

The Jane Ashley Centre

Mastectomy and axillary node sampling

Information for patients





The aim of this booklet is to give you some general information about your surgery. If you have any questions or concerns after reading it please discuss these with your Breast Care Nurse or a member of staff on the Jane Ashley Centre. Telephone numbers are given at the end of this booklet.

What is a mastectomy?

The purpose of this operation is to remove the whole breast, including the nipple, leaving the chest wall area flat on the affected side. The chest remains completely covered by skin. The scar extends horizontally across the chest from the middle (near the breast bone) to under the arm.

During the operation, a small number (sample) of lymph nodes are usually taken from the armpit, through the same scar as the mastectomy operation. Lymph nodes collect and filter out anything the body doesn't want, such as infection or cancer cells. The sample gives us information about the extent of the cancer and helps us to decide on options for your further treatment.

A mastectomy may be recommended for a number of reasons, for example:

- If the cancer lies behind the nipple or the nipple is affected.
- If the breasts are small.
- If the cancer occupies a considerable proportion of the breast.
- If the cancer occurs in more than one area of the breast.
- If this is a recurrence of cancer within the same breast.
- If, after discussion with your surgeon and breast care nurse, you choose to have a mastectomy.
- In certain circumstances, where a smaller operation might not be advisable or possible due to health reasons.

What are the benefits?

- To reduce the risk of a second operation: the purpose of the operation is to remove as much of the breast tissue as possible and therefore reduce the risk of further surgery being required.
- To reduce the need for radiotherapy: in some cases, there is no need for radiotherapy (X-ray treatment) after mastectomy, due to the type of cancer cells present. The final decision is usually made at your postoperative clinic visit.

What are the risks?

All operations involve risks. You need to be aware of these so that you can make an informed choice about surgery. Your surgeon will talk to you in more detail if there are any individual risks in your particular case.

Bleeding

If there is obvious bleeding immediately after surgery from your wound site, a nurse may simply put an extra dressing in place to stop this. Very rarely further surgery may be needed if the bleeding persists.

Seroma

Sometimes, after surgery, the wound continues to produce fluid under the scar, which cannot escape. The fluid collects and causes swelling. This collection of fluid is called a seroma. It is quite a common problem after breast surgery and is not harmful in any way. You will notice that the wound becomes swollen under the scar or armpit. A seroma can be drained by your Breast Care Nurse.

Altered sensation

There is a small sensation nerve in the armpit, which leads to the upper and inner part of the arm. This can get stretched during the operation if lymph nodes are removed. This can result in a numb feeling, pins and needles, or greater sensitivity than normal. You may also have slightly restricted arm movement. This may last for a few weeks but sensation and movement usually returns to normal as the nerve recovers. In a few cases the sensation may not completely return.

Cosmetic result

An operation leaves a permanent scar but this will fade over time. The scar of this operation extends horizontally across the chest from the middle near the breast bone to the under arm. This means there will be a 'flatness' on the affected side.

Infection

All surgery carries a risk of developing an infection. This is rare but can be treated with antibiotics.

Lymphoedema (arm swelling)

Some patients who have had lymph nodes removed are concerned about the risk of arm swelling (or lymphoedema). This is caused through a build up of fluid in the tissues of the arm. We can give you advice and an information booklet about arm and skin care after surgery, although this problem happens rarely.

Alternative treatments

Sometimes women have a choice as to whether they have a mastectomy or a wide local excision (where only part of the breast is removed). Unfortunately in some cases the smaller operation is not thought to be the safest option, so your surgeon may have to recommend that the entire breast is removed. This advice is never given without a great deal of thought.

If, having listened to the medical reasons behind the recommendation for mastectomy you feel you cannot agree to this, your surgeon and Breast Care Nurse can talk to you about other treatment options. These may include other treatments such as chemotherapy, hormone blocking treatments or radiotherapy. However, you must remember when exploring these alternatives that they may not be considered as safe for you as mastectomy. If you still find it a hard decision to accept, you may like to consider asking for a second opinion from another specialist.

Your surgeon will also be able to talk to you about the possibility of reconstruction and the options available in your individual circumstances should you wish to.

Preparing for admission to hospital

Pre-Admission Clinic

Preparing for admission can be an anxious time. To help you feel more at ease we may ask you to attend our pre-admission clinic. You will have the chance to look around the ward, and talk with a Breast Care Nurse about your diagnosis and surgery. At your outpatient appointment a nurse will give you your surgery admission date and pre-admission clinic appointment.

