

## Mastectomy Information for Patients & Families

### What is a Mastectomy?

A mastectomy is a surgery done to remove all your breast tissue. The goal is to remove all the cancer before it spreads to other parts of the body. A mastectomy (rather than breast conserving surgery or lumpectomy) **may** be advised by your doctor if:

- The cancer is large compared to your breast size.
- Breast cancer is found in many parts of your breast.
- Your breast cancer is an “inflammatory breast cancer.”
- You have had radiation to your chest wall or breast in the past.
- You have a high risk of breast cancer. This could be due to a genetic mutation. A mastectomy may reduce your risk of future breast cancer.

The survival rate tends to be the same between breast conserving surgery and a mastectomy. This is a personal choice that is based on your values and needs. You may think about a mastectomy if you:

- Wish to reduce the risk that the cancer comes back in the breast.
- Test positive for a genetic mutation that puts you at higher risk for breast cancer in the future.
- Have a strong family history of breast cancer.
- Wish to lower your chance of needing radiation.

The risk of cancer in the breast or chest wall coming back after a mastectomy is lower than with breast conserving surgery. However, cancer can return in the nearby skin, muscle, or any breast tissue that remains. In a small number of women, we advise radiation even after a mastectomy.

### Types of Mastectomy

There are a few types of mastectomy. The type that we suggest depends on the type of cancer you have, your situation and if you may need reconstruction. You and your surgeon will decide what is best for you.

There is a chance that during your mastectomy you may also need surgery on your axillary lymph nodes (lymph nodes under the arm). This may include a sentinel lymph node biopsy or an axillary lymph node dissection (removing multiple lymph nodes under the arm).

### Specific Types of Mastectomy

- **Simple** – The breast tissue with the tumor, the area around the tumor, the areola and the nipple are all removed.
- **Skin Sparing** – All of the breast, nipple and areola are removed. The skin of the breast is not removed. A small incision (cut) is made around the areola. This keeps the rest of the breast skin intact. This method is used if you plan to have breast reconstruction right away.
- **Nipple Sparing** – The whole breast is removed. The skin of the breast and the nipple/areola are left. This is also an option if you plan to have breast reconstruction right away.
- **Modified Radical** – There is either a simple or a skin/nipple sparing mastectomy with an axillary lymph node dissection done. Muscle is not removed.
- **Unilateral** – One side or one breast is removed.
- **Bilateral** – Both sides or both breasts are removed.

## **What are my options after a mastectomy?**

### **Permanent Prosthesis**

If you do not have breast reconstruction (surgery to rebuild the breast), we can fit you for a breast prosthesis. These are artificial breast forms that are fitted to your body. They come in many sizes and shapes. The breast form will replace the weight of the breast which helps you stay balanced and prevents back pain, neck pain or a sagging shoulder.

Prosthetics are made of different types of materials. They include silicone gel, foam, and fiberfill. They are similar in weight and feel to natural breast tissue. Some prostheses stick directly to the chest area. Others fit into pockets of special bras. Prostheses can also be made with an artificial nipple or a special shape. This is your choice.

If you are interested in a prosthesis/bra, we can give you a prescription. You can be fitted 4-6 weeks after surgery. You have to be sure your incision is healed.

### **Breast Reconstruction**

This surgery is done by a plastic surgeon after a mastectomy to rebuild your breast mound. The goal is to make it close to the same shape and size it was before removal. If a nipple-sparing surgery was not done, an areola and nipple can be formed as well. The choice to have breast reconstruction is yours.

If you wish to have breast reconstruction, an appointment is made with a plastic surgeon. You and your surgeon will decide which type of reconstruction is best for you. It depends on your specific needs, structure and prior treatments. Not all types of breast reconstruction work for everyone. Reconstruction may involve the use of implants or it may use your own tissue from another part of your body (autologous reconstruction or flap).

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

### **Immediate vs. Delayed Reconstruction**

Immediate reconstruction happens at the same time as the mastectomy surgery. After the breast surgeon removes the breast tissue, a plastic surgeon begins their work.

Delayed reconstruction happens months to years after a mastectomy. Most often 6-9 months after the end of radiation and chemotherapy is best. This ensures the skin has fully healed. Your surgeon and team will help you decide which option is best for you.

### **Post-Surgery Garments**

Depending on your insurance, you may use one of the options below to buy products. We suggest you look before surgery. It may be helpful to see what products they have.

### **UW Health Care Direct CareWear**

This store has special products for use after breast surgery. It also has other products you may need during treatment. Your nurse can help make an appointment or you may call on your own.

The American Cancer Society can also give you a list of stores in your area. Please check with your insurance first.

