

# Mastectomy



**SAFETY**  
**HEALTH**  
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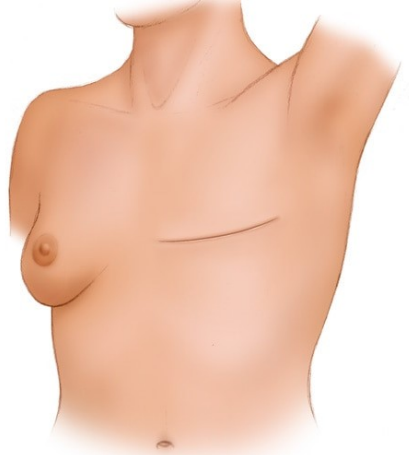


*St. Maarten Medical Center*

## What is a Mastectomy?

A mastectomy is a surgery done to remove all your breast tissue. The goal is to remove all the cancer before it spreads to other parts of the body. A mastectomy (rather than breast conserving surgery or lumpectomy) may be advised by your doctor if:

- The cancer is large compared to your breast size.
- Breast cancer is found in many parts of your breast.
- Your breast cancer is an “inflammatory breast cancer.”
- You have had radiation to your chest wall or breast in the past.
- You have a high risk of breast cancer. This could be due to a genetic mutation. A mastectomy may reduce your risk of future breast cancer.



The survival rate tends to be the same between breast conserving surgery and a mastectomy. This is usually a personal choice that is based on your values and needs. You may think about a mastectomy if you:

- Wish to reduce the risk that the cancer comes back in the breast.
- Test positive for a genetic mutation that puts you at higher risk for breast cancer in the future.
- Have a strong family history of breast cancer.
- Wish to lower your chance of needing radiation.

The risk of cancer in the breast or chest wall coming back after a mastectomy is lower than with breast conserving surgery. However, cancer can return in the nearby skin, muscle, or any breast tissue that remains. In a small number of women, we advise radiation even after a mastectomy.

## Type of Mastectomy

There are a few types of mastectomy. The type that we suggest depends on the type of cancer you have, your situation and if you may need reconstruction. You and your surgeon will decide what is best for you.

There is a chance that during your mastectomy you may also need surgery on your axillary lymph nodes (lymph nodes under the arm). This may include a sentinel lymph node biopsy or an axillary lymph node dissection (removing multiple lymph nodes under the arm).

### Specific Types of Mastectomy

- **Simple** – The breast tissue with the tumor, the area around the tumor, the areola and the nipple are all removed.
- **Skin Sparing** – All of the breast, nipple and areola are removed. The skin of the breast is not removed. A small incision (cut) is made around the areola. This keeps the rest of the breast skin intact. This method is used if you plan to have breast reconstruction right away.
- **Nipple Sparing** – The whole breast is removed. The skin of the breast and the nipple/areola are left. This is also an option if you plan to have breast reconstruction right away.
- **Modified Radical** – There is either a simple or a skin/nipple sparing mastectomy with an axillary lymph node dissection done. Muscle is not removed.
- **Unilateral** – One side or one breast is removed.
- **Bilateral** – Both sides or both breasts are removed.

### Planning for Mastectomy Surgery

After a mastectomy you should plan to stay in the hospital overnight. You may go home sooner if your surgeon feels you are ready. You should plan to be off work for 2-4 weeks after mastectomy without reconstruction or 4-8 weeks if reconstruction was done. This depends on the type of work you do.

A few other things to know:

- Do not lift more than 10 pounds with your involved arm until your first

clinic visit.

- Bring a loose top that opens in the front to wear home.
- Breast reconstruction hospital and healing times vary depending on the type you have done. If you have a tissue expander implant, expect an overnight stay in the hospital. Plan 4-6 weeks to heal.

## Before your Surgery

If you have a paravertebral block, you will get medicine through your IV to put you to sleep. If you have general anesthesia, you get medicine that puts you into a very deep sleep. A tube is then placed into your trachea (windpipe) to help you breathe. With either of these options, you will not know what is happening or feel any pain.

