



**University Hospitals Birmingham**  
NHS Foundation Trust



# Wide local excision of a breast lump

Your operation explained

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## Introduction

This booklet is designed to give you information about having a wide local excision 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 should help you to understand more about what is discussed.

## What is a wide local excision?

Wide local excision is an operation to remove an area from your breast that contains cancer or DCIS (Ductal Carcinoma in Situ) with a small amount of surrounding normal tissue (a margin). This takes Approximately 60 minutes and is done under general anaesthetic. Following your operation this tissue is analysed in the laboratory. If the surrounding tissue (margin) does not show any cancer cells, your surgeon will not have to do any further surgery. If the surrounding tissue shows cancer cells in it, then another operation will be necessary to remove all the cancer and gain a clear margin. This is called a cavity shave.

Sometimes a wide local excision does not really alter the appearance of the breast. In other cases, patients may notice a reduction in size or dimpling in the shape of the breast. Usually this is not noticeable to others, especially when wearing a bra.

In most cases, an axillary operation may be carried out at the same time as your wide local excision to see if the cancer cells have begun to spread to the lymph nodes (also called glands) in your armpit (axilla). There are different types of axillary operations: axillary node sampling, axillary node clearance and sentinel lymph node biopsy. The most appropriate method will be decided and explained to you by your surgeon.

## What are the alternatives to this treatment?

Your surgeon has recommended a wide local excision as the best treatment for you. However a mastectomy (full removal of a breast) or oncoplastic procedure such as mammoplasty may be possible alternative treatments. Your surgeon will be happy to answer any further questions that you have.

## What are the risks and complications?

Complications are rare and seldom serious. Pain, bruising and swelling are common but not serious. Mild swelling and bruising may take four to six weeks to settle down completely.

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- **Bleeding from the wound:** You should not be concerned if you find a small amount of blood spotting the dressing, but if more bleeding than this occurs after your discharge, you should contact your breast care nurse or GP immediately
- **Infection:** If your wound becomes inflamed, red, hot, sore, or oozes pus you should contact your GP or the breast care nurses. In some cases antibiotic treatment may be required
- **Swelling:** this is common and usually not of concern. Wear a supportive bra that is comfortable but firm. This will help reduce swelling and discomfort
- **Numbness** in the scar and surrounding skin, itching or pins and needles. This is normal and usually temporary
- **Pain:** This is natural following an operation and you will be sent home with a supply of painkillers. Take them regularly for the first few days

- **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 until you are fully recovered, to help prevent this

Remember if the wound becomes very painful, inflamed, swells or oozes please contact your own GP or the breast care nurses for advice.

## What will happen 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, urine test, MRSA screening, and possibly heart monitoring also known as electrocardiogram (ECG).

These can take two to three hours.

You will be asked to starve for a period of time before your operation. This is usually 6 hours. Your surgeon or nurse will clarify this for you.

Please bath or shower on the morning of surgery prior to admission and remove make-up, nail varnish and all jewellery except for a wedding ring.

You will also be fitted with support stockings which should be worn during the operation and until you are fully recovered. 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 and this is usually given for one week after surgery.

You may be seen just before the operation by the surgical team and have the side that will be operated on marked. The surgical team will give you an opportunity to ask any further questions.

## How will I feel after 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.

## Drains

Some patients will require a vacuumed drain which is a tube placed into the surgical site during the operation. This has a vacuumed bottle on the end to collect any stale blood or serous fluid from the wound. If you have a drain, the nurses will explain how to monitor this and when to see them about removal.

## When can I return home?

Most people go home the same day after a short recovery time in hospital. If you live alone, you may need to stay in hospital overnight or arrange for someone to stay with you at home, to ensure you are recovered enough to look after yourself.

## 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. This is normal. If this does not go away and you would like to talk further, please ring your breast care nurse who will give you information, advice and support.

You can expect to feel a little sore for a few days. You will be offered pain killers to take home. Take them regularly for a few

days. If these are not effective, please tell your GP.

Your wound will be covered with waterproof dressings so you can shower or bath as normal. This dressing can stay on for 7–10 days. The stitches are dissolvable.

It is important to wear a comfortable, supportive and well-fitted bra as soon as possible after your operation. This will give support to your breast and prevent pulling on the wound. Elasticated crop tops are not advised as they offer little or no support.

It is important that you do gentle arm exercise after the operation to encourage a full range of movement. If you feel that it is too painful to move your arm properly then you need to discuss this with the breast care nurse.

If you have also had surgery to the armpit area it is important to continue with the exercises that you have been shown. They will help you get a full range of movement back into your shoulder. You should feel able to do most things as normal, but it is best to avoid heavy lifting and housework at first.

## 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 ten to fourteen 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 if possible, on the first trip to ensure you feel fully confident.

## When can I return to work?

This will depend upon the type of work you do but in general you may return as soon as you wish, generally about two weeks following surgery. The recovery period may be a little longer if you have had your lymph nodes removed and you might consider taking a little extra time off. Many people find it helpful to wait until they know their results and about any additional treatments before making plans to return to work.

## 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 are available 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 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.

In some cases, surgery is all that is necessary. However, Radiotherapy is commonly given after wide local excision.

Other treatments maybe advised to reduce the risk of recurrence. These treatments can include anti-oestrogen tablets, chemotherapy and anti-Her2 treatments. Your breast care nurse may have explained about some of these treatments before your surgery and can answer any questions you may have about them.

When the surgical results are available and your treatment plan is finalised, you will be seen in the Breast Clinic to discuss any further treatments.



## What feelings might I experience?

This period, just after diagnosis, and before surgery, can be very difficult. You may be very anxious and find it hard to come to terms with how you feel 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

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

If you can, talk openly about your feelings with those close to you – your spouse, partner, family or friends. It can help to reduce the anxiety. It can be a worrying time for your partner. They may like to be involved in discussions about the operation and how it is likely to affect your relationship afterwards.

You will have met one of the breast care nurses in the Breast Clinic before your admission. It is important that you contact the breast care nurses at any time, who will be very happy to support you. They are there to provide you and your partner with 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 them or our cancer support workers on:

Queen Elizabeth Hospital team: **0121 371 4499** or **07771 940 368**  
or Solihull Hospital team: **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.

You may also find it helpful to join a support group where you can meet and talk with people who have had a similar experience.

Your breast care nurse can give you more information on this. 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 doctor or breast care 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.

**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.

**Lymph nodes:** Hundreds of small oval bodies that contain fluid (lymph). These act as a first line of defence against infections. They are also called lymph glands. There are hundreds of these throughout the body. They are small oval bodies.

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

## 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 team: **0121 371 4499** or **07771 940 368**  
or Solihull Hospital team: **0121 424 5306**

Please use the space below to write down any questions you may have and bring this with you to your next appointment.



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