Mastectomy
Sentinel node biopsy, axillary node sampling or axillary node clearance

Patient Information

Breast Care Department
This leaflet aims to give you information about your operation, your stay in the hospital and advice for when you go home. You will be having a general anaesthetic.

**What is a Mastectomy?**
It is the removal of the entire breast tissue, including the axillary tail together with the skin, nipple and areola.

**Reasons for having a mastectomy**
Patient Choice
Multifocal cancer – the cancer is in more than one part of the breast
Patients with a large cancer
Extensive Ductal Carcinoma insitu (D.C.I.S)
Breast cancer is close to the nipple
The cancer is large compared to the size of the breast

**What happens before having a mastectomy?**
You will see a Specialist Breast Care Nurse before you are admitted to hospital. The nurse will provide advice and support on the practical and emotional aspects of having a mastectomy, and offer information on bras and prostheses. A temporary prosthesis called a ‘softie’ will be given to you. Breast reconstruction can be discussed at this point.

**Removing your lymph nodes**
For some types of breast cancer your surgeon will probably remove some or all of the lymph nodes in your armpit. This is because these nodes are usually the first place breast cancer spreads to and helps us to decide on any further treatment.

Your surgeon may remove between three and four lymph nodes to see if they contain cancer cells. This is called axillary sampling.

A treatment called a sentinel node biopsy uses a blue dye and a radioactive injection to find the lymph node, or nodes, that the fluid from your breast drains into first. The dye is injected into your breast and colours the nearest nodes. The node that the fluid from your breast drains into first is called the sentinel node. The sentinel node or sample nodes are then tested for cancer. If there are no cancer cells in these nodes it is likely that the other lymph nodes are free from cancer as well. The blue dye will discolour your urine and will be noticeable on your breast for up to several months.

Alternatively you may have all of the lymph nodes removed from your armpit. This is called axillary clearance.

You will have a drain inserted to drain excess fluid from the surgery site. This will remain in place for approximately five to ten days depending on the amount of drainage.
**Your recovery**

At anytime during your stay in hospital you may request to speak to a Specialist Breast Care Nurse.

This surgery is as a day case so you will be allowed home the same day. You may go home with drains in place as it is not essential for you to be an inpatient. If you do the district nurse will visit you daily to measure the drainage and empty the drainage bag. This will remain in place for approximately five to ten days and the district nurse will remove the drain when needed.

Do not worry if you do not wish to wear a bra at this stage; do this when you feel comfortable and ready.

Five days after your operation, the dressing can be removed. Further dressings will not be required if the wound is dry.

A clear fluid called serous fluid can collect under the scar. This is called a seroma. It is part of the normal healing process.

About one in five patients get a seroma after their breast cancer is removed. The fluid can be drained with a needle by a Doctor or a Specialist Breast Care Nurse.

You may get bleeding under the cut in your skin after the operation. If the blood builds up and clots, you will get a bruise called a haematoma. The area will be swollen and feel tender. If this happens, you may need surgery to remove the blood clot or stop any bleeding.

After between four and six weeks you will be invited for a prostheses fitting by one of the Specialist Breast Care Nurses/Prosthesis fitter.

**Risks of removing lymph nodes**

Due to the removal of lymph nodes you might experience some discomfort under your arm which can last several weeks. Your arm may also feel bruised and heavy.

Shoulder stiffness can occur because your upper arm may be painful after surgery and you may need to take pain killers. It will help if you do arm and shoulder exercises as advised by the specialist breast care nurse. It is important that you do not let the pain prevent you from carrying out your shoulder exercises or movement as this could lead to stiffness of the joints.

Six months after surgery, stiffness is more common in patients who have all, rather than a few, of their lymph nodes removed. Very few patients who only have sentinel node biopsy get shoulder problems.

Patients who have node sampling and get this problem tend to recover within a few months.
Swelling of the arm and armpit (lymphoedema) can occur following surgery at anytime. It may last a few weeks or become an ongoing problem. The Specialist Breast care Nurse will give advice on how to deal with this.

**Testing the breast tissue and lymph nodes**
After surgery the tissue and lymph nodes are checked under a microscope. Following discharge from the ward, your case will be discussed at a Multi-Disciplinary Team Meeting. You will also be seen in clinic by your surgeon to discuss your results and any possible further treatments.

If you wish to speak to someone to discuss your surgery the Specialist Breast Care Nurses can be contacted at:

Suite 5  
Thomas Linacre Centre  
Parsons Walk  
Wigan  
WN1 1RU

Telephone: 01942 774720
Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

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Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

How We Use Your Personal Information

For details on how we collect, use and store the information we hold about you, please take a look at our “how we use your personal information” leaflet which can be found on the Trust website: www.wwl.nhs.uk/patient_information/Leaflets/default.aspx

This leaflet is also available in audio, large print, Braille and other languages upon request. For more information call 01942 773105.