Your guide to Wide Local Excision

This leaflet has been produced to provide you with information about your breast surgery and aims to answer any questions that you might have. If you have any further queries then please do not hesitate to discuss these with your Surgeon or Nurse Specialist.

Q1. Why do I need wide local excision?
A1. The aim of this surgery is to remove the cancer with a surrounding area of healthy tissue to minimise the risk of the cancer returning in the breast, whilst keeping or conserving the breast. At the same time you may also have axillary (armpit) surgery. This involves removing some or all of the lymph glands that are in your armpit (axilla) and your Surgeon may talk to you about Sentinel Lymph Node Biopsy (SLNB).

This will allow the Doctors to know if there is any cancer within the lymph glands and may influence the decision regarding the kind of additional treatment you might have. Following this surgery it is usual to have a course of radiotherapy and sometimes chemotherapy and/or hormone therapy.

Q2. So what happens now?
A2. You will be invited to come for a pre-admission visit. This gives the Doctors time to examine you and to arrange any further tests that may be necessary. These may include blood tests, a chest X-ray and possibly a tracing of your heart. None of these are painful and they are all routine. This will take 2-3 hours.

You need to come into hospital for 1-5 days so that the operation can be carried out under general anaesthetic. As with all general anaesthetics you will be asked not to eat or drink anything for a few hours before your surgery. The Doctor or ward Nurse will give you details of this and your hospital admission.

Along with the usual toiletries you may like to bring cotton nightwear, preferably with loose sleeves. You do not need to buy any new clothes because of your operation and are advised to wear comfortable underwear and nightwear. Women will probably be advised to wear a bra as soon as possible after their operation as the more the breast is supported the more comfortable and less bruised it is likely to be.

Q3. What happens when I come into hospital?
A3. The Anaesthetist and your Surgeon may both visit you before your operation – feel free to ask any questions at this stage, it is important that you understand what is going to be done. The Physiotherapist will also visit you to show you some deep-breathing and arm exercises to make you more comfortable after your operation.
You are advised to have a bath or shower on the morning of your operation and you may want to wash your hair as it might be a day or two before you feel like doing it again. If the Doctor has marked the breast to be operated on then take care not to wash these marks off.

Shortly before your operation you will be asked to undress and put on a cotton operation gown. You will need to remove contact lenses and any jewellery except your wedding ring. You will then be taken to theatre where you will be given an injection to send you off to sleep before the operation begins. You will be asked to remove any dentures just before you are given your anaesthetic.

**Q4. What if the area to be removed cannot easily be felt?**

A4. If the area to be removed cannot easily be felt then the Radiologist (X-ray Doctor) will need to mark the area to be removed. This is done with the help of the X-ray machine (mammogram) or ultrasound machine to allow the Radiologist to put a fine wire is in the right place.

If the fine wire is to be put in using ultrasound guidance this is done with you lying on a couch.

This fine wire will guide the Surgeon to the exact area to be removed. You will then be taken to theatre where you will be given an injection to send you off to sleep before the operation begins. When you first wake up you will be back in your bed in the theatre recovery area, you will then be brought back to the ward.

**Q5. What about Sentinel Lymph Node Biopsy (SLNB)?**

A5. The sentinel lymph node (the chief node) is the first lymph node to which breast cancer can spread. Recent studies have shown that if the sentinel node (SLN) is free of cancer cells then it is very unlikely that there is a further cancer in the armpit glands. So following removal of the SLN, if it is cancer free, you would not need to undergo any further armpit surgery. In six to eight out of ten people the armpit nodes are cancer free. Those who do have cancer in the SLN will require further treatment to their armpit. This may involve further surgery.

**Q6. What is involved in SLNB?**

A6. Please refer to the additional leaflet “Your guide to Sentinel Lymph Node Biopsy”.

Before surgery a tiny amount of radioactive fluid is injected into the skin of your breast. The breast and armpit is then scanned and the position of the SLN is marked. The amount of radioactivity used is less than that required for a mammogram.

During surgery, while you are under general anaesthetic, a 5ml teaspoons worth of blue dye is injected into the breast near the nipple. The radioactive fluid and the dye are carried along the lymph vessels to the SLN.
The Surgeon can then remove the blue and radioactive node as this is the node most likely to be the SLN. The SLN is then sent to the laboratory so that the Pathologists can check that the Surgeons have found the SLN.

