



تجمع الرياض الصحي الثاني
Riyadh Second Health Cluster



Breast Surgery Partial Mastectomy

Partial Mastectomy

***AKA Lumpectomy or BCT (*breast conserving therapy*)**

Removal of the tumor or the suspicious lump alone

Obtaining a safe margin 1-2 centimeters

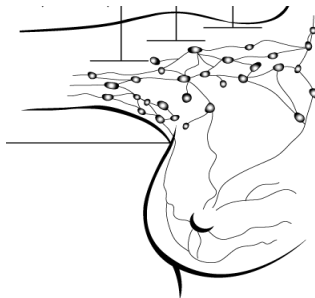
Examination and removal of sentinel lymph node(s) from the axilla (arm pit)





The purpose of this surgery:

1. Removal of the affected tissue by the malignancy with protective distance, keeping the contour of the breast almost untouched.
2. Removal of all the lymph nodes that receives lymphatic drainage from the involved tumor site of the breast using a special radioactive and coloring material to avoid removing unnecessary Lymph nodes.





The time required for the surgery (in our Centre)

- Between **2- 3** hours for the surgery.
- Another **60 to 90** minutes for the anesthesia preparation and waking up.



Type of anesthesia:

Usually it is performed under general anesthesia (i.e. patient will be deep sleeping during the whole surgery).

In very rare, selected cases it might be performed under regional anesthesia for a group of patients with high co-morbidity like heart disease and lung disease.

Preparation for Surgery

Indications of surgery

- Early stage of the disease where partial mastectomy is enough to control the malignancy.
- Suspicious lesions confined to a localized area.
- If the cancer mass is small in comparison to breast size (cancer to breast ratio).
- Peripherally located breast masses (i.e. not in the center).

The tumor board decision:

Every patient is discussed thoroughly in multidisciplinary meeting to come up with the best treatment plan with the help of our colleagues in:

Surgical Oncology

Adult Medical Oncology

Radiation Oncology

Diagnostic Radiology

Pathology

Anesthesia pre-admission clinic:

When the surgery is needed; you will be interviewed by your anesthesia doctor; who will discuss with you about:

- Medical history

- Any previous surgical experience and whether there were any challenges during them.
- Any known allergies.
- Any previous bleeding tendency and the need to receive blood.
- If there is any need for ICU care after surgery.
- The best type of pain control.
- If you need to be seen by any specialty before surgery (e.g. heart doctor, respiratory care).
- To determine the possibility of performing the surgery as a day surgery (leaving the same day).

Admission Process

Getting admitted:

After the approval of your anesthetist, and the proper booking for the operation. The colleagues in the admission office will contact you on the numbers provided in your E-file:

- They will confirm your booking by date of admission and date of surgery.
- They will contact you a week before the admission time to give enough time for arrangement (travel, work leave ...etc.).
- When you arrive at the admission office you will be guided to the floor intended for your stay.
- Fill few official forms.

- You will be interviewed by your surgical team or the On-call resident, who will ask about details in your medical history and might request some laboratory investigations.

In-case of the day surgery booking:

The admission office will:

- o Inform you about the necessary time for you to arrive to the hospital.
- o The location of the day surgery care unit.
- o The necessary fasting time before surgery.

Informed Consent



You will also be required to read and sign the Informed Consent including your acknowledgement of the procedure, your condition status, some of the common side effects and complications of your surgery.

Your nurse will perform some routine procedure:

Intravenous cannulation

Ask you to remove any jewelry

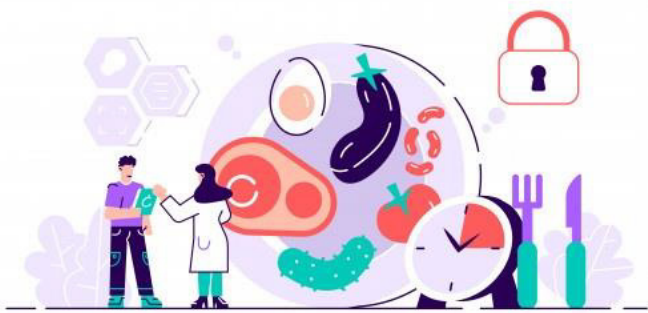
Some laboratory tests

Attach a patient ID band on the healthy side

Give you some medications as ordered by your doctor



Fasting before surgery NPO



You will be asked to stop drinking or eating anything as of the midnight before surgery

If necessary, your daily medications might be given to you with small amount of water by your nurse, after approval of your anesthesia doctor.

