Lumpectomy

Lumpectomy is a surgery to remove an abnormal mass and tissue from your breast. During a lumpectomy procedure, the surgeon removes the mass/lump and a small amount of the healthy tissue that surrounds it. It is also commonly referred to as breast conservation surgery because it leaves most of the breast intact compared to a mastectomy.

On its own, a lumpectomy does not indicate if cancer has spread, but it may be performed along with a sentinel lymph node biopsy. This is a procedure in which surgeons remove nearby lymph nodes to determine if the cancer has spread.

As always, talk to your Doctor about your options and what is best for you. You are your best advocate.

What are the advantages of a lumpectomy?

Studies have shown that patients with a lumpectomy and radiation therapy have the same low risk for recurrence as patients with a full mastectomy or removal of the entire breast.

A lumpectomy allows patients to conserve more of the breast. It also allows most patients to preserve the nipple and the surrounding area and maintain more sensation or feeling than they might with a mastectomy. The cosmetic impact varies from person to person and depends on the size of the tumor compared to the size of the breast. What the breast looks like after will also depend on how much breast tissue is removed.

Preparing for a lumpectomy

You'll usually meet with your surgeon a few days before your lumpectomy. It is helpful to bring a list of any additional questions you have so you don’t forget them. Make sure you understand and feel comfortable with the procedure and its risks.

You should be given instructions about pre-surgical restrictions and other things you need to know. Typically, a lumpectomy and lymph node removal is a short, outpatient procedure and you will go home the same day. Most patients receive general anesthesia, but care teams may also use an IV with a sedative, or relaxing medication, and a local anesthetic is used to numb the area being operated on. This can differ depending on where you have your procedure done.

The surgery may take longer if you also decide to have breast reconstruction at the same time as the lumpectomy.

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Tell your doctor about any medications, vitamins or supplements you're taking in case something could interfere with the surgery or procedure.

Some things to keep in mind while you are preparing for a Lumpectomy:

- **It's a good idea to check with your insurance company** to determine whether the procedure is covered and if there are restrictions on where you can have it done.
- **Typically, you will stop taking aspirin or other blood-thinning medication.** Your doctor may ask you to stop taking it a week or longer before the surgery to reduce your risk of bleeding. Your Doctor will also let you know if there are any other medications you need to stop taking before surgery.
- **You could be asked to not eat or drink 8 to 12 hours before surgery,** especially if you're going to have general anesthesia. The surgical center you go to should contact you with their instructions about a week before surgery.
- **Bring someone with you.** Besides offering support, another person is needed to drive you home and listen to postoperative instructions because it may take several hours for the effects of the anesthesia to wear off.

Day of surgery

When you arrive at the hospital on the day of surgery, you will change into a hospital gown and wait in a pre-surgery holding area.

You will then see a radiologist who locates the tumor using a mammogram or ultrasound and prepares you for a needle localization. After injecting a numbing agent into the breast (local anesthesia), the radiologist inserts a thin wire into the area to help guide the surgeon. The wire sticks out from the breast and needs to be protected and kept in position until the surgery begins.

Some surgeons now use wire-free localization, which can be done a few days before surgery. The radiologist inserts a tiny seed through the skin into the area where the cancer is. Some seeds are magnetic, some are radioactive, and others are reflective and emit radar waves. On the day of the procedure, the surgeon uses a detection device to locate the seed.

The surgeon may mark the planned incision site on your breast — usually with a felt-tip marker. If you are having a sentinel lymph node biopsy, your surgical team injects a blue dye underneath the nipple or near the cancer site. Sometimes the dye is combined with a radioactive or magnetic tracer. The dye travels to the sentinel lymph nodes and helps the

surgeon decide which lymph nodes need to be removed. Your surgical team may wait until after you have general anesthesia to inject you with the dye.

Once you are in the anesthesia room, a nurse inserts an intravenous (IV) infusion line into your hand or arm and tapes it into place. Then, the nurse gives you relaxing medication through the IV line.

A lumpectomy can take about 60 to 90 minutes. The procedure takes longer if you have oncoplastic lumpectomy or lymph node removal along with lumpectomy.

Most surgeons use hidden incisions or incisions that follow the natural curve of your breast. Many surgeons place the scar along the areola (the dark skin surrounding the nipple), along the edge of the breast, in the underarm crease, or under the breast fold so it's not obvious (called aesthetic scar placement). It's a good idea to talk to your surgeon about scar placement before surgery so you know what to expect.

