

# Mastectomy

## What is a Mastectomy?

Mastectomy is the removal of the breast, including the nipple, but not the chest muscles or other structures.

The lymph node (glands) in your armpit (axilla) may be affected. Your surgeon will discuss the best treatment option for you.

This may be the removal of one or two lymph nodes for further testing (sentinel lymph node biopsy), **or** the removal of most lymph nodes (axillary node clearance).

## What are the benefits of having a Mastectomy?

This operation will remove the tumour in your breast and remove lymph nodes from the armpit to help decide if any extra treatment will be helpful.

## What are the risks of having a Mastectomy?

- There is a risk of developing clots in your legs (DVT's), which can travel to the lungs (pulmonary embolism). You will be given special stockings and blood thinning injections as prevention.
- There is a risk that you may need further surgery.
- There is a chance of a haematoma (a collection of blood under your wound) forming. You may have to return to the operating theatre to have this removed.

- Sometimes a collection of clear fluid forms under your wound. This is called a seroma. This can happen several days after your operation and is simply removed by a needle and syringe.
- Your wound, like any other wound, may become infected. You will be given antibiotics for this.

## What would happen if I have no treatment?

If you decide not to have any surgery your cancer will continue to grow. You should talk to your Consultant or Breast Care Nurse about any possible alternative treatments.

## What sort of anaesthetic will I have?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness. It is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain.

Complications are rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but

occasionally damage can occur. The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

You will be given an opportunity to discuss anaesthetic options and risks with an anaesthetist before your surgery.

**If you are worried about any of these risks, please speak to your Consultant or a member of their team.**

### **Getting ready for your operation**

- You will be seen in the pre-operative clinic, usually one to two weeks before your operation.
- You will be weighed and measured, screened for MRSA and possibly have an ECG (a heart tracing).
- The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.
- You will be told when to stop eating and drinking before your operation this will also be stated in your admission letter.
- Most patients will be admitted on the day of their operation if they have already attended the pre-operative clinic.

### **The day of your operation**

- You will usually come into hospital on the day of your operation. The surgeon will see you again to make some marks on your body to help guide the operation.
- You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

Again, you will be able to discuss the operation with your surgeon.

### **What should I expect after the operation?**

When you return to the ward, the nursing staff will check your pulse, blood pressure, breathing and wound regularly.

It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.

The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick.

If you feel sick, we advise you not to drink until this feeling has passed. The nursing staff may offer you an injection to help this sick feeling go away.

**The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.**

### **Going home**

You will usually be in hospital overnight, although this sometimes can be longer.

### **Pain relief and medication**

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

### **Your wound**

A thin piece of tape will cover your wound, this is not to be removed and it must be kept dry.

The wound dressing may be left untouched until you attend clinic for your results. Dissolvable stitches are used and therefore these will not need to be removed.

Since many women feel so well after their operation, it has now become accepted practice in most hospitals for you to go home with your drain still in place.

Before you are discharged, your nurse will give you full instructions about caring for

your drain and will also check you are confident in looking after the drain.

## Once you are home

The Breast Link Nurse Specialist or a District Nurse will visit you after you are discharged. They will check your wound care for the drain and record the drainage.

If you are managing, the Breast Link Nurse may not call every day. They will let you know when they will call again to see you. They will leave a contact number in case any problems arise.

The Breast Link Nurse will remove your drain once it has drained 50mls or less in 24 hours.

## Discharge information

- General anaesthesia temporarily affects your co-ordination and reasoning skill, so you **must not** drive, drink alcohol, operate machinery or sign any legal documents for 24 hours.
- **Important:** You will need to arrange for someone to drive you home. If you go home the same day as your operation, try to have a friend or relative stay with you for the first 24 hours.
- If you are in any doubt about driving, contact your motor insurer so that you are aware of their recommendations and always follow your Surgeon's advice.
- You may be discharged from hospital with a drain still attached to your wound site. You will be given information about how to care for it.

## Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

## Your wound

The nursing staff will tell you when and where to go to get your dressing changed. This may include a district nurse visiting you at home. Please inform nursing staff if you are staying at a different address on discharge.

## Getting back to normal

Remember, you have just had an operation, and you will take some weeks – even months – to recover.

It is normal to feel more tired than usual for a few weeks after having an operation. This will pass.

You may feel tearful from time to time. This is understandable. If you feel particularly low, please contact your Breast Care Nurse.

## Returning to work

You can self-certify for the first seven days of sickness. After this, a medical certificate (sick note) may be issued by your hospital doctor to cover the expected time off you will need after being discharged.

Advice on returning to work will be given.

## Further Appointments

An appointment will be sent to you usually 15 to 21 days after your operation. At this appointment you will see the doctor and a Breast Care Nurse for your results and to discuss any further treatment with you.

## Further Information

Breast Unit

0151 529 4082 (24 hour answer machine)

Breast Cancer Care  
Tel: 0808 800 6000 (Freephone)  
[www.breastcancer.co.uk](http://www.breastcancer.co.uk)

## ***Acknowledgements:***

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The Royal Liverpool and Broadgreen University Hospitals NHS Trust has kindly given their permission for us to use their material.



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

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