

Different types of Surgeries

Surgery is usually the first line of attack against breast cancer. Decisions about surgery depend on many factors. You and your doctor will determine the kind of surgery that's most appropriate for you based on the stage of the cancer, the "personality" of the cancer, and what is acceptable to you in terms of your long-term peace of mind.

Questions to Ask Your Surgeon

- What kind of surgery do you recommend for me? Why?
- How much of my breast will be removed?
- What are the risks and side effects of this surgery?
- What are the risks if I decide not to have this surgery?
- What are my options for anesthesia? What are the risks of anesthesia?
- What kind of incision am I going to have? What kind of care will my incision need after surgery?
- Will I have a lymph node dissection? If so, how many nodes will be removed?
- What should I know about taking care of my arm after lymph node dissection?
- Will you come to see me after surgery?
- How will I feel after surgery? Will I need pain medication?
- Will surgical drains be placed in my chest/underarm area? If so, what do I need to know about them?
- Will I have stitches that need to be removed later?
- How long will I stay in the hospital after the surgery?
- What should I do if I feel like I need more time in the hospital than my insurance will allow?
- How much time should I expect to allow for recovery at home?
- Are there physical therapy exercises I should do after surgery? Do you have any information about exercises that I can take with me?
- How often will I see you for follow-up care after surgery?
- If I have a mastectomy, will I be able to have breast reconstruction?
- When will you have the results of my pathology tests?
- Will I come in to discuss them, or will we talk over the phone?
- Will my medical insurance cover all charges from you and the hospital?

Surgery Risks and Side Effects

It is important to remember that the techniques used in breast cancer surgery have improved dramatically in recent years. But, as you know, any kind of surgery — everything from tonsillectomy to open heart surgery — involves risk.

Learn more about risk factors associated with the type of surgery you have by talking to your Doctor or Care Team.

Lumpectomy

Lumpectomy, also known as breast-conserving surgery, is the removal of only the tumor and a small amount of surrounding tissue (referred to as the margin). Lumpectomy is also sometimes referred to as a partial mastectomy.

The amount of tissue the surgeon removes can vary greatly. Removing a margin of healthy tissue surrounding the cancer helps ensure the surgeon removes all of the cancer. During a lumpectomy, the surgeon also usually removes one to three underarm lymph nodes. Removing these lymph nodes is known as a sentinel lymph node biopsy.

The pathologist examines these lymph nodes to check for any signs of cancer. If the pathologist finds cancer, you may need to have more lymph nodes removed through a procedure called axillary lymph node dissection.

If you're considering lumpectomy, it's a good idea to talk to your surgeon about how much tissue needs to be removed and how it might affect your breast's appearance. In some cases, surgeons can use plastic surgery techniques during the lumpectomy to achieve a better cosmetic result. Called oncoplastic lumpectomy, this approach may make breast-conserving surgery possible even if you have a larger tumor or multiple areas of cancer.

Mastectomy

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A mastectomy is surgery that removes all breast tissue, either to treat breast cancer or to prevent it from developing in people at a higher risk for the disease.

Some types of mastectomies remove the entire breast, while other types can keep some or all the breast skin, the nipple, and the areola intact.

Surgically removing one breast is called unilateral (or single) mastectomy. Removing both breasts is called bilateral (or double) mastectomy. Some lymph nodes from the underarm on the tumor's side are sometimes removed to see if the cancer has spread beyond the breast.

With mastectomy, breast reconstruction surgery is usually an option to restore the shape and appearance of the breasts if that is what you would like. Breast reconstruction may be done at the same time as the mastectomy (called immediate reconstruction) or later (called delayed reconstruction).

If you don't want to have breast reconstruction, you can choose to "go flat" after mastectomy. You can ask your surgeon to perform a procedure called aesthetic flat closure that creates a smooth, flat chest wall.

Prosthetic breast forms are an option for women who don't have breast reconstruction but want the appearance of having breasts.

After a mastectomy, most women lose sensation in their breast area. This is because the nerves in the breast skin, nipple, and areola are damaged or removed during a mastectomy.

It's important to know that your breasts may not be symmetrical (matching in size, shape, and position) if only one breast is removed and reconstructed, or if both breasts are reconstructed and afterwards you have radiation therapy to one breast. Usually, surgery to make your breasts match better in size, shape, or position is an option.

Take the time you need to learn about all your surgical options, get your questions answered by your doctors, and do your own research. You may feel like you should start treatment as soon as possible, but in most cases, you have time to carefully think through your options. Together, you and your doctors can figure out what will work best for you.

Going Flat After Mastectomy

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Many people choose to skip breast reconstruction with tissue flaps or implants after breast cancer surgery. When you choose to leave one or both sides of the chest flat after mastectomy — it is known as going flat.

People who go flat either live flat all the time or choose to use external breast forms however often they wish.

Deciding to go flat after mastectomy instead of having surgery with tissue flaps or implants is a completely valid choice. It's important to choose what best suits your preferences and lifestyle. People who choose to go flat after mastectomy are becoming much more visible.

