **What about sex?**

You can resume sexual relations when you feel comfortable doing so. Please ask about contraception issues if you have been using the oral contraceptive pill or other hormone based medication. Your nurse or doctor will be happy to discuss this with you if you have any concerns.

### **What exercises should I do?**

Arm exercises should be performed regularly after the operation to encourage the full range of movement back to your arm and shoulder. We suggest you perform the exercises three or four times each day after taking some pain relieving medication to allow easier movement. An exercise leaflet will be given to you, which will also suggest ways to take special care of your arm to help avoid the development of lymphoedema (a swollen arm).

You should continue with the exercises given to you in hospital until you feel that your arm and shoulder movements are back to normal. Some women prefer to continue these exercises indefinitely to prevent any problems developing.

There is no reason why gentle exercise (such as swimming) should not be resumed as soon as you feel comfortable, usually about three or four weeks after surgery. More strenuous exercise can be resumed when your own doctor, breast care nurse or consultant advises.

Removal of the lymph nodes from your armpit can leave a small numb area right up in the armpit which can be permanent. Numbness on the inner part of the arm usually returns to normal within a few weeks and you may feel some pins and needles while it is healing. This feeling should not restrict your mobility in any way.

### **What follow up treatment will I have?**

This will be discussed at your outpatient appointment when the results from your operation and your treatment plans are finalised.

As part of your follow up care it is likely you will be seen in the outpatients department regularly for a few years.

In some cases surgery is all that is necessary. In others, further treatment is advised to reduce the risk of recurrence. Further treatment can include:



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### Radiotherapy

Radiotherapy is often advised after breast surgery. This is the use of high energy X-rays to destroy any remaining cancer cells. This is localised treatment to the chest wall. It is not usually painful and you will not be radioactive at any stage in the treatment. Radiotherapy is given in specialist centres, as an outpatient treatment from Monday to Friday for about three weeks. This will be explained in more detail to you when you have your operation result discussed.

### Endocrine treatment

Some breast tumours need the female hormone oestrogen to grow. A test will be done to see if you would benefit from anti-oestrogen tablets (oestrogen receptor). Tamoxifen, or an aromatase inhibitor such as Anastrozole or Letrozole are commonly prescribed. There are a number of other similar tablets available and the choice will be discussed with you.

The tablets are taken daily and are prescribed for five to ten years. The main side effects are occasional hot flushes and muscle aches. These may be worse when you first start taking them. Generally the tablets should be trouble free and effective. Please ask your breast care nurse for a more detailed explanation and leaflet. Not all women will require these anti-oestrogen tablets. Note that these should not be confused with hormone replacement therapy (HRT) which should not be taken after a diagnosis of breast cancer.

### Chemotherapy

This is treatment with anti-cancer drugs, the aim is to target cancer cells whilst doing the least damage to your normal cells. It is a systemic treatment which means that the drugs are usually injected into the blood stream and act throughout the body. The drug treatment may be given by injection, usually into a vein in the arm, or it can be given as tablets by mouth. This is an out-patient treatment given every few weeks over a period of four to six months.

### Herceptin® (Trastuzumab)

Herceptin is a drug which can be given to some patients following their initial treatment. It can reduce the chance of breast cancer returning or slow down the rate of growth in an existing tumour. However it is only appropriate for around 1 in 4 patients who have a particular type of protein on their cancer cells. This is known as being 'HER-2 positive'. When your breast cancer is diagnosed it will be tested to see if it is HER-2 positive and if this treatment is possible for you then you will be given some more information.

If any of the treatments above are recommended for you, a more detailed explanation will be given. It may be that you are offered a combination of all of these treatments – this is common practice. It is important to remember that your medical team plan things differently for each individual, so try not to compare yourself to others.

### What feelings might I experience?

This period, just after diagnosis, and before surgery, can be very difficult. You may be very anxious and trying hard to come to terms with what having breast cancer means to you - physically and emotionally.

### Feelings that can occur during this time may include:

- Grief or a sense of loss.
- Anger.

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- Helplessness and a feeling of vulnerability.

Getting emotional support from those close to you is important at this time. Emotional support can bolster your state of mind, particularly if you are still in shock over the diagnosis.

