

Lumpectomy

Having wide local excision axillary node
/sentinel node biopsy
sampling or axillary node clearance

Patient Information

Breast Care Department

Author ID: JK
Leaflet Number: SBC 003
Version: 6
Name of Leaflet: Lumpectomy
Last reviewed: December 2019
Next Review Date: December 2021

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

What is a wide local excision (Lumpectomy)?

It is the removal of cancerous tissue with some surrounding healthy tissue.

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.

If your breast cancer is in the upper part of your breast near your armpit, your surgeon may be able to reach your lymph nodes through the same cut he or she made in the breast. If your cancer is somewhere else, the surgeon will need to make another cut under your arm to reach the lymph nodes. 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 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 and 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 a few weeks to several months.

Alternatively you may have all lymph nodes removed from your armpit. This is called axillary clearance. If you have an axillary clearance a drain is 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. A district nurse will see you daily to measure and empty the drain and remove when needed. If you have axillary node sampling a drain is not necessary.

Recovery

This surgery is as a day case so you will be allowed home the same day. If a drain is required you will still go home with the drain(s) place as it is not necessary for you to be an inpatient.

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 1 in 5 women get a seroma after their breast cancer is removed. The fluid can be drained with a needle by a doctor or 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 large 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.

Risks of removing lymph nodes

Removing lymph nodes may sometimes cause 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 maybe painful after surgery. 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 women who have had all, rather than a few, of their lymph nodes removed. Very few women who have sentinel node biopsy get shoulder problems.

You may experience numbness or tingling in your arm, shoulder or breast. This can occur following surgery due to damage to the nerves that run close to your lymph nodes. Women 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 any time. It may last a few weeks or become an ongoing problem. The Specialist Breast Care Nurse will advise.

Testing the breast tissue and lymph nodes

After surgery the tissue and lymph nodes are checked under a microscope. If no cancer cells are found in the surrounding tissue the surgeon might say you had a healthy or clear margin. A clear margin reduces the risk of your cancer coming back in that part of your breast.

Risks of removing your breast cancer

Sometimes not enough tissue is removed from around the cancer. The tissue that has been removed during the operation will be checked and if some cancer could be left behind you may need a second operation. About 1 in 10 women will need another operation. This may involve more breast tissue being removed or it may be necessary to have a mastectomy.

Following discharge from the ward your case will be discussed at a Multi Disciplinary Team Meeting. You will be seen in clinic by your surgeon to discuss your results and any possible further treatments.

Radiotherapy

This treatment is usually advised following wide local excision. Other treatments/medication may be recommended by your surgeon.

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

Suite 5
Thomas Linacre Centre
Parsons Walk
Wigan
WN1 1RU

Telephone 01942 774720

Please use this space to write notes/reminders.

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)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh NHS Foundation Trust
Royal Albert Edward Infirmary
Wigan Lane
Wigan WN1 2NN

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 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 information” leaflet which can be found on the Trust website:

https://www.wwl.nhs.uk/patient_information/leaflets

This leaflet is also available in audio, large print, braille and other languages upon request. For more information please ask in department/ward.

© Wrightington, Wigan and Leigh NHS Foundation Trust
All rights reserved. Not to be reproduced in whole or in part without the permission of the copyright owner

