

Simple Mastectomy without Reconstruction

Surgery

Introduction

Mastectomy has been discussed as a treatment option for you. This booklet is designed to give you information about mastectomy and the care you will receive before, during and after your operation.

We hope this booklet will answer some of the questions that you or those who care for you may have at this time. It is not meant to replace the discussion between you and your surgeon.

What are the benefits of Mastectomy?

A mastectomy is a surgical operation to remove all of the breast tissue, including the nipple. Following a mastectomy, the chest wall will be flat.

The purpose of this surgery is to treat breast cancer.

What are the risks of Mastectomy?

Please be aware that there are nearly always risks to any treatment. Risks that may occur following mastectomy include:-

- **Infection:** a wound infection can happen any time after surgery until the wound is completely healed. It usually takes around 3 weeks for the skin to heal and 6 weeks for the internal stitches to dissolve.

Any of the following symptoms could indicate a wound infection:

- your wound feels tender, swollen or warm to touch
- redness in the area
- discharge from the wound
- feeling generally unwell with a raised temperature

If you think you may have a wound infection contact your G.P. as you may need a course of antibiotics.

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

- **Bleeding:** bleeding from the wound is possible but uncommon. You need not be concerned if you have a small amount of blood spotting onto the wound dressing, however if you notice more than a few spots of blood or your breast becomes very swollen, you should inform your breast care nurse
(Tel 01902 695144. Monday – Friday 8:30am – 4:00pm). Outside these hours the Surgical Assessment Unit can be contacted for advice (Tel 01902 694004 or 695004)
- **Haematoma:** blood occasionally collects in the tissues surrounding the wound causing swelling and discomfort. If the mastectomy site becomes hard and swollen after surgery your surgeon or breast care nurse may suggest removing the blood by drawing it off using a needle and syringe. Occasionally a further operation may be advised to remove it
- **Seroma:** after surgery some people may develop a collection of fluid called a seroma. This is a collection of normal body fluid which can occur either under the arm and / or in the breast or chest wall. If the collection of fluid is large, your surgeon or breast care nurse may suggest aspirating the seroma (drawing off the excess fluid using a needle and syringe). It is usual for this fluid to be reabsorbed by the body and resolve over time.

Sometimes a seroma will re-fill and may need to be drained several times over a few weeks before it goes away completely. This is usually painless as the area is likely to be numb.

If the seroma restricts your arm movement and prevents you from doing your arm exercises, speak to your breast care nurse or surgeon for advice
- **Lymphoedema:** lymphoedema can occur due to damage to the lymphatic system due to surgery. Lymphoedema is a swelling caused by a build-up of lymph fluid in the surface tissues of the body. Lymphoedema can occur in the tissue of the chest wall, the arm or hand on the affected side. Although this type of swelling can be controlled it may never completely go away
- It can occur weeks, months or even years after surgery. If you are concerned about your risk of developing lymphoedema, talk to your surgeon or breast care nurse
- **Change in sensation:** some people experience burning, numbness or darting sensations in the breast area and down the arm on the operated side. These symptoms occur because the nerves have been disturbed. These symptoms are quite common and may go on for a few weeks or even months. The scar may also feel tight and tender. These symptoms are usually temporary and improve with time however some people can be left with a small area of reduced sensation or numbness in the upper arm
- **Shoulder stiffness or a 'frozen' shoulder:** your arm and shoulder on the operated side may feel stiff and sore for some weeks. During your stay in hospital you will be seen on the day of surgery by a physiotherapist who will give you some gentle exercises to start to get back the range of movement you had before surgery. You will be given a leaflet explaining the arm exercises – please ask if you do not receive one as not moving the arm following surgery can result in a frozen shoulder.

What are the general complications of surgery?

Nausea: Not everyone will feel nauseous (sick) after surgery. Any sickness is usually short term and will have settled by the time you are discharged home.

During your stay in hospital anti-sickness medication (anti-emetics) can be given to help to relieve any nausea.

If you feel nauseated following discharge home you are best to seek advice from your G.P. who may prescribe some medication to help this settle down.

- **Thromboembolism**

Deep Vein Thrombosis (DVT)

Being inactive after an operation increases the risk of deep vein thrombosis. DVT is a blood clot that develops within a deep vein in the body, usually in the leg. It can cause pain and swelling in the leg and may lead to complications such as pulmonary embolism. This is a serious condition that occurs when a piece of blood clot breaks off into the bloodstream and blocks one of the blood vessels in the lungs.

