

Mastectomy

There are several terms used for mastectomy:

- A *total mastectomy* (also known as a *simple mastectomy*) is an operation to remove the entire breast. This usually includes removing the nipple and areola as well.
- A *skin sparing mastectomy* is done with immediate reconstruction. It is similar to a total mastectomy, but as much skin as possible is preserved. The nipple and areola are removed.
- A *nipple sparing mastectomy* is done with immediate reconstruction. In this procedure the maximum amount of skin is preserved, including the nipple and areola.

For some patients, the mastectomy is done along with lymph node surgery, either sentinel node biopsy or axillary dissection. A mastectomy with axillary dissection is called a *modified radical mastectomy*. (If you are having lymph node surgery in addition to a mastectomy, please also refer to the lymph node surgery information sheet.)

Most patients who have a mastectomy are eligible to have reconstructive surgery to their breast if they wish. This is done by a plastic surgeon, and can be done in combination with the mastectomy (called immediate reconstruction) or at a future date. There are several types of reconstruction. If you are considering reconstruction with a mastectomy, you will be given an appointment with a plastic surgeon and additional educational information regarding your choices.

A mastectomy is done in the Operating Room. You will be given general anesthesia by an anesthesiologist (you will be completely asleep). Your surgeon makes an incision on the breast, through which the breast tissue is removed. This tissue is sent to the pathology department for evaluation and diagnosis. If you are having immediate reconstruction, the plastic surgeon joins the operation at this point.

After the procedure, you will have a brief stay in the recovery room for observation, and then be admitted to your hospital room. Most patients stay in the hospital for 1 night after a mastectomy (with reconstruction there may be a longer stay).

The risks and potential complications of mastectomy include infection, bleeding, bruising, hematoma (a blood clot in the area of the surgery), seroma (a fluid collection in the area of the surgery) and blistering along the incision. Delayed healing of the scar may occasionally occur due to decreased blood supply. This is more common in women who smoke or who have diabetes. If this happens a “scab” will form and will gradually fall off as healing occurs. The incision will still heal normally. If you have a breast reconstruction, there are additional considerations that your plastic surgeon will discuss with you.

Frequently asked questions:

- *Will I have a drain after surgery?*
Yes. Drains are placed under the skin to collect fluid for the first few post-operative days. When the drainage decreases, the drains are removed. Most patients are discharged from the hospital with drains still in place. You will be given instructions on drain care. Drains can be removed in the office.
- *When should I see the surgeon for a post-operative visit?*
Dr. Kennedy will contact you with the pathology results as soon as they are available. Generally, you will have a routine post-operative appointment scheduled 1-2 weeks after your drains have been removed.
- *I am not having reconstruction; will I be able to wear prosthesis?*
Yes, although you will want to wait at least 6 weeks, until your incision has had time to heal, before you wear it. At your post-operative visit, you will be given a prescription for a breast prosthesis and bras. This prescription can be filled at any shop that supplies and fits breast prostheses.
- *Will I have pain after surgery?*
There is always some pain after surgery, although each patient has a different experience. You may have post-operative pain at the incision, and possibly your back and upper arm. Immediately after surgery, you may be given pain medication intravenously or by injection. You will switch over to pills for pain once you are eating, usually the evening after surgery. You will be given a prescription for pain medication when you are discharged from the hospital.
- *What about my activity level—can I use my arm?*
You may use your arm for daily activities such as washing your face, combing your hair and dressing. Avoid heavy lifting and over-stretching. The discomfort will lessen over a week or two, and you can increase your activity level, as you feel better. It is very common to experience tightness across the chest and a “pulling” under your arm. Your surgeon will give you a referral to the Comprehensive Rehabilitation Program for Women with Breast Cancer, so that you can return to full function quickly and safely.
- *When may I shower? Use deodorant? Shave under my arms?*
 - You may shower when you go home. Allow water to gently run over your incision, but please do not rub and scrub the area. Pat dry or air dry.
 - Do not use deodorant until instructed by your surgeon, as it may irritate your incision. (Usually you may resume in 1-2 weeks).
 - Do not shave the underarm until your incision is well healed. Watch in a mirror when you shave since you may have decreased sensation in that area.
- *When may I resume driving?*
Driving will not hurt your surgical recovery, but you must think about safety. You should not drive if you are still taking prescription pain medication. You should also wait until you can move your arm easily. It is best to drive only short distances at first and gradually increase your driving time over a few days.