Mastectomy Information for Patients & Families

What is a Mastectomy?

A mastectomy involves the surgical removal of all the breast tissue. The goal of this type of breast cancer surgery is to remove all the cancerous tissue and the entire breast before it can spread to other areas of the body. A mastectomy (rather than breast conserving surgery or lumpectomy) may be recommended by your doctor because:

- The cancer is large in size relative to your breast size
- Breast cancer is found to be multicentric, meaning there are multiple tumors present in different sections or quadrants of the breast.
- Your breast cancer is considered to be an “inflammatory breast cancer”
- In the past you have received radiation to your chest wall or breast, and may not be a good candidate for a breast conserving approach.
- You have a high risk of breast cancer possibly due to a genetic mutation and you have chosen a mastectomy to reduce your risk of future breast cancer.

Survival is most often equal after mastectomy and breast conserving surgery. It is a personal choice that must be made based on your values and needs. Although there are many reasons why a patient may choose to have a mastectomy, some common reasons include:

- The patient desires to minimize their risk of the cancer coming back in the breast as much as possible.
- The patient has tested positive for a genetic mutation making the risk higher for developing breast cancers in the future.
- The patient has a strong family history of breast cancer.
- The patient wishes to minimize her chance of needing radiation therapy.

Patients choosing mastectomy should be aware that although the risk of cancer coming back in the breast or chest wall is lower than after breast conservation, it is not zero. Cancer can come back in the nearby skin, muscle, or any breast tissue that remains. There are a small number of women where radiation is proposed even after mastectomy.
Types of Mastectomy

There are several types but it depends on the type of cancer, the patient situation and if reconstruction will be considered. Mastectomy may be combined with surgery for the axillary lymph nodes (lymph nodes under the arm), including either a sentinel lymph node biopsy or an axillary lymph node dissection.

- **Simple Mastectomy** – the surgeon removes the breast tissue that contains the tumor as well as the area around the breast tumor, the areola and the nipple.

- **Skin Sparing Mastectomy** - The surgeon removes the entire breast, nipple and areola without removal of the breast skin. The surgeon makes a small incision around the areola that maintains the rest of the breast skin. This method is used when patients are undergoing immediate breast reconstruction.

- **Nipple Sparing Mastectomy** - The surgeon removes the entire breast without removal of the breast skin or the nipple/areola. This method is an option when patients are undergoing immediate breast reconstruction. Your doctor will discuss with you whether you can have a nipple-sparing approach.

- **Modified radical mastectomy** – The surgeon performs either a simple or a skin/nipple sparing mastectomy in combination with an axillary lymph node dissection (removing multiple lymph nodes under the arm). Underlying muscle is not removed.

- **Unilateral** – one side or one breast is removed

- **Bilateral** – both sides or both breasts are removed

What are my options following mastectomy?

**Permanent Prothesis**

Many women who opt to not have breast reconstruction can be fitted for a breast prosthesis. Breast prostheses are artificial breast forms that are specially fitted to your body. These come in many sizes and shapes. The breast form will replace the weight of the breast so your body will be balanced to prevent back and neck pain or a sagging shoulder.
Prosthetics are made of several different types of materials (such as silicone gel, foam, and fiberfill) that are of similar weight and feel similar to natural breast tissue. Some prostheses adhere directly to the chest area, while others fit into pockets of mastectomy bras to hold the prosthesis in place. Prostheses can also be made with an artificial nipple or a special shape depending on a woman's preferences.

If you would like this option, you will be given a prescription for a breast prosthetic and for bras. You can be fitted for your prosthesis 4-6 weeks after surgery as long as the incision is healed. To find prosthesis, visit Care Wear located next to the Breast Center or the American Cancer Society can also supply a list of stores in your area that carry them. You may find it helpful to check with your insurance for coverage.

**Breast Reconstruction**

This is a surgery done by a plastic surgeon after a mastectomy to restore the breast mound so that it is about the same shape and size as it was prior to removal. For women who did not have nipple-sparing surgery, an areola and nipple can be recreated as well. The decision to have breast reconstruction is a personal one, to be made by you.

