

## Excision of Fibroadenoma

### Patient Information

#### What is a Fibroadenoma?

A fibroadenoma is a benign (non-cancerous) solid lump of tissue in the breast.

Fibroadenomas range in size from smaller than a grape to larger than a golf ball. They can grow anywhere in the breast tissue.

Fibroadenomas are quite common, especially in younger women, and often appear suddenly.

The lump usually feels rubbery and firm and when touched moves easily within the breast (hence sometimes called a “breast mouse”).

The lump is not usually painful but it may become tender and sensitive to touch. In many cases a fibroadenoma can be left alone.

However, some women and their specialists may prefer to remove the lump particularly if the lump continues to grow.

It is not known exactly what causes fibroadenomas, although female hormones may play a part. It is not unusual to have more than one.

#### What does the surgery involve?

The procedure can be carried out either under a general anaesthetic (when you are asleep) or local anaesthetic (where the area is numbed and you remain awake).

A small incision is made in the breast and the lump is gently removed.

The wound is then closed with stitches. Sometimes, to achieve better cosmetic results, the incision is made at a different place from the lump. The procedure takes about 20 minutes.

#### What are the specific risks of this procedure?

- Swelling or bleeding may occur. This may require corrective treatment.
- Rarely, scarring may pull the nipple out of shape.
- There may be a small depression in the breast where the lump was removed.
- A wound infection may develop requiring antibiotic treatment.

#### What are the general risks of surgery?

- You may develop a chest infection requiring antibiotic treatment.
- Deep vein thrombosis or pulmonary embolism (blood clots in the legs or lungs).
- Risks associated with general anaesthesia including potential breathing and heart problems and possible reactions to the medications. For a woman who is otherwise in good health, the risk of serious complication due to general anaesthesia is less than 1%.
- There is an increased risk of complications if you smoke or are overweight.

## What are the benefits?

- To remove the fibroadenoma
- To alleviate any anxiety.

## Are there any other alternatives?

In many cases a fibroadenoma that is not causing symptoms may be left untreated and monitored by self-examination. The lump may need removal at a later time if it grows larger.

## What could happen if my symptoms were left untreated?

Approximately 60% of fibroadenomas will stay the same size, 20% will shrink and 20% will grow.

## How long will I be in hospital?

The procedure is usually performed as a day case procedure and you can usually be discharged a few hours after surgery.

## What happens before the operation?

Prior to your admission, the pre-operative assessment nurse will need to make an assessment of your health to ensure you are fully prepared for your treatment and discharge.

You will be asked to complete a health questionnaire and then, if necessary, the nurse will telephone you or further information regarding the questionnaire.

The nurse is also available to help you with any worries or concerns that you may have and will give you advice on any preparation needed for your surgery.

If you should need any pre-operative tests (for example, a blood test), you may be asked to attend the pre-operative assessment clinic.

## The day of your operation

Before the date of your admission, please read the instructions given to you very closely.

If the procedure is being performed under a general anaesthetic, you must **stop** eating food and milk products at least **six hours** before your operation, and stop drinking fluids **four hours** before.

If your stomach is not empty, there is a risk that you could vomit during the anaesthetic and inhale (breathe into your lungs) the contents of your stomach.

Small quantities of **water** can be drunk until **two hours** before your surgery.

You should bath or shower before coming to hospital.

On admission, a member of the nursing staff will welcome you. The nurses will look after you and answer any questions you may have.

The surgeon and anaesthetist will visit you and will also answer any questions that you may have.

A theatre assistant will go with you to the anaesthetic room and stay with you until you are asleep.

A cuff will be put on your arm, some leads placed on your chest, and a clip attached to your finger.

This will allow the anaesthetist to check your heart rate, blood pressure and oxygen levels during the operation.

A small plastic tube will be put in the back of your hand using a needle and held in place with a sticky dressing.

The anaesthetist will then use this to give you the medication to send you off to sleep.

## What happens after the operation?

After your operation you will wake up in the recovery area. You may have an oxygen mask on your face to help you breathe.

You will continue to be closely monitored in the recovery room to ensure that your vital signs (e.g. blood pressure, pulse) are stable and that your pain relief is adequate.

