

Patient information

Removal of Breast Lump or Breast Biopsy

Breast Services

What is removal of breast lump?

Removal of a breast lump is taking out only the lump. It is **not** removing all of the breast.

Why do I need to have the breast lump removed?

If you have been seen in clinic, you may have this lump removed because:

- You want to have the lump taken out.
- The lump has changed, or started to grow in size.
- The lump is a little large and your doctor thinks it should be taken out.
- The doctor says you should have the lump removed to be certain of the diagnosis (find out exactly what the lump is).

After the lump has been removed your doctor will be able to tell you if you need any other treatment or tests when you return for your check-up.

What are the possible risks with this operation?

You will have a scar on your breast where the doctor has to cut the breast to take out the lump. The scar is permanent, but usually the scar will fade in time.

The doctor will usually use a dissolving stitch. However, some people heal better than others. Sometimes the scar may thicken or look wider with time.

With any operation you may get an infection. Your doctor and staff looking after you will try to make sure this does not happen. Your doctor may ask you to take antibiotics if this is necessary.

Sometimes after an operation there may be some bruising; bleeding or collection of fluid under the scar. If there is any swelling or bruising please ask your doctor or nurse to check this area for you.

After a breast lump has been removed there may be a small dent or change in the breast. If the lump is small, this is less likely to be noticed.

Are there any alternatives to this procedure?

Having been given this leaflet you will already have had a discussion with the doctor regarding the reasons for a breast biopsy. If you wish to consider other options or feel that the reasons for this procedure are not clear, please ask to see the doctor again.

What will happen if I don't have anything done?

This depends upon the reason for your surgery.

- If the breast lump is growing – it may continue to do so, if not removed.
- If the lump needs to be removed to make a certain diagnosis this may not be known.

What sort of anaesthetic will I need?

Local Anaesthetic

Sometimes the breast lump can be removed using a local anaesthetic. Injecting local anaesthetic with a needle around the lump to make it go numb. This may be offered to you by your doctor. If you would like this please talk to your doctor about this.

Local anaesthetic is drug-induced numbness: it may be provided by an anaesthetist, surgeon or other healthcare professional, depending on the technique used. Like all medicines, local anaesthetics may sometimes cause side effects, as well as the effects that are needed. You may experience dizziness, blurred vision, drowsiness and occasionally loss of consciousness.

Serious side effects are rare, and include fits, low blood pressure, slowed breathing and changes in heartbeat, which may be life-threatening. If you have any concerns about any of these effects, you should discuss them with your doctor.

General Anaesthetic

Your doctor will probably ask you to have a general anaesthetic. This will mean you are asleep for the operation. A general anaesthetic is drug-induced unconsciousness. It is always given by an anaesthetist, who is a doctor with special 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. It is important to tell the anaesthetist if you have wobbly teeth, caps, crowns or veneers.

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 speak to someone over the phone and you may be asked to come to a pre-operative clinic, usually one to two weeks before your operation.

Here you may be asked to have blood tests, a chest X-ray and heart tracing (ECG). You will be screened for MRSA (methicillin-resistant *Staphylococcus aureus*, an important skin bacterium).

The clinic nurse or doctor will ask you routine questions about your health, the medication you take (please get a list from your family doctor (GP) if you are not sure) and if you have any allergies or reactions to medicines.

Your admission letter will tell you what time to stop eating and drinking, if you need to, before your operation.

Most patients come into hospital on the day of the operation. If you need to come in a few days before the operation this will be explained in your admission letter and your doctor will have already talked to you about this.

You will be asked to say that you understand the benefits to having the operation and that there may be complications (part A of consent).

The day of the operation

You will come into hospital the day of your operation, unless other arrangements have been made.

You will be able to ask your surgeon questions about this if you are not sure.

You will be asked to sign the consent form (Form B) to say that you understand why you are having the operation and what the operation involves. You will be able to ask your surgeon questions about this if you are not sure.

If you are having a general anaesthetic you will be asked not to eat and drink before your operation.

Your admission letter or ward doctor or nurse will tell you about this.

- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 08.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- Please bring any medication you take into hospital with you.
- Please bring in toiletries, nightwear and towels.
- You will be asked to remove all jewellery - plain rings can be worn but they will be taped.
- Please leave body piercings at home. False nails and nail polish will also need to be removed if worn.

- If you are on regular medication, you will be told to take this if necessary.
- You may be asked to take a shower and put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- A nurse and porters will take you to the operating theatre.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
- When you arrive at theatre, the ward nurse will leave you, and you will be asked to put on a disposable hat. You will be taken into the anaesthetic room and a member of the theatre staff will check your details with you and you will be given your anaesthetic

What should I expect after my operation?

You will be in the operating theatre for about 30 to 40 minutes. When you return to the ward you may have a firm plastic tube (drain) coming from your wound site (your doctor will decide if you need this at the time of your operation). The tube will go into a small bag or bottle. This will help to reduce the bruising and help your wound to heal.

This will be removed after one to two days by your district/practice nurse. Your wound will probably have one continuous stitch into it, to give a neat scar. A light dressing will cover your wound. The stitches will not need to be removed as they will dissolve away by themselves.

When you return to the ward after your operation, the nurse will check your pulse, blood pressure, breathing and the wound. If you have any pain, please tell your nurse so that she or he may give you some painkillers.

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 have a nurse with you. This is in case you feel dizzy.

As soon as the anaesthetic has fully worn off, you will be encouraged to sit out of bed. Later you may walk around.

Going Home

You will usually be able to go home the same day as the operation.

If you have had a general anaesthetic and/or sedation, **you must have a friend or relative to take you home and have a responsible adult to stay with you for 24 hours.**

For next 24 hours **you must not**

- Travel alone.
- Drive any vehicle e.g. car, scooter or ride a motorcycle or bicycle.
- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders.
- Make important decisions, sign any business or legal documents.
- Drink alcohol.
- Return to work within 12 hours of treatment. Your general health and any medicines you are taking may increase the time you need off work.

You **should**

- Take it easy for the rest of the day, avoid strenuous activity.
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

Discharge Information

Pain relief and medication

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

Your wound

If you need a district nurse your ward nurse will arrange this for you. Please discuss this with your ward nurse before you leave the ward.

Further appointments

Before you leave hospital you will be given a follow up appointment for about two or three weeks' time. This will either be by phone or face to face. The doctor will tell you what had been removed; and whether you need any further treatment.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

Breast Nurse Practitioners

Tel: 0151 706 2931

Text phone number: 18001 0151 706 2931

Breast Care Nurses

Tel: 0151 706 2927

Text phone number: 18001 0151 706 2927

Your GP or Practice Nurse

Breast Cancer Care

Tel: 0808 800 6000

www.breastcancercare.org.uk

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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