



Therapeutic Mammoplasty

Your operation explained

Building healthier lives

Introduction

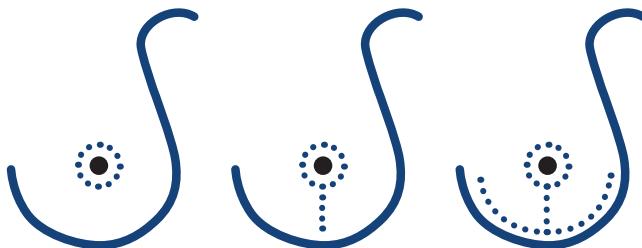
This booklet is designed to give you information about having a mammoplasty and the care you will receive before, during and after your operation. We hope it will answer some of the questions that you or those who care for you may have at this time. It is not meant to replace the discussion between you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

What is a therapeutic mammoplasty?

Therapeutic mammoplasty means the removal of some of the breast surrounding the cancer in a way that moves breast tissue to allow a good cosmetic result.

Usually after the operation the breast is smaller with the nipple in a higher position than it was previously and a normal breast shape. Sometimes both breasts will undergo the same procedure to reduce the size of the unaffected breast to improve symmetry (this procedure is called a reduction mammoplasty). A reduction mammoplasty to improve symmetry may also be offered later, after you have completed your breast cancer treatment.

Scars will occur after surgery, and these are usually around the nipple and down into the fold of the breast so they will usually be hidden by the bra cup. Other scar patterns are sometimes used and your surgeon will discuss this with you. As time passes the scars will fade and become less visible, although they will never completely vanish. At the same time, some or all of the lymph nodes are removed from the armpit. This will be explained to you separately.



Different types of mammoplasty scar patterns

Is a therapeutic mammoplasty the right operation for me?

Therapeutic mammoplasty will normally be recommended for patients with larger or drooping (ptotic) breasts, especially if your surgeon thinks it is likely an operation to remove the cancer with a margin of normal tissue (a wide local excision) would result in a defect in the breast or loss of normal breast shape. It may also be recommended if you have asymmetrical breasts or if you have symptoms including neck and back pain associated with breast size, or problems with bra straps cutting in to the shoulders. If you have larger breasts a mammoplasty to reduce breast size may decrease the risk of complications from radiotherapy which may be offered as part of your treatment plan.

What are the alternatives to a mammoplasty?

- **Wide local excision** – this is a simpler operation to remove the cancer with a margin of normal breast tissue. It is likely that a mammoplasty has been recommended alongside a wide local excision of the cancer as your surgeon thinks that a better cosmetic result will be achieved than with a wide local excision alone
- **Mastectomy** – this is the removal of the whole breast which leaves a scar across the chest. This operation can be performed alone or alongside a breast reconstruction

If you wish to discuss either of these alternatives, please speak to your surgeon or breast care nurse to see if these would be suitable options for you.

What are the risks of a mammoplasty operation?

Possible risks and complications include:

- **Bleeding:** 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 from hospital, or you notice a large swelling 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 very common after breast surgery and sometimes the fluid is drained with a needle in clinic
- **Numbness or change in sensation in the breast/arm:** Surgery can cause damage to the nerves, some of this may improve over time, although the scar itself will remain numb permanently. You may also have change in sensation to the nipple
- **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 provided with support stockings and advised to wear them for two weeks. You may be offered blood thinning (anticoagulation) injections depending on your risk
- **Need for further surgery:** The cancer will be removed with a margin of normal breast tissue. This will be examined under the microscope, and it may be recommended that you undergo further surgery if the cancer cells are too close to the margin
- **A hard lump in the breast:** This can occur when an area of fat loses its blood supply and is called 'fat necrosis'. This may require further imaging and sometimes a biopsy to confirm the diagnosis. This should settle with time
- **Nipple necrosis or loss:** This is where the nipple loses its blood supply and happens rarely during this type of procedure

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 size will my breast(s) be after the surgery?

This will depend on the current size of your breast and the size and position of the cancer. You will be able to discuss this further with your surgeon if you wish.

What can I do before the operation?

