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# **Wide Local Excision of a Breast Lump**

*This booklet is designed to give you information about having a wide local excision 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 wide local excision?

Wide local excision is an operation to remove a lump in your breast caused by cancer with a small amount of surrounding normal tissue. This takes between 30 and 60 minutes and is done under general anaesthetic. Following your operation this tissue is analysed in the laboratory. If the surrounding tissue does not show any cancer cells, your surgeon will not have to do any further surgery. If the surrounding tissue shows cancer cells in it, then another operation will be necessary to remove all the cancer and gain clear margins.

Sometimes a wide local excision may not really alter the appearance of the breast. In other cases, patients may notice a reduction in size or dimpling in the shape of the breast. Usually this is not noticeable to others, especially when wearing a bra.

In most cases, an axillary operation may be carried out at the same time as your wide local excision to see if the cancer cells have begun to spread to the lymph nodes (also called glands) in your armpit (axilla). There are different types of axillary operations: axillary node clearance and sentinel lymph node biopsy.

The most appropriate method will be decided and explained to you by your surgeon.

## What are the alternatives to this treatment?

Your surgeon has recommended a wide local excision as the best treatment for you. However, a mastectomy (full removal of a breast) is a possible alternative treatment. Your surgeon will be happy to answer any further questions that you have.

What are the risks?

Complications are rare and seldom serious. Bruising and swelling may be troublesome, particularly if the swelling is large. The swelling may take four to six weeks to settle down. Other risks include:

- Bleeding from the wound. To prevent bleeding after the procedure, a gauze pressure dressing may be strapped over the wound. You should not be concerned if you find a small amount of blood spotting the dressing, but if more bleeding than this occurs after your discharge, you should contact us immediately.
- Infection. If your wound becomes inflamed, red, hot, and sore or oozes pus you should contact us. In some cases, antibiotic treatment may be required.
- Numb areas in the arm/shoulder or pins and needles. This may occur as a result of bruising of the nerves during surgery. This is usually temporary.
- 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 of the arm caused by the surgery or radiotherapy. You will be given information on exercises and advice on preventing this.



## What will happen before the operation?

- Before your admission you will be asked to attend a pre-operative 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.
- You will be asked to starve for a period of time before your operation.
- A pre-medication may be occasionally offered if you feel particularly anxious about the operation. This may be discussed with the anaesthetist.
- You will be advised about bathing and removing make-up and jewellery etc.
- You will be seen just before the operation by the surgeon and have the side that will be operated on marked. The surgeon will give you an opportunity to ask any further questions.
- How will I feel after the operation?
- When you wake up you may feel sick, but this passes. You may also feel some discomfort from your wound. Pain is not commonly felt as local anaesthetic is usually used in the operating theatre to make the area more comfortable. If you do experience pain you will be given some medicine for this.

## What are drains?

Drains are plastic tubes, which allow blood and fluid to drain away from the wound. Most patients will not have a drain inserted. Some may have one or two drains coming from under the wound. If drains are used the length of time until they are removed will vary. This should not affect the length of your stay in hospital as many patients return home with drains in place. Your surgeon will be happy to discuss this with you in more detail.

## When can I return home?

The length of time you will need to stay in hospital will be discussed with you at your clinic visit and does vary from person to person. Some patients are able to return home on the day of their surgery.

## How will I feel over the next few days?

Once you are back at home, you may find that you have a few days feeling low. If this does not go away and you would like to talk further, please ring us and we give you information, advice and support. You can expect to feel sore for a few days. You will be offered pain killers regularly. If your lymph nodes have been removed you may have a numb feeling on the inside of your arm. Sometimes it can be quite painful. It does improve with time, although some areas may remain numb. It is important that you do exercises after the operation to encourage a full range of movement back



into your arm. If you feel that it is too painful to move your arm properly then you need to ensure that you have taken sufficient painkillers, as prevention of a stiff shoulder is important.

Any drainage tubes that have been used will be removed usually 3 to 5 days after your operation. This can be a little uncomfortable. Some women experience a 'seroma' which is a collection of lymphatic fluid underneath the arm or under the wound. It may be uncomfortable but is not harmful. It is important to wear a comfortable, supportive and well fitted bra as soon as possible after your operation. This will give support to your breast and prevent pulling on the wound. When you go home it is important to continue with the exercises that you have been shown. They will help you get a full range of movement back into your shoulder. You should feel able to do most things as normal, but it is best to avoid heavy lifting and housework at first.

### **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 ten 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 as soon as you wish. The recovery period may be a little longer if you have had your lymph nodes removed and you might consider taking extra time off before you return to work.

Sometimes other treatments may be necessary. The types of other treatments that are used for breast cancer are:

#### **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. Tamoxifen, or an aromatase inhibitor are commonly used. 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 tablets (HRT) which should not be taken after a diagnosis of breast cancer.

#### **Radiotherapy**

Patients having a wide local excision are likely to receive radiotherapy post surgery. This will be discussed by your surgeon before the operation. Radiotherapy 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.

### Chemotherapy

Chemotherapy is treatment with anti-cancer drugs. Surgery and radiotherapy treat the exact area of the cancer, but chemotherapy distributes the drugs that can destroy cancer cells throughout your body. 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 drugs 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 six months.

### Herceptin® (also called Trastuzumab)

This is a subcutaneous (beneath the skin) injection 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 six to 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 should I do if something goes wrong?

Complications are rare and seldom serious. If you think that there may be a problem please call us directly.

The period, just after diagnosis, and before surgery, can be very difficult. You may be very anxious and find it hard trying 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 when you are still in shock over the diagnosis.

Advice on feelings

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.



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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.