

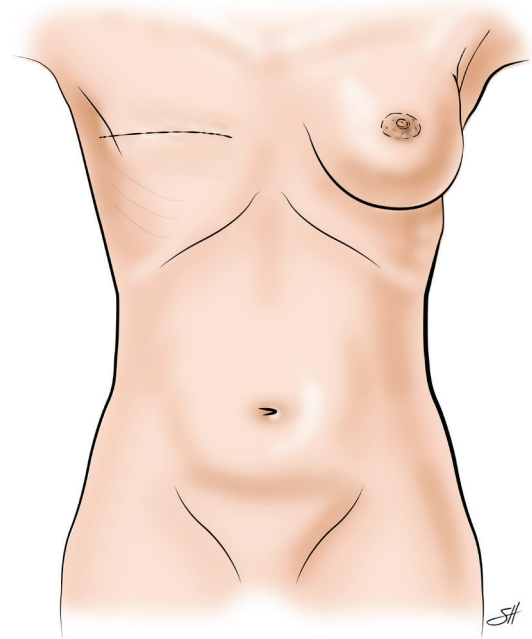
Surgery

MASTECTOMY

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A mastectomy is a surgery where all the breast tissue is removed to treat and take out breast cancer. If you have an elevated risk of getting breast cancer because of a genetic mutation, your surgeon may suggest that you get a mastectomy to stop the cancer from coming back in the future.

Some patients will also have a sentinel lymph node biopsy, which is a procedure that can help determine if cancer has spread outside of the tumor into the lymphatic system.



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During Surgery

- You will be given anesthesia, so you will be asleep and pain-free.
- You will receive fluids and other medicines during the surgery through an intravenous line (IV).
- A tube will be placed down your throat to help you breathe during the surgery. This will usually be removed before you wake up.
- Your surgeon will take out your breast tissue, which may include your skin and nipple. Your surgeon may work with a plastic surgeon to do reconstruction by placing an implant or using tissue from another part of your body.
- If you are not having breast reconstruction, your surgeon will close the wound with stitches that dissolve.
- Your surgeon may put a temporary drain in the area where the surgery was done. This is a tube that pulls fluid out of the wound and into a bulb on the outside. You might have it for a week or two.

Lymph Node Biopsy

If you are having a sentinel lymph node biopsy:

- You will get an injection of a tracer into your breast to help identify the sentinel lymph nodes. To find the lymph nodes, your surgeon will use a special probe at the time of surgery.
- Your surgeon may also inject a blue dye into your breast tissue to make your lymph nodes stand out. For a few weeks, the dye will stay in your tissues.
- Your surgeon will take out a sample of the sentinel nodes, usually between one and five.
- The sentinel nodes are given to a pathologist to look for signs of cancer under a microscope.

Types of Mastectomy

Total or simple mastectomy

All the breast tissue is taken out, but the pectoral muscles are left in place. Total mastectomy can be done on just one breast or both breasts.

Double mastectomy

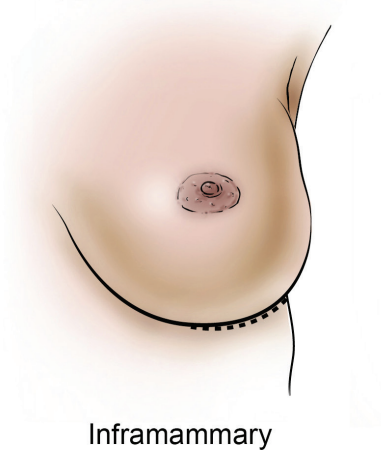
Also called a bilateral mastectomy, a double mastectomy is when both breasts are removed completely. If you have cancer in both breasts or have a high chance of getting cancer in both breasts from a genetic mutation, you may need a double mastectomy.

Mastectomy with reconstruction of the breasts

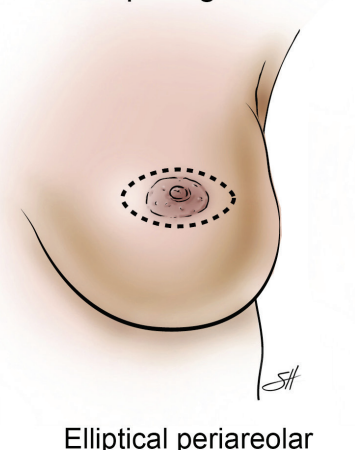
Whether you are having a skin-sparing or nipple-sparing mastectomy, you may be able to have breast reconstruction surgery at the same time. This will depend on your exact type of breast cancer and how you're being treated. You can also have breast reconstruction in a later surgery.