In some cases, there may be no symptoms of DVT. If symptoms do occur they can include:

- pain, swelling and tenderness in one of your legs (usually your calf)
- a heavy ache in the affected area
- warm skin in the area of the clot
- red skin, particularly at the back of your leg below the knee

DVT usually (although not always) affects one leg. The pain may be worse when you bend your foot upward towards your knee.

DVT may also cause lifelong problems such as painful swollen legs, varicose veins and ulcers.

Pulmonary Embolism (P.E)

If left untreated, a deep vein thrombosis could develop into a pulmonary embolism. A pulmonary embolism is a very serious condition that causes:

- breathlessness – which may come on gradually or suddenly
- chest pain – which may become worse when you breathe in
- sudden collapse

Both deep vein thrombosis and pulmonary embolism require urgent investigation and treatment.

Seek immediate medical attention if you have pain, swelling and tenderness in your leg, and you develop breathlessness and chest pain.

Are there any alternatives to Mastectomy?

Your surgeon will have explained to you the different treatment options available to you and what would happen if you decide not to have any treatment at all.

If your surgeon has recommended mastectomy, they will have discussed with you the option to have breast reconstruction. There are several different methods of breast reconstruction which are available. If you would like more information about breast reconstruction, please contact your surgeon's secretary to request an appointment to discuss this further.

If you would like to avoid having a mastectomy, please inform your surgeon as in some instances it may be possible to have treatment with chemotherapy prior to surgery to try and shrink the cancer and make it possible to remove it without having to remove the whole breast. Please note that the suitability of this as a treatment option for you depends on your individual results.

If you do not wish to have any operation, it may be possible to have non-surgical treatment in the form of a tablet taken each day. The tablet is given to try and prevent the cancer from growing and spreading.

Please note that treatment is not curative and it is uncertain how each individual will respond to this treatment. If you opt for this treatment you will be monitored closely to assess whether or not the treatment is working for you. Please note that the suitability of this as a treatment options for you depends on your individual results. If you would like to avoid having surgery and want to know if this would be an option for you, please contact your surgeon's secretary to request an appointment to discuss this further.

What would happen if I chose not to have any treatment?

If you chose not to have any treatment, your breast cancer would continue to grow and could spread to other parts of the body.

It is important to stress that every patient's case is unique and that treatment is planned differently for each individual. It is not possible, therefore, to compare yourself to anyone who is having, or has had, the same operation that is planned for you.

Taking Consent

We must seek your consent for any procedure or treatment beforehand. Your surgeon will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed please do not hesitate to ask for more information.

What will happen before surgery?

Now you have made a decision about your surgical treatment, confirmation of the date of surgery and admission details will be sent to you by post.

Prior to admission for surgery, you will have a pre-assessment. This is to check your overall health before giving you a general anaesthetic.

At the pre-assessment appointment you will be asked questions about your medical history and certain tests may be done. You will also be asked about any medication you may be taking so it can be helpful to take a list of any medication you are taking and the dose along to your appointment.

Tests that may be done at pre-assessment:-

- blood tests (including blood sugar test if you are diabetic)
- electrocardiogram or ECG (a test that measures electrical activity of the heart)
- blood pressure
- temperature
- pulse
- height
- weight
- chest X-ray
- urine test
- skin swabs to screen for MRSA (a type of bacterial infection)

If you smoke or use nicotine replacement you may be asked to try to stop prior to surgery to help your recovery from the anaesthetic and surgery.

If any health conditions are highlighted by the pre-assessment or you have any other health problems, you may need further assessment and more tests prior to admission. The time taken to do these may delay your surgery for a short while. Although you may feel anxious about the delay, it should not make a difference to the outcome of your treatment. If you have any questions or concerns please call your breast care nurse, who will be happy to discuss these with you.

(Tel 01902 695144. Monday – Friday 8:30am – 4:00pm).

What will happen on the day of the operation?

Prior to your operation you will need to fast for about 6 hours and will be given advice as to when you can last have something to eat or drink before the operation. You will be seen by an Anaesthetist prior to surgery and prescribed any pre-medication that may be required.

Before you are taken to theatre, you will be asked to remove any jewellery, nail-varnish and make-up before surgery. If you have any jewellery that cannot be removed, discuss this with the ward staff as it may be possible to secure it with tape.

It is common for the surgical team to use a marker pen to draw on your skin on the morning of your operation to mark the site of the operation.