### **UW Health Care Direct CareWear**

1345 Deming Way, Middleton WI 53562  
**608-262-2609**

## **Planning for Mastectomy Surgery**

After a mastectomy you should plan to stay in the hospital overnight. You may go home sooner if your surgeon feels you are ready.

You should plan to be off work for 2-4 weeks after mastectomy without reconstruction or 4-8 weeks if reconstruction was done. This depends on the type of work you do.

A few other things to know:

- Do not lift 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 can be set up before your surgery. You may also have a friend or family member help you with your care. **Please tell your doctor if you will need a home health visit after surgery.**
- Breast reconstruction hospital and healing times vary depending on the type you have done. If you have a tissue expander implant, expect an overnight stay in the hospital. Plan 4-6 weeks to heal. If you have a flap tissue reconstruction (such as a TRAM or a DIEP), the hospital stay will likely be 2-5 days. Plan 4-8 weeks to heal.

## **At the Hospital**

If you have a paravertebral block, you will get medicine through your IV to put you to sleep.

If you have general anesthesia, you get medicine that puts you into a very deep sleep. A tube is then placed into your trachea (windpipe) to help you breathe. With either of these options, you will not know what is happening or feel any pain.

A one-sided mastectomy surgery takes about 2 hours. The time it takes for reconstruction depends on what you have done.

When you get to your hospital room, you will have:

- An incision covered with gauze or a clear bandage.
- 1 or more drainage tubes in place.
- You may have a compression garment in place over your chest.
- An IV line.
- Special leg pumps. These help to keep good blood flow to your legs. The goal is to prevent blood clots until you are up and walking.
- Nurses will ask you to rate your pain and give you medicine to help keep you comfortable.
- Your vital signs checked frequently.
- You may have family or friends visit.

## **Care After a Mastectomy**

You can go home when you can eat, drink, and your pain is controlled. You are given pain medicine when you go home. Someone must drive you home. Your surgeon should call you in about 1 week with the results of your surgery. They will also review them at your follow up visit.

If you have drains placed, see Health Facts for You #4603, "Drain Care at Home." This will help you care for them.

You will follow-up with your breast team after surgery. Please discuss your specific follow-up plan with your doctor.

## **Care of Your Mastectomy Incision**

Check the site daily for any problems or signs of infection. You may see a slight redness and swelling along your incision or there may be a small amount of pink drainage coming from your incision. This is normal.

Place a new gauze over your incision. If you have Steri-Strips (small strips of tape) in place, they may fall off by themselves in about 1 week. They can also be removed in clinic.

Your doctor will tell you if you can shower after surgery. When you shower, let the water flow over the incision(s). Pat dry. Safety pin the drains to a robe tie or lanyard while in the shower. This keeps the drains in place and keeps them from dangling.

### **What is a seroma and how do I know if I have one?**

A seroma is a fluid-filled bulge that forms under the skin in the area of surgery. Some women may hear a “sloshing” sound in the breast when they move. This is fluid filling the surgical area. If you develop a small seroma, your body will slowly absorb this over time. If you have a seroma that gets larger and causes pain, please contact your doctor. This is **not** an emergency. You may be asked to go back to the clinic to have the fluid drained.

### **What to Know About Pain and Narcotics**

The amount of pain that women have after surgery varies. You will get a prescription for a narcotic pain medicine.

- Use them as needed and as ordered.
- Do not drive while taking narcotics.
- If you have nausea, take your pain medicine with food.
- Narcotics can cause constipation.
  - Eat plenty of fiber (bran, oats, fruits and vegetables).
  - Drink 6-8 glasses of water a day.
  - Take stool softeners if needed.

Most women find that 1–2 tablets of Extra-Strength Tylenol® every 4-6 hours helps to relieve pain. You may take up to a total of 8 tablets in a 24-hour period. Do not take more. If you have liver disease, check with your doctor first. You may also take ibuprofen as directed by your doctor. Talk to your doctor if you take other pain medicine.

### **When to Call**

Please call us if you have:

- Increased swelling under your arm.

- Firmness or bruising.
- Heavy bleeding.
- An opening in the incision.
- Sudden increase in pain.
- Signs of a seroma.
- Increased drainage from your site or drainage bulb(s) that fill quickly with the need to empty them every 1-2 hours.
- Fever of 100.4°F (38°C) or greater taken by mouth 2 times, 4 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 by the stitch around the drain.

### **Important Phone Numbers**

To reach your doctor 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**
- Your local Emergency Room

### **After Hours**

- **UW Health Breast Center at UW Hospital** – Call **(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 ask for 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. © 11/2018. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7734.