

Patient information

Information for Patients Considering Therapeutic Mammoplasty

Breast Services

Your Consultant / Doctor has advised you to have a therapeutic mammoplasty.

What is a therapeutic mammoplasty?

A therapeutic mammoplasty combines a wide local excision (lumpectomy) with a breast reduction. Radiotherapy is usually recommended following either a wide local excision or therapeutic mammoplasty.

What are the benefits of having a therapeutic mammoplasty?

A therapeutic mammoplasty allows the removal of a larger area of breast tissue than a wide local excision, may avoid a mastectomy and may give a better cosmetic shape than a standard wide local excision.

Your breast care nurse will be able to show you pictures of other women who have had this operation or similar procedure. Therapeutic mammoplasty is a very individual procedure and therefore you will not be able to see an exact photograph of what your outcome maybe, but you will be able to have an idea of scars and shape of the breast after surgery.

If you choose therapeutic mammoplasty to treat your breast cancer, your surgeon will discuss whether it is advisable to have both breasts reduced in size at the same time or wait to have your other breast reduced for symmetry at a later time when all your treatment is complete.

If you are advised to wait, you will be fitted with a partial prosthesis (shell) for your other breast so that you can wear a bra more easily.

What are the risks of having a therapeutic mammoplasty? (Including percentages or likelihood of risk occurring)

- **Scarring** Sometimes the scars can widen or stretch. Silicone gels or dressings can help. Further surgery to improve appearance may be recommended
- **Wound Infection.** This is usually treated by antibiotics and prolonged dressing.
- **Wound breakdown** particularly under the breast. This will heal, but may leave unsightly and wider scars and need specialised and prolonged dressings.

- **Bruising.** If this is mild it usually requires wearing a support bra and reassurance. If a haematoma (collection of bruising) occurs it is usually soon after surgery and can require returning to theatre for this to be removed.
- **Seroma.** This is a collection of clear fluid that forms under the wound and can be removed by a needle and syringe in the breast clinic, often under ultrasound guidance and usually requires wearing a support bra and reassurance.
- **Nipple sensation change.** If the nipple is moved, sometimes sensation can be changed, reduced or lost completely.
- **Nipple loss (partial/complete)** During a breast reduction, the nipple is moved from a lower position on the breast to a higher position. It is usually transferred whilst still attached to underlying breast tissue.

If the blood supply or venous drainage to the nipple is damaged the nipple can be compromised and not survive. This results in either partial or complete nipple death. This is a rare complication of breast surgery (less than 1% of patients). It can occur more frequently in patients who are currently or recently stopped smoking, have diabetes, and in patients with certain skin conditions e.g. Raynaud's disease.

If there is any concern for the nipple's viability after surgery, your surgeon may advise taking you back to theatre to explore your wounds. This may require prolonged specialist dressing and delay of your other treatments.

- **Breast asymmetry.** The shape of the breast will change. Small differences between the breasts can occur with breast reduction surgery. These differences may be exaggerated over time by the effects of radiotherapy as radiotherapy reduces the breast skin's ability to stretch with age or weight gain. If differences become very noticeable you can ask to see your surgeon again for advice.
- **Fat necrosis.** When there is reduced blood supply to the fatty tissues in the breast, the breast may feel hard or lumpy known as fat necrosis. This will often settle and soften with time.

This can be a common occurrence after breast reduction. The most common symptoms are breast redness, tenderness and development of a lump at the site of fat necrosis. This will settle and become less firm but sometimes the lump is persistent particularly if you have a "boost of radiotherapy" to the breast. It is more common in patients who are current smokers, more elderly or who are overweight. Fat necrosis can lead to calcification (chalky white marks) on your mammogram.

Specialist breast radiographers can usually identify calcification caused by fat necrosis, but occasionally it is necessary to biopsy the area.

- **Further Surgery.** Once you have had your surgery you will discuss your cancer results with your surgeon and breast care nurse. Occasionally it is necessary to offer more surgery to take a further cavity margin to ensure all the cancer is removed. Very occasionally the cancer is bigger or more extensive than we anticipate, and mastectomy is recommended following therapeutic mammoplasty.

Longer term results and changes

- The breast can lower over time because of the effects of gravity. The amount and speed of this depends on how “stretchy” your own skin and tissues are. It is likely that over the years your breasts will change shape again. The effects of the breast lift surgery will not be permanent.
- **Nipple areolar depigmentation** after radiotherapy. This is a long term effect of the radiotherapy and is tolerated well by patients.
- **Pregnancy.** Your breasts will change enormously during pregnancy and are unlikely to be the same size or shape after pregnancy. Breast feeding may not be possible if the nipple is moved.
- **Weight gain/loss.** If you gain or lose weight, you may also gain or lose weight from your breasts. This will alter their size and shape, even if you have had your previous surgery.

Are there any alternatives available?

