

Wide local excision

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 speak with your Nurse Practitioner or a member of staff at the Jane Ashley Centre at the Churchill Hospital or E Ward at the Horton General Hospital. Telephone numbers are given at the end of this booklet.

What is a wide local excision?

The purpose of this operation is to remove the cancer and the immediate area of surrounding breast tissue. This leaves a scar on the breast.

A wide local excision may be recommended for a number of reasons, for example:

- If the cancer is small in relation to your breast size.
- If the cancer is in a suitable position in your breast.
- If the cancer has developed in only one area of your breast.
- If, after discussion with your Surgeon and Nurse Practitioner, you choose to have a wide local excision.

What are the benefits of this operation?

- The main benefit of surgery is that the cancer is removed from your breast.
- Having a wide local excision means that you can keep your breast.

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 that may specifically apply to you.

Risks associated with a wide local excision are:

Further surgery

It is important that all of the cancer is removed. Sometimes it is necessary to have a second operation to achieve this. This may occasionally lead to a mastectomy, where the whole breast, including the nipple, is removed.

Bleeding

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

Seroma

Sometimes, after surgery, the wound continues to produce fluid under the scar, which cannot escape. The fluid may collect and cause 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 your armpit. A seroma can be drained by your Nurse Practitioner if it becomes painful, however it is better to allow it to reabsorb naturally when possible.

Cosmetic result

This operation will leave a permanent scar that will fade over time. The scar from this operation will vary in size, depending on the size of the cancer and/or the size of your breast. Depending

on the amount of tissue removed, your breast may not be the same size or shape as before. If you have concerns about the size or shape of your breast after surgery, please discuss them with your Nurse Practitioner.

Infection

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

Alternative treatments

Your Surgeon will recommend the surgery that is the safest option for you. This may leave you with a choice between having a wide local excision and a mastectomy. Your Surgeon and Nurse Practitioner can talk to you about this and help you come to a decision.

You may decide that you can't agree to any kind of breast surgery. In this case your Surgeon and your Nurse Practitioner will talk to you about other available treatment options. These could include radiotherapy or other drug treatments. However, you must remember when exploring these options that they may not be considered as safe for you as having breast surgery. If you still find it a hard decision to accept, you may like to consider asking for a second opinion from another specialist.

Preparing for admission to hospital

Pre-admission clinic

You will need to come to a pre-admission clinic to ensure that you are as physically fit as possible before your surgery. Preparing for admission to hospital can be an anxious time. You will have the opportunity to talk to your Nurse Practitioner about your diagnosis and surgery before your operation. Your pre-admission clinic appointment will be sent to you in the post.

Employment

If you work you will need to let your employer know how much time you need to take off to recover. Normally we advise you to take 2-4 weeks off work. If your job is particularly strenuous or tiring, you may need longer than this. If you need a medical certificate (sick-note) 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 Nurse Practitioner. They may be able to offer suggestions for help during and after your admission. You will be able to look after yourself when you are discharged 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 to the Day Surgery Unit on the day of surgery and you will usually go home later the same day.

Before surgery

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

A nurse will accompany you to and from the operating theatre. The operation usually takes 1 hour. You will also spend up to an hour on the Recovery ward immediately after surgery.

After surgery

When you return to the ward a nurse will regularly measure your pulse and blood pressure and will also check your wound dressings.

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.

You may be worried about experiencing nausea and sickness but these side-effects are also not common. The nurse will ask you whether you are feeling sick and can give you anti-sickness tablets to stop or prevent this from happening.

The wound is closed by dissolvable stitches under the skin and with either paper "stitches" (known as Steristrips) or surgical glue on the skin.

The typical stay in hospital is 6-8 hours.

The day after your operation, when you are back at home, you will be more or less independent and able to get out of bed but you will feel tired. We encourage you to take it easy for a couple of weeks - no hoovering or ironing. If you have also had axillary node surgery you will have been given an information booklet about arm exercises to do as part of your recovery.

Your scar may still be tender when you come to leave hospital. It is important to continue to take regular painkillers until it is more comfortable.

We encourage you to have a shower on the second day after your operation. If you have Steristrips over your wound it is fine for you to get them wet. Pat them dry with a clean, soft towel but do not rub the wound.

You may find that the Steristrips will gradually fall off before you come back for your post-operative appointment; if they haven't we will remove them for you during the appointment.

You should refrain from driving for at least one week if you have not had any additional axillary surgery, or two weeks if you have had axillary surgery, as your insurance may not cover you to drive.

Follow-up

Your Surgeon will usually 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 who specialise in the diagnosis and treatment of breast cancer who are available to give you support.

A Nurse Practitioner is a senior nurse who has undertaken additional training to help when a diagnosis of breast cancer is made. You will be given the name and contact details of a Nurse Practitioner who will be your 'keyworker' and the main point of contact for any concerns you might have.

The Nurse Practitioner can support you from the time you first come to 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

Nurse Practitioners

Tel: **01865 235 773** (Oxford)

Tel: **01295 224 196** (Banbury)

Jane Ashley Centre

Churchill Hospital, Oxford

Tel: **01865 235 350** or **01865 235 360**

E Ward

Horton General Hospital

Tel: **01295 229 239**

Information and support groups

Maggie's Centre, Oxford

Maggie's offers free practical, emotional and social support to people with cancer and their families and friends.

Tel: **01865 751 882**

Website: www.maggiescentres.org/our-centres/maggies-oxford/

Maggie's CancerLinks

Information and advice about many types of cancer.

Website: cancerlinks.maggiescentres.org/

Breast Cancer Care – provide free information and one to one emotional support for you, your family and friends.

Tel: **0808 800 6000**

Website: www.breastcancercare.org.uk

Macmillan Cancer Support

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

Tel: **0808 808 0000**

Website: www.macmillan.org.uk

Benefits advice

The Macmillan Oxford CAB Benefits Advice service is based in the reception area of the Radiotherapy Centre at the Churchill Hospital. They are able to offer advice and support to people with cancer and their carers and families, about financial and benefit issues.

This includes:

- checking eligibility for benefits
- help with applications and forms
- grant applications
- referrals to specialist advice services for housing, employment and debt advice
- information about and referrals to other sources of support.

They can give help over the phone, by email, at 'drop-in' sessions and by appointment, mainly at the Churchill Hospital but also one day a fortnight at the Brodey Centre at the Horton General Hospital. They can be contacted directly on 01865 227 083 or by e-mail at macmillan.oxcab@gmail.com

Local Support Groups

Bosom Friends

An opportunity for a confidential chat with someone who has had breast cancer. They also meet monthly in Oxfordshire.

Tel: **01844 290 362**

Website: www.bosomfriends.org.uk

Brackley Support Group

Informal meetings are held monthly for women who have had breast cancer, offering support to each other.

Tel: **01869 810 735**

Banbury Support Group

A small self-help group that offers practical and emotional support. Informal meetings are held monthly.

Tel: **01295 720 993**

The Brodey Bunch

Bodicote, Banbury

A support group for young breast cancer patients. Meetings are held monthly and focus on issues that younger women may experience.

Tel: **01295 224 196**

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALSJR@ouh.nhs.uk**

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