Employment

If you work you will need to let your employer know how much time you need off work. Normally we advise you to take 3-4 weeks off work, including the week in hospital. If your job is particularly strenuous or tiring, you may need longer. Please discuss this with your Breast Care Nurse or a ward nurse. If you need a medical certificate for your employer the ward staff can give you one that covers your stay in hospital and the expected recovery time at home.

Caring Responsibilities

If you have responsibility for the care of someone and are anxious about this, it can be helpful to talk with your GP or Breast Care Nurse. They may be able to offer suggestions for help during and after your admission. You will be able to look after yourself on discharge home but you may need help at first if you care for someone else.

Living alone

If you live alone you may be concerned about how you will cope after your surgery. Most people are able to manage at home. For example, you will be able to wash, dress, cook and do light household tasks for yourself. It might be advisable to make some arrangements for help with shopping or any heavier tasks for the first week or two.

Admission

You will be admitted on the day of surgery on either a Monday or on Tuesday.

Before surgery

You will not be allowed to eat for 6 hours before your anaesthetic (this includes not chewing gum). You may sip water up to 2 hours before. A pre-medication may be given 1-2 hours before your operation. This is to help you relax and reduce any discomfort and sickness you may experience after surgery.

A ward nurse will accompany you to and from theatre and the operation usually takes 1-2 hours. You will also spend up to an hour on the Recovery ward.

After surgery

On your return to the ward a nurse will regularly measure your pulse and blood pressure and check your dressings. You may have 1 or 2 wound drains in place for a few days after your surgery. The nurse will check these as well.

The fear of experiencing pain after surgery is understandable. However, severe discomfort is uncommon. The nurse will ask you about your pain and give you the pain relief you need.

The fear of experiencing nausea and sickness is understandable but these side-effects are uncommon. The nurse will ask you about any nausea and give you anti-sickness tablets to prevent this.

The wound is closed by dissolvable stitches under the skin and with either paper "stitches" (known as Steristrips) or clips to the skin. The typical stay in hospital is up to 1-3 days and it takes approximately 3-4 weeks to recover. Any stitches or metal clips can be removed by your Breast Care Nurse at your follow up clinic visit or by your District or Practice nurse at your GP surgery.

The wound drains are portable so you will be able to move around the ward with the drains placed in a small bag, which you can carry over your shoulder.

The day after your operation you will be more or less independent and able to get out of bed. You will be shown some gentle arm exercises to prevent shoulder stiffening. A ward nurse can give you an information booklet about these exercises to take home with you.

Your scar may still be tender and it may be difficult for you to look at it at this stage. The ward nurses will cover the scar with a dressing until you feel ready to leave it exposed.

Prosthesis

Before you are discharged home you will have the opportunity to be fitted with a lightweight breast shape (prosthesis) to wear inside your bra. Additional visits can be arranged with your Breast Care Nurse to fit you with a longer term prosthesis and for bra fitting and ongoing support when you feel ready.

Follow Up

Usually your surgeon will see you in the outpatients' clinic two weeks after your surgery, to discuss the results of your operation. This appointment will be given to you before you go home.

Support

This can be a frightening time, particularly as you may have had few symptoms and this might be your first time in hospital. There are various people specialising in the diagnosis and treatment of breast cancer who are available to give you support.

A Breast Care Nurse is a senior nurse who has undertaken additional training to help when a diagnosis of breast cancer is made. We will give you the name and contact details of a Breast Care Nurse who will be your 'keyworker' and the main point of contact for any concerns you might have. She can support you

from the time you attend the breast clinic, through to diagnosis and afterwards if you need any further treatment. She works closely with the breast surgeon and other doctors and health care professionals involved in your care.

She will provide:

- Information about your diagnosis and its treatments. She can also advise you on financial and social support.
- Help with practical problems. This includes advice about body shape, clothing, wound care, skin care and pain relief.
- Emotional support.

How to contact us:

You may also telephone the Jane Ashley Centre on:
(01865) 235350 or **235360**

Information and support groups

Oxfordshire Cancer Information website

<http://www.cancerlinks.org.uk/>

Breast Cancer Care – provide free information and one to one emotional support from local volunteers for patients and partners.

Telephone 0808 800 6000 www.breastcancercare.org.uk

Macmillan Cancer Support

Provide information, emotional support and practical advice by telephone or letter for people with any kind of cancer.

0808 808 0000 www.macmillan.org.uk

Local Support Groups

Bosom Friends – offer an opportunity for a confidential chat with someone who has had breast cancer. They also meet monthly in Oxfordshire. Your breast care nurse can give you their contact details.

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@orh.nhs.uk**

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