Yes you could choose not to have a therapeutic mammoplasty and your cancer would still be treated. You can discuss this with your surgeon or Breast Care Nurse.

What will happen if I decide not to have treatment?

You would have alternative treatment and can discuss this with your surgeon or Breast Care Nurse.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: it is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain.

Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet “**You and Your Anaesthetic**” (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Getting ready for your operation

- You will usually be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests, and sometimes a heart trace or a chest X-ray. You will be assessed to see if you are fit for the anaesthetic.
- The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.
- You will be given instructions on eating and drinking before your operation.
- You will be able to discuss the operation with a doctor. This would be arranged through your Breast Care Nurse.
- Your surgeon will ask to take measurements of your breasts and arrange pre-operative clinical photographs for your clinical record.

The day of your operation

- You will come into hospital on the day of your operation
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- Please bring any medication you take into hospital with you.
- Please bring in toiletries, nightwear and towels.
- You will be asked to remove jewellery - plain band rings can be worn but they will be taped.
- Please leave body piercings at home. False nails and nail polish will also need to be removed if worn.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- The surgeon will draw surgical markings on your breasts. Please do not wash these off before going to theatre.
- You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.
- If the cancer cannot be felt you may be taken to Breast Unit in the Linda McCartney Centre to have a wire, injection or skin marker to help the surgeon identify the area to be removed.

- A nurse and porters will take you to the operating theatre.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
- When you arrive in the theatre area, the ward nurse will leave you, and you will be asked to put on a disposable hat.
- You will then be taken to the anaesthetic room and a member of theatre staff will check your details with you (at Broadgreen Hospital there is a slight difference in the way you will be received in theatre due to the different theatre layout).

What should I expect after my operation?

- After your operation you will be kept in the theatre recovery room before being transferred to the ward.
- A nurse will check your pulse, blood pressure, and breathing rate regularly.
- **It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.**
- The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer you an injection to help this sick feeling go away.
- The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.

Going Home

- Therapeutic mammoplasty can be performed as a day case procedure, but sometimes you need to stay overnight. You will be reviewed by the surgical team after theatre to check you are able to go home.

Discharge Information

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

Your wound

- A plastic tubing (drain) may be placed in your breast to remove bruising and fluid following your operation. This is usually removed the day after your surgery.
- Dressings will be placed on the wounds to keep them clean. Your surgeon will advise what type and how long the dressings will be required. Generally dressings will stay on for about two weeks, sometimes longer.
- Leakage from the scar line often occurs. This is normal and a simple dry dressing is applied to protect your clothes.

- The ward will tell you when and where to get your dressing changed. This may include a district nurse visiting you at home or attending a dressing clinic. Please inform ward staff if you are staying at a different address on discharge. You will often have frequent visits to the breast unit to have your dressing checked.
- Bathing and washing advice will be given to you before discharge from the ward.
- Stitches used to close the wounds are dissolvable and do not require removal. They may take three months to dissolve.

Bra

We advise that you wear a comfortable non wired support bra day and night for four weeks. This will help support the breasts while they heal and recover from the surgery. You will need to discuss likely breast cup sizes after surgery with the surgeon. It is usual for the breasts to swell for up to another cup size so your post-operative bra size should include this swelling.

At about three to six months following your surgery, the swelling will have settled down. You may need to be measured by a bra fitting specialist at this time.

Getting back to normal

This is a big operation and you will take some weeks- even months- to recover. It is normal to feel more tired than usual for a few weeks after having an operation. This will pass.

At home you are encouraged to be as mobile as possible and complete daily tasks. However, activities to avoid for four weeks whilst recovering are heavy housework e.g. hovering, carrying heavy bags, running, contact sport, gym work out, swimming, Jacuzzi and steam rooms.

Do not drive a car for two to three weeks after your operation.

You may find wearing a seatbelt can be uncomfortable.

A healthy, nutritional diet will encourage the healing of scars.

Please do not smoke. If you do smoke it is advisable you stop as soon as you know the date of your surgery. Smoking can greatly reduce the rate at which you heal.

Returning to work

You can self certify for the first seven days of sickness. After this a medical certificate (fit note) may be issued by your own doctor (GP) to cover the expected time off you will need after being discharged from hospital.

Further Appointments

You will receive an appointment in the post to come back to your clinic. This appointment is usually three weeks after your operation. There you will see the doctor and Breast Care Nurse for your results and to discuss any further treatment with you. You may have appointments within this time to check your dressings.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

Breast Care Nurse

Tel: 0151 706 2927 (24 hour answerphone)

Text phone number: 18001 0151 706 2927.

Breast Cancer Care

Tel: 0808 800 6000 (freephone)

Text phone number: 18001 0808 800 6000

Macmillan Cancer Support

Tel: 0808 808 0000

There are many local support groups, please ask your Breast Care Nurse for further details.

Author: Breast Services

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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