



Oxford University Hospitals
NHS Foundation Trust

Therapeutic mammoplasty

Information for Patients

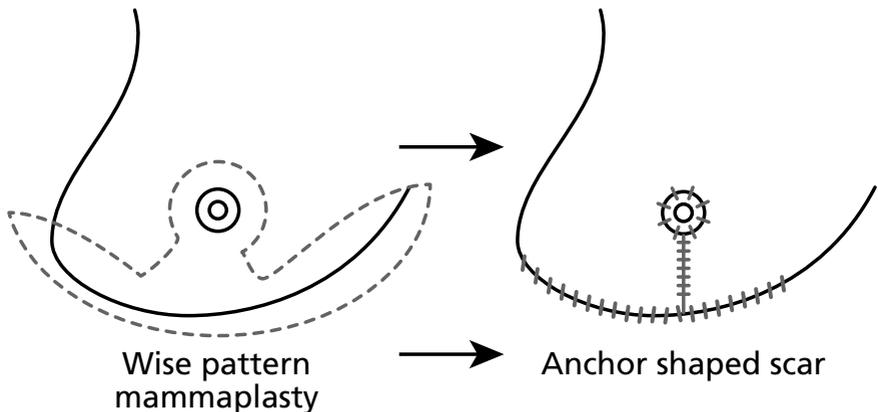
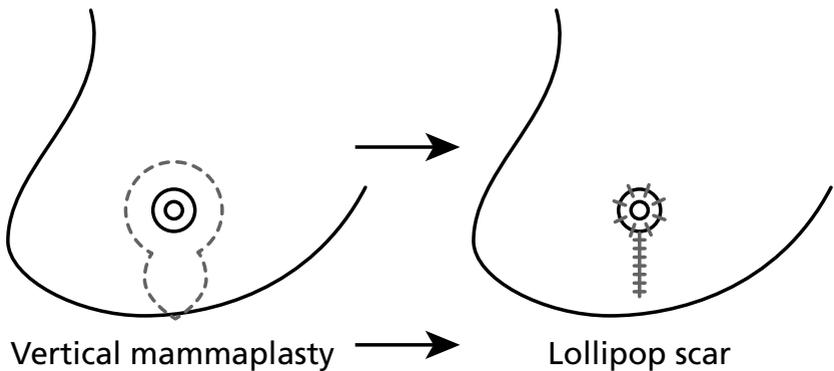


The aim of this booklet is to give you some general information about your surgery. If you have any questions or concerns after reading it please discuss them with your breast care nurse practitioner or a member of staff at the on the Day surgery unit. Telephone numbers are given at the end of this booklet.

Therapeutic mammoplasty

This operation involves combining a wide local excision (also known as a lumpectomy) with a breast reduction technique resulting in a smaller, uplifted and better shaped breast. This means that the lump can be removed with a wide rim of healthy tissue. The nipple and areola are preserved with their intact blood supply and the remaining breast tissue is repositioned to allow reshaping of the breast. The scars are either in the shape of a lollipop or an anchor (as shown below).

You may have a drain placed in the wound to remove excess fluid; this is usually left in for 24 hours. This procedure can be carried out on one or both of your breasts, as discussed with your surgeon.



Your nipple is moved to a new position to suit your new breast shape and size but it may end up in a position different to your wishes. The surgeon will try to achieve a mutually agreed breast size whilst performing the operation; however a cup size cannot be guaranteed and there are likely to be further significant changes to your breast after radiotherapy.

Photographs are usually taken before and after the operation for records and comparison. These will be from your neck down and will be anonymous. You will be asked to sign a consent form to show that you are happy for this to happen.

You will need to be measured for a new bra after surgery. Support and guidance can be given on this by your nurse practitioner if required. It is best to wait for 4-6 weeks after surgery before being measured, to allow any bruising or swelling to settle.

What are the benefits?

- The main benefit of this surgery is that the cancer is removed from the breast.
- As long as an adequate rim of healthy tissue is achieved around the tumour, patients who undergo this type of surgery do not need to lose their breast.
- A smaller uplifted breast can be achieved alongside the cancer surgery. Surgery can be performed on the other breast to match; this can sometimes be done at the same time or alternatively as a later procedure

What are the risks?

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

Risks associated with a therapeutic mammoplasty

- **Further surgery:** It is important that the cancer is removed adequately with a rim of healthy tissue. You may need further surgery if the first operation has not removed all the cancer. Occasionally this may need to be a mastectomy, where the whole breast is removed.
- **Pain:** Breast surgery is not usually associated with severe pain but you will need some pain relief after the operation. This may be in the form of an injection and/or simple painkillers like paracetamol and codeine; these are also usually effective enough to take when you go home.
- **Bleeding:** You are likely to be bruised after the surgery. This will settle down by itself after a few weeks. Very rarely further surgery may be needed if bleeding persists or if there is a bigger collection of blood (haematoma).
- **Infection:** All surgery carries a risk of developing an infection. This is rare but can be treated with antibiotics and/or dressings. The risk of infection is higher in smokers, diabetics and obese patients. If you feel unwell with a temperature, vomiting or notice significant redness of the skin on or around your breasts you should contact your GP or, if out of normal working hours, the emergency on-call service.
- **Seroma:** Sometimes, after surgery, the wound continues to produce fluid under the scar and can cause swelling called seroma. It is quite a common problem following breast surgery and is not harmful in any way. A seroma can be drained if necessary by your breast care nurse practitioner.
- **Wound breakdown:** Up to 5% of patients can have breakdown of the wound at the join site, more commonly at the T-junction in patients with an anchor shaped scar. This leads to a delay in wound healing but usually heals on its own with the help of dressings. This is more common in smokers and people with large breasts with thin skin. There is a small risk that the skin of the

nipple or areola may partially or completely 'die off' (less than 1% of patients) due to inadequate blood supply. Should this happen, the wound created where the nipple was will heal, but may take a few weeks and require regular on-going dressings during this time.

