

Breast Lump Excision 乳房腫塊切除手術

Introduction

- Breast lumps are common symptoms in premenopausal women
- Most breast lumps are benign
- Excision of breast lump may be necessary to give definitive histological diagnosis and for symptom control

Procedure

1. The operation is performed under general or local anaesthesia
2. Incision is made on the skin of the breast
3. The exact site of lesion can be determined by palpation, ultrasound localization or stereotactic localization
4. If preoperative localization is done in the Radiology Department, a skin marker/ guidewire / isotope will be injected into the breast. These will be removed together with the specimen during the operation.
5. The abnormal breast tissue is removed
6. Ultrasound or specimen mammogram may be performed to confirm accurate removal of the lesion
7. Wound closed with suture

Risks

- A. Anaesthesia related complications

General Anaesthesia

1. Cardiovascular complications: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory complications atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease
3. Allergic reaction and shock

Local Anaesthesia

1. Local anaesthetic agents is injected around the site of operation
2. Toxicity of local anaesthetic agents may result in serious complications although rare

B. Procedural related complications (not all possible complications are listed)

Common procedure related complications

1. Wound pain
2. Wound infection
3. Bleeding (may require re-operation to evacuate the blood clot)
4. Hypertrophic scar and keloid formation may result in unsightly scar
5. Radioisotope carries a small amount of radioactivity. Potential harm to the human body is minimal except in pregnant women. Most of the radioactivities will be removed with the specimen and residual activities left inside the body is minimal after the operation.
6. There is a rare possibility of hypersensitivity leading to anaphylaxis associated with the use of radiopharmaceuticals
7. The index lesion may be incompletely excised
8. The index lesion cannot be accurately localized and the procedure fails to remove the lesion

Preoperative preparation

1. Procedures are performed as elective operation
2. Admit 1 day before or on same day of operation
3. Anaesthetic assessment before procedure if scheduled for general anaesthesia
4. Keep fast for 6 to 8 hours before operation if scheduled for general anaesthesia
5. Patient may need to go to X-Ray Department for preoperative imaging and localization with the injection of isotope / guidewire
6. Change to operation room uniform before transfer to operating room
7. May need pre-medications and intravenous drip
8. Antibiotic prophylaxis or treatment may be required
9. Inform your doctors about drug allergy, your regular medications or other medical conditions

Postoperative events

Usually after operation

1. May feel mild throat discomfort or pain because of intubation
2. Mild discomfort or pain over the operative site. Inform nurse or doctor if pain severe.

3. Nausea or vomiting are common if general anaesthesia is employed; inform nurses if severe symptoms
4. Inform nurses if more analgesics are required
5. Usually go home on same day or the day after the operation

Wound care

1. In the first day after operation, patients can have shower with caution (keep wound dressing dry)
2. Stitches or skin clips (if present) will be taken off around 10-14 days

Diet

1. Resume diet when recover from anaesthesia

Things to take note on discharge

1. Contact your doctor or the Accident & Emergency Department for the following events occurs
 - increasing pain or redness around the wounds
 - discharge from the wound
2. Take the analgesics prescribed by your doctor if required
3. Resume your daily activity gradually (according to individual situation)
4. Remember the dates of taking off stitches/clips in the clinic, and follow-up in the specialist clinic

Further management

Further surgical operation may be scheduled after the pathology of specimen is available.

Recurrences

Breast lump is a common occurrence and recurrence is not infrequent. New breast lumps may appear in either breast.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.