If you would like breast reconstruction, an appointment will be made with a plastic surgeon. The type of reconstruction you undergo will be decided by you and your surgeon; it will depend on your specific needs, anatomy and prior treatments. It is important to know that not all types of breast reconstruction will work for everyone. Reconstruction may involve the use of implants or may use your own tissue from another area of your body referred to as an autologous reconstruction or flap.

See the publication “A Woman’s Guide to Breast Reconstruction” for more detailed information on these options.

**Immediate versus Delayed Reconstruction**

Immediate reconstruction happens at the same time of the mastectomy surgery. After the breast surgeon removes the breast tissue, a plastic surgeon begins the reconstructive surgery during the same operation and anesthesia.

Delayed reconstruction happens several months to several years after a mastectomy. Most often a time period of 6-9 months after completion of radiation and chemotherapy is preferred to make sure that the skin has completely healed.

Your surgeon and team will discuss which option is best for you.
Post-Surgery Garments

Depending on your insurance you may use one of the options below to purchase products for women undergoing breast surgery. We suggest you go prior to surgery to see what products they have and what may be helpful.

CareWear is located at the UW Hospital and Clinics outside the Breast Center. This store provides special products for use after breast surgery as well as other products you may need during treatment. Your nurse can help make a CareWear appointment or you may call on your own.

CareWear
600 Highland Ave
Madison, WI  53792
608-262-2609

Meriter Home Health is located between Todd Drive and Fish Hatchery Exits. This store provides a wide variety of supplies and services for all types of needs and includes post-operative breast garments. You may call the number below to learn more.

Meriter Home Health
2180 W. Beltline Hwy
P.O. Box 259993
Madison, WI  53713
608-417-3770 or toll free 1-800-236-1052

Planning Ahead for Mastectomy Surgery

- After a mastectomy you will normally stay in the hospital overnight. You may go home earlier if your surgeon feels you are ready.

- Plan to stay home from work for 1-3 weeks after mastectomy without reconstruction and between 3-6 weeks if reconstruction was performed, depending on the type of work you do.

- Avoid lifting objects that weigh more than 10 pounds with your involved arm until your first clinic visit.

- Bring a loose top that opens in the front to wear home.
• You may have a home health nurse visit you after surgery; this is often arranged in advance of your surgery. You may also have a friend or family member help you with your care. Please let your doctor know if you will need a home health visit after surgery.

• If you are having breast reconstruction, the amount of time you spend in the hospital and the expected recovery time will depend on the type of reconstruction you choose. In general, patients receiving a tissue expander implant can expect an overnight stay in the hospital and then have 2-3 weeks recovery. For patients receiving a flap tissue reconstruction (such as a TRAM or a DIEP), the hospital stay will likely be 2-5 days and recovery time 4-6 weeks.

At the Hospital

• You will be taken to the operating room. If you have a paravertebral block, you will be given sedation (medication to put you to sleep) through an IV. If you have general anesthesia you will be given medication to put you into a very deep sleep and a tube placed into your trachea (windpipe) to control your breathing. With either choice of anesthesia you will be unaware of what is happening and will not feel any pain.

• A one sided mastectomy surgery takes about 2 hours. Reconstruction surgery varies greatly depending on the type of surgery being performed.

When you return to your hospital room:

• You will have an incision covered with gauze or a clear bandage.
• You may have one or more drainage tubes in place based on the type of surgery you had.
• You may have a compression garment in place over your chest.
• You will have an IV line and special leg pumps in place. The leggings help maintain good blood flow and help prevent blood clots until you are up and walking.
• Nurses will be asking you to rate your pain level. They will be giving you pain medication. They will take your vital signs often.
• You will be able to have family or friends visit once you are in your hospital room.

