

Modified Radical Mastectomy 改良根治性乳房切除手術

Introduction

- Modified radical mastectomy is one of the operative treatments for breast cancer.
- The extent of resection includes the involved breast together with the nipple areolar complex and the lymph nodes in the axilla.
- This operation results in significant deformity with a linear scar on the chest wall.
- This operation is sometimes performed in conjunction with immediate reconstruction.

Procedure

1. The operation is performed under general anaesthesia
2. An elliptical incision is made to include the nipple areolar complex and the skin overlying the primary tumour
3. All the breast tissue is removed
4. Level 1 & 2 axillary lymph nodes are removed
5. Drainage tube is left for drainage of body fluid
6. Wound closed with suture

Risks

A. Anesthesia related complications

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

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. Lymphoedema (6-17%)

7. Nerve injury including long thoracic nerve, thoracodorsal nerve and rarely brachial plexus
8. Injury to blood vessels
9. Frozen shoulder and chronic stiffness (17%)
10. Hypertrophic scar and keloid formation may result in unsightly scar
11. Numbness over axilla (25%)

Preoperative preparation

1. Procedures are performed as elective operation
2. Admit 1 day before or on same day for elective mastectomy
3. Anaesthetic assessment before procedure
4. Keep fast for 6 to 8 hours before operation
5. Change to operation room uniform before transfer to operating room
6. Empty bladder before surgery
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; 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 day 2 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 on the same day or day 2 after the operation and return to hospital/ clinic for removal of 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. Avoid lifting heavy objects over the operated arm
5. Protect the arm of operated side from infection or injury. Wear protective grove when washing or horticulture
6. Remember the dates of taking off stitches/clips in the clinic, and follow-up in the specialist clinic

Further management

Adjuvant therapy such as chemotherapy, hormonal therapy, target therapy and radiotherapy may be necessary according 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.