

Your wound will either be inspected before your discharge or generally, you will be given the nearest date for wound inspection at our Breast Cancer Research Centre if you are planned for a discharge before the second day after operation. A protective permeable dressing will be sprayed onto your wound after it is inspected. There is no need for removal of stitches as your wound will be sutured using an absorbable suture. You are allowed to shower on the second day after operation, but try not to soak the dressing. Avoid rubbing soap or shower gel directly onto your wound. Scars may be raised, red or swollen at first, but should gradually settle and will fade over time.

Before the discharge, most of the time, you will expect a visit by our breast care nurse, lymphoedema physiotherapist, occupational therapist and breast cancer survivor team (BCWA) whom will advise you on the wound care, basic physiotherapy for post operative patients and expectations after discharge. Generally, it takes about 4 to 6 weeks for the complete healing process.

PROSTHESIS

Prior to discharge, you will be given a date to meet up with the person-in-charge of post mastectomy bra for bra fitting. Please find out from your breast care nurse about contact numbers of the dealer for breast prosthesis, which can be worn inside your bra. You may start wearing your prosthesis 6-8 weeks after surgery.

FOLLOW UP

A series of follow up dates will be documented in a file that you will receive before discharge. You will also receive an annual mammogram date for the opposite breast and referral letters to the physiotherapists and the occupational therapists.

You will be given appointments to review your drains upon discharge at the Breast Cancer Research Centre. Two weeks after the surgery, you will meet up with your managing oncologist for the full tissue report and further therapy after surgery. For any emergency during office hour, you can visit the centre at 6th Floor, Menara Utama or call 03-79493642 to speak to one of our breast care nurses.

Our breast care nurses are well trained in the supporting care to breast cancer patients. They are able to provide information on the financial and social support, advice on practical problems like wound care, skin care, body image and also provide great emotional support.

You may want to take up only light duties at work or at home which includes:

- Spending more time sitting, rather than standing for extended periods, or doing lots of walking.
- Doing work that is mostly paperwork, using a computer or telephone.
- Not carrying more than around 5 kg any significant distance.
- Avoiding tasks such as prolonged loading or unloading, packing or unpacking.
- Driving at short distance is allowed as long as you are not feeling drowsy from the painkillers or pain or discomfort over the chest

Diet : A healthy diet contains a variety of foods, including fresh fruit and vegetables, starchy foods (such as rice, pasta and potatoes) and some protein-rich foods (such as meat, fish, eggs, lentils and beans). A healthy diet is also low in fat (especially saturated fats), salt and sugar and limits alcohol consumption.

Exercise : Even if it's just a few short walks each day, it really will make a difference to your health.

Complications to watch out for at home

- If you noted discharges (serous or blood stained fluid) came out from the wound before your appointment, you can change your dressing or come back to our clinic or emergency department.



1. Breast Cancer Resource Center (6C)

Monday - Friday - 8:00 am - 5:00pm

Tel: 03- 79493642 or 03-79492639

2. General Surgery On-call Team (for emergencies)

Tel: 03-79494422

Request to speak to on-call general surgery team member Breast Unit, Department of Surgery, UMMC



MASTECTOMY

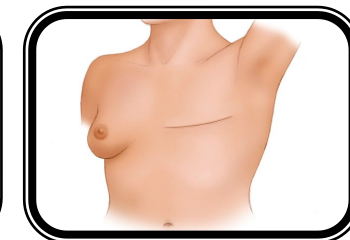
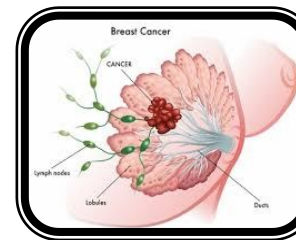


Figure 1: Breast Cancer

Figure 2: Mastectomy wound postop

General Information

INTRODUCTION

What is Mastectomy?

Mastectomy is a complete removal of your breast tissue, including the nipple, leaving the skin and underlying chest wall muscle. The common incision extends on the chest from near your breastbone in the middle to the side of your chest or armpit. It can be horizontal or oblique depending on the location of your tumour. This operation will be done under general anaesthesia.

Why is Mastectomy needed?

This is one of the methods in surgical removal of your breast cancer so that subsequent therapies (chemotherapy, radiotherapy, endocrine therapy) can be administered as part of your breast cancer treatment.

If you have one of these conditions, mastectomy is indicated:

- Cancer involving the nipple or behind the nipple
- Large cancer
- Several areas of cancer involvement in your breast
- Large cancer in comparison to your breast i.e. in small breasted patients
- Condition deemed unsuitable for radiotherapy (which is compulsory after a breast conserving surgery)
- Recurrence of cancer in the same breast after a breast conserving surgery
- Your own choice for mastectomy after in depth discussion with your Breast Surgeon
- Poor medical conditions that deemed breast conserving surgery unsuitable

Who will be performing the procedure?

Mastectomy will be performed by a breast surgeon assisted by a team of breast surgical doctors.

What are the benefits?