Care Following Mastectomy

If you had a mastectomy, you will be able to go home when you are eating, drinking, and your pain is under control. You will be given pain medicine when you go home. Make sure you have someone to drive you home. You will get the results of your surgery in about one week. Your surgeon will call you with these results or review them at your post operative visit.
If you have drains placed, refer to the publication Health Facts for You #4603, “Drain Care at Home” regarding caring for your drains and taking drain measurements. This is important information to ensure your incisions are healing properly.

After your surgery, you will have a follow-up with your breast team. Please discuss your specific follow-up plan with your doctor.

**Care of Your Mastectomy Incision**

- Look at the site daily for any problems or signs of infection. You may notice a slight redness and swelling along your incision. There may be a small amount of pink drainage coming from your incision. This is normal.

- Place a new gauze dressing over your incision. If you have steri-strips (small strips of tape) in place, these may fall off by themselves, most often in about one week or they will be removed in clinic.

- Depending on your surgery, you may be allowed to shower after surgery. When showering, let water flow over the surgical incision(s) and pat dry. Safety pin drains to a robe tie or belt placed around your waist while showering to keep the drains secure and prevent them from “dangling”.

**Care of Your Reconstruction Incision** – See Health Facts for You #4578 “Breast Reconstruction” regarding care of your incision if you had immediate reconstruction.

**Signs of Seroma**

A seroma is a fluid-filled bulge that forms under the skin of the chest and/or under the arm where surgery has taken place.

- You may develop a small seroma that your body will slowly absorb over time.
- A seroma may sometimes occur after a drain is removed.

If you have a fluid collection or seroma that is getting larger and causing pain or discomfort, please contact your doctor. This is **not** an emergency. You may be asked to return to the clinic to have the fluid drained.
Pain Management

The amount of pain that women have after this surgery varies greatly. You will be given a prescription for narcotic pain medicine. Use it as needed and as directed.

- Do not drive a vehicle while taking narcotic medicine.
- Eat plenty of fiber (bran, oats, fruits and vegetables).
- Drink 6-8 glasses of water each day to help prevent constipation.
- Take stool softeners if needed.
- If you have nausea, take your pain medicine with food.

Many women find that taking 1-2 tablets of Extra-Strength Tylenol® every 4-6 hours is helpful to relieve pain. You may take up to a total of 8 tablets in a 24-hour period. Do not exceed this amount. If you have liver disease, check with your doctor before taking it. You may also take ibuprofen as directed by your doctor. Consult your doctor if taking other pain medicine.

When to Call Your Doctor or Nurse

Call your doctor or nurse if you have these problems with your incision or drains after surgery:

- Increase in swelling.
- Firmness or rapid bruising.
- Heavy bleeding or an opening in the incision.
- Sudden increase in pain.
- Drainage bulb(s) filling quickly with the need to empty them every 1-2 hours.

Call if you have signs of infection.

- Fever of 100.4°F (38°C) or greater taken by mouth 2 times, four hours apart.
- Increased tenderness, redness, warmth, or swelling of the incision or drain sites. (A small area of redness about the size of a dime is common where the stitch around the drain leaves the skin.)
- Increased drainage from your incision or drain site.
- Increased swelling under your arm.
Important Phone Numbers

To reach your doctor, call one of these numbers Monday – Friday, 8:00 am to 5:00 pm

- UW Health Breast Center at UW Hospital (608) 266-6400 or Toll-free 1-800-323-8942
- UW Health Surgery Clinic at 1 South Park St. (608) 287-2100
- or Toll-free 1-888-703-2778

For Emergencies

- UW Hospital Emergency Room (608) 262-2398
- Meriter Hospital Emergency Room (608) 417-6206
- Or your local Emergency Room

After Hours

- UW Health Breast Center at UW Hospital – Call UW Hospital Paging Operator at (608) 262-0486 and ask for the surgery resident on call. Give your name and phone number with the area code. The doctor will call you back.
- UW Health Surgery Clinic at 1 South Park St. – Call (608) 287-2100 and the answering service will contact the doctor on call. Give your name and phone number with the area code. The doctor will call you back.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person’s health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright 3/2015. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing, HF#7734