

Breast - Wide Excision and Axillary Sample

Your Breast Operation - Some Information

These notes give a guide to your stay in hospital. They also give an idea about what it will be like afterwards. They do not cover everything. If you want to know more, please ask.

We hope you will find these notes useful and that they will help to make your stay in hospital easier.

What is the problem?

You have a very small cancer in the breast, or there is something in your breast which may be one.

The plan is to take out the diseased part of the breast with a clear rim of healthy breast. At the same time we will take out a gland or two from your armpit (axilla axe-**ill**-a). This is what we mean by a wide excision and axillary sample.

We send the two pieces of tissue to be looked at under the microscope.

If the breast tissue is free from any cancer, no more treatment is needed.

If there is a small breast cancer, we need to check two things. First, is there a wide enough rim of breast tissue around the tumour for safety? Second, is the rim of breast tissue itself quite healthy? Sometimes the breast tissue is unstable and may turn into another cancer in the years to come.

If the rim of breast tissue is healthy, you need no more operations, but X-ray treatment to the breast is then the next step. If you are fifty years old or more, taking the drug Tamoxifen (tam-**ox**-ee-fen) is sensible.

If the rim of breast tissue is not clear, or is not stable, you would need to think about having more surgery. This would mean having more breast tissue taken out, or even having the whole breast taken away. We will talk to you about this.

If the glands in the armpit are free from cancer cells, you do not need any more treatment.

If there are cancer cells in the glands, it is sensible to have x-ray treatment to the glands in the armpit, around the collar bone and behind the breast bone. If you are in your 40's or younger it is sensible to think about having drug treatment (chemotherapy key-mo-**ther**-appy) as well. We will go into this in detail with you.

What does the operation consist of?

You will have a general anaesthetic and be completely asleep. You will not feel any pain during anaesthetic.

We make a cut in the skin of the breast over the swelling. Sometimes we take out a piece of skin. We make the cut in one of the skin lines which run around the breast to give the best healing. We take out the swelling or problem area in the breast with a rim of breast tissue. We can often take out a gland from the armpit through this cut. If the first cut is too far from the armpit, we make a second cut there.

We put a fine plastic drainage tube in the wound. We bring this drain through the skin usually in the skin fold under the breast. We fix a plastic bottle to the end of the drain tube to collect any ooze of blood into the wound. We close the skin cut(s) with stitches under the skin. These will melt away. They do not need to be taken out.

We send the tissue to the laboratory. There it is looked at under a microscope to find out what is going on. It takes about one week to get an answer.

Are there any alternatives?

Together we have decided against removing the whole breast (a mastectomy mass-**tek**-tummy) as a first choice. It would be good treatment, but you are not happy with the idea. Going for a wide excision will be just as good.

X-ray treatment on its own would not be as good in your case. Neither would drug treatment on its own. The same applies to alternative therapies such as aromatherapy and reflexology.

If you do nothing, the problem in the breast will get steadily worse.

What happens before the operation?

You will already have met Sister Judith Curtis or Sister Jean Walker. They will continue to help you during and after your hospital stay.

Welcome to the ward

You will be welcomed to the ward by the nurses or the receptionist. You will have your details checked. You will be shown to your bed and will be asked to change into your nightwear. You will have some basic tests done, such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in

hospital will be correct. Please tell the nurses of any allergies to drugs or dressings.

Visits by the surgical team

You will be seen first by the House Surgeon, who will interview and examine you. He, or she, will arrange some special tests such as x-rays and blood samples. He or she will mark the breast where the operation is to be done.

The operation will be explained to you. You will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the doctors or from the nurses. They are never too busy to do this.

You will be seen by the surgeon who will be doing the operation. He will check that all the necessary preparations have been made.

Visits by the anaesthetic team

One or more anaesthetists who will be giving your anaesthetic will interview and examine you. They will be especially interested in chest troubles, dental treatment and any previous anaesthetics you have had, plus any anaesthetic problems in the family.

Visit by the physiotherapist

The physiotherapist will show you how to keep your chest clear after the operation and how to keep moving about. You should not smoke.

The physiotherapist will show you arm exercises for after the operation.

Diet

You will have your usual diet until 6-12 hours before the operation. Then you will be asked to take nothing by mouth. This will let your stomach empty to prevent vomiting during your operation.

Timing of the operation

The timing of your operation is usually arranged the day before. The nurses will tell you when to expect to go to the operating theatre. Do not be surprised, however, if there are changes to the exact timing.

Premedication

You may be given a sedative injection or tablets about 1 hour before the operation.

Transfer to theatre

You will be taken on a trolley to the operating suite by a ward nurse and a theatre porter. You will be wearing a cotton gown. Wedding rings will be fastened with tape. Removable dentures will be left on the ward. There will be several checks on your details on the way to the anaesthetic room where your anaesthetic will begin.

The operation is then performed.

Coming round after the anaesthetic

Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward. Some patients feel a bit sick for up to 24 hours after operation, but this passes off. You will be given some treatment for sickness if necessary.

You may be given oxygen from a face mask for a few hours if you have had chest problems in the past.

You will have a drip tube in an arm vein and also a fine plastic drainage tube in the skin near the wound. This last tube is connected to a plastic vacuum container. You will find the vacuum container lying near you under the sheets.

Warning after a General Anaesthetic

The drugs we give for a general anaesthetic will make you clumsy, slow and forgetful for about 24 hours. This happens even if you feel quite alright.

For 24 hours after your general anaesthetic:

Do not make any important decisions.