Doctors sometimes assume that the step after a mastectomy is breast reconstruction with either a breast implant or tissue from another place on the body (called flap or autologous reconstruction). If your doctor doesn't present going flat as an option, you may have to be your own advocate and start the discussion yourself. Current research shows that people who choose to rebuild their breasts have no advantage in quality of life, body image, and sexuality over those who choose to go flat.

If you're considering going flat, there is no single, right time to make a final decision. Many people decide right away that going flat after mastectomy is the best option for them. Others decide to go flat after having breast reconstruction surgery with either tissue flaps or implants, especially if they've experienced pain, discomfort, or other surgery-related issues. The most important thing is for you to make an informed choice that is right for you.

Aesthetic flat closure is considered the gold standard for going flat and offers the best results. This procedure is sometimes also referred to as post-mastectomy chest wall reconstruction.

Lymph Node Removal

Lymph node removal can take place during lumpectomy and mastectomy if the biopsy shows that breast cancer has spread outside the milk duct.

If you have invasive breast cancer, your surgeon will probably remove some of the lymph nodes under your arm during your lumpectomy or mastectomy. Examining your lymph nodes helps your doctors figure out the extent of cancer involvement.

Cancer in the lymph nodes is associated with an increased risk of having cancer cells in other parts of your body. Your lymph nodes act as filters for your body's lymphatic drainage

system. That's why the lymph nodes are likely to "catch" or filter out cancer cells that might be floating in the fluid that drains away from the cancerous area of the breast.

Doctors look at the various kinds of nodes that are involved with your breast: The nodes around your collarbone and neck (supraclavicular, infraclavicular, and cervical nodes) are examined manually (by hand). Your doctor will feel this area for signs of enlarged nodes. The nodes under your arm (axillary lymph nodes) are also examined manually and are relatively easy to get to during surgery. Surgeries to remove some or all of the lymph nodes under your arm are called sentinel lymph node dissection or axillary lymph node dissection.

Breast Reconstruction

Reconstruction is the rebuilding of the breast after mastectomy and sometimes lumpectomy. Reconstruction can take place at the same time as cancer-removing surgery, or months to years later. Some women decide not to have reconstruction or opt for a prosthesis instead.

Breast reconstruction surgery rebuilds the shape and size of one or both breasts. In most cases, breast reconstruction is done by a plastic surgeon. Making the choice to have breast reconstruction is a very personal decision, so take the time you need to figure out the best options for you and your unique situation.

There are two main techniques to reconstruct a breast. One type uses implants — silicone shells filled with gel or salt water. The other type uses a flap of tissue from another place on your body.

You also can choose to have the surgeon recreate a nipple and areola on the reconstructed breast if these were removed during mastectomy. Although breast reconstruction recreates the breast, it does not restore sensation to the breast or nipple.

If you are thinking about having breast reconstruction, talk to your breast cancer surgeon and a plastic surgeon who is experienced in breast reconstruction before you have mastectomy or lumpectomy surgery.

Some things to consider when deciding whether breast reconstruction is right for you:

- Do you want to reconstruct your breast?
- Some women prefer to wear a breast form (prosthesis) — an insert that you put in your bra or bathing suit — instead of having reconstruction. Other women want to have a permanent breast shape, whether they are wearing clothes or not.
- Is it important to you that your breasts match in size and shape when wearing a bra or not?
- Are you willing to have several surgeries to reconstruct your breasts over an extended period of time?
- Do you want to resume your regular activities as soon as possible? Women who don't have reconstruction are able to resume their daily activities much sooner than women who have reconstruction.
- Are you an athlete or do you have a physically demanding job? Some women find that implants, which are placed under or over the chest muscle, can limit their range of motion or be uncomfortable when reaching full range of motion. Certain flap reconstruction procedures cut through muscle in the back or lower abdomen, which can cause weakness or loss of function.
- Do you have any other medical conditions that might affect your ability to heal after surgery?
- Are you concerned about the cost of reconstruction? Federal and state laws require that group health plans that cover mastectomy also cover breast reconstruction, including any follow-up procedures to restore a balanced appearance to the breasts. This may not cover the costs associated with taking skin from other parts of the body. Talk with a plastic surgeon before you have breast cancer surgery so you can figure out exactly what your costs might be.
- When is breast reconstruction surgery done? You can have breast reconstruction surgery at the same time as mastectomy, immediately after the surgeon removes the cancer. You can also have breast reconstruction after mastectomy, months or even years afterward. Learn more about when breast reconstruction surgery is done.

Make sure you are comfortable with your surgeon(s) before doing any procedures. Ask as many questions as you need to make informed decisions that are right for you.

Prophylactic Ovary Removal

Prophylactic ovary removal is a preventive surgery that lowers the amount of estrogen in the body, making it harder for estrogen to stimulate the development of breast cancer. It usually involves removing the ovaries and the fallopian tubes. Women who are at high risk for breast and ovarian cancer sometimes choose prophylactic ovary removal to reduce their risk.