



University Hospitals Birmingham
NHS Foundation Trust



Mastectomy

Your operation explained

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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 and breast care nurse, but help 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.

At the same time, some or all of the lymph nodes are 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 to plan any further treatment you may need. This will be explained to you separately.

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

What is breast reconstruction techniques?

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 and shape 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 reconstruction 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 a mastectomy operation?

Possible risks and complications include:

- Bleeding from under the stitches or inside the wound. You should not be concerned if you find a small amount of blood spotting on your wound dressing, but if more bleeding than this occurs after your discharge you should contact the breast care nurses or GP immediately.
- Infection. If your wound becomes inflamed, red, hot, sore or oozes pus you should contact your breast care nurse or GP for assessment and possible antibiotic treatment.
- Seroma. This is a collection of fluid under the wound. This is normal and very common after mastectomy. The breast care nurses will advise you about 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.

- Risk of lymphoedema. This is swelling of the arm caused by surgery or radiotherapy. You will be given information on exercises and advice on preventing this.
- Thrombosis. This is a risk with all surgery and occurs when a blood clot forms in a vein, usually in the leg. You will be given blood thinning (anticoagulation) injections and you will be advised to wear support stockings whilst in hospital and for two weeks afterwards, to help prevent this.

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.

What happens before the operation?

Before your admission you will be asked to attend a pre-operative assessment clinic. Here, relevant tests and examinations are done i.e. physical examination, blood tests 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 for a period of time prior to your operation. Your surgeon or nurse will clarify this for you
- Please bath or shower prior to admission if possible. You will be asked to remove all make-up and nail varnish before your operation and all jewellery except a wedding ring

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. Painkillers will be offered on a regular basis and to take home. 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. Drains are not often used for mastectomy operations. If you have one, it is usually removed the morning after surgery. The breast care nurses will advise you about this.

When can I return home?

Most people go home the following day, although some feel well enough to go home on the same day as the operation. 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. If you wish, further support or counselling can be arranged.

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. Any stitches (sutures) will be dissolvable and will not require removal.

The breast care nurses will review you one week after the operation. They will remove your dressing and assess healing. If you have a fluid collection (seroma) then they may withdraw the fluid to make it more comfortable for you.

Steri-strips (small 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 we can fit you with a lightweight cotton breast form called a temporary prosthesis. 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 pocket 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 a little sore for a few days. Please take your pain killers regularly as directed. If these are not effective, please tell your GP. 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.

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 to 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).

Please continue with the exercises until you feel that your arm and shoulder movement 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.

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. It is advisable to go out with another driver if possible on the first trip to ensure you feel fully confident.

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 (such as HRT). Your breast care nurse or doctor will be happy to discuss this with you if you have any concerns.

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 to begin with. However, once your treatments are complete, you may be

offered telephone or patient self supported follow up. This means that the team will arrange surveillance tests for you and you can contact the team for additional support or care at any time you need.

Further treatment can include radiotherapy, anti-oestrogen tablets, chemotherapy and anti HER2 medications such as Herceptin (Trastuzumab). Your breast care nurse may have explained about some of these treatments before your surgery, and can answer your questions about them.

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
- 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 feeling with those close to you – your spouse, 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. They 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 are the Breast Care Nurses?

You will have met one of the breast care nurses in the outpatient clinic before your admission. They are employed to offer you and your partner advice, information and support throughout the course of your treatment and follow up. They will see you regularly at your request – don't hesitate to ask for support if anything is worrying you.

Please contact the teams on:

Queen Elizabeth Hospital Birmingham: **0121 371 4499** or
07771 940 368

Solihull Hospital: **0121 424 5306**

Further information is available from the Patrick Room in the Cancer Centre Outpatients. The telephone number is **0121 371 3537** or you can drop in for advice. Cancer support workers are also available for advice in the oncology departments on all sites.

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.

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 can 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.

Local sources of further information

University Hospital Birmingham NHS Foundation Trust

The Patrick Room

Cancer Centre

Heritage Building (Queen Elizabeth Hospital)

Mindelsohn Way, Edgbaston

Birmingham B15 2TH

Telephone: **0121 371 3537**

Breast Care Nursing Team

Queen Elizabeth Hospital Birmingham: **0121 371 4499** or
07771 940 368

Solihull Hospital: **0121 424 5306**

Breast Care

University Hospitals Birmingham NHS Foundation Trust
www.uhb.nhs.uk/breast-cancer-information.htm
