

## Lumpectomy / Partial Mastectomy 乳房腫瘤切除手術 / 部分乳房切除手術

### **Introduction**

- Lumpectomy/partial mastectomy is one of the operative treatments for breast cancer.
- The extent of resection includes the primary tumour with adequate margins. In selected cases the nipple areolar complex will be removed with the primary tumour.
- This operation results in less deformity when compared with mastectomy.
- This operation is usually performed at the same time of axillary dissection or sentinel lymph node biopsy.
- This operation conserves the breast. Radiotherapy to the breast is usually required after the operation.
- Not every patient is suitable to undergo this operation and adequate removal is not guaranteed. Re-operation may be necessary for some patients.

### **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 tumour is removed with adequate healthy margin
6. Ultrasound or specimen mammogram may be performed to confirm accurate removal of the lesion and adequate margin
7. Small metal clips may be put in the wound to localize the tumour bed.
8. Drainage tube may be needed
9. Wound closed with suture

### **Risks**

#### A. Anesthesia 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. Flap necrosis
4. Bleeding (may require re-operation to evacuate the blood clot)
5. Seroma collection (this may need prolonged drainage or needle aspiration)
6. Deformity of the breast (this may be more conspicuous after breast radiotherapy)
7. Deviation of nipple
8. Hypertrophic scar and keloid formation may result in unsightly scar
9. Incomplete excision of tumour

### **Preoperative preparation**

1. Procedures are performed as elective operation
2. Admit 1 day before or on same day for elective operation
3. Anaesthetic assessment before procedure if operation is performed under general anaesthesia
4. Keep fast for 6 to 8 hours before operation if operation is performed under 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. Empty bladder before surgery
8. May need pre-medications and intravenous drip
9. Antibiotic prophylaxis or treatment may be required
10. 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; inform nurses if severe symptoms
4. Inform nurses if more analgesics are required
5. Can mobilize and get out of bed 6 hours after operation
6. Usually go home on the 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
3. The drainage tube is removed when drainage decreases. The patient usually go home with the drainage tube

## 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**

1. If pathology report shows positive margin, further surgery (e.g re-excision or mastectomy) may be required.
2. Radiotherapy is usually necessary. Adjuvant therapy such as chemotherapy, hormonal therapy and target therapy may be necessary according to the final pathology and will be advised by the doctor once this is available after the operation.

## **Recurrences**

Despite surgical clearance of the cancer, there is still a chance of recurrence of the disease and death. This is dependent on the initial stage of disease at the time of presentation and subsequent progression.

## **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.