The surgeon removes the breast cancer tumor and a rim of healthy tissue around it. The surgeon also may place small clips or another type of marker to identify the original cancer site, which helps the radiation oncologist target radiation treatments. The surgeon will then close the incisions with attention to preserving the appearance of your breast, using stitches (sutures) that will either dissolve on their own or be removed later by your doctor. Your surgeon may also place thin adhesive strips or use glue on the incision to keep it closed until it heals.

Lymph node removal procedures include:

- **Sentinel node biopsy.** During this procedure your surgeon removes only the first one or two nodes into which the cancer drains (sentinel nodes). These are then tested for cancer. Your doctor may recommend this procedure if there are no concerns about enlarged lymph nodes prior to your surgery.
- **Axillary lymph node dissection.** During this procedure, the surgeon removes a number of lymph nodes from your armpit. Your surgeon may recommend this procedure if a lymph node biopsy done before surgery shows signs of cancer.

The Lymph Nodes then go to the pathology lab to be examined. If no cance is present, no further nodes need to be removed. If cancer is present, the surgeon wil discuss options at your follow up appointment.

After Surgery

When the surgery is finished, you are taken to the recovery room, where staff monitor your heart rate, body temperature, blood pressure, and pain level.

If you've had outpatient surgery — usually lumpectomy and sentinel node biopsy — you'll be released when your condition is stable but usually the same day. If you've had axillary lymph node dissection, you may need to stay in the hospital for a day or two if you're experiencing pain or bleeding.

Expect to have:

- A dressing (bandage) over the surgery site
- Some pain, numbness and a pinching sensation in your underarm area
- Written instructions about post-surgical care, including caring for the incision and dressing and recognizing signs of infection
- Prescriptions for pain medication and possibly an antibiotic
- Some restrictions of activity
- A follow-up appointment with your doctor, usually seven to 14 days after surgery

At home care after surgery

Your surgical team should give you instructions on what you can expect to do once you are home but it’s a good idea to ask any questions you may have before leaving the hospital.

Here are some guidelines to follow during your recovery period:

- Rest. When you get home from the hospital, it’s normal to feel fatigued and out-of-sorts so it’s a good idea to get plenty of rest. If after a few days you still feel too tired to return to your routine, there are several ways to manage fatigue.
- Take pain medication as needed. You may receive pain medication in the recovery room, and you may possibly get a prescription from your surgeon when you leave the hospital. It’s possible to feel a mixture of numbness and pain around the surgery area in the breast (and the armpit incision, if the surgeon removed any lymph nodes). If you feel pain, take the medication your doctor prescribed according to the instructions you received, don’t try to ride it out. Some people with a lumpectomy can manage any discomfort with acetaminophen, ibuprofen, and ice.
- Many people can shower 48 hours after surgery if they keep incisions clean, dry, and covered with gauze.

- Wear a good sports or support bra only if your doctor says you can. Wearing a supportive bra day and night for some time can minimize any movement that might cause pain. If you have larger breasts, you may find it more comfortable to sleep on the side that has not been operated on, with your healing breast supported by a pillow in front of you. People who have oncoplastic lumpectomy surgery get a special support bra from their surgical team.
- As nerves regrow, you may feel an itchy or a crawling sensation, and you may be very sensitive to touch.
- Care for the bandage (dressing) covering your incision. Your team should have explained how to care for your incisions and dressings. Keep an eye on your stitches. Most surgeons use stitches (sutures) that dissolve after some time, so there is no longer any need to have them removed. It's possible to see the end of a suture poking out of the incision like a whisker — but your surgeon can easily remove it.
- Exercise your arm. There are activity recommendations and restrictions for you to follow after your surgery. Your surgeon should give you written, illustrated instructions on how to do simple after-surgery arm exercises to prevent arm and shoulder stiffness on the side where you had the lumpectomy. You can usually start the exercises the morning after surgery. Your surgeon should also let you know which exercises to avoid until your drains are removed or your incisions are more healed.
- Recognize signs of infection. Your surgical team should explain what the signs of an infected incision are and when and how to contact the office.

Results

The results of your procedure should be available in a few days to one week. At the follow-up visit after your surgery, your doctor will explain the results.

If you need more treatment, your doctor may recommend meeting with:

- **A surgeon** to discuss more surgery if the margins around your tumor weren't cancer-free
- **A medical oncologist** to discuss other forms of treatment after the operation, such as hormone therapy if your cancer is sensitive to hormones or chemotherapy or both
- **A radiation oncologist** to discuss radiation treatments, which is typically recommended after lumpectomy
- **A counselor or support group** to help you cope with having breast cancer

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