



## Procedure Information Sheet

### Introduction

Breast conserving surgery/treatment is one of the operative treatment for breast cancer or large sized benign breast masses. The extent of resection includes the primary tumour with adequate margins. In some cases the nipple areolar complex may be removed with the primary tumour. This operation results in less deformity when compared with mastectomy.

For treatment of breast cancer, this procedure is usually performed at the same time with sentinel lymph node excision/biopsy or axillary dissection/clearance. Radiotherapy to the breast is usually required after the surgery. Not every patient is suitable to undergo this operation and adequate removal is not guaranteed. Re-operation may be necessary for some patients.

### Indication

1. Breast Cancer
2. Benign Breast Mass

#### Patient's Label

Patient Name: \_\_\_\_\_

Hospital No: \_\_\_\_\_

Episode No: \_\_\_\_\_

### The Operation / Procedure

1. The operation is performed under general anaesthesia.
2. The exact site of lesion can be determined by palpation, ultrasound localisation or other localisation techniques (such as skin marking, magnetic marker, hookwire, radar localisation system, radioactive tracer etc). The tumour is removed with adequate margins.
3. Specimen ultrasound or mammogram may be performed to confirm accurate removal of the lesion with adequate margins.
4. Small metal clips may be put in the wound to mark the tumour bed.
5. Drainage tubes may sometimes be needed.

### Before the Operation / Procedure

1. Remove jewellery, piercings and nail varnish before coming to the hospital. Leave all your valuables at home.
2. Please bring with you comfortable, loose-fitting clothing, personal toiletries and a pair of non-slip slippers/footwear.
3. Please follow your doctor's instructions on the time and date for admission. Routine pre-operative assessment such as blood tests, CXR, ECG, urinalysis may be needed. The "Consent for Procedure" will be signed.
4. Your anaesthetist will perform pre-anaesthetic assessment and explain to you about your general anaesthesia. The "Consent for Anaesthesia" will be signed.
5. Skin preparation: shower or bathe and wash your hair before your surgery.
6. You will change into a gown before going to the operating room. Remove all your undergarments and dentures and empty your bladder.

### After the Operation / Procedure

1. After the surgery, you will be under close observation.
2. After general anaesthesia, you may experience discomfort in the throat after tracheal intubation. Deep breathing exercises help keep your lungs fully expanded and clear of mucus. Early and frequent ambulation will prevent blood clots in your legs.
3. You may experience nausea or pain after the surgery. Medications will be prescribed by your doctor based on your individual needs.
4. Leave your dressings intact. Your dressings will be changed as directed by your doctor. Inform your nurse if you notice any abnormality from the wounds.



## Breast Conserving Surgery (Treatment) / Wide Local Excision / Lumpectomy / Partial Mastectomy

5. A drain will be placed during surgery if axillary dissection/clearance is done at the same time. It will be removed by your doctor when drain volumes are low enough.
6. If necessary, your nurse will teach you how to take care of the drain at home.
7. Diet can be gradually resumed according to your doctor's instructions.
8. You may resume normal activities as tolerated but avoid any heavy lifting or vigorous, repetitive exercise. You can see a physiotherapist for advice if necessary.
9. You may experience reduced sensation or tingling and numbness over the operated sites. This will usually subside in the months following your operation but sometimes can be permanent.
10. Attend follow up appointment as scheduled.
11. 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. Numbness and tingling sensation
5. Deformity of the breast/deviation of nipple (this may be more conspicuous after radiotherapy)
6. Hypertrophic scar and keloid formation may result in unsightly scar
7. Incomplete excision of tumour (may need re-operation for margins or completion 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 (2020)
2. Specialty Advisory Group (Breast) by Hospital Authority: Breast Conserving Surgery (2021)

#### Patient's Label

Patient Name: \_\_\_\_\_

Hospital No: \_\_\_\_\_

Episode No: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_