- To reduce the need for repeat surgery in case of close surgical margins after a breast conserving surgery
- To avoid need for radiotherapy as it is indicated in all patients undergoing breast conserving surgery; however, the final decision on the indication will only be determined after a multidisciplinary team discussion with the oncologist after reviewing your final report of the tissue analysis

What are the potential risks?

a) BLEEDING

- Bleeding may occur during the surgery, thus a standby of the blood product is usually needed before the surgery.
- Any active bleeding noted after operation may warrant a repeat surgery under anaesthesia to stop the bleed.
- An extra layer of compression dressing is usually placed over your chest after operation for at least a day to reduce the risk of bleeding.

b) SEROMA

- It is common for the wound to continue producing fluid after surgery underneath the skin flaps, which may cause swelling over your chest wall.
- Seroma is usually not harmful but may be uncomfortable.
- Thus, you will have a draining tube from the side of your chest wall after the surgery to drain the seroma and usually, the drain/s do not cause much discomfort. You can be discharged with the drain with proper drain care by the Breast Care nurses. Doctors will generally remove it if it drains 30 mls or less in a day.
- Drains are generally kept not longer than 10 days to avoid the risk of infection. Subsequent seroma can be aspirated bedside if indicated by our breast care team as an outpatient procedure.
- Minimal amount of seroma usually will be absorbed spontaneously by our own body mechanism and does not need aspiration.

c) INFECTION

- All surgeries carry a risk of infection but higher in patients with poorly controlled diabetes mellitus or any active skin infection over the operated area.

d) COSMETIC RESULTS

- This operation will leave a permanent scar across the chest wall and flatness over the affected area. Talk to your breast surgeon about option on breast reconstruction. You can also receive more information from our breast care nurses about the post mastectomy bra and breast prosthesis.

e) NUMBNESS

- You may feel slight tingling or pain over the scar after surgery but usually it will resolve after several weeks.

What is axillary dissection or sentinel lymph node biopsy?

Axillary lymph nodes dissection or sentinel lymph node biopsy is usually done during the same setting as the mastectomy. Axillary dissection involves removal of 2/3rd of your lymph nodes under the armpit whereas sentinel lymph node biopsy is removal of the first lymph node basin over the armpit using one or two types of methods (patent blue injection and radioisotope tracer). The indication of the latter procedure is feasible if you do not have a clinically suspicious lymph nodes and this may reduce the risk of lymphedema (upper limb swelling due to the blockage of the lymphatic drainage) to 5-6% versus a risk of up to 30% in those going for axillary dissection.

Other risks include injury to surrounding nerves and blood vessels. About 40% of the patients who had undergone an axillary dissection experienced inner arm numbness which may or may not be permanent. You may also experience 'cording' over the axilla which can cause tightness over the axilla. You are encouraged to continue your physiotherapy.

A drain will be placed after surgery if an axillary dissection is done to reduce the risk of seroma as well.

PREPARATION FOR HOSPITAL ADMISSION

Pre-admission clinic

After you have decided for a mastectomy, you will receive a navigation session by the breast care nurses. You will also be referred to the anaesthetic clinic for workup before the surgery. You will be given an admission form for admission to the ward a day before the surgery. You will also be requested to purchase several items upon admission for the surgery (based on the necessity after discussion with your managing surgeon):

- Patent Blue V – for patient undergoing sentinel lymph node biopsy
- Hookwires – for patient indicated for removal of non palpable lump in the opposite breast during the same operation
- Surgibath solution (2 bottles) – head to toe wash to reduce the risk of infection. Patients are advised to follow the given instruction on the usage by the ward nurses upon admission to the ward.
- Axillary hair clipper – We do not encourage hair shaving before admission and thus, any armpit hair needs to be clipped on the morning prior to the surgery.

Arrival to UMMC

You will need to register at the admission counter on Level 1, Menara Selatan (South Tower), UMMC. You will then be directed to the relevant ward.

DURING ADMISSION

Your blood pressure will be checked and blood withdrawn for testing on the day of admission. You may also need a repeated electrocardiogram as ordered by the anaesthetist. The team of surgeons and anaesthetists will then meet up with you in the ward to explain regarding the operation again for the written consent. You will be guided by the nurses regarding the pre-operative preparation for example, whole body shower and hair clipping techniques. The doctors will then mark the site of the operation to avoid wrong site surgery.

You are expected to fast from 2 am in the morning on the day of the operation. You need to be fasted for at least 6 hours. If you are a diabetic patient, a branula will be inserted prior to the surgery with intravenous drips given. On the morning of the operation, you will be ushered to the respective department if you are planned for a hookwire procedure or a sentinel lymph node biopsy (dual methods).

Operation

- ◆ **Anaesthesia:** refer to anesthesia leaflet and section 3(ii) above. Most patients will undergo general anaesthesia.
- ◆ **Surgery:** You will be lying on your back during the operation. Your surgeon will carefully perform the surgery by removing the breast cancer including the skin, nipple areolar complex, and normal breast tissue. Drains will be inserted and your wound will be closed with absorbable suture and dressing will be applied after surgery completed. Surgery generally takes around one to two hours.

AFTER SURGERY

You will be accompanied back to the ward by the ward nurses. She will monitor your blood pressure and blood sugar level (if indicated) after the surgery. Dressings that are soaked will be changed and drain monitoring is done by the nurses. You are usually allowed to consume food 6 hours after surgery if you do not have severe nausea or vomiting, which could be the side effects of the general anaesthesia drugs. You may request for the anti-nausea medication if needed. You will be prescribed analgesic drugs as well. Please inform your doctor if you are still feeling discomfort or pain even after you have taken your painkillers.

Your compression bandage will then be removed the morning after the surgery by the doctors. The occlusive waterproof dressing on the chest wall will be kept until the second day of the surgery before inspection. You are encouraged to ambulate around with the drains placed in a small woven bag on the day after your surgery.