A drip (a tube attached to a bag of fluid) may be connected to your arm. This will be removed when you are drinking well.

Rarely, a drain (a tube to remove fluids) may be in place at your operation site. This will usually be removed a few hours after surgery.

You will normally be able to start eating and drinking shortly after the procedure. Within an hour or so after surgery you should be ready to get up.

The nurses will be there to assist you. You should be able to go home within a couple of hours.

Very occasionally, you may be asked to stay overnight if your recovery is slower than expected.

You will be given a supply of painkillers and dressings to take home. Your GP will be notified of your discharge.

### **How long will it take to recover from the anaesthetic?**

Whilst most of the effects of anaesthesia wear off in a few hours, it is not uncommon to have poor concentration and memory for the first day or so.

It is important, therefore, that you do not make important decisions, sign legal documents or operate machinery or equipment for at least 24 hours after the anaesthetic.

Muscle aches or headaches may also be experienced over the first few days.

### **How much pain should I expect?**

It is normal to have pain or tenderness at the site of the operation. This will subside after a few days.

You may also notice that you have a slightly sore throat. This is due to the “breathing” tube placed in your throat during surgery and should subside in a day or so.

To minimise discomfort, you should take pain killers regularly over the next few days (ensuring that you do not exceed the dose prescribed).

If you have any queries or problems with your pain killers your local pharmacist should be able to advise you.

### **How do I care for my wounds?**

After the operation you will have dressings over the incision. You may remove these 48 hours after surgery.

You may shower or bath the day after surgery, but it is advisable to keep the area dry for 3 - 4 days.

Do not use any scented skin products on your incision until it has fully healed. There is no need to apply further dressings unless you feel it would be more comfortable to do so.

The incision will usually be closed with dissolvable stitches.

The incision will probably be red and uncomfortable for 1 – 2 weeks and some bruising and swelling is common.

The scar first appears pink, but over the next few months it will become less and less noticeable.

There may also be some persistent bumpiness and bruising around the wound this will gradually improve over a period of months.

You may notice numb patches around the wound; this should get better after two to three months.

Occasional aches and twinges in the wound can persist for several months.

Rarely, a wound infection may develop during the first few weeks after surgery.

Symptoms include increasing pain, fever, pus-like discharge, swelling, redness and feeling generally unwell.

If you have any of these symptoms tell your GP as you may need a course of antibiotics, which should resolve the infection and discomfort.

### **What activities will I be able to do after my operation?**

You can return to normal physical and sexual activities when you feel comfortable. You should avoid heavy lifting or vigorous exercises for at least two weeks.

It is normal to feel tired after surgery, so take some rest two or three times a day and try and get a good night's sleep.

After a week or so you should be able to resume all your normal activities.

### **When can I start driving?**

You must not drive for at least 24 hours after surgery.

Before driving you should ensure that you are able to wear your seat belt, perform an emergency stop, have the strength and capability to control the car and respond quickly to any situation that may arise.

Be aware that driving whilst unfit may invalidate your vehicle insurance.

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

You can return to work as soon as you feel well enough. This will depend on how you are feeling and the type of work you do.

If you have a desk job you should be ready to return within a week or so.

If you are involved in manual labour or heavy lifting you may require more time.

### **Is there any follow up?**

An appointment at the Breast Clinic will be arranged and sent to you.

### **Further Information**

If you have any doubts or questions following your clinic visit(s) you can obtain further information from:

### **Where should I seek advice?**

If you have any concerns within the first 24 hours of discharge you may contact the ward (**See discharge letter for telephone number**)

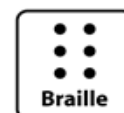
You may also contact the breast specialist nurses for advice:

**0151 529 4082 (mon-fri 9am-5pm)**

### **In case of an Emergency**

In an emergency contact NHS direct by dialling **111** from any landline or mobile phone free of charge (**Some areas of the country are still covered by the 0845 4647 service**)

You can also attend your local walk-in centre/A&E department or on-call GP.



### **If you require a special edition of this leaflet**

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**Tel No: 0151 529 2906**

**Email: [interpretationandtranslation@aintree.nhs.uk](mailto:interpretationandtranslation@aintree.nhs.uk)**