### Advice on feelings

Talk openly about your feelings with those close to you – husband, partner, family or friends. It can help to reduce the anxiety as well as that feeling of being alone and of being unprotected and therefore vulnerable in the face of the unknown.

It can be a worrying time for your partner. He or she should be encouraged to be involved in discussions about the operation and how it is likely to affect your relationship afterwards.

Your breast care nurse can also give you advice on support that is available for partners and carers.

You may also find it helpful to join a support group where you can meet and talk with people who have experienced similar illness. Your breast care nurse can give you more information on this.

### Who is the breast care nurse?

You will have met the breast care nurse in the outpatient clinic before your admission. They are employed to offer you and those close to you advice, information and support throughout the course of your treatment and follow up. They are available at the hospital and can be contacted before you are admitted, or during your stay. The breast care nurse will see you regularly at your request – do not hesitate to ask for support if anything is worrying you.

### Contact Numbers:

**Good Hope Hospital 0121 424 9647**

**Solihull Hospital 0121 424 5306**

**It is important that you make a list of all medicines you are taking and bring it with you to all your follow-up clinic appointments. If you have any questions at all, please ask your surgeon, oncologist or nurse. It may help to write down questions as you think of them so that you have them ready. It may also help to bring someone with you when you attend your outpatient appointments.**

### Glossary of medical terms used in this information:

**Anaesthetic:** a drug that causes a loss of feeling or sensation.

**Anticoagulant:** any substance that prevents blood clotting.

**Axilla:** a medical term for the armpit.

**Chemotherapy:** the treatment of cancer with drugs.

**ECG:** also known as an electrocardiogram, is a test which measures the electrical activity of the heart

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**Intravenous:** fluids given into a vein.

**Lymphoedema:** swelling caused by a blockage in the lymphatic system, which carries lymph fluid around the body. This can be caused by surgery or radiotherapy and would affect the arm following breast surgery.

**Prosthesis:** an artificial replacement breast form.

**Radiotherapy:** X-ray treatment that uses high energy rays to kill cancer cells.

**Seroma:** a swelling caused by a watery fluid in the blood, known as serum, collecting within the cavity caused by the surgery.

**Thrombosis:** a blood clot attached to the wall of a vein.

**This leaflet was originally developed by a range of health care professionals and the copyright was through the former Pan Birmingham Cancer Network. The leaflet has now been adopted by Heart of England Foundation Trust and reviewed and revised in line with trust policy.**

### Our commitment to confidentiality

We keep personal and clinical information about you to ensure you receive appropriate care and treatment. Everyone working in the NHS has a legal duty to keep information about you confidential.

We will share information with other parts of the NHS to support your healthcare needs, and we will inform your GP of your progress unless you ask us not to. If we need to share information that identifies you with other organisations we will ask for your consent. You can help us by pointing out any information in your records which is wrong or needs updating.

### Additional Sources of Information:

Go online and view NHS Choices website for more information about a wide range of health topics <http://www.nhs.uk/Pages/HomePage.aspx>

### You may want to visit one of our Health Information Centres located in:

- Main Entrance at Birmingham Heartlands Hospital Tel: 0121 424 2280
- Treatment Centre at Good Hope Hospital Tel: 0121 424 9946
- Clinic Entrance Solihull Hospital Tel: 0121 424 5616  
or contact us by email: [healthinfo.centre@heartofengland.nhs.uk](mailto:healthinfo.centre@heartofengland.nhs.uk).

### Dear Patient

We welcome your views on what you thought of this patient information leaflet, also any suggestions on how you feel we can improve through our feedback link below:

- Patient Information Feedback email:  
[patientinformationleafletfeedback@heartofengland.nhs.uk](mailto:patientinformationleafletfeedback@heartofengland.nhs.uk)



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If you wish to make any other comments this can be done through the links listed below:

- Patient Opinion: [www.patientopinion.org.uk](http://www.patientopinion.org.uk)
- I want great care: [www.iwantgreatcare.org](http://www.iwantgreatcare.org) (Here you can leave feedback about your doctor)

Be helpful and respectful: think about what people might want to know about our patient information and this hospital and how your experiences might benefit others. Remember your words must be polite and respectful, and you cannot name individuals on the sites.

**If you have any questions you may want to ask about your condition or your treatment or if there is anything you do not understand and you wish to know more about please write them down and your doctor will be more than happy to try and answer them for you.**

