



Procedure Information Sheet

Introduction

Breast Conserving Surgery/Treatment is one of the operations for treatment of breast cancer or large size benign breast mass. The surgeon will remove the cancer with clear margin and preserve other normal breast tissue for good cosmetic result.

Sentinel Lymph Node Biopsy (SLNB) and / or Axillary Lymph Node Dissection may be performed at the same time. All patients should receive Radiotherapy shortly after the operation for reducing the local recurrence rate.

There is a possibility that second operation of re-excision of the margin or Mastectomy if the resection margin is close or involved by cancer.

Indication

1. Breast Cancer
2. Benign Breast Mass

The Operation / Procedure

The operation is performed under general anaesthesia; surgeons may utilize palpation, ultrasonic or hook wire localization to detect the lesion for excision with clear margin.

Before the Operation / Procedure

1. Remove nail polish and jewellery and avoid treasures before admission.
2. Bring along personal belongings like slipper, pajamas etc.
3. Admit same day or one day before operation for routine checkup as prescription and sign "Consent for Procedure" after explanations given by case surgeon.
4. Anaesthetist for pre-operative assessment and sign "Consent for Anaesthesia".
5. Skin preparation for shampooing and bathing.
6. Wear operation gown and empty the bladder before transfer to Operation Theater.

After the Operation / Procedure

1. Vital sign monitoring and wound observation.
2. Avoid blood pressure monitoring, blood taking, intravenous infusion, blood glucose monitoring or injection in operative upper limb.
3. Encourage for deep breathing exercise after general anaesthesia.
4. Inform nurse when feeling of nausea, vomiting or wound pain, antiemetic and pain killer can be taken as necessary if prescribe by doctor.
5. Wound cover by dressing and it would be changed after wound inspection by surgeon, informs duty nurse for any abnormality from the wound.

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6. A drain will be inserted at the axillary site if proceed for Axillary Lymph Node Dissection/Clearance and it is usually kept and removed according to surgeon prescription.
7. Ward nurse will educate how to take care of the drain at home, the drain usually keeps according to surgeon permission for removal.
8. Resume normal diet and remove the intravenous infusion according to doctor prescription.
9. Restart daily activity and shoulder exercise gradually as tolerate and avoid heavy lifting and excess exercise in affective limb according to doctor permission.
10. Refer to Physiotherapist for shoulder exercise training if necessary.
11. Attend follow up appointment as scheduled.
12. You can resume your sex life after the wound has healed. Share your feelings and anxiety to your partner with good communication can help for recovering.

Risk and Complication

1. Wound pain
2. Wound infection
3. Haematoma / Seroma (may need re-operation for clot evacuation or aspiration)
4. Scarring or Keloid
5. Receive a second operation of re-excision of the margin or Mastectomy

Alternative Treatment / Investigation

1. Simple Mastectomy + Sentinel Lymph Node Biopsy +/- Axillary Lymph Node Dissection
2. Modified Radical Mastectomy
3. Excision of Breast Lump/Mass

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

1. Smart Patient Website by Hospital Authority: Lumpectomy / Partial Mastectomy (2017)
2. Specialty Advisory Group (Breast) by Hospital Authority: Breast Conserving Surgery (2017)

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Patient's Signature: _____ Date: _____