



Procedure Information Sheet

Introduction

Modified Radical Mastectomy is one of the operations for treatment of breast cancer. It consists removal of the whole breast, nipple-areolar complex and Level I & II axillary lymph node with the same surgical scar.

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

Indication

Breast Cancer

The Operation / Procedure

The operation is performed under general anesthesia; the entire breast, nipple-areolar complex and Level I & II axillary lymph node will be excised.

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 investigations such as blood taking, CXR, ECG, Urine analysis if necessary and sign "Consent for Procedure".
4. Anesthetist for pre-operative assessment and sign "Consent for Anesthesia".
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.
6. A drain will be inserted at the wound site and it will be kept for few days and removed according to doctor prescription.
7. Ward nurse will educate how to take care of the drain at home, the drain usually keeps according to doctor 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.

<p>Patient's Label Patient Name: _____ Hospital No: _____ Episode No: _____</p>



10. Refer to Physiotherapist for shoulder exercise training if necessary.
11. There may be numbness and tingling sensation over the breast wound and it will recover for most people after a period of time.
12. Temporary prosthesis can be worn after wound has healed while the permanent prosthesis can be worn post operation 6-8 weeks. It can balance your body so that back & neck pain can be avoided and it also improves the body image.
13. Attend follow up appointment as scheduled.
14. 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.
15. Lymphedema care.

Risk and Complication

1. Wound pain
2. Wound infection
3. Haematoma / Seroma (may need re-operation for clot evacuation or aspiration)
4. Lymphedema
5. Stiffness of shoulder
6. Numbness and tingling sensation over the operative side
7. Damage to blood vessels and nerves
8. Scarring or Keloid
9. Flap Necrotic

Alternative Treatment / Investigation

1. Simple Mastectomy + Sentinel Lymph Node Biopsy +/- Axillary Lymph Node Dissection
2. Breast Conserving Surgery + Sentinel Lymph Node Biopsy +/- Axillary Lymph Node Dissection

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: Modified Radical Mastectomy (2017)
2. Specialty Advisory Group (Breast) by Hospital Authority: Modified Radical Mastectomy (2017)

Patient's Label
 Patient Name: _____
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Patient's Signature: _____ Date: _____