

# General surgery

## Surgical procedure information leaflet

### Name of procedure: Mastectomy with axillary node sample

It has been recommended that you have surgery to remove your breast and to sample the lymph glands in your axilla (armpit) as treatment for your breast cancer.

This operation involves making an incision (cut) around your breast and then removing all of the breast tissue including the nipple and areola. Some of the breast skin is also removed leaving a scar that is flat against the chest wall. A sample of lymph glands (approximately four) from under your arm will also be removed usually through the same incision. This procedure will show us whether the cancer has spread to the lymph glands or not, which helps us to plan the next stage of your treatment. In comparison to an axillary clearance (where all the glands removed), the advantage of a sample is the reduced side-effects caused by the surgery (see later). The disadvantage of a sample is if the glands are involved a second operation may be necessary.

This leaflet explains some of the benefits, risks and alternatives to the operation. We want you to have an informed choice so you can make the right decision. Please ask your surgical team about anything you do not fully understand or want to be explained in more detail.

We recommend that you read this leaflet carefully. You and your doctor (or other appropriate health professional) will also need to record that you agree to have the procedure by signing a consent form, which your health professional will give you.

### Benefits of the procedure

The aim of your surgery is to remove the diseased part of your breast and sample your axillary lymph glands. If you have been told that you have cancer then surgery gives the best chance of a cure, although treatment may need to be combined with chemotherapy or radiotherapy (or both).

### Serious or frequent risks

- Everything we do in life has risks. There are some risks associated with this type of surgery. The general risks of surgery include problems with:
  - the wound (for example, infection); and
  - blood clots (for example, in the legs or occasionally in the lung).

Those specifically related to breast surgery include problems with:

- the mastectomy wound (for example, tingly feelings or shooting pain);
  - You might have tingly feelings or shooting pain where the breast was removed. These feelings can last for 6 months or longer;
- Occasionally after an operation a haematoma (collection of blood) may develop. This may require an operation to remove it and stop any bleeding vessels.
- the axillary sample (for example, numbness and discomfort);
  - You might experience numbness or discomfort in the armpit and upper arm as well as shoulder stiffness. The numbness usually lessens slowly after treatment but might not resolve completely;
- lymphoedema, (this is a swelling in the tissue below the skin caused by lymph fluid that cannot drain away);
  - By only taking a sample of the axillary glands the chance of this is much less than removing all the glands (an axillary clearance).

Sometimes, more surgery is needed to put right these types of complications.

- Most people will not experience any serious complications from their surgery. The risks increase for the elderly people, those who are overweight and people who already have heart, chest or other

medical conditions such as diabetes or kidney failure. As with all surgery, there is a risk that you may die.

- You will be cared for by a skilled team of doctors, nurses and other healthcare workers who are involved in this type of surgery every day. If problems arise, we will be able to assess them and deal with them appropriately.

### **Other procedures that are available**

Other forms of treatment can be used in the treatment of your cancer, such as radiation therapy (using high dose x rays to kill cancer cells), chemotherapy (using drugs to kill cancer cells) and hormone therapy (using hormones to stop the cells from growing). However, the present recommendation by the breast team health professionals is that in your case, surgery is the best form of treatment at this stage.

### **Your pre-operative assessment**

Before you are admitted for your operation, you may be required to attend for a pre-operative assessment, to ensure that you are fit for surgery. It is important that you attend for this appointment to avoid delaying your surgery.

Not all patients require a detailed pre-operative assessment and a health questionnaire is used to determine which patients require a full assessment. You may therefore be asked to complete a health questionnaire immediately after you have been listed for your surgery. The health questionnaire may be on paper or on a tablet/computer. The information required includes all medical conditions, regular medications, allergies to medications and your previous anaesthetic history. The information you give us will be reviewed by the pre-operative assessment team. If you do not require further assessment you will then be given a date for surgery. If you require further assessment you will be given an appointment to attend the pre-operative assessment clinic.

At the clinic, the nursing staff will confirm the medical information you have previously given. You will likely have an examination of your heart and lungs and some further tests may be required, such as a blood test, X-ray, heart test or lung test. If a more detailed assessment or discussion is required you may see an anaesthetist prior to your admission for surgery. This may require an additional appointment.