Moving to the operative theater

When it is time; you will be called to the operative room. The nurse will ask you to change into suitable

Operative gown

- You will be moved on a special bed to the holding area inside the operative suite, where your file will be checked again.
- Site of surgery will be marked.
- Meet you surgical and anesthesia team.



Inside the operative room:

- You will be helped to the operative bed.
- The assigned nurse will read the operative summary.
- You will be requested to say your name for the confirmation of ID



Then your anesthetist will place an oxygen face mask over your nose and mouth (as in the figure above) to help you to go to sleep.

After Surgery

You will wake up in the Recovery room which is a special room where you will regain your normal level of consciousness under direct care and observation by special nursing team that is trained for taking care of patients after surgeries:

- They will make sure you wake up safely.
- Your condition is stable for transfer.
- They will provide you with necessary pain medications.

What to expect after surgery?

- Waking up with a bit of confusion is not unusual that will last only temporarily.
- Feeling of tingling sensation and numbness.

- Nausea and vomiting: your nurse will be happy to help you and might give you some antiemetic medication (medication to stop the feeling of nausea and sickness).
- The staff will do their best to reduce the pain to minimum but if you feel pain at any time; please ask your nurse to provide you with the necessary pain medications.
- Food and drinks are not allowed in recovery room and you will wait till you are completely awake and alert before your given your first meal.

The surgical site:

- It will be covered with white compressive dressing.
- Sometimes you might notice few drops of blood on the dressing which is not supposed to be alarming.
- There is no need for drain insertion for this partial mastectomy

Expected complications:

There are few complications that might occur after mastectomy:

1) Anesthesia related complications:

Delirium, confusion	
Nausea and vomiting	
Temporary voice change and sore throat	
loss of teeth	Rare
Difficulty in breathing	Rare
Deep vein thrombosis	Rare
Heart and lung complications	Rare

2) Surgical complications

Bleeding

Infection in the wound or inside

Lymphatic fluid collection

Nerve injury

Muscle weakness around the shoulder

Numbness or cold sensation over the upper arm

Axillary vein injury and thrombosis

Rare complications can include:

- The need to do a total mastectomy instead of partial one.
- Inability to close the wound at the same time

What happens after surgery?

The patient is kept in her bed with head elevation till she is completely awake, pain free and well oriented.

Then she is encouraged to move gradually. First to the WC then around the room and eventually till she is mobilizing as her usual.

Early movement can prevent a lot of lung and vascular complications.

Discharge from the hospital

The patient will be discharged home 24 hours after surgery with the following:

- A discharge summary.
- Sick leave as needed.
- The discharge medications.
- Appointment requests.

What to do after discharge?


Taking care of the wound

- It is recommended to keep the initial dressing for three days unless the surgeon recommends changing it earlier.

- Its highly advised to avoid water or other fluids seeping to the wound by taking a bath or showering.
- It is very important to delay taking a bath till the wound is dry and intact to prevent infection or breakdown of the wound.
- Do not open the dressing without the help of wound care nurse or a surgeon.
- Healing is variable and it may take days or weeks, which depends on individual patients.



When do I have to seek medical attention?

- In case of Fever and/or chills. 
- If there is a discharge of pus, bloody or foul-smelling gray fluids.
- Severe unbearable pain on the wound site.

- Changing in the color of the skin to dark or gray color.

The benefits of partial mastectomy

- It is a minimal invasive surgery, hence; less tissue is removed or damaged.
- Less risk and less complications.
- It can be performed safely as a day surgery.
- Patients usually can return to their normal daily activity within two days.
- From esthetic point of view, it carries a better cosmetic effect compared to a total mastectomy.
- Final recovery is faster than that of total mastectomy.

FAQ



I am not sure I understand everything about my surgery.

It is your right to discuss everything about your diagnosis alone or with family members before you undergo any procedure, more than once if needed.

