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# **Mastectomy and Axillary Node Clearance**

*This leaflet is designed to give you information about having a mastectomy with axillary node clearance and the care you will receive before, during and after your operation. We hope it 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, but helps you to understand more about what is discussed.*



## What is a mastectomy?

Mastectomy means the removal of the whole breast including the nipple. The end result is a visible scar across half of the chest usually hidden by the bra cup. As time passes the scar will fade and become less visible, although it will never completely vanish. The skin where the breast was can be smooth or quite bumpy.

## Why am I being offered a mastectomy?

Most mastectomies are performed because there is a cancer within the breast tissue. Sometimes these cancers are invasive or in situ which is known as Ductal Carcinoma in Situ (DCIS). Sometimes there is more than one area of cancer in the breast. However, every case is different so your surgeon will be able to give you more detailed explanations if you wish. Once a cancer has been found and a diagnosis made, it is necessary to make a decision about the best way to treat you.

The operation of mastectomy often depends on many factors, including:

- The size of the area and its appearance on the mammogram
- The position of the area
- The size of your breast
- The advice of your consultant
- The type of cancer that you have
- Your opinion

## What is axillary node clearance?

A 'tail' of breast tissue extends into the armpit (also called axilla). The armpit also contains a collection of lymph nodes (also called glands) that help to fight infection. As part of your mastectomy all of the lymph nodes in your armpit will be removed. This is for two reasons:

- To remove any cancer that may be within the lymph nodes in the armpit. If the cancer in your breast starts to spread, the first place we can detect it would be in the lymph nodes in the armpit.
- To give further information about the spread of your disease. This enables them to plan any additional treatment that may be required.

## Are there any alternatives?

Sometimes an operation to remove part of the breast only followed by radiotherapy treatment to that breast may be offered. In your case it has been decided that this is not suitable for you. This can be for a number of reasons including the size of the lump and if you have more than one lump, if you have chosen to have a mastectomy. Radiotherapy or drug treatment alone would not be suitable in your case. If nothing is done the problem in your breast will get worse.



In case you need an axillary node clearance as part of the operation, a possible alternative to axillary node clearance is a separate operation in which one of lymph nodes in your armpit is targeted and removed. This is then examined to see if the cancer has spread there. This procedure is known as a sentinel lymph node biopsy and has its own risks and benefits. Your surgeon will answer any further questions you have about these procedures and the appropriateness in your case.

### **What is breast reconstruction?**

In some cases it is possible to reconstruct the breast that has been removed, although the end result will not feel like your original breast. Reconstruction will not be able to give back the exact appearance, shape or sensation of your original breast.

There are several different kinds of reconstruction. These have different recovery times and will cause different levels of discomfort. Sometimes reconstruction can be done at the same time as the mastectomy operation (immediate reconstruction) but sometimes a second operation is offered at a later stage (delayed reconstruction). With some reconstructions further surgery is needed to match the appearance of the reconstructed breast with the original breast. This may include operating on the unaffected breast to achieve symmetry.

Your surgeon will talk with you about these options and give you some more information if reconstruction is suited to your case and is something that you would like to consider.

### **What are the risks of a mastectomy and axillary node clearance?**

Possible risks and complications of this operation include:

- Bleeding from or inside the wound.
- Infection. If your wound becomes inflamed, red, hot, and sore.
- Thrombosis. This is a risk with all surgery and occurs when a blood clot forms in a vein, usually in the leg. You may be given blood thinning (anticoagulation) injections and you will be advised to wear support stockings whilst in hospital to help prevent this.
- Numb areas in arm/shoulder or pins and needles, caused by damage to the nerves during surgery. This could last for several months, but should get better in time. The scar will be permanently numb.
- Immobility or a 'frozen' shoulder. This is caused by not moving the arm following surgery and you will be given information on gentle exercises and advice to help prevent this.
- Risk of lymphoedema. This is swelling to the arm caused by the surgery or radiotherapy. You will be given information on exercises and advice on preventing this.
- A swelling in the wound or armpit caused by a collection of fluid under the skin. This is known as a seroma. It is



uncomfortable but not harmful. You may have the fluid aspirated.

