

A mastectomy is an operation to treat breast cancer. It involves removing the whole breast, including your nipple. You will be left with a flat chest and a scar.

Surgeons try to save the breast, but there are some situations in which a mastectomy is necessary:

- If the tumour is large, or large relative to the size of the breast
- If there are multiple tumours occurring in different areas of the breast
- If there is widespread DCIS in the breast
- If there is a medical reason why you cannot have radiation therapy such as having had radiation to that site before, having an autoimmune condition

Sometimes patients want a mastectomy rather than trying to save the breast.

Mastectomy

The whole breast is removed including the nipple, areola and an area of surrounding skin. Some lymph nodes are usually removed and tested to see if there are any cancer cells present.

What to expect?

You are usually admitted to hospital on the day of the mastectomy. You will need to have a general anaesthetic (be completely asleep) during the surgery. Most women feel well enough to go home the day after their mastectomy. Please arrange to be collected from the hospital by a family/ whānau member or friend.

Initially, you will be advised not to lift anything heavy or drive until your movements are pain-free. Removing your breast tissue creates a space under your skin, which can collect fluid. To help with healing a small tube attached to a drain will be placed in this space, to remove the fluid. You will wake up from surgery with this drain and keep this for 7-14 days. You will possibly have one under the arm as well. Usually district nurses visit you at home to help with the drain. The drain is removed when 30mls or less drains in 24 hours. If you have any problems or concerns regarding your drain please contact your district nurse, GP or visit your local emergency department.

What are the risks and possible side effects?

Every care will be taken to ensure your operation is safe. However, all operations have risks or side effects. Very rarely you may have an adverse reaction to the anaesthetic; you may need to stay in hospital longer if this occurs. Your anaesthetist will discuss any possible side effects when they ask for your consent to the operation.

Other complications that may occur are;

- **Bruising;** sometimes blood will collect under the skin by your wound, causing the skin to feel hard and sore. If this happens please contact the district nurse or your general practice.
- **Infection;** redness, swelling, pain or fever (temperature over 38°C) are all signs of infection. Please speak to the district nurse, your general practice or visit an Accident & Medical centre or Emergency Department.

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- **Breast numbness;** you may feel numb around the area of your chest where the surgery was. This is common and will ease after a few weeks to months. If you are concerned please discuss with the district nurse or a nurse or doctor at your general practice.
- **Phantom pain;** As nerves regrow, you may feel a strange sensation where your breast used to be, it may itch, or be very sensitive to touch. This feeling usually goes away by itself, or you get used to it and it stops bothering you.

When you get home

- **Rest.** When you get home from the hospital, you are likely to be tired. Make sure you get extra rest in the first few weeks.
- **Take pain medication as needed.** It is best to take the pain medication regularly at first so that you are able to move freely and sleep well. As you heal you can slowly reduce the amount you are taking.
- **Washing.** If you feel up to it you can have a shower but it is best to let the water run down your back rather than over the dressings and drains. Avoid baths and swimming until you have been advised your wound is fully healed.
- **Continue doing arm exercises each day.** It's important to continue doing arm exercises on a regular basis to prevent stiffness and to keep your arm flexible.
- **Have friends and family pitch in around the house.** Recovery from mastectomy will take time and it is important not to overdo it. Ask friends and family to help with things like meals, laundry, shopping, and childcare.

Breast prostheses and bras

After your mastectomy you should be offered an external prosthesis. A prosthesis, mimics the shape of a breast when you are wearing clothes.

For the first 6 weeks while your wound is healing it is best to use a soft, lightweight temporary prosthesis. This first prosthesis is made of soft fabric, and can be pinned in a camisole or soft, stretchy bra. It has a filling that you can adjust to make it look the right size for you. You can contact the Cancer Society and they will send you one. An alternative is a knitted prosthesis. The breast clinic has a supply of these.

Once your wound is completely healed (about 6 weeks after surgery) you can change your soft prosthesis for a more permanent model. You are eligible for funding from the Ministry of Health to purchase a silicon breast prosthesis and pocketed bras. This prosthesis requires professional fitting. When you visit the outpatient clinic after your operation the doctor should give you a signed form for you to get the funding and a list of local providers. Please remind us if you don't get the form and information.

Radiation therapy

You are less likely to need radiation therapy if you have a mastectomy; however, you may be recommended to see the Radiation Oncologist about radiation to your chest wall to reduce the risk of the cancer recurring:

- if the tumour is large,
- if there is cancer in several different areas of the breast,
- if the cancer has spread to lymph nodes,
- if your removed breast has 'positive margins' (the cancer cells come right up to the edge of the tissue that was removed)