

FILE NAME SW-BWEX
OPERATION NO 029
SURGEON.....M.H.EDWARDS
Last updated 29 08 06

WEDGE EXCISION OF BREAST

GRADE 3 (VERY DIFFICULT)

THESE STEPS COVER

WEDGE EXCISION OF BREAST

WIDE EXCISION OF BREAST

QUADRANTIC EXCISION OF BREAST

SEGMENTAL MASTECTOMY

AXILLARY SAMPLING

UNILATERAL OPERATION

BILATERAL OPERATION

REDO OPERATION

FROZEN SECTION

THESE STEPS DO NOT COVER

LOCALISATION BIOPSY

SEE STEP-WISE BREAST LOCALISATION BIOPSY

FILE NAME SW-BBLOC

SECTIONS

PAGE STEP
NUMBER NUMBER

3	1	PRELIMINARIES
3	8	ANAESTHESIA
3	9	POSITION

4	10	STANCE
4	11	SKIN PREPARATIONN
4	12	TOWELLING UP
5	22	SKIN INCISION
6	29	DISSECTING OUT THE WEDGE
7	34	WOUND CLOSURE
7	37	SKIN CLOSURE
7	40	AXILLARY SAMPLING
9	55	DRESSINGS
9	58	FINAL TOUCHES
11	66	EQUIPMENT AND MATERIALS LIST

(FRIARAGE HOSPITAL)

SURGEON
STEP
NUMBER

1 **PRELIMINARIES**

2 CHECK YOU HAVE THE
CORRECT PATIENT

3 CHECK YOU HAVE THE
CORRECT SIDE

4 CHECK YOU CAN FIND
THE LESION

Examine the conscious patient in the anaesthetic room.

Have the patient lying supine on the operating table.

Make sure the patient agrees about the tissue to be excised and its position.

Remark the overlying skin with a Magic Marker if earlier marking is unsatisfactory.

5 CHECK NO OTHER
LESION HAS APPEARED

6 CHECK FROZEN
SECTION FACILITIES

ARE AVAILABLE IF
NEEDED

Fill in a Histology request form now, if a frozen section is needed.

7 CHECK THERE IS NO
OTHER PROCEDURE TO
DO

8 **ANAESTHESIA**

9 GENERAL
ANAESTHESIA

9 POSITION

SUPINE with the upper limb on the affected side at right-angles on an arm board.

Make sure the arm board is attached to the operating table at the level of the patient's shoulder.

Make sure the top of the arm board is at the same height as the top of the operating table.

(2 arm boards for a bilateral operation).

Have bare skin from neck to umbilicus, and from mid-upper arm and behind the posterior axillary fold to the opposite nipple.

(To the opposite mid-upper arm for a bilateral operation).

Keep all wires, skin electrodes, and tubing away from this area.

10 STANCE -READ ON Stand on the side of the lesion with your one assistant on the opposite side.

11 SKIN PREPARATION - READ ON Have the upper limb lifted to 60° by a theatre assistant holding the hand.

Clean the skin from above the clavicle to below the costal margin, and from the posterior axillary fold to the opposite nipple.

(To the opposite posterior axillary fold for a bilateral operation).

Use 2 swabs on sticks with 0.5% Chlorhexidine in 70% Propanol and one to dry off.

12 TOWELLING UP - READ ON

13 PLACE THE ARMBOARD TOWELS Place 1 dressing towel with an underlying paper towel on the arm-board up to the posterior axillary fold.

14 TUCK A LARGE GAUZE
PACK

Place the gauze pack under the posterior axillary fold to catch any seeping blood.

15 LOWER THE UPPER LIMB Have the upper limb lowered to the arm board and tied down onto it with a gauze strip.

16 PLACE THE LOWER TOWEL Place a paper towel up to the costal margin.

STEP NUMBER 16 CONT Place an abdominal towel up to the inframammary fold.

17 PLACE AN UPPER TOWEL Place an upper towel over the neck down to the clavicle.

18 PLACE AN UPPER LIMB
TOWEL

Cover the upper limb with another towel drawn medially to the posterior axillary fold.