I just finished my chemotherapy. Why don't I get my surgery done right away?

It is very important to wait till your body recovers before you have the surgery done, and that takes about a month after the last dose of chemo.

Why do I have to fast the night of surgery?

To avoid aspiration of stomach contents during sleep.

The admission office called me, but I was not home.

They usually call several times.

I changed my mind and I want to cancel my surgery?

Please make sure to speak to your doctor in the clinic early before surgery to discuss this matter.

I have my monthly period; can I have my surgery done?

Yes.

Do I need a watcher?

You need to ask your doctor and the word coordinator to decide the need for one.

I noticed some bright blood coming from the wound site, what should I do?

You need to call your nurse as soon as possible or visit the emergency room.

After surgery I noticed a change in my urine color to green or blue, why?

Because of the blue color material, we inject in the surgery before examining the axilla lymph nodes, it will be excreted in the urine with **No harm** usually.

A week after the surgery I noticed a swelling over the wound site why?

Some of the lymph fluid (colorless thin harmless fluid) will accumulate and cause some pain and swelling – lymphedema.

We recommend you visit your surgeon for evaluation.

Is there a way to prevent lymphedema?



Proper physiotherapy

Frequent exercising the affected arm.

Taking care while clipping the nails.

Avoid tight cloths (tight T-shirts).

Avoid handling chemicals, and minor injuries during crafts and hobbies like sewing, netting, gardening ...etc

There is an opening in the wound that discharge fluids, what to do?

You better have this examined by your doctor or wound care nurse.

When is the final pathology report going to be issued?

In average two weeks.

Is there a harm if I take a bath?

Yes.

What can I do to prevent ugly scarring?

When the wound is dry enough:

- Apply some moisturizing cream twice a day very gently.
- Avoid sun exposure, U/V exposure, tanning.
- Special types of dressing can be applied to reduce scarring.

Why is the area around the removed breast looks lumpy?

The fat tissue around the breast is not usually removed that is why it will be more prominent after surgery, but it feels quite soft.

My drain fill-off accidently what must I do?

Just apply some dry dressing on the opening and visit your doctor as soon as possible.

Do not ever try to reinsert it.

My blood sugar after surgery is higher than usual?

In the early period after the procedure It might be explained by the stress of the surgery and will return to normal in few days.

But if it is very high or does not go to usual levels you might need to visit your diabetic educator or family physician.

Can I wear perfumes after the surgery?

Yes, if it does not give you any allergies.

Can I remove the hair from the arm pit?

You need to wait till the wound is very clean and dry.

Avoid sharp raisers or chemical formulas.

Can I remove the hair from the arm pit?

Yes, when the wound is dry and clean. Try natural deodorants whenever possible.

How can I sleep after surgery?

- Preferably with the head and chest elevated on two Pillows in the first one week.
- If you like to sleep on your side use a pillow to support the affected side to avoid edema and pain. (as shown in the photo below)



What are the contraindications of partial mastectomy?

- An advance stage of breast cancer affecting the skin health over the breast.

- In case the patient cannot (or doesn't wish to) receive radiation for any reason.
- Patient who is pregnant at her first trimester.
- Multicentric disease (i.e. the disease more than one area of the different parts of the breast).
- Previous exposure to therapeutic radiation for the same (or other disease).

Is partial mastectomy as effective as total mastectomy as a cancer surgery?

If performed in a recognized center by a trained surgeon in conjunction with good oncology and radiation therapy services usually it is as effective.

Is it possible for a BCT to fail?

In some rare occasions, it becomes impossible to reach a safe margin (healthy and without cancer cells) so, the surgeon chooses to do a full resection instead after discussing with the patient in a second meeting.

How do you make sure you removed the right lump?

During the surgery the resected tissue is sent to the radiology to take some X-rays to confirm the presence of the mass with healthy margins

If the surgery is successful is there any need for the other types of treatment?

Successful surgery is not enough for the complete cure.

The other modalities (chemotherapy, radiation therapy, hormonal ...etc.) are very necessary to synergize each other.

لأن الوعي وقاية ..

إدارة التشخيص الصحي

Surgical Oncology Department



@Kfmc_Riyadh



King-fahad-medical-city

You
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KfmcRiyadh



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