**Q7. How do I look after my wound?**

A7. At first you will have a dressing on your wound. However, if after a couple of days you feel comfortable then a dressing is probably not necessary. You may dread the idea of looking at your scar for the first time. It may look bruised at first but should fade to a neat ‘line’ within a few months. You may chose to wait until any drains are removed before you look at or touch your scar. There is no right or wrong time to look at your wound - you can choose when the time is right for you. When you do first touch your wound, however, it is quite common for it to feel firm and uneven.

Following your operation you may have one or two suction drains coming from your wound. These drains are to remove old blood and other fluids and will help to reduce bruising and swelling around your wound. They are usually removed between 1-10 days after your operation, depending on the amount of drainage. Some people prefer to stay in hospital until their drains are removed, others prefer to go home and have the District Nurse remove the drains when the time is right. You can choose what is right for you.

The stitches in your wound may be dissolvable in which case they do not need to be removed. If they are not dissolvable they will need to be removed 10-14 days after your operation. The ward staff will make arrangements with the District or Practice Nurse to do this and this information will be given to you before you leave hospital.

It is normal to have ‘pins and needles’ and some discomfort across your chest and down your arm. This may be due to disturbance to the nerves in that area during surgery. In most cases full sensation will return but this can take some months. Occasionally there can be permanent numbness on upper arm but this should not affect the use of your arm.

**Q8. How do I take care of my skin?**

A8. You may bathe or shower as usual, gently pat the area dry with a clean towel. It is advisable not to use any sprays, bubble baths or aerosol deodorants on or near the wound for about two weeks after your operation as they may cause stinging.

If you notice any redness or swelling, or if you develop a discharge from the wound please contact your GP or the ward on which you were treated for advice. Please refer to the additional leaflet ‘Your guide to recovery from breast surgery’. Wound infections do not happen often but when they do a course of antibiotics may be required.

**Q9. Will I have pain?**

A9. You may find that you experience some pain and discomfort following your operation. Please do not hesitate to ask for painkillers when you are in
hospital. Simple painkillers such as paracetamol should relieve any pain when you get home. Be careful to read the instruction leaflet carefully. You may find it beneficial to take regular painkillers for the first couple of weeks but these can cause constipation. Regular fruit in your diet and increasing the amount of fluids you drink should help to prevent this.

Q10. Will I be able to move my arm?
A10. You will see the Physiotherapist who will teach you a range of arm exercises and give you an exercise leaflet. It is very important that you follow the Physiotherapist’s advice and practise the exercises at home at frequent intervals. Please refer to the additional leaflet ‘Your guide to exercise following breast surgery’.

The purpose of these exercises is to prevent any arm or shoulder stiffness developing. It is tempting to over protect your arm and shoulder but this is one of the worst things you could do. The exercises are to help you regain the range of arm movements that you had before your operation. Continue these exercises at home and return to full use of your arm as soon as possible. Doing your exercises ‘little and often’ is probably the best advice.

Do not be alarmed if you ache or feel a pulling sensation during or after exercising. This is normal and unlike many abdominal operations, such as hysterectomy, it is very unlikely that exercising will do any damage.

Q11. How am I likely to feel after my operation?
Q11. Immediately after your operation you will probably feel very well, possibly much better than you had expected, but you may find that intermittently you experience periods when you feel low. These emotional swings are quite common. Sometimes the reassurance of family and friends is all that is needed. If not you may find it helpful to talk either to your Nurse Specialist or to other people who have been through the same experience.

Q12. What happens next?
Q12. On discharge from hospital you will usually be given an appointment to return to see your Surgeon about two weeks later. At this appointment you should be given the final results of your operation and if any further treatment is recommended this will be discussed then.

You will continue to be seen in the outpatient department at regular intervals. You may also be asked to attend for a mammogram each year for approximately five years. The details of your follow up may vary and will be explained to you individually.

Q13. What should I look for?
A13. Even though you will be having regular check-ups it is still advisable to be breast aware. This involves looking at and feeling your breasts, scar and both armpits for any changes. By doing this regularly you will know what is normal for you. For further information your GP, District or Practice Nurse or Nurse Specialist can help.
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Further information is available on the hospital website:
www.newcastle-hospitals.org.uk

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