



Education

Breast Removal (Mastectomy)

What is a mastectomy?

Mastectomy is the surgical procedure for removing a breast when invasive cancer is found in the breast.

When is it used?

Mastectomy is the first treatment choice when a cancer is too large to be removed without removing all of the breast. Sometimes a large cancer may shrink with chemotherapy so it can be removed without removing all of the breast. Talk with your health care provider about this possibility.

An example of another surgical treatment is lumpectomy, which is removal of just the tumor with some surrounding breast tissue.

There are different types of mastectomies, depending on the amount of tissue removed. To decide which procedure is best for you, when you have a breast biopsy or lumpectomy, your surgeon may inject a special dye around the cancer and remove underarm lymph nodes that are affected by the dye (usually 1 to 3 nodes). This procedure is called sentinel lymph node biopsy. If cancer is found in these lymph nodes, then all of the lymph nodes in your armpit will be removed when your breast is removed. The removal of the lymph nodes is called axillary dissection.

Different types of mastectomies are:

- **Total (simple) mastectomy**: The surgeon removes the whole breast. Some lymph nodes under the arm may also be removed. A total mastectomy might be used for a larger cancer that cannot be removed with lumpectomy. If a sentinel lymph node biopsy has confirmed that cancer has not spread to the lymph nodes, the nodes will not be removed.
- **Modified radical mastectomy**: The breast and most or all of the lymph nodes under the arm are removed. Often, the lining over the chest muscles is removed. A few small chest muscles also may be taken out to make it easier to remove the lymph nodes.

Mastectomy can be avoided in some cases by using chemotherapy to shrink a large cancer to a size that can be removed with a lumpectomy.

You should ask your surgeon about your choices for treatment. Take notes as you talk since there are many possible combinations of surgical treatment. Also, it is helpful to have a family member or friend listen to the choices with you.

How do I prepare for a mastectomy?

Before you have a mastectomy, discuss with your surgeon the options for breast reconstruction. This is a plastic surgery procedure to rebuild the shape of the breast. It may be done at the same time as a mastectomy or later. If you are not sure, talk with your surgeon about options for reconstruction later.

Plan for your care and recovery after the operation. Find someone to drive you home after the surgery and stay with you for the first night or two. Allow for time to rest and try to find people to help you with your day-to-day duties. Ask your health care provider if there is a breast cancer support group you could contact. Reach To Recovery (phone: 800-ACS-2345) is an example of such a group. They can help you find and talk with other women who have had a mastectomy. They can also talk to you about simple, practical ways to aid your recovery.

Follow your provider's instructions about not smoking before and after the procedure. Smokers heal more slowly

after surgery. They are also more likely to have breathing problems during surgery. For this reason, if you are a smoker, you should quit at least 2 weeks before the procedure. It is best to quit 6 to 8 weeks before surgery. Also, your wounds will heal much better if you do not smoke after the surgery.

If you need a minor pain reliever in the week before surgery, choose acetaminophen rather than aspirin, ibuprofen, or naproxen. This helps avoid extra bleeding during surgery. If you are taking daily aspirin for a medical condition, ask your provider if you need to stop taking it before your surgery.

Follow any other instructions your provider gives you. Eat a light meal, such as soup or salad, the night before the procedure. Do not eat or drink anything after midnight or the morning before the procedure. Do not even drink coffee, tea, or water.

What happens during the procedure?

You are given a general anesthetic. A general anesthetic relaxes your muscles and puts you to sleep. It prevents you from feeling pain.

The surgeon makes a cut (incision) over the breast and lifts the skin away from the breast tissue. The surgeon separates this tissue, including the nipple, from the muscle that lies between the breast and rib cage. Once the surgeon has removed the breast and tissue around it, the skin flaps are sewn in place and a tube is temporarily put under them to drain fluid. If the breast is rebuilt, these skin flaps are used in the reconstruction.

The surgeon may also remove tissue under the armpit. This tissue contains lymph nodes that may also have cancer.

What happens after the procedure?

- You may stay in the hospital about 24 hours. Talk with your provider about the plan for your discharge from the hospital. Ask how to take care of yourself at home during the first days after surgery.
- For 5 to 7 days you will have 1 or 2 drains that remove extra fluid from the area of the surgery. Your provider will tell you how to care for these tubes and the attached bottles and when to return for removal of the drains.
- You will have medicine to prevent pain.
- The breast area will heal fully in about 3 to 4 weeks.
- Follow your health care provider's recommended schedule for checkups.
- A mastectomy is usually followed by hormone therapy, chemotherapy, or both.

What are the benefits of this procedure?

It may provide your best chance to survive breast cancer.

What are the risks associated with this procedure?

- There are some risks when you have general anesthesia. Discuss these risks with your health care provider.
- Fluid may collect under the skin flaps after your drains are removed. The surgeon will remove the fluid with a needle and syringe.
- Nerves in the area of the surgery are damaged. As a result, the underside of your arm may be numb. After the surgery you may have trouble moving some of your shoulder muscles because of tenderness. Special exercises will help you regain normal movement of your shoulder.
- You may develop arm swelling, called lymphedema. This is caused by interference with normal lymph drainage from the arm. Surgery alone usually does not cause this condition. It can occur when you have a mild infection in the arm on the mastectomy side, even years later. Ask your provider about how you can help avoid this problem.
- There is a chance a lumpy scar will develop. This is called a keloid. Tell your provider if you have other scars that have healed this way.
- This procedure may not remove all of the cancer cells and further treatment may be necessary.
- The cancer may recur.
- You may have infection or bleeding.

You should ask your health care provider how these risks apply to you.

When should I call my health care provider?

Call provider right away if:

- You have a fever of 100°F (37.8°C) or higher.
- The area of the incision is red.
- You have unusual drainage from the incision.
- You have pain that gets worse.
- Fluid collects under the skin flaps.

Call during office hours if:

- You have questions about the procedure or its result.
- You want to make a follow-up appointment.

Women's Health Advisor 2006.4; Copyright © 2006 McKesson Corporation and/or one of its subsidiaries. All Rights Reserved. Developed by McKesson Provider Technologies. This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.