Before the operation there are some things that you can do to help reduce the risks of an operation including infection. These are:

- Stopping smoking
- Maintain a healthy weight
- If you are diabetic maintain good blood sugar control
- Continue taking your prescribed medications from your GP (you will be advised if any of these need to be stopped prior to surgery)
- **Exercise regularly** – this is also important after your surgery as part of your recovery
- Do not shave or remove hair from the surgical area before surgery (this will be done at the time of surgery if required, if done before it may cause small cuts in the skin which can increase the risk of infection)
- Take a shower or bath before the operation
- Keep warm around the time of surgery, often patients are advised to bring a dressing gown with them on the day of surgery

What happens before the operation?

Before your admission to hospital you may 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).

You will normally be admitted to hospital on the morning of your operation. You will be asked not to eat, drink or smoke for a period before 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. You will also be fitted with support stockings which should be worn prior to the operation and for two weeks afterwards. 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.

Before to the operation your surgeon will mark you for surgery. This involves drawing on the skin and taking measurements to help plan the operation.

How will I recover from the operation?

The operation takes about two 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 the same day. Expect to feel sore for a few days however painkillers will be offered on a regular basis and to take home. If these are not effective at controlling your pain, please inform the nurse so that alternative pain relief can be offered to you.

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 call 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 splashproof dressing and you will be able shower as usual during this time. Try to keep the flow of water away from the wound and dry the area thoroughly after showering. Sometimes a dressing with a battery pack is used to promote wound healing (a negative pressure dressing) and gently draw fluid away from the wound. If you have one of these dressings, you will be advised how to care for it and they usually stay on for 1–2 weeks.

Any stitches (sutures) will be dissolvable and will not require removal. You will be reviewed a few days after surgery and the breast care nurses will review you further if required. They will remove your

dressing and assess healing. Steri-strips (small strips of dressings) 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. You will be asked to keep your bra with you whilst in hospital so you can wear it soon after the operation for support. A supportive bra should be worn day and night for six weeks after your operation to help with the healing process. Your bra should be comfortable and supportive.

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 painkillers 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 patients prefer to continue these exercises indefinitely to prevent any problems developing. There is no reason why gentle exercise (such as walking) should not be resumed as soon as you feel comfortable. Swimming can be resumed once your wounds are fully healed, usually about 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. This may be about 10 days after the operation. You must also be comfortable wearing a seat belt. You should speak to your insurance company about any restrictions following surgery. It is advisable to go out with another driver 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 people feel that they do need a few weeks off to get over the emotional and physical strain of having a mammoplasty. Six to eight weeks is about the usual length of time to take off work, but this differs from person to person. A sick note can be provided by your team on the day of surgery.

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 you will receive annual mammograms for five years and most patients will be offered radiotherapy. Other treatments may be advised to reduce the risk of recurrence. Further treatment can include radiotherapy, anti-oestrogen tablets, chemotherapy and 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 these treatments – this is common practice. It is important to remember that your medical team plan things differently for everyone, 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 strengthen 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 – your spouse, partner, family or friends. It can help to reduce the anxiety as well as any feeling of being alone and of being unprotected and vulnerable in the face of the unknown. It can be a worrying time for your partner too. They should be encouraged to be involved in discussions about your treatment 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 Queen Elizabeth Hospital team on **0121 371 4499** or **07771 940 368** or Solihull Hospital team on **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 department.

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.

Chemotherapy: the treatment of cancer with drugs.

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

Herceptin: a drug therapy that targets certain types of cancer.

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.

Oncologist: a medical doctor who specialises in treating cancer.

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 within a vein.

Local sources of further information

University Hospital Birmingham NHS Foundation Trust

The Patrick Room

Queen Elizabeth Hospital
Cancer Centre
Heritage Building
Mindelsohn Way, Edgbaston
Birmingham, B15 2TH
Tel: 0121 371 3537

Breast Care Nursing Team

Queen Elizabeth Hospital

Tel: 0121 371 4499 or
07771 940 368

Breast Care Nursing Team

Solihull Hospital

Tel: 0121 424 5306

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Breast Surgery
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