- **Loss of nipple sensation:** Numbness of the nipple and the surrounding skin is common, although sensation returns in a lot of patients. Some patients experience increased sensation, which can last for 2-3 months. Covering the nipple with a small gauze dressing helps by preventing the rubbing of the nipple by clothing.
- **Cosmetic result:** An operation leaves a permanent scar but this should fade over time.
- **Deep vein thrombosis:** This is a blood clot that can form in a deep vein, usually in the leg. This can happen after any operation and general anaesthetic. The risk of getting a DVT is reduced by wearing special stockings and/or having an anti-clotting injection. We advise you to start moving around soon after you are able to get out of bed following the operation and to stay active on your return to home.
- **Dressings and stitches:** Your breast may be strapped with an elastic dressing soon after the surgery. This is to ensure adequate support is given. This will be removed the following day and replaced with a bra. You will have dissolvable stitches in the wound, covered by either a surgical glue (water-proof) or a sticky tape (steri-strips). You can shower with the dressings on but avoid getting into a bath. If you have glue on your wounds it will gradually start to peel off after 7-10 days. A small leakage from the scar line often occurs, this is normal and a simple dry dressing can be applied to protect your clothes.

Alternative treatments

Your surgeon will discuss treatment with you and will recommend the operation that is believed to be the safest option for you. Sometimes patients are offered a choice between having breast conserving surgery and a mastectomy (removal of the whole breast). Your surgeon and breast care nurse practitioner can talk with you about this and help you come to a decision.

Preparing for admission to hospital

Pre-admission clinic:

Preparing for admission can be an anxious time. To help reduce your anxiety we may ask you to attend a pre-admission clinic to ensure that you are as physically fit as possible. You will have the chance to talk with a breast care nurse practitioner about diagnosis, surgery and any other concerns that you may have.

On admission:

You will be admitted to the Day Surgery Unit on the morning of your surgery and are likely to go home later that day.

Before surgery:

You will not be allowed to eat for 6 hours before anaesthetic (this includes not chewing gum); however you may sip water for up to 2 hours before the anaesthetic. Medication may be given 1-2 hours before your operation, which can help to reduce discomfort and sickness.

The surgeon will draw some markings on your breast in prior to the operation. 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 immediately after surgery.

After surgery

On your return to the day surgery unit a nurse will regularly measure your pulse, blood pressure and check your dressings. You may have wound drains in place for a few days after your surgery. The wound drains should you have them, are portable so you will be able to move around the unit with them in a small bag that you can carry over your shoulder. The nurses caring for you either in the hospital or community (a nurse will be arranged should you go home with a drain) will be responsible for making the decision about when the drains can be removed.

The fear of experiencing pain after surgery is understandable. However severe discomfort is uncommon. The nurse will ask you about your pain and provide pain relief to meet your needs. It is advisable to have some paracetamol at home should you need it, however you will be given some pain relieving medication and advice before you are discharged.

It can also be common to feel worried about nausea and sickness but these side-effects are also uncommon. The nurse can provide anti sickness tablets to prevent this.

The typical stay in hospital is as a day case, with a recovery period at home of approximately 3-4 weeks.

The day after your operation you should feel more independent and you will be shown some gentle arm exercises to maintain your shoulder mobility. A breast specialist nurse can give you an information booklet about these exercises to help you to remember what to do. You are advised to bring a soft, supportive bra with you to wear following the surgery.

The wound is closed using dissolvable stitches under the skin with surgical glue on the skin or occasionally paper "stitches" (known as Steristrips). The wound may still be tender and it may be difficult for you to look at it at this stage. It is important to continue to take regular painkillers until it is more comfortable.

We encourage you to have a shower on the first or second day after your operation. pat the wound dry with a clean, soft towel but do not rub the wound.

Employment:

If you work you will need to let your employer know how much time you need off work. Normally it is advised that you take 3-4 weeks off work, which includes the week of your operation. If your job is particularly strenuous you may need longer off work. Please discuss this with your breast care nurse practitioner or a day surgery nurse. If you need a medical certificate for your employer the day surgery staff can provide you with one that covers the duration of 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 practitioner. They may be able to offer suggestions for help both during and after your admission. Whilst you will be able to look after yourself on discharge home you may need help initially 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.

General advice:

You will need to sleep on your back for two weeks. Driving is best avoided for the first 2-3 weeks and normal strenuous activities can be resumed after 4-6 weeks to allow wound healing. The swelling and bruising subside in a few weeks but it can take 6-12 months for the scars and shape of the breasts to settle.

Follow up

Usually, your surgeon will arrange a post operative outpatient appointment by telephone or video link two weeks after surgery, to discuss the results of your operation. The appointment date and time will either be given to you before you go home or posted to you.

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 that are available to give you support.

A breast care nurse practitioner is a senior nurse who has undertaken additional training to help you when a diagnosis of breast cancer is made. You will be given the name and contact details of a breast care nurse practitioner 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 can provide:

- information about your diagnosis and its treatments
- advice 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.

Long-term outlook

Most women are pleased with the results of their surgery. The shape of your breasts will change with time, particularly with changes in bodyweight, ageing, and pregnancy. The results of this surgery will alter as you get older in the same way natural breast shape changes as we age.

Contact information

Breast Care Nurse Practitioners

Oxford **01865 235 773**

Secretaries to Consultant Breast Surgeons

Oxford **01865 223 921** or
01865 223 922

Banbury **01295 224 116**

Churchill Day Surgery

01865 225 280

Horton Day Surgery

01295 229 239

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
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