A one-sided mastectomy surgery takes about 2 hours. The time it takes for reconstruction depends on what you have done.

## The Day of your Operation

- You should not eat or drink for at least 6 hours before the operation.
- You should bathe or shower and clean your chest with a mild antibacterial soap.
- You should brush your teeth and rinse your mouth with mouthwash.
- Let the surgical team know if you are not feeling well or if there have been any changes in your health since last seeing your surgeon.

## What to Bring

- Insurance card and identification.
- List of medicines.
- Loose-fitting, comfortable clothes.
- Slip-on shoes that don't require that you bend over.

## After Your Operation

You will be moved to a recovery room where your heart rate, breathing

rate, oxygen saturation, blood pressure, and urine output will be closely watched. Be sure that all visitors wash their hands.

### Preventing Pneumonia and Blood Clots

Movement and deep breathing after your operation can help prevent postoperative complications such as blood clots, fluid in your lungs, and pneumonia. Every hour, take 5 to 10 deep breaths and hold each breath for 3 to 5 seconds.

When you have an operation, you are at risk of getting blood clots because of not moving during anesthesia. The longer and more complicated your surgery, the greater the risk. This risk is decreased by getting up and walking 5 to 6 times per day, wearing special support stockings or compression boots on your legs, and for high-risk patients, taking a medication that thins your blood.

## Your Recovery and Discharge

### Thinking Clearly

If general anesthesia is given or if you need to take narcotics for pain, it may cause you to feel different for 2 or 3 days, have difficulty with memory, or feel more fatigued. You should not drive, drink alcohol, or make any big decisions for at least 2 days.

### Nutrition

- When you wake up from the anesthesia, you will be able to drink small amounts of liquid. If you do not feel sick, you can begin eating regular foods.
- Continue to drink about 8 to 10 glasses of water each day.



### Activity

- Slowly increase your activity. Be sure to get up and walk every hour or so to prevent blood clot formation.

- You may go home the same day for a simple repair. If you have other health conditions or complications such as nausea, vomiting, bleeding, or infection after surgery, you may stay longer.

### Care for your Mastectomy Incision

- Do not lift items heavier than 10 pounds or participate in strenuous activity for at least 6 weeks.

### Work and Return to School

- After recovery, you can usually return to work or school within 2 to 3 days.
- You will not be able to lift anything over 10 pounds, climb, or do strenuous activity for 4 to 6 weeks following surgical repair of a ventral hernia.
- Lifting limitation may last for 6 months for complex or recurrent repairs.

### Wound Care

- Always wash your hands before and after touching near your incision site.
- Do not soak in a bathtub until your stitches, Steri-Strips, or staples are removed.
- You may take a shower after the second postoperative day unless you are told not to.
- Follow your surgeon's instructions on when to change your bandages.
- A small amount of drainage from the incision is normal. If the dressing is soaked with blood, call your surgeon.
- If you have Steri-Strips in place, they will fall off in 7 to 10 days.
- If you have a glue-like covering over the incision, let the glue to flake off on its own.
- Avoid wearing tight or rough clothing.
- It may rub your incisions and make it harder for them to heal.
- Protect the new skin, especially from the sun. The sun can burn and

cause darker scarring.

- Your scar will heal in about 4 to 6 weeks and will become softer and continue to fade over the next year.

### When to contact your Surgeon

Please contact your surgeon's office if you have:

- Increased swelling under your arm.
- Firmness or bruising.
- Heavy bleeding.
- An opening in the incision.
- Sudden increase in pain.
- Signs of a seroma.
- Increased drainage from your site or drainage bulb(s) that fill quickly with the need to empty them every 1-2 hours.
- Fever of 100.4°F (38°C) or greater taken by mouth 2 times, 4 hours apart.
- Increased tenderness, redness, warmth, or swelling of the incision or drain sites. A small area of redness about the size of a dime is common by the stitch around the drain.

## Contact information

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A publication of SMMC - February 2019