### **What happens before the operation?**

- Before your admission you will be asked to attend a pre-operative screening clinic. Here, relevant tests and examinations are done i.e. physical examination, blood tests, chest X-ray and possibly heart monitoring also known as electrocardiogram (ECG). These can take two to three hours in total.
- You will normally be admitted on the morning of your operation.
- You will be asked not to eat or drink from a specific time prior to your operation.
- You will be advised about bathing and removing make-up and jewellery etc.
- You will also be fitted with support stockings which should be worn prior to the operation and until discharge. These are to minimise the risk of deep vein thrombosis (DVT). An anticoagulation injection may be prescribed daily for you to further reduce the chances of DVT.

### **How will I recover from the operation?**

The operation itself takes about two hours and is under a general anaesthetic. After the operation, time is spent in the Recovery Room until you are awake enough to return to the ward. You may find that you have an intravenous infusion or 'drip' in your arm for a few hours. This is to give you fluids directly into a vein until you feel able to drink, usually later on in the same day. Expect to feel sore for a few days. Painkillers will be offered on a regular basis to you.

### **What are drains?**

Drains are plastic tubes, which allow stale blood and fluid to drain away from the wound and collect in a bottle or bag. Others will have one or two drains coming from under the wound. Drains also help to minimise bruising. If drains are used the length of time until they are removed will vary, your surgeon will be happy to discuss this with you in more detail.

### **When can I return home?**

This depends on whether or not you have drains, or want to go home with a drainage bag or bottle still in place.

If you would prefer to go home with your drains in place then, it is often possible to go home on the day following the operation. If you decide that you do not want to go home with the drain, you may be in hospital for three to five days.





Once you are back at home, you may find that you have a few days feeling low. If you feel your low moods are continuing and you would like to talk further, please feel free to ring for support or counselling to be arranged.

### **How should I care for the wound?**

Your wound will be covered with a dressing and you will be able to bath or shower as usual during this time. You may find bathing relieves discomfort and helps you move your arm. Dissolvable stitches (sutures) will be used which do not require removal, but if stitches need removing, this will be done around 10 days after the operation. Steri-strips (little strips of plaster) may be used to give extra support to the wound. You can get these wet and they will start to loosen after about 10 days when they can be eased off as you would a plaster.

Many people find it difficult to look at the wound, especially in the early days. However, being able to look at the wound seems to be a way of helping in the adjustment and acceptance process. You may prefer to have someone with you when you first look at the operation site.

You will be asked to keep your bra with you whilst in hospital. Your bra is needed so that, we can fit you with a lightweight cotton breast form called a Combie. Your bra should be comfortable and supportive.

An appointment will be organised for you to be fitted with a permanent silicone prosthesis, between four and eight weeks later. These are silicone breast forms which fit into your bra and may be worn against the skin, or in a pocketed bra to keep it in place. Various shapes, sizes and colours are available and expert advice will be on hand to help you choose what suits you and your body. Pocketed bras are available from various manufacturers.

### **What will happen after discharge?**

Although adjustment may not be easy after the operation, be kind to yourself and take time to recover. The length of time needed to rest and recover after this operation depends very much on you as an individual. There are no real restrictions on what you may or may not do, but heavy lifting is not advised for at least six weeks.

### **When can I drive?**

You can drive as soon as you can make an emergency stop without discomfort in the wound. This may be about 10 days after the operation. You must also be comfortable wearing a seatbelt.

### **When can I return to work?**

If you work then you may return when you wish, although most women feel that they do need a few weeks off to get over the emotional and physical strain of having a mastectomy. Six to eight weeks is about the usual length of time to take off work, but this differs from person to person.



