UWHealth | Carbone Cancer Center

Breast Conserving Surgery for Invasive or Non-Invasive Breast Cancer (Lumpectomy or Partial Mastectomy)

What is breast conserving surgery?
This surgery is done to remove breast cancer and save the breast. During surgery, a "rim" of what looks like normal tissue around the cancer is removed. This is called the margin. Ask your surgeon if this is an option for you. The other option is a mastectomy (complete removal of the breast). You and your surgeon should discuss:

- The cancer size compared to your breast size.
- Is the cancer in a single spot in the breast or are there many lesions?
- Your choice to save the breast.
- Can you have radiation therapy after the surgery?
- Do you have an "inflammatory breast cancer?"

In most cases, the survival rate is the same between breast conserving surgery and mastectomy. This is a personal choice. It is based on your values and needs. Some people want to save their breast while others want a shorter surgery and to recover faster. With breast conserving surgery, you recover quicker. Your options also depend on if surgery is needed for the lymph nodes.

There may be a slightly higher risk of the cancer coming back after breast conserving surgery. Negative margins can lower this risk. Radiation treatment to the breast is important, as it can lower the risk of the cancer returning.

What if my margins still show cancer after the surgery?
Some cancers may grow into what looks like normal tissue. These cancer cells cannot be felt or seen on x-rays. They cannot be seen by the naked eye. A pathologist will look at this tissue 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 is called a "positive" margin. This may increase the risk of the cancer coming back in the breast. Your surgeon may want to take out more tissue at a second surgery. This is called a **re-excision surgery**. This can occur in up to **1 out of 5 persons**. Some patients have "close" margins. Your doctor may wish to do a re-excision surgery in this case as well. This ensures there is no cancer left in the breast.

Why is radiation used?
Radiation lowers your risk of the cancer coming back in the breast. With radiation, the risk that cancer comes back is low, about 5-10%. Without radiation, the risk that the cancer comes back in the "conserved" breast can be as high as 30-40%. Radiation is advised for most patients; however, there are times it is not. Talk to your doctor. Radiation can be given in different ways and over different periods of time.

What are the side effects of radiation?
The most common side effects are local reactions (like a sunburn) and feeling tired. The local reaction will fade. Most people can work while they get radiation. The treatments can be scheduled around your work times. If you wish, you may meet with a radiation oncologist before your breast conserving surgery. This can help you learn more about radiation and may help you make your decision about surgery.

What will my breast look like?
The goal is to keep the shape of the breast and prevent "dents." There will be a scar.

CC-1511295-23

Your breast may be smaller or the nipple slightly moved to one side. The size and place of the cancer affects this. Talk to your surgeon so you know what to expect.

What can I expect the day of surgery?
You may be seen in different places the day before or the day of surgery. We will make sure you know where to go. On the day of surgery, someone will help you get to all the places that you need to be.

You may have a wire localization or radioactive seed placement procedure before surgery. See "Health Facts for You #8160 – *Breast Localization Before Surgery* for more information.

You may have a sentinel lymph node biopsy done at the same time. See "Health Facts for You *#7733 Sentinel Lymph Node Excision and/or Biopsy.* For this, you get an injection of tracer material. This helps the surgeon find the lymph nodes. This may be done the day before or the morning of surgery. If you get the injection the morning of surgery, the staff at the surgery center will schedule this for you.

If you choose a paravertebral block for anesthesia, this is done in the surgery center. See Health Facts for You, #7154 - *Anesthesia for Breast Surgery* for more information.

The surgery itself takes about 1 hour. If you need a sentinel node biopsy, it may take 1 ½ to 2 hours. Once the cancer tissue is removed, the surgeon closes the incision with sutures. Some sutures dissolve on their own, while others are removed at a later visit. You can expect to go home within a few hours of surgery. Someone must drive you home and stay with you the night of your surgery.

Follow-Up Care
You will have a follow-up visit with your surgeon in 1-2 weeks. Most people can go back to their normal activities; but you should avoid strenuous activities. We suggest you take off work for 1-2 weeks. You may go back to work sooner if you feel well, and your job allows. Check in with clinic staff if you have any questions.

Care of Your Breast Incision
You may have a gauze bandage over the site. This can be removed after 24 hours. If you have drainage from your incision, place a new piece of gauze over the site.

Your incision is either covered with special tape called Steri-Strips or sterile super glue. The gauze bandage covers this area. The steri-strips are often removed at your follow up visit. If they fall off sooner, it is ok.

Look at the site daily for any problems or signs of infection. You may see a slight redness and swelling along your incision. This is normal.

You may shower 24 hours after surgery. Let the water flow over the incision(s). Pat dry. **Do not** soak in a tub or pool until you are seen by your surgeon at your follow-up visit.

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 people 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 is getting larger and causing pain, please contact your doctor. This is **not** an emergency. You may be asked to return to the clinic to have the fluid drained.

What to Know About Pain and Narcotics
The amount of pain that people have after surgery varies. You will get a prescription for 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 people find that taking 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. You may use ice from time to time on the incision site. **Do not** use a heating pad. This this may cause a burn to the skin.

When to Call
Please call us if you have:

- Rapid increase in swelling.
- Firmness or bruising.
- Heavy bleeding.
- 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, 4 hours apart.

Who to Call
You can reach your doctor at your clinic listed below, Monday – Friday, 8:00 am to 5:00 pm.

UW Health Breast Center
University Hospital
(608) 266-6400
(800) 323-8942 (toll-free)

UW Health Surgery Clinic
1 South Park St. Clinic
(608) 287-2100
(888) 703-2778 (toll-free)

Breast Surgery Clinic
UW Health Rockford
(779) 696-8700

For Emergencies

- UW Hospital Emergency Room **(608) 262-2398**
- Meriter Hospital Emergency Room **(608) 417-6206**
- Your local Emergency Room

After Hours
After hours, your call will transfer to the paging operator. Ask for the surgery resident 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 ©1/2023. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7731.