19 PLACE A CHEST TOWEL Cover the opposite chest to the midline with a 4th towel.

(For a bilateral operation, towel up from one posterior axillary fold to the other).

20 FIX THE TOWELS Fix the towels to the skin with 4 towel clips.

(For a bilateral operation, cover the opposite breast temporarily with a further towel).

21 CHECK THE DIATHERMY IS WORKING

22 SKIN INCISION - READ ON

23 LOCALISE THE LESION Palpate the lesion preferably through a gauze swab held on the skin.

24 PLAN THE INCISION Choose an ellipse incision in Langer's lines, which encircle the breast.

Make the incision suitable for inclusion in any later mastectomy incision.

Include any fine needle, Trucut, or open biopsy wound in the skin ellipse.

Include the nipple and areola if needed to get at least a 5cm. clearance of the suspect part of the breast.

Plan a separate incision in the axilla in the line of the ribs for the axillary sampling. STEP NUMBER 25 INCISE THE SKIN Use a no.10 Swan-Morton blade

Do the wedge excision operation completely before any axillary sampling.

26 PULL UP ON THE SKIN ELLIPSE Use 2 Littlewoods forceps holding each end of the ellipse.

27 RETRACT THE SKIN FLAPS Use 2 more Littlewoods forceps.

28 COAGULATE VESSELS

29 DISSECTING OUT THE WEDGE - READ ON Use dissecting scissors.

If the tissue is too tough, use strong stitch scissors.

Aim to dissect out a block of tissue 5cm. around the tumour or biopsy cavity.

Cut down to the pectoral muscle to obtain the 5cm. clearance.

30 SEND THE TISSUE FOR HISTOLOGICAL EXAMINATION Do not cut across the specimen, because this will prevent the pathologist from measuring clearance.

31 CONTROL BLEEDING Use 2 Langenbeck retractors for retraction, and diathermy for coagulation of bleeders.

Steadily move around the cavity, coagulating as you go.

Evert the depths of the wound with a Littlewoods forcep for better access.

32 INSERT A WOUND DRAIN Use a Portovac drain.

Push the spike into the depths of the wound, and bring it out through the skin at an inconspicuous site such as the inframammary skin crease.

STEP NUMBER 33 STITCH THE DRAIN TO THE SKIN Use a No 1 silk stitch (Ethicon W799).

Tie the skin stitch with 4 half hitches.

33 CONT Wrap the stitch 4 times tightly around the drain at skin level so that the drain is pinched.

Tie the stitch with 4 more half hitches.

Cut the ends 4cm. long.

34 WOUND CLOSURE - READ ON

35 REPAIR THE BREAST DEFECT Use vertical continuous stitches of 2/0 Vicryl (Ethicon W9250) to make a transverse closure of the breast parenchyma.

This will give a better appearance than a vertical closure.

It will prevent the skin being drawn down into a crater by the suction drain.

Make sure the stitches do not tether down the skin.

36 CHECK THE SWAB, NEEDLE, AND INSTRUMENT COUNTS

37 SKIN CLOSURE - READ ON Use continuous subcuticular 3/0 Vicryl (Ethicon W9890).

Check the Vicryl has a 5 throw knot on its end.

Take 6 continuous subcuticular bites before tightening up the stitch.

Take longer bites on the longer wound edge to make a neat wound.

38 SPRAY THE WOUND Use an acrylic spray (Nobecutaine).

39 IF THERE IS NO AXILLARY SAMPLE GO TO STEP ** ()

STEP NUMBER 40 FOR AXILLARY SAMPLING - READ ON

41 INCISE THE AXILLARY SKIN Use a new no.10 Swan-Morton blade.

Incise 5cm. in the line of the ribs at the apex of the axilla.

42 DEEPEN THE AXILLARY INCISION Use dissecting scissors.

Dissect into the subcutaneous fat down to the pectoralis major muscle.

43 ELEVATE THE AXILLARY SKIN FLAP Use 2 Langenbeck retractors.

44 PALPATE THE AXILLARY CONTENTS Use a finger in the wound.

Feel for any palpable lymph nodes.

