MASTECTOMY

BRIEF DESCRIPTION

A mastectomy is an operation to remove the entire breast. The operation may involve removal of the lymph nodes (glands) in the axilla (armpit). No muscles are removed. The end result is smooth skin across the chest with a barely visible scar across it.
Alternative names: total mastectomy, simple mastectomy, modified radical mastectomy. Radical mastectomy is not performed anymore these days.

WHY IS THIS OPERATION NECESSARY?

The commonest indication is for breast cancer.

ARE THERE ALTERNATIVE TREATMENTS AVAILABLE?

For breast cancer and most other types of cancers surgery is the first choice of treatment. Other treatment options are best discussed with your surgeon.

IS IT SAFE TO HAVE THIS OPERATION?

Before you agree to the operation, you should consider the risks that may be involved. Your surgery will be performed by a team of highly qualified and skilled professionals who will take all steps necessary to ensure a safe procedure and a successful result. However there are risks involved with all surgery even if these risks may be very small.

WHAT ARE THE GENERAL RISKS INVOLVED?

There are risks for developing complications which are general and which may occur with any surgical procedure. These complications include the risk of infection, bleeding, pain, wound breakdown, deep vein thrombosis[(blood clot in the legs that may travel to the lungs), or complications affecting the heart, lungs or kidneys.

WHAT ARE THE SPECIFIC RISKS INVOLVED?

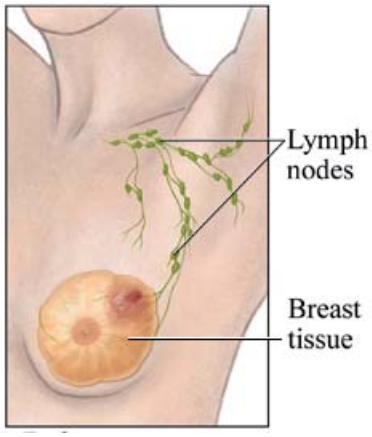
Complications are very seldom and rarely serious. Bruising, scabbing, blistering, or skin loss along the edges of the skin cut may occur. Infection of the surgical wound may also occur but is rare.
Occasionally some old blood or fluid (seroma) collects under the wound, but this can easily be removed.
You may feel pins and needles where the breast used to be and underneath the arm.
There may also be a numb patch in the skin of the armpit and under the inside of the upper arm. This patch slowly lessens in size but may always be present.
Swelling of the arm (called lymphoedema) on the same side as the breast that is removed. This swelling is not common, but can be an ongoing problem.
Damage to the nerves that go to the muscles of the arm, back and chest wall may occur.

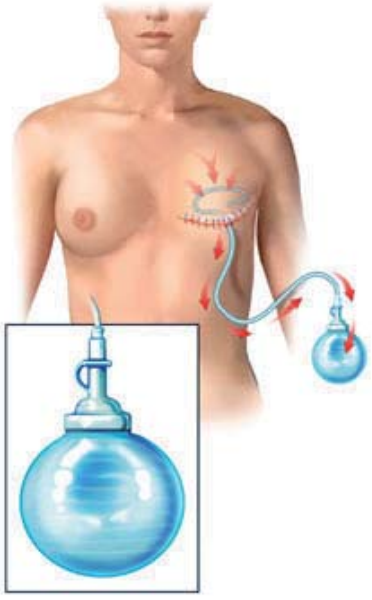
WHAT ARE THE ANAESTHETIC RISKS INVOLVED?

You can discuss the type of anaesthetic you will have with your anaesthetist and also the possible complications that may occur.

WHAT SHOULD I DO BEFORE THE OPERATION?

You should not eat or drink anything for at least eight hours before your operation. However, you should take all your regular medication as usual on the day. You will need to stop certain medication such as disprin, warfarin, plavix or other blood thinning medicines (including homeopathic medication) well before the operation. Please discuss with your surgeon. This is often a busy period. You may require further investigations to assess your





These notes give an overall guide to your procedure. You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

fitness for surgery and to know whether your cancer has spread to the lymph nodes, liver, lungs, bones, or elsewhere. Test such as blood and imaging tests (such as CT scans, bone scans and chest x-ray).

WHAT HAPPENS BEFORE THE OPERATION?

Please report to the hospital reception on time for your admission. Please bring along all the documents that may be required such as your medical aid card, ID and contact details. If you are not a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission. It may be best to complete some of the documentation beforehand at the hospital pre-admission clinic to save time on the day of your admission.

When you arrive in the ward, you will be welcomed by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the surgeon or from the nurses.

In an adult the operation area may need to be shaved to remove excess hair. You may be issued with compression stockings that will help prevent blood clots in your legs. If you are having a general anaesthetic, the anaesthetist who will be giving your anaesthetic will interview and examine you and he may put up a drip or prescribe some medication to help you relax.

You will be taken on to the operating suite by the staff. You will be wearing a cotton gown. Wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anaesthetic will begin.

HOW LONG DOES THE OPERATION TAKE?

Usually about 1 to 2 hours

WHAT HAPPENS WHEN I WAKE UP?

After the operation is completed you will be transferred back to the ward. Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward.

You will have a drip in your arm and a drain in your chest.

WILL I HAVE PAIN?

Some pain may be present, but this should be controlled to a level of mild discomfort with the painkillers that are prescribed. Ask the nursing staff for medication if you have pain.

HOW SOON AFTER THE OPERATION CAN I EAT?

You will be allowed water, tea or juice in small amounts immediately after the operation, but may only start eating food again the following day.

HOW SOON AFTER THE OPERATION CAN I GET OUT OF BED?

You should be able to walk a short distance very soon after waking up, but ask the nursing staff for assistance if you feel dizzy. You should be able to walk without too much discomfort by the next day and will be encouraged to mobilize as much as possible.

HOW LONG WILL I STAY IN THE HOSPITAL?

Usually 5 to 7 days, patients ususally go home on day 1 or 2 post op, unless they've had a reconstruction. Reconstructive surgery is something that we always consider after mastectomy, and will be discussed with you.

WHAT HAPPENS WHEN I AM DISCHARGED FROM THE WARD?

Your surgeon will determine when you are ready to go home. You will be given some medication for pain and you may also need to take antibiotics for a few days after you go home. You will be given instructions on the dressings and how to care for the wound. You will also get an appointment for your follow-up in the surgeon's rooms. You should ask for a sick certificate if you need this for your employer.

WHAT SHOULD I BE AWARE OF WHEN I GET HOME?

Most women go home with drains still in their chest. The doctor painlessly removes them later during an office visit.

Fluid may collect in the area of your mastectomy after the drains are removed. This is called a seroma. It usually goes away on its own, but may need to be drained using a needle (aspiration).

HOW SOON CAN I START EXERCISE?

You can perform routine activities as soon as you get home. Mild exercise like walking or climbing stairs would be possible within the first day or 2 and full exercise after 4 weeks. You are encouraged to use your arm normally. You will be advised of appropriate exercises.

HOW SOON CAN I DRIVE A CAR?

About 2 weeks

HOW LONG WILL I BE OFF WORK?

Usually between 3 and 4 weeks