

General surgery

Surgical procedure information leaflet

Name of procedure: **Mastectomy**

It has been recommended that you have surgery to remove your breast 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. Detailed laboratory analysis of the removed tissue will tell us the type and extent of the breast tumour that you have or, if this is a risk reducing procedure, will ensure there is no abnormality. This information will help us to plan the next stage of your treatment.

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 disease within your breast or to prevent subsequent disease in a risk reducing procedure. 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 other therapies such as chemotherapy, radiotherapy or endocrine (tablet) therapy.

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 or under the same armpit. These feelings can last for 6 months or longer. If fluid collects under your wound (a seroma), it may 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.
- 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 1:250,000 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 radiotherapy (using high dose x rays to kill cancer cells), chemotherapy (using drugs to kill cancer cells) and endocrine therapy

(using tablets 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-surgery assessment visit

We will ask you to go to a pre-surgery assessment clinic where you will be seen by members of the medical and nursing teams of the surgical unit. The aim of this visit is to record your current symptoms and past medical history, including any medication you are taking. Your heart and lungs will be examined to check that you are well enough for surgery. Blood tests and x-rays will usually be taken or arranged during this clinic.

The members of the surgical team will check that you agree to have the planned surgery. Please bring your operation consent form (which you were given in Outpatients), making sure that you have read and understood the form before your clinic visit. If you have not understood any part of the information, you will be able to ask any questions you may have about your planned surgery.

Being admitted to the ward

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

To reduce your risk of blood clots in your legs after surgery, we will usually ask you to wear support stockings before and after your surgery and we will usually give you heparin injections after your surgery. We will usually ask you to continue with your normal medication during your stay in hospital, so please bring it with you.

Your anaesthetic

We will usually carry out your surgery under general anaesthesia. 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. It can also increase the risk of delayed wound healing.
- If you are overweight, many of the risks of anaesthesia are increased. If there is time before your surgery, trying to reduce 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 a tube in your throat 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.

Your pre-surgery visit by the Anaesthetic Doctor

- After your admission to 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.
 - Also, before your operation a member of the theatre nursing staff may visit you. He or she will be able to answer any questions you may have about what to expect when you go to theatre.

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 which will be detailed on your admission letter. 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.

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, before you are admitted, if you are taking anticoagulant drugs (for example warfarin, aspirin or clopidogrel/plavix).

If you are taking Tamoxifen tablets you will need to discontinue these two weeks before your operation, your surgeon will let you know when to start taking them again.

We will need to know if you don't feel well and have a cough, a cold or any other illness when you are due to come into hospital for your operation. 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 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 anaesthesia usually starts with an injection of medicine into a vein. A fine tube (venflon) will be placed in a vein in your arm or hand and the medicines will be injected through the tube. Sometimes a mixture of gases and oxygen can be breathed through a mask to give the same effect.

Once you are anaesthetised, the anaesthetist will place a tube down your throat and use a machine to 'breathe' for you. You will be unconscious for the whole of the operation and we will continuously monitor you. Your anaesthetist will give you painkilling drugs and fluids during your operation. At the end of the operation, the anaesthetist will stop giving you the anaesthetic drugs. Once you are waking up normally, you will be taken to the recovery room.

Pain relief after surgery

We may give you tablets, suppositories or injections to make sure you have enough pain relief. 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?

Your anaesthetist will care for all aspects of your health and safety over the period of your operation and immediately afterwards. Risks depend on your overall health, the nature of your operation and how serious it is. 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. Side effects of having an anaesthetic include drowsiness, nausea (feeling sick), muscle pain, sore throat and headache. We will discuss with you the risks of your anaesthetic.

After your surgery

- Once the medical team are happy with your progress we will usually take you from the recovery room back to the general ward. You will need to rest until the effects of the anaesthetic have passed. 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, as we mentioned earlier.
- We will encourage you to get out of bed and move around as soon as possible, as this helps prevent chest infections and blood clots. You will usually continue to have daily injections to help prevent blood clots until you are discharged from hospital.
- Your surgical team will assess your progress and answer any questions you have about the operation.
- You may come back to the ward with a drainage bottle in place. This consists of a fine tube, one end placed under the skin on your wound with the other end connected to a vacuum assisted drainage bottle. This will drain any excess fluid from your wound and will be removed within a few days.

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 able to go home the same day or the following morning.**

Breast Prosthesis (women)

Before you leave the ward, we will give you a temporarily prostheses (false breast) called a 'softie' 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.

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 may take up to 4/6 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

Your wound will be closed with dissolvable stitches, surgical glue and/or steri-strips. Please keep your wound dry until the dressings are removed at your outpatients appointment approximately 7/10 days after your surgery.

Personal hygiene

You will need to keep your wound dressings dry whilst bathing/washing/showering.

Exercise

Please read the exercise sheet in your Information Folder. These exercises can be started on the second day following your operation and will help to keep your shoulders supple. The Breast Care Nurses can give you more information about this. Try to go for a daily walk.

Sex

You can continue 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.

Please discuss this with your surgeon or the Breast Care Nurses.

Outpatient appointment

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

Contact details

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

- Breast care Nurses: Worcestershire Royal Hospital 01905 760261
Kidderminster Treatment Centre 01562 512373
- Your GP Practice

Other information

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

- www.worcsacute.nhs.uk
Worcestershire Acute Hospitals NHS Trust
- www.patient.co.uk
Information factsheets on health and disease
- www.rcoa.ac.uk
Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'

- www.nhsdirect.nhs.uk
On-line health encyclopaedia
- www.breastcancercare.org.uk

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 مُتبادل زبان یا ساخت میں چاہیے (جیسے کہ بریل / ایڑی ریڈ) تو پشٹنٹ 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 Clinical Governance Department, Finance Department, Worcestershire Royal Hospital, Charles Hastings Way, Worcester, WR5 1DD.

Name of leaflet:_____ Date:_____

Comments:

Thank you for your help.