

SURGICOM PATIENT INFORMATION LEAFLET

MASTECTOMY AND AXILLARY CLEARANCE



GENERAL INFORMATION

A mastectomy and axillary clearance means the removal of the entire breast and the lymph nodes from the axilla. No muscles are removed. This operation of mastectomy and axillary clearance is done to remove cancer that cannot be removed safely by a smaller operation such as lumpectomy (also known as wide local excision).

DIAGNOSIS

A biopsy may have been done by removing a small piece of breast tissue either with a needle or an open biopsy. Or it may be suggested by your doctor that a biopsy will be done while you are asleep under anaesthesia. The pathologist comes to the theatre and examines the tissue while you are asleep. If he finds that the lesion in your breast is a cancer, the operation proceeds.

PRE-OPERATIVE PREPARATION

- Make sure your doctor knows what medicines you take, especially medicines which may affect blood clotting.
- Your doctor may decide to do some special tests before the operation.
- Do not eat or drink anything for 6 hours before the operation.
- Your doctor will explain when you need to be admitted.
- You may be given sedation before being taken to the operating theatre.

OPERATION

- You will be asleep for the operation.
- The operation usually takes about 2 hours.
- Your doctor will tell you whether you will need a blood transfusion.
- The entire breast and lymph nodes will be removed and be sent to the laboratory to be examined by a pathologist.

POST OPERATIVE CARE

- You will wake up in a recovery room.
- When your blood pressure, pulse and breathing become stable, you will be taken to your regular hospital room.
- You will have a thin plastic tube coming from the wound that will drain any fluid into a plastic bottle or bag.
- There will only be moderate pain which can usually easily be controlled.
- You will be able to eat normally.
- Your doctor would have discussed with you how long you need to stay in hospital. It is usually a few days.
- Arrangements will be made by your doctor about removal of the drain and the stitches.

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HOME CARE

- You may walk about as you wish.
- You may eat as you did before the operation.
- You would have been given instructions on arm movements by your doctor or the physiotherapist.
- Your doctor would have instructed you regarding bathing or showering.
- You will have been told when the dressings may be removed.
- You will be given instructions as to when the stitches need to be removed.
- Your doctor would have explained to you when you may drive again.
- Your doctor would have explained when you may return to work.
- Whether you will need to have follow up radiotherapy treatment, chemotherapy treatment or hormone treatment will depend on the results of the pathological examination of the specimen which was removed. Your doctor will discuss this with you.

COMPLICATIONS

- Complications are infrequent after a mastectomy and axillary clearance but are possible. You must be aware of the following possible complications.
- The small sensory nerve to the inner aspect of the arm is usually divided during the operation. This may lead to some numbness on the inside of the arm.
- Two important nerves run through the axilla and supply muscles around the axilla. Your doctor will attempt to avoid injuring these nerves during the operation. You must be aware of the fact that injury to these 2 nerves is possible.
- A bleed or haematoma does sometimes occur, even in spite of a drain having been left in. If this happens your doctor will decide how to manage this.
- A mastectomy wound very rarely becomes infected. If this happens, it may necessitate dressings or other active management.
- Very rarely there may be problems with the skin flaps and on rare occasions further surgery may be needed.
- This operation leaves a significant scar which usually is reasonable. However some patients may end up with an unattractive scar.
- If you don't work hard with arm exercises, you may end up with some limitation of shoulder movement.
- Systemic complications like venous thrombosis and pulmonary embolism are rare, but possible after any operation or anaesthetic.

