Breast Conserving Surgery
For an invasive or noninvasive breast cancer
Similar terms: Lumpectomy or Partial Mastectomy

What is breast conserving surgery?

Breast conserving surgery involves removal of a previously biopsied breast cancer (invasive or noninvasive) with a margin (or rim) of normal tissue around the cancer. Your surgeon will assess whether you are a good candidate for breast conserving surgery (rather than mastectomy which is a complete removal of the breast). Factors you and your surgeon will discuss may include:

- The cancer size compared to your breast size
- Whether the cancer is located in a single spot in the breast or whether it is multicentric (multiple cancers present in different sections of the breast)
- Your choice for saving the breast
- Your ability (based on your other medical conditions) to have radiation therapy after the breast conserving surgery. Radiation may be recommended
- Whether you have a history of prior radiation to the chest wall or breast (for other medical conditions or a prior noninvasive or invasive breast cancer)
- Whether you have an “inflammatory breast cancer”

In most cases survival is equal between breast conserving surgery and mastectomy. This is a personal choice that must be made based on your values and needs. Some people have a strong desire to preserve their breast to maintain their personal body image and sexuality. Some value a quicker recovery time and shorter surgery. Usually breast conserving surgery involves a more rapid recovery but this may also depend on the surgery required for the lymph nodes.

When making a choice you should be aware that survival is usually the same between mastectomy and breast conserving surgery. There may be a slightly higher risk of the cancer coming back in the breast after breast conserving surgery. To lower this risk, obtaining “negative margins” or the rim of normal tissue around the cancer and to consider radiation to the breast may be important (see below).
What if after my breast conserving surgery the pathologist reports that the “margins” contain cancer?

At the time of the surgery, your surgeon will remove a “rim” of what appears to be normal tissue around the cancer which is called “margins”. Some cancers may extend into what looks like normal tissue, but these cancerous cells cannot be felt or seen on x-rays and cannot be seen by the naked eye in the operating room. Once removed, the tissue will be looked at by a pathologist. This is a doctor specializing in the microscopic evaluation of human tissue to determine how much cancer is present and the type of cancer. This occurs after the breast tissue is “frozen” so it can be cut into thin slices so the pathologist can look at it under a microscope. Most times, you will have the results of your surgery within a week. If cancer is seen at the edge of the margin it will be noted as a “positive” margin and this may increase the risk of the cancer coming back in the breast. Therefore, if the margins are positive, your surgeon may suggest taking more tissue at a second surgery. This would be called a re-excision surgery. This can occur in up to 1 out of 5 persons having a lumpectomy. Some patients have “close” margins and your doctor may recommend a re-excision in this case as well to ensure there is no cancer left in the breast.

Why is radiation given, and what are the side effects?

Radiation is given to reduce the risk of the cancer coming back in the breast for most women. With radiation, the risk of cancer returning is low, about 5-10%. If radiation is not completed, the risk of the cancer coming back in the “conserved” breast can be as high as 30-40% of patients. Radiation is recommended for most women. If you are an older woman and the risk is low, they may not recommend radiation.

Radiation can be given in different ways and over different periods of time. Side effects include local reactions similar to a sunburn, which later fades. Many people say it makes them feel tired. However, most people are able to work during the radiation therapy and the treatments may be scheduled around your work times. You will be advised to meet with a radiation oncologist after your surgery and can meet with them before your breast conserving surgery if you desire to learn more information about this treatment prior to making a decision about your surgery.

What can I expect my breast to look like?

The goal is to maintain the shape of the breast and prevent “dents”. There will be a scar and sometimes the breast is smaller or the nipple is slightly moved to one side. There are many factors that affect this including the size and location of the cancer and the size of your breast. You should speak with your surgeon as to what you expect your breast to look like after the surgery.
What can I expect the day of breast conserving surgery?

The Breast Center, surgery schedulers, and the surgery center will coordinate the day of your surgery. If you are to be seen in different locations either the day before or the day of surgery you will be given instructions on where to go. On the day the surgery is performed an escort will get you to all the locations such as the breast imaging center or nuclear medicine.

Many patients having breast conserving surgery will be scheduled for a wire localization or radioactive seed placement procedure prior to surgery. This is done in the breast imaging department using either mammography or ultrasound. More information is available in the publication “Health Facts for You, #5905 – Wire Localization”, and “Health Facts for You-Radioactive Seed Localization”.

Some patients will also have a sentinel lymph node biopsy done at the same time. More detailed information is available in the publication “Health Facts for You, #5733 – Sentinel Lymph Node Biopsy”. This procedure usually requires a visit to the hospital nuclear medicine department to receive an injection of tracer materials that helps the surgeon to locate the lymph nodes in the operating room. This might be done the day before surgery or on the morning of surgery. If the injection is given the morning of surgery, the staff at the surgery center will coordinate this appointment for you and provide an escort to accompany you to the nuclear medicine department and then back to the surgery center.

Back in the surgery center, the staff will finish getting you ready for surgery. If you have chosen a paravertebral block for anesthesia, the block will be performed at this time. See the publication “Health Facts for You, #7154, - Anesthesia for Breast Surgery” for more information.

The surgery itself takes about 60 minutes; if a sentinel node procedure is also going to be done this will extend the surgery time to 90-100 minutes. After removing the cancerous tissue from your breast, the surgeon will suture the incision closed. Your surgeon will discuss with you if they will leave a suture that needs to be removed at your post operative appointment or a suture that will “dissolve”.

You can expect to be discharged within a few hours of surgery. You will need to have someone drive you home.
Follow Up Care

Most people are able to resume all but strenuous activities as they feel able. There are no diet limits. We suggest you take off one to two weeks, but you may return to work sooner if you feel well and your job allows.

You will return to see your surgeon for a post-operative visit in one to two weeks. Please discuss your specific follow-up plan with your doctor.

Care of Your Breast Incision

- You may have a gauze bandage over your incision which you can remove after 24 hours. If you have drainage from your incision, place a new piece of gauze over the site.
- Under any gauze dressing, your incision will be covered with special tape called steri-strips. These strips of tape are usually removed at your post operative clinic appointment but if they fall off prior it is ok.
- Look at the site daily for any problems or signs of infection. You may notice a slight redness and swelling along your incision. This is normal.
- You may shower 24 hours after your surgery. Let the water flow over the surgical incision(s) and pat dry. Do not soak in a tub or pool until you are seen by your surgeon at your post operative appointment.

Signs of Seroma (fluid collection)

A seroma is a fluid-filled bulge that forms under the skin in the cavity of the breast conserving surgery.

- Some women may hear a “sloshing” noise in the breast when they move. This is fluid filling the surgical cavity.
- You may develop a small seroma that your body will slowly absorb over time.

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 may vary. 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 with your doctor if taking other pain medicine. You may also use ice from time to time on the incision site. Do not use a heating pad as this may cause a burn to the skin.

When to Call Your Doctor or Nurse

- **Call your doctor or nurse if you have these problems with your incision after surgery:**
  - Rapid increase in swelling
  - Firmness or rapid bruising
  - Heavy bleeding or an opening in the incision
  - Sudden increase in pain
  - Drainage from your incision which is more than a few drops on the gauze
- Fever of 100.4°F (38°C) or greater taken by mouth 2 times, four hours apart.
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 (toll-free 1-800-323-8942)
- UW Health Surgery Clinic at 1 South Park St. (608) 287-2100 (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#7731.