You may be given anti-embolism stockings (elasticated support stockings) to wear during your stay in hospital and may be advised to keep these on for up to 6 weeks following surgery, to reduce the risk of harmful blood clots forming. You may also be given a small injection to further reduce this risk.

Everyone reacts differently to surgery, but most people recover well with few major side effects. The same goes for anaesthetic, some people wake up very quickly while others can feel very sleepy for several hours.

On waking up in recovery, you may find that you have a blood pressure cuff on your arm to check your blood pressure and pulse and the oxygen levels in your blood will also be monitored.

You may have a drip inserted into your arm. This is known as an intravenous infusion and takes fluid directly into your vein until you are able to drink normally, which will usually be later that day. The ward staff will advise you when you are able to start to drink. It is best to start by drinking a few sips and gradually drink more. Once you are drinking without any problems, you can usually start to eat.

You will be encouraged to get out of bed as soon after surgery as you feel able. The sooner you start to move, the better you will feel. Some people can feel dizzy when they first get out of bed so it is advisable to ask for help from the nursing staff when you get up for the first time.

Before you go home, the breast care nurse or ward nurse will fit a post-surgical bra with a pocket inside the cup and a soft temporary breast form to be worn in the pocket in the bra.

You may have one or two drains coming out of your wound. These are vacuum drains which drain away the stale blood and lymph (a colourless fluid that the body produces) that can collect after surgery. If you have wound drains, you are likely to be discharged home with the drains in place.

Before you go home, your drain bottle will be changed to a smaller bottle. You will be given a pocket which attaches to the post-surgical bra to hold the drain bottle.

The nursing staff will teach you how to look after the drain and show you how to measure the amount of fluid that drains each day. You will be asked to record the amount of drainage daily and report this to the breast care nurses (Tel 01902 695144. Monday – Friday 8:30am – 4:00pm). When the drainage has slowed down, the breast care nurse will arrange an appointment for you to have the drain removed.

If you have any concerns about the wound drain the breast care nurses will be available to give advice.

(Tel 01902 695144. Monday – Friday 8:30am – 4:00pm). Out of hours (evenings, weekend and bank holidays) you are advised to contact the Surgical Assessment Unit for advice (Tel 01902 694004 or 695004).

How long will I stay in hospital?

You may be discharged home the same day or the day after your operation. The length of stay in hospital will depend on the time of day you have your surgery and the time you take to recover.

Visiting is allowed on the day of your operation. For visiting times please ask the nurse who admits you on the day of surgery. Remember you may feel “sleepy” following your operation and it may be a good idea to restrict visitors to close family or friends.

How should I look after my dressing?

Your wound will be covered with a dressing. This should remain in place until your follow up appointment unless you are given alternative instructions by your doctor. The wound dressings are splash proof and you will be able to have a bath or shower as long as you take care to keep your dressings and any drain sites dry. If you do happen to splash your dressing you are advised to gently pat the dressing until it is dry.

The dressing will be removed at your follow up appointment. Once the dressing has been removed it will not harm to get your wound wet when taking a bath / shower. You are advised to treat the wound gently and when drying your skin it is better to pat rather than rub the area dry. Do not use any scented skin products until your wound has fully healed.

Steri-strips (little strips of plaster) are often used across the wound to give extra support. Once the dressing is removed, you can get these wet. They will over time start to loosen, and can be eased off as you would an ordinary plaster.

Will I need to have stitches removed?

You will have dissolvable stitches. These do not require removal.

If you have any concerns about your dressing or your wound please contact your breast care nurse who will be happy to advise (Tel 01902 695144. Monday – Friday 8:30am – 4:00pm).

What are the after effects of Mastectomy?

- **Bruising and Swelling:** bruising is common after surgery and will disappear over time. Swelling is also common and is a normal part of the healing process. Swelling is expected to lessen 6 -8 weeks after surgery. Some women find wearing a supportive bra day and night can help during this time
- **Bleeding:** blood occasionally collects in the tissues surrounding the wound causing swelling, discomfort and hardness. The blood will eventually be reabsorbed by the body but this can take a few weeks.
- **Pain and discomfort:** you are likely to have some pain or discomfort after surgery but everyone's experience is different.

If you experience pain when you are in hospital, tell the nursing or medical staff, so that you can be given medication to relieve the pain or discomfort. What you are given will depend on your needs.

If following discharge home, you find the painkillers are not effective, you are advised to ask your G.P. to review the medication you have been given.

