

Treating breast cancer with surgery

Total or modified radical mastectomy



After discussing your situation with you, your doctor (surgeon) has suggested removing one or both of your breasts. This fact sheet describes this surgery and everything you need to know to make sure everything goes well.

Why should I have this surgery?

Mastectomy is done to remove a cancerous tumour from your breast. It removes all traces of cancer that have been detected. It reduces the risk of the cancer returning or affecting other parts of the body. The tissues removed during surgery are analyzed to determine the precise nature of the tumour.

The doctor will give you the results during a visit after the surgery. He or she will work with you to decide on the treatment plan.

Mastectomy can also be done as a preventive measure to reduce the risk of cancer if you have mutations in certain genes.

What does this surgery involve?

2 TYPES OF TOTAL MASTECTOMY ARE POSSIBLE.

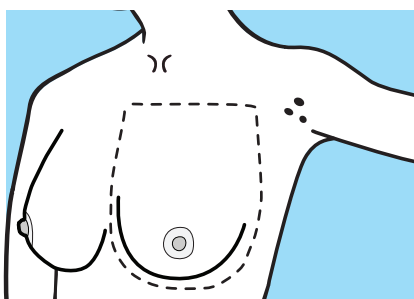
1 Simple mastectomy

This consists of removing the entire breast with the nipple. Sometimes the surgeon also removes a few nodes under the arm (armpit) to check if they are affected by cancer. See the fact sheet on [Removing lymph nodes during breast cancer surgery](#).

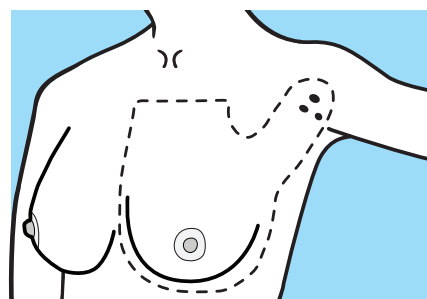
2 Modified radical mastectomy

This consists of removing the entire breast with the nipple. Lymph nodes in the armpit are also removed.

Total mastectomy



Modified radical mastectomy



How do I know if this surgery is the best 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

What can be done to improve the appearance of my breasts?

Several options are available to you.

> Breast reconstruction

This surgery involves reconstructing your breast using your own tissue or a prosthesis (implant). Depending on your case, the doctor may keep the skin, areola, and nipple of your breast to have a more natural shape. There are several fact sheets on breast reconstruction and all the options available.

> Wearing an external breast prosthesis

There are two kinds:

- **A fabric prosthesis.** This is very light and is slipped into your bra. It can be worn as soon as the doctor authorizes it. You can obtain one from the Fondation Virage (see useful resource).
- **A gel prosthesis.** This looks more like a natural breast in shape and texture. But it's heavier and warmer. The wound must be healed before wearing it. The nurse or surgeon will need to authorize it. This type of prosthesis is partially reimbursed by the Régie de l'assurance maladie du Québec (RAMQ) or by your private insurance company. Ask your insurer about this.

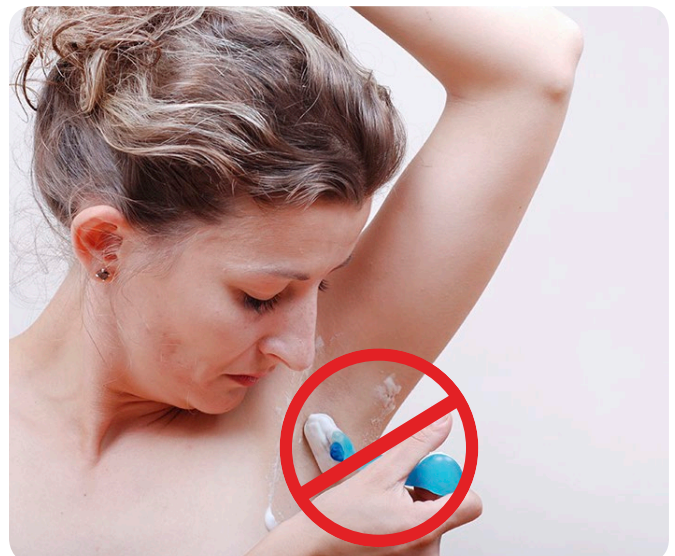


Are there precautions to take BEFORE the surgery?