If you are taking prescribed medicines please bring a copy of your repeat prescription to your appointment and a copy of the operation consent form (if you were provided with a copy at your out-patient appointment).

Following your assessment, the staff will provide you with written information regarding preparation for your surgery and a point of contact. It is important that you follow the fasting instructions given on your admission letter.

### **Being admitted to the ward**

You will usually be admitted on the day of your surgery. You will be welcomed on to the ward and your details checked. We will fasten an armband containing your hospital information to your wrist.

You will usually be asked to continue with your normal medication during your stay in hospital, so please bring it with you, in the green bag provided for you at pre-operative assessment.

### **Your anaesthetic**

Your surgery will usually be carried out under a general anaesthetic. This means that you will be asleep during your operation and you will feel nothing.

### **Before you come into hospital**

There are some things you can do to prepare yourself for your operation and reduce the chance of difficulties with the anaesthetic.

- If you smoke, consider giving up for several weeks before the operation. Smoking reduces the amount of oxygen in your blood and increases the risks of breathing problems during and after an operation.

- If you are overweight, many of the risks of anaesthesia are increased. Reducing your weight will help.
- If you have loose or broken teeth or crowns that are not secure, you may want to visit your dentist for treatment. The anaesthetist will usually want to put an airway in your mouth to help you breathe. If your teeth are not secure, they may be damaged.
- If you have long-standing medical problems, such as diabetes, hypertension (high blood pressure), asthma or epilepsy, you should consider asking your GP to give you a check-up.
- If you become unwell or develop a cough or cold the week before your surgery please contact the pre-operative assessment team on the number provided. Depending on your illness and how urgent your surgery is, we may need to delay your operation as it may be better for you to recover from this illness before your surgery.

### **Your pre-surgery visit by the anaesthetist**

- After you come into hospital, the anaesthetist will come to see you and ask you questions about:
  - your general health and fitness;
  - any serious illnesses you have had;
  - any problems with previous anaesthetics;
  - medicines you are taking;
  - allergies you have;
  - chest pain;
  - shortness of breath;
  - heartburn;
  - problems with moving your neck or opening your mouth; and
  - any loose teeth, caps, crowns or bridges.
- Your anaesthetist will discuss with you the different methods of anaesthesia they can use. After talking about the benefits, risks and your preferences, you can then decide together what is best for you.

### **On the day of your operation**

#### **Nothing to eat and drink (nil by mouth)**

It is important that you follow the instructions we give you about eating and drinking. We will ask you not to eat or drink anything for six hours before your operation. This is because any food or liquid in your stomach could come up into the back of your throat and go into your lungs while you are being anaesthetised. You may take a few sips of plain water up to two hours before your operation so you can take any medication tablets.

#### **Your normal medicines**

Continue to take your normal medicines up to and including the day of your surgery. If we do not want you to take your normal medication, your surgeon or anaesthetist will explain what you should do. It is important to let us know if you are taking anticoagulant drugs (for example, warfarin, aspirin or clopidogrel).

#### **Your anaesthetic**

When it is time for your operation, a member of staff will take you from the ward to the operating theatre. They will take you into the anaesthetic room and the anaesthetist will get you ready for your anaesthetic.

To monitor you during your operation, your anaesthetist will attach you to a machine to watch your heart, your blood pressure and the oxygen level in your blood.

## **General anaesthetic**

General anaesthesia usually starts with an injection of medicine into a vein. A thin plastic tube (venflon) will be placed in a vein in your arm or hand and the medicines will be injected through the tube. Sometimes you will be asked to breathe a mixture of gases and oxygen through a mask to give the same effect.

## **Pain relief after surgery**

Pain relief is important to aid your recovery from surgery. This may be in the form of tablets, suppositories or injections. Once you are comfortable and have recovered safely from your anaesthetic, we will take you back to the ward. The ward staff will continue to monitor you and assess your pain relief. They will ask you to describe any pain you have using the following scale.