You may find that initially, having your arm on a pillow when you are sitting or lying helps to reduce pain and discomfort by reducing the swelling and stiffness that often occurs following surgery.

Please note that not moving the arm following surgery as instructed can result in shoulder stiffness or reduced ability to move the shoulder.

- **Scars:** after having a mastectomy, you will have a scar from the middle of your chest, going across your chest and under your arm.

If you want more information about scars following mastectomy and would like to see clinical photographs showing examples of scars following mastectomy please ask your surgeon.

Looking at and feeling the scar for the first time can be difficult, however being able to look does seem to help you adjust and accept any changes that result from having surgery. Having someone with you when you first look at the site of surgery can be helpful for some, while others will want to be by themselves. If you feel worried about looking at the site of surgery, the ward staff and breast care nurses will be on hand to support you.

It should be stressed that this is the worst that your wound will look. Scars are often initially red but will fade and become less obvious over time.

- **Change in sensation:** the effect of surgery on the nerves can result in loss of sensation to the underside of the upper arm. Usually this change in sensation is temporary and will improve over time however sometimes the loss of sensation may be prolonged or even permanent.

- **Cording:** cording refers to tightness that can occur following surgery resulting in pain and restricted movement of the arm on the affected side. The cord is not always visible but sometimes you can feel it. The cord starts in the armpit and can vary in length. It may be just in the armpit, or may travel down to the elbow or wrist. Cording can occur months after surgery. No one is sure what causes cording, but it may be due to hardened lymph vessels (vessels that carry lymph fluid). Stretching and gentle massage can improve symptoms. Stretching the cord can cause discomfort and it is advisable to take pain relief before stretching. Cording usually gets better with stretching and exercise. If you think you have cording you are advised to tell your consultant or breast care nurse.

What will happen following discharge?

An appointment will be made for you to attend the outpatients clinic to see your surgeon following discharge for a review following surgery and to discuss any results.

Heavy lifting, pushing, pulling is not advisable for 1 - 2 weeks after surgery. It very much depends on the individual as to how much you feel able to do and when. It is important that you continue with your arm exercises once you have left hospital, although you must work at your own pace and should not over do these if you start experiencing any pain. If you have any questions or concerns, you are advised to contact your breast care nurse for further information or advice.
(Tel 01902 695144. Monday - Friday 8:30am – 4:00pm).

Driving – before resuming driving, you should be free from the sedative effects of any painkillers you may be taking. You should be comfortable in the driving position and able to safely control your car, including freely performing an emergency stop. Some companies will not insure drivers for a number of weeks after surgery, so it is important to check what your policy says and are advised to inform your insurance company about your operation.

Although adjustments may not be easy after your surgery it is important that you try and return to normal activity as soon as possible. You can go back to work as soon as you wish, although you may find that you need some time to get over the emotional and physical strain.

Are there any complications that can occur?

Complications are rare and seldom serious. If you think there may be a problem please call the breast care nurses for advice
(Tel 01902 695144. Monday – Friday 8:30am – 4:00pm).

The breast care nurses are available to give advice, information and support throughout the course of your treatment and follow-up care.

For the first 7 days following your discharge (or until your wound drains have been removed), The Surgical Assessment Unit
(Tel 01902 694004 or 695004) can also be contacted for support outside the breast care nurse working hours (Tel 01902 695144.
Monday – Friday 8:30am – 4:00pm).

After 7 days from discharge out of hours support will be provided by your GP.

Where can I get more information about Mastectomy?

If there are any questions you would like to ask about mastectomy, please speak to your surgeon or contact your breast care nurse.
(Tel 01902 695144. Monday – Friday 8:30am – 4:00pm).

Local Support

Breast Cancer Action Group

Meet in the Seminar Room, First Floor, Deanesly Centre, C35, New Cross Hospital, and Wolverhampton on the second Wednesday of the month 7pm to 9pm.
Contact: 07933583388 for further information

The Macmillan Cancer Support and Information Centre New Cross Hospital

The centre is open Monday to Friday, 9am to 4pm
Contact: **01902 695234**

National information and support

Breast Cancer Now has a helpline for information and support: telephone: 0333 20 70 300 or email bcn@breastcancernow.org. The Breast Cancer Now website has information on benign (non-cancerous) breast conditions and breast cancer

Macmillan Cancer Support:

0808 808 0000.

Website: www.macmillan.org.uk

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਅਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。