You will attend a teaching session on how to prepare for the surgery and look after yourself afterwards. You will receive fact sheets like this one so you can continue preparing at home.

Also:

- **Do not** remove the hair (using wax, depilatory cream, laser, or electrolysis) from your armpit on the side to be operated on for **one week** before the operation. This will reduce the risk of infection and your wound will heal faster.
- **Do not** shave your armpit for **48 hours** before surgery.



How long does the surgery take?

For this surgery, you will be put to sleep (general anesthesia). It takes about 2 hours. You will then be brought to the recovery room. When you are awake enough and stable, you will go to the day surgery unit.

How long will I stay in the hospital?

This procedure is done in the day surgery unit. You will stay in the hospital for about 10 hours. You arrive on the morning of the surgery and leave the same evening. In some cases, the doctor may decide to keep you in hospital for one or more days to better monitor you after the surgery.

What will my chest look like after the surgery?

When you wake up, there will be a bandage over your wound. Your wound will feel swollen. Your breast(s) will be gone.

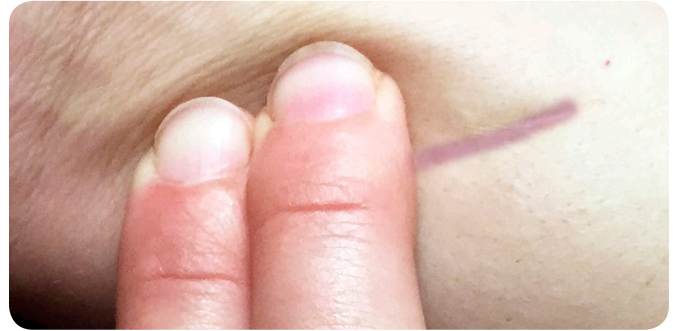
The surgeon may have placed a tube (a “drain”) in the wound at the time of surgery. This is to prevent fluids from accumulating in your body. See the fact sheet [Taking care of a drain after surgery](#).

It takes about 8 weeks for the wound to heal. Often it is only after several months that you will be able to really see the new look of your chest. The process is longer if you have radiotherapy treatments after the operation.

The pain can last for several days.



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 [Taking care of 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)
- infection
- accumulation of fluid under the skin, forming a lump (seroma)
- weak blood flow under the skin (blue colour or bruising)
- more significant clotting of blood under the skin creating a lump and bruising (hematoma)
- if a sentinel lymph node biopsy (exeresis) was done or an axillary lymph node dissection: swelling of the hand, arm, or chest may occur in the long term (lymphedema). See the fact sheet on [Lymphedema](#) (French only).

To find out if you should consult about these symptoms, see the fact sheet [Taking care of yourself after breast surgery](#).

What feelings could I have after the surgery?

Every woman reacts differently. You might adapt easily to your new body. You might be relieved because you no longer fear breast cancer.

On the other hand, you might feel embarrassed and no longer appealing or sexually attractive. You might not feel like a complete “woman” anymore. Some women are afraid of being looked at by other people, or of touching their breasts or having sex.

These feelings are normal. They are part of the grieving process. It is normal to mourn the loss of your breast and your previous physical appearance.

Expressing your thoughts and emotions by talking with your loved ones or writing can help you get through this ordeal. But ask your healthcare team for help if:

- you feel that your sadness, anxiety, or change in the way you view your sexuality is disturbing your daily life
- your sleep, appetite, concentration, or energy are disturbed for more than a month

Your team can support you and, if necessary, refer you to a psychologist or sexologist.

Who can I contact for help or to ask questions?

Call the clinic nurse, Monday to Friday between 8:00 a.m. and 4:00 p.m.

> **514 890-8000, extension 14319**

Outside of business hours, call:

> **514 890-8086**

This support service is available 24 hours a day, 7 days a week. When calling, be sure to have your health insurance card on hand.



USEFUL RESOURCES

Quebec Breast Cancer Foundation:

> rubanrose.org/en

Fondation Virage:

Centre intégré de cancérologie du CHUM
1051, rue Sanguinet, room C14-7065
Montréal (Qc) H2X 3E4

> **514 890-8000, ext. 28139**

> viragecancer.org (French only)

CICC website:

> cicc.chumontreal.qc.ca

Click on the tab “Cancer du sein”
(French only)

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/fiches-sante



Questions



Resource people and contacts

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