Patient Information

Royal Devon and Exeter
NHS Foundation Trust

Wide Local Excision
(Lumpectomy)

The aim of this operation is to remove an area of disease in the breast with a margin of normal, healthy tissue around it. This area of disease may be due to an invasive cancer or a pre invasive ductal carcinoma in situ (DCIS).

It may be combined with a wire guided procedure **(see wire localisation leaflet)** if the area of disease cannot be felt.

Invasive cancer: Lymph glands (also called lymph nodes) are routinely removed and tested using a surgical technique called Sentinel Node Biopsy (SNB) when an invasive breast cancer is removed. **(see Sentinel Node Biopsy leaflet).** This combined with the full details of the cancer enables the doctors to tell you what additional (adjuvant) treatments will be advised. Your surgeon may have recommended removal of all the lymph nodes (axillary node clearance). This will have been discussed with you in clinic, see separate leaflet.

DCIS: If you have been advised to have a wide local excision because you have DCIS you may not require a lymph node biopsy or any additional treatment. If any invasive breast cancer is found following the operation you will be advised to have a SNB as a separate procedure. This will be discussed fully with you prior to your operation and you will be given written information explaining DCIS and its treatments. Occasionally a SNB is recommended with the wide local excision, your surgeon will discuss this with you if it is necessary. Sometimes radiotherapy is recommended following surgery for DCIS but your medical team will discuss with you in more detail if this is recommended.

What happens if I have a Wide Local Excision?

At your meeting with the surgeon you will usually be given a date for surgery. Prior to the operation you will have a pre operative assessment that will either be completed at the hospital or over the telephone. This usually comprises a routine blood test and ECG with a discussion about your previous medical history and what will happen when you are admitted for surgery and post operative instructions. If you have an appointment at the hospital for the assessment please allow 2 - 3 hours to complete all the tests. We aim for you to have your pre op assessment at least a week prior to you operation.

You will be sent a letter confirming your operation date and time of admission to the ward at the Royal Devon & Exeter Hospital Wonford. This is usually Wynard ward in the Centre for Women's Health or Knapp Ward in the main hospital.

The letter will also include details of when to stop eating and drinking pre operatively. You should be advised at the pre operative assessment about your regular medications and if appropriate, when to stop anticoagulant therapy e.g. warfarin or Clopidogrel.

Wide local excisions are usually carried out as a day case procedure under a general anaesthetic.

We advise that you have a shower/bath on the day of your operation and not to shave your underarm hair on the side of the proposed surgery within 48 hours as this can cause trauma to the skin and increase the risk of infection.

You will also receive an appointment with your surgeon to discuss the results of your surgery; this is usually 10 - 14 days following your operation.

Following your surgery you will need a responsible adult to accompany you home and stay with you overnight.

Along with your usual toiletries, you should bring in a dressing gown and slippers as you will walk to theatre and the hospital corridor can be cold. In case you stay overnight it can be helpful to bring comfortable nightwear. We encourage you to wear a soft supportive, non-wired bra into hospital and to wear it when you go home. It will help support the breast tissue of your operated breast and aid healing. Wearing this supportive, non-wired bra day and night in the first few weeks can be helpful.

If you work, we advise that you have time off to recover depending on the type of surgery you are having and what job you do. It is important to give yourself time to recuperate both physically and emotionally. Please discuss this with the surgeon and breast care nurse who will be able to advise you.

We expect you to make a good recovery quite quickly after your operation and to experience no serious problems. However, it is important that you know about minor problems that may occur and what more serious issues can happen, albeit rarely.

The leaflet 'Advice when you are at home' gives more details on what to expect following your surgery.

Re - excision

Following a wide local excision some women will require a second operation called a re-excision. This is advised when the post operative tests show that abnormal cells are on or close to the edge of the tissue that has been removed.

Following re-excision a small number of women may require another operation if a clear margin has still not been achieved. For these women, a mastectomy (complete removal of the breast) may be advised. If this happens, breast reconstruction can also be discussed.

Change in Breast Shape

Following your operation you may not have had much breast tissue removed, but it may be enough to make your breast a different shape. Scar tissue inside your breast is also less flexible and can cause distortion of the breast. This will depend on the size and shape of your breast and the location of the excised breast tissue.

It is better to wait until any initial bruising and swelling has subsided before making any judgement about how your breast will look in the long term. This is particularly important if you are having radiotherapy as this can affect the long term cosmesis (look) of your breast.

If you feel that the shape of your breast is affected after surgery and that you are imbalanced when wearing a bra you may need to be fitted with a soft partial (shell) prosthesis. This form is made of silicone and fits over your breast restoring the original shape of the breast. Please discuss this with your Breast Care Nurse who can advise you and arrange an appointment for you to have a breast form fitted by a professional fitter.

There are also plastic surgery procedures that are sometimes possible to correct the effects of breast surgery and radiotherapy treatment. Please discuss this with your breast surgeon and breast care nurse.

Breast Lymphoedema (swelling)

Following a wide local excision a small number of women may develop a swelling in the breast tissues, this is called breast lymphoedema. This is caused when the lymph channels in the breast and armpit (axilla) become blocked following surgery and radiotherapy.

It can make your breast feel heavy and the skin over your breast may become pink with a typical orange peel effect as lymph fluid is trapped in the breast tissue. It is not harmful and usually resolves with time.

There are steps you can take to minimise this swelling:

- Wearing a supportive, non-wired bra.

- Regularly massaging/moisturising across your breast. This will help relieve the congestion of fluid build up.
- Your breast care nurse can provide you with a specific type of pad to wear in your bra.

Your Feelings after Wide Local Excision

Immediately after the operation you will probably feel very well, possibly much better than you expected. But you may find that intermittently you experience periods of feeling low; these feelings are quite normal. You may be anxious about looking at or touching your breast which may be quite bruised and swollen. The swelling and bruising will improve, but may take a few weeks or even months to completely settle down. If you have any concerns about how you are feeling or your wound or breast please contact the breast care nursing team.

The risks of a general anaesthetic

General anaesthetics have some risks, which may be increased if you have chronic medical conditions, but in general they are as follows:

- **Common temporary side effects** (risk of 1 in 10 to 1 in 100) include bruising or pain in the area of injections, blurred vision and sickness, these can usually be treated and pass off quickly.
- **Infrequent complications** (risk of 1 in 100 to 1 in 10,000) include temporary breathing difficulties, muscle pains, headaches, damage to teeth, lip or tongue, sore throat and temporary problems with speaking.
- **Extremely rare and serious complications** (risk of less than 1 in 10,000). These include severe allergic reactions and death, brain damage, kidney and liver failure, lung damage, permanent nerve or blood vessel damage, eye injury, and damage to the voice box. These are very rare and may depend on whether you have other serious medical conditions.

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