- 0 = No pain
- 1 = Mild pain
- 2 = Moderate pain
- 3 = Severe pain

It is important that you report any pain you have as soon as you experience it.

## **What are the risks?**

The risk to you as an individual will depend on whether you have any other illness, personal factors, such as smoking or being overweight and surgery that is complicated or prolonged.

General anaesthesia is safer than it has ever been. If you are normally fit and well, your risk of dying from any cause while under anaesthetic is less than one in 250,000. This is 25 times less likely than dying in a car accident. The side effects of having a general anaesthetic include drowsiness, nausea (feeling sick), muscle pain, sore throat and headache. There is also a small risk of dental damage

Your anaesthetist will discuss the risks with you and will be happy to answer any questions you may have.

## **After your surgery**

- You will be taken to the recovery room to the general or day care ward. You will need to rest until the effects of the anaesthetic have worn off. You will have a drip in your arm to keep you well-hydrated.
- Your anaesthetist will arrange for you to have painkillers for the first few days after the operation.
- You will be encouraged to get out of bed and move around as soon as possible, as this helps prevent chest infections and blood clots.
- Your surgical team will assess your progress and answer any questions you have about the operation.

## **Leaving hospital**

### **Length of stay**

How long you will be in hospital varies from patient to patient and depends on how quickly you recover from the operation and the anaesthetic. Most patients having this type of breast surgery will be in hospital for two to 3 days.

## **Breast Prosthesis (women)**

Before you leave the ward, we will give you a temporarily prostheses (false breast) called a comfy to wear in your bra. We will give you information about arrangements for being fitted with a longer-term prosthesis when your wound has healed. The hospital provides this free of charge.

## **Medication when you leave hospital**

Before you leave hospital, the pharmacy will give you any extra medication that you need to take when you are at home.

## **Convalescence**

How long it takes for you to fully recover from your surgery varies from person to person. It can take four to six weeks. You should consider who is going to look after you during the early part of this time. You may have family or close friends nearby who are able to support you or care for you in your home during the early part of your recovery period. You might consider going to stay with relatives or you may wish to make your own arrangements to stay in a convalescent home while you recover. After you return home, you will need to take it easy and should expect to get tired to begin with.

## **Stitches**

Any stitches that seal the wound will need to be removed after about 10 days. We will arrange for a community nurse to do this for you at home or you may prefer to visit your doctor's surgery.

## **Personal hygiene**

You will normally bathe or shower while you are in hospital, and this can continue as normal after you leave hospital. You will need to keep your wound dry for about a week after your operation.

## **Diet**

You don't usually need to follow a special diet. If you need to change what you eat, we will give you advice before you go home.

## **Exercise**

- **General**  
We recommend that you avoid strenuous exercise and heavy lifting. The breast care nurses will give you more information about this. We encourage lighter exercise, such as walking and light housework, as soon as you feel well enough.
- **Shoulder exercise**  
To reduce any shoulder stiffness we will show you exercises to improve your mobility.

## **Seroma**

If fluid collects under your wound, it might need to be drained using a needle and syringe. Draining is a very simple procedure that can be done by a member of the breast team.

## **Lymphoedema**

This affects about 25% of women. This can happen when the lymph glands are all removed (by surgery) or blocked (for example, by radiotherapy) secondary to scar tissue formation. The hand or arm (or both) can swell at any time after the surgery. There are certain precautions you need to take to prevent lymphoedema, and your breast care nurse will discuss these with you.

## **Sex**

You can continue your usual sexual activity as soon as you feel comfortable.

## **Driving**

You should not drive until you feel confident that you could perform an emergency stop without discomfort – probably at least four weeks after your operation. It is your responsibility to check with your insurance company regarding your insurance cover after an operation.

## **Work**

How long you will need to be away from work varies depending on:

- how serious the surgery is;
- how quickly you recover;
- whether or not your work is physical; and
- whether you need any extra treatment after surgery.

You can usually begin gentle work within a week or two, but you might need to wait a little longer before resuming more vigorous activity. If you need a medical sick note for the time you are in hospital and for the first two weeks after you leave, please ask us.