45 GRASP AXILLARY LYMPH NODES Use a Littlewood forcep.

Grasp palpable nodes or axillary tissue in the hope of catching nodes.

Lymph nodes are visible, so continue sampling the tissue until you find some.

46 LIGATE VASCULAR STRANDS Use 2/0 Vicryl ties (Ethicon 9025).

47 CUT VASCULAR STRANDS Use scissors.

48 SEND THE AXILLARY NODES FOR HISTOLOGY

49 CHECK AXILLARY HAEMOSTASIS Use coagulation.

50 CLOSE THE AXILLARY FAT Use continuous 2/0 Vicryl (Ethicon 9136).

51 CLOSE THE AXILLARY SKIN Use continuous 2/0 Vicryl (Ethicon 9098).

52 TO OPERATE ON THE SECOND BREAST Change gloves.

STEP NUMBER 52 CONT Remove the temporary towel from the second breast.

Clean the skin of the opposite side again with Chlorhexidine in Propanol once.

GO BACK TO STEP 24 (PLAN THE INCISION)

53 CHECK THERE IS NO OTHER PROCEDURE TO DO

54 CHECK THE SWAB, NEEDLE, AND INSTRUMENT COUNTS

55 DRESSINGS - READ ON Use compliant dressings (Mepore).

Cover the wound(s) and the drain site(s) with the dressing(s).

56 CONNECT THE SUCTION SYSTEM Use Super Glue on the joints.

57 START THE SUCTION SYSTEM Compress the vacuum chamber and close the plug on it.

(Or open the taps on an Exudrain)

58 FINAL TOUCHES - READ ON

59 CLEAN THE SKIN Use a swab with Chlorhexidine in Propanol to clean the skin around the dressings.

60 CHECK THE WOUND DRAIN IS WORKING

61 FILL IN THE HISTOLOGY FORM(S)

62 WRITE LEGIBLE OPERATION DETAILS Arrange the patient's discharge the next day.

Arrange an Out Patient visit in 1 week.

63 FILL IN THE SURGICAL AUDIT FORM

64 DICTATE A LETTER TO THE GENERAL PRACTITIONER AND THE REFERRING PHYSICIAN STEP NUMBER 65 END OF OPERATION

STEP NUMBER 66 EQUIPMENT AND MATERIALS LIST (FRIARAGE HOSPITAL)

SURGEON MR EDWARDS PROCEDURE WEDGE EXCISION OF BREAST

GLOVES 7

PREPARATION HIBITANE X 2 DRY X 1

SUTURES SHELF MATERIAL NEEDLE NEEDLE USE MATERIAL NO.
SIZE SIZE SHAPE

TIES VICRYL W9025 2/0 X1

FAT VICRYL W9251 1 50MM ROUND BODY X1

SKIN VICRYL W9890 3/0 26MM REV CUT X1

DRAIN SILK W793 1 90MM CUTTING

BLADE NO.10 X 2

DIATHERMY SHORT + MEDIUM FORCEPS + FLEX + HOLDER

ADDITIONAL INFORMATION PRIMAPORE DRESSING

MARKING PEN

TOOTHED FORCEPS FOR MR HESHAISHI

STEP NUMBER 66 CONT

SURGEON MR EDWARDS PROCEDURE WEDGE EXCISION OF BREAST

BASIC PACK MASTECTOMY PACK

INSTRUMENTS 3 X SPONGE HOLDERS 4 X BACHHAUS 2 X
CROSSACTION TOWEL CLIPS 2 X NO.3 KNIFE HANDLE 2 X MCINDOES
SCISSORS 1 X ASSISTANTS SCISSORS 10 X CURVED JOLL FORCEPS 2
X HEAVY DUTY NON-TOOTHED DISSECTING FORCEPS 1 X FINE NON-
TOOTHED DISSECTING FORCEPS 4 X LITTLEWOODS FORCEPS 1 X
NEEDLE HOLDER 2 X LARGE LANGENBECK FORCEPS

DRAINS 1 X PORTOVAC

POSITION SUPINE

TABLE FITTINGS ARMBOARD

SPRAYS NOBECUTAINÉ