### **What about sex?**

You can resume sexual relations when you feel comfortable doing so. Please ask about contraception issues if you have been using the oral contraceptive pill or other hormone based medication.

### **What exercises should I do?**

Arm exercises should be performed regularly after the operation to encourage the full range of movement back to your arm and shoulder. We suggest you perform the exercises three or four times each day after taking some pain relieving medication to allow easier movement. You should continue with the exercises given to you in hospital until you feel that your arm and shoulder movements are back to normal. Some women prefer to continue these exercises indefinitely to prevent any problems developing.

There is no reason why gentle exercise (such as swimming) should not be resumed as soon as you feel comfortable, usually about three or four weeks after surgery. More strenuous exercise can be resumed a few weeks later. Removal of the lymph nodes from your armpit can leave a small numb area right up in the armpit which can be permanent. Numbness on the inner part of the arm usually returns to normal within a few weeks and you may feel some pins and needles while it is healing. This feeling should not restrict your mobility in any way.

### **What follow up treatment will I have?**

This will be discussed at your clinical appointment when the results from your operation and your treatment plans are finalised. As part of your follow up care it is likely you will be seen in the clinic regularly for a few years. In some cases surgery is all that is necessary. In others further treatment is advised to reduce the risk of recurrence. Further treatment can include:

#### Radiotherapy

Radiotherapy is often advised after breast surgery. This is the use of high energy x-rays to destroy or damage any remaining cancer cells. This is localised treatment to the chest wall. It is not usually painful and you will not be radioactive at any stage in the treatment.

Radiotherapy is given in a specialist centre, as an outpatient treatment from Monday to Friday for about three weeks. This will be explained in more detail to you when you have your operation result discussed.

#### Endocrine treatment

Some breast tumours need the female hormone oestrogen to grow. A test will be done to see if you would benefit from anti-oestrogen tablets (oestrogen receptor). Tamoxifen or an aromatase inhibitor are commonly prescribed. There are a number of similar tablets available and the choice will be discussed with you.

The tablets are taken daily and are prescribed for five to ten years. The main side effects are occasional hot flushes and muscle aches. These may be worse when you first start taking them. Generally, the tablets should be



trouble free and effective. Not all women will require these anti-oestrogen tablets. Note that these should not be confused with hormone replacement therapy (HRT) which should not be taken after a diagnosis of breast cancer.

### Chemotherapy

This is treatment with anti-cancer drugs. The aim is to target cancer cells whilst doing the least damage to your normal cells. It is a systemic treatment which means that the drugs are usually injected into the blood stream and act throughout the body. The drug treatment may be given by injection, usually into a vein in the arm, or it can be given as tablets by mouth. This is an outpatient treatment given every few weeks over a period of four to six months.

### Herceptin

This is an infusion usually given alongside chemotherapy for those women with HER2 receptors on their cancer cells. This is usually given every three weeks over a period of twelve months.

If any of the treatments above are recommended for you, a more detailed explanation will be given. It may be that you are offered a combination of all of these treatments, this is common practice. It is important to remember that your medical team plan things differently for each individual, so try not to compare yourself to others.

### **What feelings might I experience?**

This period, just after diagnosis, and before surgery, can be very difficult. You may be very anxious and trying hard to come to terms with what having breast cancer means to you, physically and emotionally.

Feelings that can occur during this time may include:

- Grief or a sense of loss
- Anger
- Helplessness and a feeling of vulnerability

Getting emotional support from those close to you is important at this time. Emotional support can bolster your state of mind, particularly if you are still in shock over the diagnosis. Talk openly about your feelings with those close to you – husband, partner, family or friends. It can help to reduce the anxiety as well as that feeling of being alone and of being unprotected and therefore vulnerable in the face of the unknown. It can be a worrying time for your partner. He or she should be encouraged to be involved in discussions about the operation and how it is likely to affect your relationship afterwards. You may also find it helpful to join a support group where you can meet and talk with people who have experienced similar illness.