Mastectomy Information for Patients and Families

A mastectomy is a surgery to remove all of your breast tissue. 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. Deciding to have a mastectomy 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 cancer comes back in the breast and reduce the need for radiation.
- 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 some patients, 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/Total** – The breast tissue with the tumor, the area around the tumor, some of the breast skin, 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** – This 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.

Options After Mastectomy

Prosthesis
If you do not have breast reconstruction (surgery to rebuild the breast), you can be fit 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 once 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 desired 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).

Ask for a copy of the "Breast Reconstruction Surgery Guide" to learn more about 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 waiting until 6-9 months after the end of radiation 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
After your surgery, you will be provided a post surgical bra or binder. The bra or binder can be washed and is meant to help hold your dressing in place and to provide compression/pressure to your surgical site to decrease swelling and risk of bleeding.

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

UW Health Care Direct CareWear
These stores in the Madison area have special products for use after breast surgery. They also have 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
Suite 100
Middleton WI 53562
(608) 831-8555

UW Health Care Direct CareWear
Eastpark Medical Center
4621 Eastpark Blvd.
Suite B2622
Madison, WI 53718
(608) 914-0100

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 up to 8 weeks if reconstruction was done. The needed time off depends on the type of work you do and the type of reconstruction that you had. The team who did your reconstruction surgery will help guide you.

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.
- Breast reconstruction hospital stays and healing times vary depending on the type you have done. If you have a tissue expander or implant, expect an overnight stay in the hospital. Plan 4-6 weeks to heal. If you have a flap tissue reconstruction (such as a DIEP), the hospital stay will likely be 3-5 days. Plan 8-12 weeks to heal.

At the Hospital
If you have a paravertebral (nerve) 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.
- A compression garment in place over your chest.
- An IV line.
- Special leg pumps. These help to keep good blood low to your legs. The goal is to prevent blood clots until you are up and walking.
- Nurses asking you to rate your pain and give you medicine to help keep you comfortable.
- Your vital signs checked often.
- The ability to decide if you want to 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. By law, pathology results are released to the patient and provider at the same time. Often, patients may see the results before the provider has reviewed the results. Your surgeon will review your results with you at your post-op appointment and will discuss next steps.

If you have drains placed, see Health Facts for You "Care of Your Surgical Drain 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 team.

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. You may also have a purple skin glue on your incision. This will fall off on it's own like a scab as the skin heals.

You will be instructed 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. Do not soak in a tub or use a hot tub or pool until your incision is healed or your team tells you it's safe to do so.

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 people 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
- 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)

Who to Call
To reach your doctor, call one of these numbers Monday – Friday, 8:00 am to 5:00 pm.

UW Health Breast Center
(608) 916-0500

UW Health General Surgery Clinic at UW Hospital
(608) 263-7502

UW Health General Surgery Clinic at 1 South Park St
(608) 287-2100

UW Health ENT Clinic
(608) 263-6190

Breast Surgery Clinic Rockford
(779) 696-8700

Breast Health Center Rockford
(779) 696-7676

UW Health | Carbone Cancer Center Rockford
(779) 696-9400

For emergencies go to the nearest emergency room.

After Hours
After hours, your call will forward to the paging operator. Ask for the surgery resident or doctor on call for your clinic. Give your name and phone number with the area code. The doctor will call you back.

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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. © 2/2026. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7734.