

- Delayed wound healing
- Scar tissue formation
- Extra sensitivity to touch within the area of surgery
- Accumulation of blood in the surgical site (hematoma)
- Numbness in the skin along the incision site, which may persist for months
- Accumulation of fluid in mastectomy site (seroma)

Note: You may need to repeat aspirations, a painless procedure, in the OPD if you are experiencing excessive seroma.

When to contact the doctor

You should immediately contact your doctor if:

- Your surgical wounds are bleeding, are red and/or warm to touch, have a thick, yellow, green and/or milky drainage
- You have persistent pain around the surgical area
- You have fever above 101°F
- You have swelling in the arm on the side you had surgery (lymphedema)

Why Medanta - The Medicity?

We at Medanta have developed a dedicated unit of Medanta Breast Services to diagnose and treat the entire spectrum of conditions affecting breasts. The latest use of technology integrated with radiology as well as nuclear medicine enables us to quantify the risk of relapse and tailor therapies accurately. We are the only centre in India to offer MRI guided Vacuum assisted Breast Biopsy (VABB), Gamma probe for Sentinel Node Biopsy etc. for all the diseases of breast. Also, our unit has been designed on the guidelines laid down by the European Union Society of Mastology (EUSOMA). Our innovative treatment strategies and supportive environment make treatment as effective and comfortable as possible.



Our locations

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PATIENT INFORMATION MASTECTOMY



MEDANTA
BREAST SERVICES



Introduction

Mastectomy is surgery to remove a breast which is affected by cancer. It can also be offered to high risk patients as a way to reduce the risk of cancer developing in the breast.

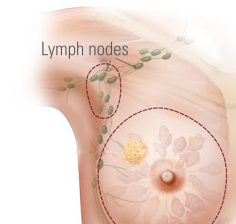
Types of mastectomy

There are different types of mastectomy:

- 'Simple' or 'Total' mastectomy
- Nipple and skin sparing
- Modified radical mastectomy
- Skin sparing

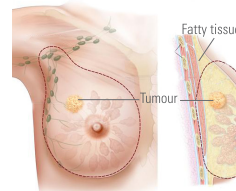
'Simple' or 'Total' mastectomy

In a simple mastectomy, the breast tissue, nipple, areola and skin are removed. A Sentinel Node Biopsy may be performed at the same time as the surgery to evaluate the armpit nodes.



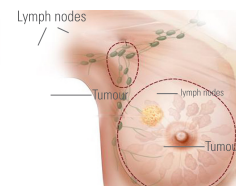
Modified radical mastectomy

In modified radical mastectomy the entire breast including the breast tissue, skin, areola and nipple and most of the underarm (axillary) lymph nodes are removed.



Skin and nipple sparing mastectomy

This procedure is like simple mastectomy, but in this the skin envelope and nipple, both are preserved.



Skin sparing mastectomy

In a skin-sparing mastectomy, all of the breast skin, except the nipple and the areola, is preserved.

Note: Primarily reconstruction is offered at the same time in both, skin & nipple sparing mastectomy and skin sparing mastectomy.

Why is it done

The mastectomy is:

- Offered to the patients who have extensive cancer disease in the breasts,

which makes it unsafe to perform just a lumpectomy.

- For patients who have a high risk family history as undergoing this procedure may reduce the risk.

Preparation for the procedure

You will be given instructions about any restrictions/precautions before the surgery.

Dos and Don'ts

Dos

- Bathe using antiseptic soap on the day of surgery, wash your hair.
- Brush your teeth properly on the day of surgery.
- Remove nail-polish.
- Preferably wax your armpit a few days before. Do not shave.
- Remove your jewellery.
- Bring
 - Cotton bra
 - Pair of comfortable slippers
 - Body lotion
 - Front open cotton shirt/top
 - Lip balm
 - Magazines/Newspapers

Don'ts

- Do not wear makeup/nail-polish
- Do not wear any kind of jewellery/hand or wrist bands
- Do not bring a synthetic/under-wire bra
- Do not use talc/body spray/body lotion on the body on the day of surgery

Note: Carefully following these instructions will help your surgery go smoothly.

During the procedure

Mastectomy with axillary dissection (modified radical mastectomy) can take upto 2 hours. In cases where breast reconstruction is performed along with mastectomy at the same time, surgery will take longer.

Most mastectomy incisions are oval shaped around the nipple, running across the width of the breast. However, in case of a skin-sparing mastectomy, the incision will be smaller, including only the nipple, areola and the original biopsy scar. After the incision is made, the breast tissue is separated from the overlying skin and from the chest wall muscle underneath. The breast tissue which lies between the collarbone and ribs, from the side of the body to the breastbone in the centre is removed.

After the breast surgeon has removed your breast tissue, if immediate breast reconstruction is part of your plan, it will be performed in the same surgery. In the final stages of the surgery, your breast surgeon will check the surgery areas for bleeding and insert surgical drains.

Drains

Drains are long tubes that are inserted into your breast area or armpit to collect excess fluid that can accumulate in the space where the tumour was. The tubes have plastic bulbs on the ends to create suction, which helps the fluid to exit your body. Drains are held in place through a single stitch, which is removed when you come for your next OPD visit. This is a painless procedure during which, the drain is removed and a small adhesive bandages is placed and can be removed after 24 hours as the wound will heal on its own within this time period.

After the procedure

You will wake up in the recovery room after your operation. While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. Other symptoms after the procedure may include:

- Nausea
- Pain

Benefits

The main advantage of mastectomy is removal of tumour. Further treatments may be discussed after histopathology report, available within 7-10 days post surgery.

Risks

- Bleeding
- Infection