Treating a benign breast tumour with surgery

Partial mastectomy



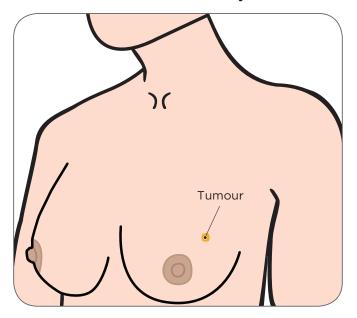


After discussing this with you, your doctor (surgeon) has suggested surgery to remove a benign breast tumour, that is, a non-cancerous tumour. This fact sheet describes this surgery and what you need to know to make sure everything goes well.

What does this surgery involve?

Partial mastectomy is also called a lumpectomy. This is the most common operation to remove a benign tumour from the breast. The aim is to preserve the breast and its shape as much as possible.

Partial mastectomy



The surgery involves removing the tumour

Why do I need this surgery?

Partial mastectomy can remove the entire tumour.

The tissue removed is then analyzed to find out the precise nature of the tumour cells. The surgeon will give you the results during a visit after the operation.

How will I know if this surgery is right for me?

Your doctor takes several factors into account when proposing this surgery:

- the location and size of the tumour
- the size of your breast
- the results of your tests and examinations
- your personal preferences

How long will the surgery take?

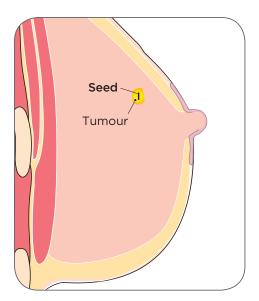
For this surgery, you will either be put to sleep (general anesthesia) or the surgeon will use local anaesthesia (freezing only the affected area). The time varies depending on the location of the tumour and how complicated the surgery is.

If the tumour is very small, the surgeon may request the installation of a radioactive "seed" or a guide wire. These are methods used to locate very small tumours accurately during surgery.

What is a radioactive seed or a guide wire?

> The radioactive seed. This is a tiny rod that gives out a very small amount of radiation. This radiation allows the surgeon to see the exact location of the tumour. The seed is installed a few days before surgery or sometimes the same day, in the Breast Imaging Service of the Radiology Department.

The radioactive seed is inserted directly into the tumour. It is in the breast and can't move. After it is inserted, you will be able to wear your underwear as usual.

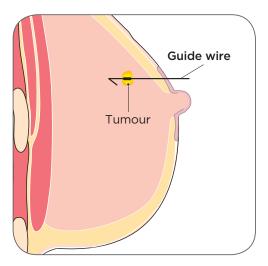


Seed inside the breast

> The guide wire. This is a very thin metal wire inserted into the tumour and extending out through the skin. It is installed on the morning of surgery in the Breast Imaging Service.

The end of the guide wire is bent, like a hook. This helps keep the wire in the right position so that it doesn't move. This is why some doctors call it "harpoon". You will wear a protective bandage on your breast to keep it from moving.

You will be given a hospital gown, as you won't be able to wear a bra or your own clothes.



Guide wire inside the breast

Does inserting the seed or the wire hurt?

No, because they are inserted under local anesthesia (frozen area). When this is being done, most women feel only a slight discomfort. The seed or wire is removed during the surgery.

How long will I stay in the hospital?

Usually, you are hospitalized in the Day Surgery Unit. You arrive the morning of the surgery and leave in the evening. The hospital stay lasts up to 10 hours. In rare cases, the surgeon may decide to keep you in hospital to better monitor you after the surgery.

What will my breast look like after the surgery?

When you wake up, there will be a bandage on your wound. The size and shape of your breast may look different to you. Be aware, however, that surgery causes the wound to swell.

Wound healing takes about 8 weeks. It often takes 6 months to 1 year for you to really see the new look of your breast.

To improve the appearance of your scar, you can massage it when the wound is healed. Talk to your doctor or nurse about this at your follow-up appointment. See the fact sheet *Caring for my scars with massage.*



Can there be any problems or complications?

Yes, as with any surgery. The main possible problems are:

- pain (which will vary from person to person)
- weak blood flow under the skin (blue colour or bruising)
- more significant clotting of blood under the skin creating a lump and bruising (hematoma)
- accumulation of fluid under the skin, forming a lump (seroma)
- infection

To find out if you should consult about these symptoms, see the fact sheet <u>Taking care of yourself after breast surgery.</u>

Who can I contact for help or to ask questions?

If you have questions, don't hesitate to talk with your physician or the clinic nurse.



USEFUL RESOURCES

Canadian Cancer Society:

> cancer.ca

Click on Cancer Information → Breast → Non-cancerous tumours

Other health sheets published by the CHUM are available. Ask for those that might fit your situation.



You can also find them on our web site chumontreal.qc.ca/votresante

The content of this document in no way replaces the recommendations and diagnoses made, or the treatment suggested by your health professional.

To find out more about the Centre hospitalier de l'Université de Montréal **chumontreal.qc.ca**



| 8 | Questions | Write down any questions you want to ask your care team so you don't forget anything. | |
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Pain management

Use this chart to manage your pain level. You can print out full-page charts from: chumontreal.qc.ca/painchart.pdf



Examples

| Date / Time | Pain (level)) | Activity, medication, etc | Comments (effects on pain, etc.) |
|------------------|------------------|---------------------------|-------------------------------------|
| 12-05, 9 p.m. | 7 | 2 Tylenols | A bit better. Pain = 5/10 |
| 12-05, 9:30 p.m. | 5 | Relaxation - reading | Feeling better. Pain = 3/10 |
| | | | |

Pain scale



You want to keep your pain level at 4 or lower. Unrelieved pain will be harder to control.

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