Will it hurt?

There is some discomfort on moving rather than severe pain. You will be given injections or tablets to control this as required. Ask for more if the pain is still unpleasant.

There will be some discomfort when you are at home the next day.

By the end of one week the wound should be virtually pain free.

Drinking and eating

You will be able to drink within an hour or two of the operation provided you are not feeling sick.

The next day you should be able to manage small helpings of normal food.

Opening bowels

It is quite normal for the bowels not to open for a day or so after operation. If you have not opened your bowels after two days and you feel uncomfortable, ask the nurses for a laxative.

Passing urine

It is important that you pass urine and empty your bladder within 6-12 hours of the operation. If you find using a bed pan or a bottle difficult, the nurses will assist you to a commode or the toilet.

If you still cannot pass urine let the nurses know and steps will be taken to correct the problem.

Sleeping

You will be offered painkillers rather than sleeping pills to help you to sleep. If you cannot sleep despite the painkillers please let the nurses know.

Physiotherapy

The physiotherapist will check that you are clearing your lungs of phlegm by coughing. You can help your circulation by continuous movement of body and limbs.

The physiotherapist will also encourage you to move and exercise your arm and shoulder.

The wound and stitches

The wound has a dressing which may show some staining with old blood in the first 24 hours. The nurses will change the dressing and take out the drain the day after the operation.

There are no stitches in the skin. The wound is held together underneath the skin and does not need further attention.

There may be some purple bruising around the wound which spreads downwards by gravity and fades to a yellow colour after 2 to 3 days. It is not important.

There may be some swelling of the surrounding skin which also improves in 2 to 3 days.

The wound gradually improves for one to two months after the operation.

Injections

You will have tiny injections in the skin of the tummy twice a day to keep the circulation going.

Washing

You can wash the wound area as soon as the dressing has been removed. Soap and tap water are entirely adequate. Salted water is not necessary.

What about informing my relatives and contacts?

With your permission, the nurses and doctors will keep your relatives and contacts up to date with your progress.

How long in hospital?

Usually you will be able to go home the day after the operation.

The nurses will talk to you about your home arrangements to fix the best time for you to go.

You will be given an appointment to visit the Out Patient Department for the results of the tests a week after you leave hospital.

Sick notes

Please ask the nurses for sick notes, certificates etc.

After you leave hospital

You are likely to feel very tired and need rests 2 to 3 times a day for a week or more. You will gradually improve. By the time two weeks have passed, you will be able to get back to your usual level of activity.

Lifting

At first discomfort in the wound will prevent you from harming yourself by too heavy lifting. After one month you can lift whatever you like. There is no value in attempting to speed the recovery of the wound by special exercises before the month is out.

Driving

You can drive as soon as you can make an emergency stop without discomfort in the wound, i.e. after about 10 days.

You can safely wear a seat belt.

What about sex?

You can restart sexual relations within a month or so, when the wound is comfortable.

Work

You should be able to return to a light job after about 2 weeks and any heavy job within 4 weeks.

Complications

Complications are minimal and seldom serious.

If you think that all is not well, please ask the nurses or doctors.

Bruising may be troublesome. Occasionally some old blood collects under the wound, but this can easily be removed.

Occasionally the wound edge does not heal well in places. This always settles down but may take 2 or 3 weeks to do so.

Infection is a rare problem and settles down with antibiotics in a week or two.

Aches and twinges may be felt in the wounds for 4 to 6 weeks. The wound in your armpit is smaller than the one in your breasts, but may be much more uncomfortable.

Occasionally there is a numb patch in the skin of the armpit and down the inside of the upper arm. This patch slowly lessens in size but may always be present.

Any Questions?

If you have any questions, jot them down here and ask the doctors or nurses for answers.

Any complaints?

If you have any complaints, please contact the doctors or nurses straight away. If this does not solve the problem, please write to me at Ward 4, The Friarage Hospital, Northallerton.

Michael H Edwards
Consultant Surgeon

Acknowledgement

We gratefully acknowledge the generous support for the development and launching of SCALPEL Information Systems for patients, from:

Northallerton Red Cross Society

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If you would like to help towards other ventures to benefit patients, please send donations to:

The Chairman
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62 Thirsk Road
Northallerton DL6 1PN
(Please make cheques payable to "British Red Cross")

Have you any comments?

We welcome your comments and suggestions covering your illness, your treatment in hospital, and your recovery. Please write below any points you would like to make. If you prefer, you need not give your name.

Full name:

Hospital:

Ward:

Date of stay in hospital:

Operation:

Out patients department:

Your admission arrangements:

Your welcome on the ward:

Nursing staff:

General ward atmosphere:

Medical staff:

Ward orderlies:

Portering staff:

X-ray staff:

ECG staff:

Did you know who was who?:

Bedding:

Food and drink:

Privacy:

Locker space:

Toilets:

Bathrooms:

Other patients:

Noise:

Information:

Telephone/TV/radio/newspapers:

Timing of operation:

Preparations for your operation:

Going into the theatre:

In the operating theatre:

In the recovery room:

Coming back from theatre:

Intensive Care ward:

Recovery on the ward:

Pain control:

Sleeping:

Wound dressings:

Stitches, clips:

Progress reports:

Visiting hours:

Rest room:

Tablets, medicines, injections:

Going-home arrangements:

Out-patient follow up:

Anything else?

Continue comments overleaf if you wish.

Please send this questionnaire to Mr M Edwards, Ward 3, Friarage Hospital,
Northallerton, North Yorkshire DL6 1JG.