

Your guide to Mastectomy

If you have chosen or been recommended to have a mastectomy there are a number of questions that you may have. In this leaflet we have tried to offer information and advice about the time that you spend in hospital. Please do not hesitate to contact your Nurse Specialist for further information or to discuss any queries that you may have.

Q1. What is a mastectomy?

A1. Mastectomy is an operation to remove all or nearly all of the breast tissue. 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 in the glands and may influence the decision regarding the kind of additional treatment that you may be offered.

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 3-10 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 may not want to wear a bra while they are in hospital but may wish to wear one when they get dressed to go home. Women who are worried about wearing a bra because of their stitches can wear a full length slip, camisole or something similar.

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. 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.

Q4. What about Sentinel Lymph Node Biopsy(SLNB)?

A4. 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.

Q5. What is involved in SLNB?

A5. 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.

Q6. How do I look after my wound?

A6. 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.

The ward Nurse will offer to fit women with a temporary breast prosthesis (known as a 'comfie') before they leave hospital. This is a soft foam-filled breast shape that is designed to be comfortable even when worn next to your new wound. It is held in place by your bra but you may prefer not to wear it until you feel more comfortable.

Q7. How do I take care of my skin?

A7. 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 leaflets 'Your guide to recovery from breast surgery' and 'Your guide to seroma'. Wound infections do not happen often but when they do a course of antibiotics may be required.

Q8. Will I have pain?

A8. 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.

Q9. Will I be able to move my arm?

A9. 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.

Q10. How am I likely to feel after my operation?

Q10. 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.

Your first response to losing a breast may understandably be grief. Just as after bereavement you will need to allow yourself time to mourn the loss. Well-meaning people telling you to 'cheer up' or 'pull yourself together' may not be helpful. The Nurse Specialist will be a supportive person you can talk to about your feelings at this time. She can also offer you practical help and advice.

Q11 Will I need a breast prosthesis?

A11. All women will be offered a breast prosthesis. The ward Nurse will have offered to fit you with a temporary breast prosthesis (known as a 'comfie') before you left hospital.

About six weeks after your operation, provided that your wound has healed well, your Nurse Specialist will offer to arrange the fitting of your permanent prosthesis. However if you are undergoing a course of radiotherapy following your surgery it is advisable not to wear a permanent prosthesis during this treatment as it may irritate your skin.

There is a wide range of permanent silicone-filled breast prostheses available free on the NHS. The prosthesis fitter is female and will be able to discuss with you any special requirements that you may have regarding your prosthesis, for example swimming, so take your time and feel free to try on as many as you want to. You may want to take your partner or a friend with you.

It is not necessary to buy new bras unless you want to but it is important that your bra fits you properly. If you do need new bras it is advisable to be properly measured and fitted to ensure you get the right size. A trained fitter can also advise you what style of bra may be appropriate. It is also possible to have pockets fitted into your own bras or swimsuits to hold your prosthesis more securely.

Your prosthesis will usually last 2-3 years but if you have any problems with it before then please contact your Nurse Specialist or the Appliance Officer at the hospital.

Men can choose to have prosthetic nipples if they wish.

For replacement of your prosthesis after 2-3 years please contact the Appliance Officer on:

Tel: 0191 2824010 during normal office hours.

Every woman who has a mastectomy should be offered the opportunity to discuss breast reconstruction. This would entail further surgery. Some women may be offered reconstruction at the same time as their mastectomy if this is appropriate. Reconstruction can also take place some months or years after the mastectomy and men may also want to consider this.

If you would like to find out more about reconstructive surgery please speak to your GP, Surgeon or Nurse Specialist. Your GP or Surgeon can refer you to a Plastic Surgeon who can tell you exactly what can be achieved and how they would do the operation.

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 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.

Contact Details

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Further information is available on the hospital website:
www.newcastle-hospitals.org.uk

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