With a skin-sparing or nipple-sparing mastectomy, your breast tissue is removed, but your skin and/or nipple are saved so they can be used to rebuild your breast.

Nipple sparing incision



Skin sparing incision



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After Surgery

Recovery - What to Expect

You may have to stay in the hospital longer than one night. You may feel tired, sore and stiff in your chest, arm and shoulder for a few days. It takes about three weeks for the incision site to heal and it could take four to six weeks before you feel 100% better. Most patients can control their pain with mild painkillers, and the stiffness gets better as they move around.

After surgery, most patients feel numb all over their chest, but you may also feel brief twinges, tenderness or phantom sensations (feels like before your breast was removed). Over time (months to years), you may start to have feeling return over your chest.

Nutrition

If you experience any stomach issues, try to avoid food that is fried, spicy or has a lot of citrus. Instead, eat low-fat and bland food such as toast, yogurt, rice and boiled chicken.

Activity

- Wear a post-surgical bra following surgery. This will be given to you in the hospital. The surgeon will tell you when you no longer need the bra.
- If your surgeon discussed doing arm exercises after surgery, please refer to the other packet given to you.
- Try walking every day. Start by walking a bit more than you did the day before. Gradually increase how much you walk. Walking increases the flow of blood and helps keep you from getting pneumonia and constipation.
- Avoid high impact activities and activities that require you to lift more than 10 pounds until approved by your surgeon.
- Ask your surgeon when you can start driving again. You cannot drive when your post-surgical drains are still in place, or you are taking prescription pain medication.

Work

- In two to six weeks, you should be able to go back to work or your normal routine.
- If you need FMLA paperwork completed or a letter to return to work, please contact your surgeon's office to discuss as soon as possible. Please allow one week to get these documents completed.

Incision Site

- The incision is covered with Steri-Strips (a paper tape with adhesive backing) or surgical glue. Allow the strips or glue to fall off on their own.
- Keep the incision site dry and clean.
- Inspect the incision site every day for increased redness, drainage, swelling or separation of the skin.
- You may shower 24 hours after surgery. You may wash the incision site with soap and water and pat dry. Avoid scrubbing the incision.

Drain Care

Please refer to the separate handout regarding your drain care.

Medications

You will be given a prescription for pain pills to use at home after the surgery. Take as needed. If instructed by your surgeon, you may also take over the counter pain medications such as acetaminophen (Tylenol) and ibuprofen (Advil).

Bowel Movements

- Avoid constipation by eating whole grains, fruits and veggies.
- Unless told otherwise, try to drink six to eight glasses of water every day.
- Take a laxative or stool softener if your doctor says you can.
- It is normal to not pass gas for three or more days and to not have a bowel movement for about five days after surgery.
- The dye used during the procedure may impact the color of your urine and stool. This usually only lasts a day or two after the surgery.

Follow-up

Your follow-up appointment will be scheduled and communicated to you before you are discharged. It will be set up for two weeks after your surgery. It takes about two weeks to get the final pathology report back, which will help determine next steps. Your surgeon will review your pathology report with you at your post-operative visit.

Call your doctor right away if you have any of the following symptoms:



- Any chest pain
- Shortness of breath
- Rapid, irregular heartbeat
- Any unusual bleeding
- Fever of 101°F or higher, or chills
- Signs of infection around the incision (redness, drainage, warmth or pain)
- Incision that opens or pulls apart
- Persistent nausea or diarrhea
- Trouble concentrating
- Dizziness or lightheadedness



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MyChart

MyChart is a great way to get in touch with your surgery team by sending secure messages. You may also attach photos if you have concerns about your incision site. If you do not have Baylor MyChart, call the office and the staff will assist you in setting it up.

If you have an urgent surgical concern after hours, please call the office number. The answering service will connect you with the on-call surgeon.

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