

Patient information

Wide Local Excision and Radiotherapy

Breast Services

What is a Wide Local Excision and Radiotherapy?

This is the removal of the part of the breast with the cancer in it. With this operation you keep your breast, but are usually advised to undergo a course of Radiotherapy (X-ray treatment) to the breast.

In most cases, the lymph glands (nodes) are also removed, through a separate cut in your armpit. Please see leaflet about Axillary Surgery (surgery to glands in your armpit).

What are the benefits of having a Wide Local Excision?

It is an operation to remove the cancer in your breast, but without having to remove your whole breast.

What are the risks of having a Wide Local Excision?

- There is a chance of a **haematoma** (a collection of blood under your wound) forming. You may have to return to the operating theatre to have this removed.
- Sometimes a collection of clear fluid forms under your wound. This is called a **seroma**. This can happen several days after your operation and if needed is simply removed by a needle and syringe.
- Your wound, like any other wound, may become infected. You may be given antibiotics for this.
- There is a risk of developing clots in your legs (DVT's), which can travel to the lungs (pulmonary embolism). You will be given special stockings and sometimes blood thinning injections as prevention.
- There is a risk that you may need further surgery.

Are there any alternative treatments?

Yes, you can discuss this with your surgeon or Breast Care Nurse. The surgical alternative is to have the whole of your breast removed.

What will happen if I do not have the treatment?

The breast cancer will grow.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced sleep. 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 uncommon and are usually short-lived: they include nausea, confusion and pain.

Complications are 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.

You will be given an opportunity to discuss anaesthetic options and risks with an 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

- Most patients have a chest X-ray and blood test before attending the pre-operative clinic.
- You will usually be seen in the pre-operative clinic, usually one to two weeks before your operation. You will be weighed and measured and possibly have an ECG (a heart tracing).
- The staff will ask routine questions about your health, the medication you take at the moment and any allergies you may have.
- Your admission letter will tell you what time to stop eating and drinking before your operation.
- Most patients are admitted on the day of their operation if they have already attended the pre-operative clinic.

The day of your operation

- You will usually come into hospital on the day of your operation.
- You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves. Again, you will be able to discuss the operation with your surgeon.

What should I expect after my operation?

- You will have been in the operating theatre for over one hour. Your wound will probably have one dissolvable stitch in it. The stitches will dissolve, and so will not need removing.
- A light dressing will cover your wound or the skin glued depending on the surgeons preference.

It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.

- A nurse will check your pulse, blood pressure, breathing and wound regularly.
- It is quite common to have some numbness or tingling across your chest and down the inside of your arm for a while after the operation.
- This is because the operation affects some nerves. Please do not worry, as this will fade in time.
- The nursing staff will also advise you when you can start taking sips of water.
- Anaesthetics can make some people feel sick. If you feel sick we advise you only to drink sips of water until this feeling has passed. The nursing staff may offer 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.

As soon as the anaesthetic has fully worn off, you will be encouraged to become mobile and active.

You will also be given a leaflet on basic arm exercises. It is important that you start these exercises as soon as possible. Your arm on the side that you have had your operation on may feel stiff, and these exercises are designed to get it back to normal.

Going home

You will be able to go home the same day or the next day after your operation, providing everything is alright.

If you go home on the day of your operation, you must have someone to take you home.

For next 24 hours **you must not**

- Travel alone
- Drive a car or ride a bicycle
- Operate machinery (including domestic appliances such as a kettle)
- Climb ladders
- Make important decisions, sign any business or legal documents
- Drink alcohol
- Return to work within 12 hours of treatment. Your general health and any medicines you are taking may increase the time you need off work.

You **should**

- Take it easy for the rest of the day, avoid strenuous activity
- Take your medications as usual
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

Discharge information

You may be discharged from hospital with a drain still attached to your wound site. You will be given information about how to care for it.

Pain relief and medication

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

Your wound

The ward staff will give you information about when and where to go for dressing changes.

Further appointments

You will receive an appointment in the post to come back to clinic; this appointment is usually 14 to 17 days after your operation. There you will see the doctor and a Breast Care Nurse for your results and to discuss, any further treatment with you.

Radiotherapy

Your results will be discussed at the multidisciplinary team meeting. If you require radiotherapy, we will arrange for you to see the radiotherapy doctor (Clinical Oncologist).

This doctor will explain what radiotherapy involves, and ask you to sign a consent form for your treatment. You will also be given a booklet about radiotherapy treatment.

What are the benefits of having Radiotherapy?

Radiotherapy reduces the chance of the cancer coming back in the breast area.

Radiotherapy side effects

Many patients have few or no side effects during their treatment and are able to carry on their normal activities.

Early or short term side effects are common. They improve gradually after you finish. You should be back to normal within two to three months.

Early or short term side effects

During or shortly after radiotherapy you may experience the following symptoms:

- Irritated or red skin in the treatment area.
- Sore or tender breast, swelling of the breast.
- Tiredness and occasionally nausea.

You will receive further information on skin care and how this is managed.

Late or permanent side effects

- Common problems: Firmness of the breast tissue. Slightly darker or drier skin, visible small and dilated vessels.
- Very rare problems: Scarring of underlying tissue. Scarring of heart tissue (patients with left breast cancer only).

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

Starting your treatment

The machines that will give you the radiotherapy are highly specialised. The treatment machines are available at Clatterbridge Cancer Centre Wirral and at the Clatterbridge Cancer Centre Liverpool which is in the grounds of Fazakerley Hospital Aintree.

It is usual to have a CT scan on your first appointment, also known as 'Planning'. The CT scan images allow the radiographers to design an individual treatment map. Here they will place small permanent marks to your skin.

These marks are important as they show the radiographers who operate the treatment machines which area is to be treated.

During planning (and also during treatment), you need to have the arm of your affected side raised behind your head for approximately ten minutes. If you cannot do this comfortably after your operation, practise your arm and shoulder exercises regularly to avoid getting a stiff shoulder during treatment.

The course of your treatment

- Each patient is an individual, but the usual amount of sessions are between 15 and 20.
- Treatments are only given Monday to Friday, so it takes three to four weeks to complete the course.
- The total time for a treatment appointment is approximately ten minutes- with the treatment machine being 'on' for just a few minutes.
- During your treatment, a radiographer or nurse will be able to answer any questions and deal with most of your concerns. However, your doctor is also available to see you during your treatment.

Transport

- You should be able to drive yourself for treatment each day. If you are unable to make your own arrangements to get to Clatterbridge/Aintree each day, transport can be arranged for you.
- Using hospital transport can mean a longer wait. Therefore, you may find it more convenient to drive yourself, or have a relative or friend drive you.
- You make the transport arrangements with the Radiotherapy doctor when you meet them in the clinic after the results of your operation.

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 00 00

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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