## Emotional support

It is not uncommon to feel a bit 'down' after any operation so do ask your doctor or breast care nurse if you feel you need more psychological support. Experienced staff are available to help you. Some find treatment for cancer a frightening experience. Please tell your nurse or doctor about any concerns that you have. They will help you resolve them.

## Outpatient appointment

Before you are discharged we will give you a follow-up appointment to come to the outpatient department, or we will send it to you in the post.

## Analysing the piece of tissue removed

We will normally send the piece of tissue we have removed to a special laboratory in the hospital for tests. We will usually discuss the results of this with you at your follow-up appointment in Outpatients.

## Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following.

- Alexandra Hospital:
  - Ward 11 Nursing Staff: 01527 507967 or 01527 503030 ext: 47967
  - Ward 18 Nursing Staff: 01527 512106 or 01527 503030 ext: 42106/44050
  - Breast Care Nurses Julie Weston, Mandy Batten, Jo Buckell 01527 503030 ext 44625
- Kidderminster Hospital and Treatment Centre:
  - Day Surgery Unit Nursing Staff: 01562 826350
  - Breast Care Nurses Nicola O'Hara, Tracy Greensmith 01562 823424 ext: 53806
- Worcestershire Royal Hospital:
  - Beech A Nursing Staff: 01905 760267 or 01905 763333 ext: 39128
  - Beech B Nursing Staff: 01905 760889/760567 or 01905 763333 ext: 30172/30
  - Breast Care Nurses Rachel King, Liz Jarman, Tracy Greensmith 01905 760261 or: 01905 763333 bleep: 243

## Other information

The following internet websites contain information that you may find useful.

- [www.worcsacute.nhs.uk](http://www.worcsacute.nhs.uk)  
Worcestershire Acute Hospitals NHS Trust
- [www.patient.co.uk](http://www.patient.co.uk)  
Information factsheets on health and disease
- [www.rcoa.ac.uk](http://www.rcoa.ac.uk)  
Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
- [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)  
On-line health encyclopaedia

## Patient Services Department

It is important that you speak to the department you have been referred to (see the contacts section) if you have any questions (for example, about medication) before your investigation or procedure.

If you have any concerns about your treatment, you can contact the Patient Services Department on 0300 123 1733. The Patient Services staff will be happy to discuss your concerns and give any help or advice.

If you have a complaint and you want it to be investigated, you should write direct to the Chief Executive at Worcestershire Acute Hospitals NHS Trust, Charles Hastings Way, Worcester WR5 1DD or contact the Patient Services Department for advice.

**Please contact Patient Services on 0300 123 1733 if you would like this leaflet in another language or format (such as Braille or easy read).**

### **Bengali**

“আপনি যদি এই লিফলেটটি বিকল্প কোনো ভাষায় বা ফরমেটে (যেমন ব্রেইল বা সহজ পাঠ) চান, তাহলে এই নম্বরে 0300 123 1733 প্যাশেন্ট সার্ভিসের সাথে যোগাযোগ করুন।”

### **Urdu**

“اگر آپ کو یہ دستی اشتہار کسی متبادل زبان یا ساخت میں چاہیے (جیسے کہ بریل / ایڑی ریڈ) تو پشیشنٹ سروسز سے 0300 123 1733 پر رابطہ کریں۔”

### **Portuguese**

“Por favor, contacte os Serviços de Apoio ao Paciente através do número 0300 123 1733, caso precise deste folheto numa língua alternativa ou formato (como Braille / fácil de ler).”

### **Polish**

“Jeżeli pragniecie Państwo otrzymać tę broszurę w innym języku lub formacie (Braille / duży druk) proszę skontaktować się z Obsługą Pacjentów pod numerem 0300 123 1733.”

### **Chinese**

“如果您需要此份傳單的其他語言選擇或其他版本 (如盲人點字版/易讀版容易的閱讀),請致電 0300 123 1733與病患服務處聯繫。”

### **Comments**

We would value your opinion on this leaflet, based on your experience of having this procedure done. Please put any comments in the box below and return them to the Patient Advice Liaison Officer, Worcestershire Royal Hospital, Charles Hastings Way, Worcester, WR5 1DD.

Thank you for your help.