



Breast Lumpectomy (Updated 10.08)

Breast lumps are usually found by a woman during her monthly breast self-exam, by a medical provider during a physical exam, or by an annual mammogram. A mammogram may find lumps that are not palpable, in other words, that cannot be felt by hand. Some changes in breast tissue are normal with puberty, pregnancy, menopause, and even during the monthly menstrual cycle.

Breast lumps can be harmless (benign) or cancerous (malignant). Although the doctor may be able to evaluate the lump by its feel and its appearance on the mammogram, there are several common biopsies that are also used to determine what kind of lump is present.

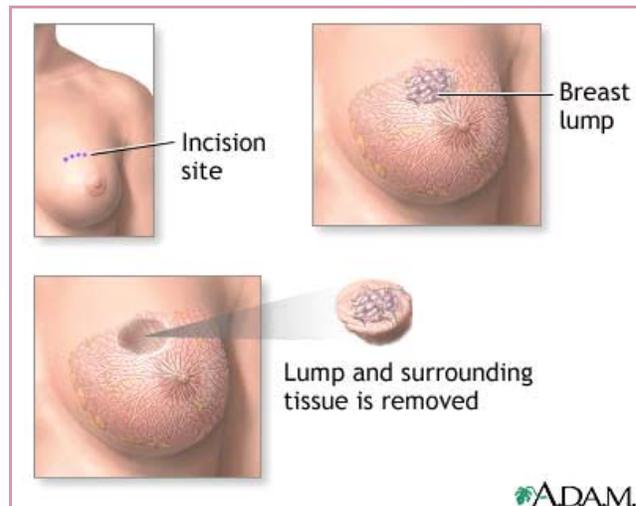
If the lump is palpable, and depending on your ultrasound and mammogram findings, the doctor may perform a needle biopsy during your office visit. The doctor will withdraw fluid from the lump to determine whether it is just a cyst (filled with watery clear fluid), or a lump that needs further study. If the withdrawn fluid is bloody, the doctor will send a sample to the lab where it will be examined for cancer cells.

If the results of the biopsy are inconclusive, if it shows malignant cells, or if the doctor feels it is in your best interest, you will need surgical biopsy, or a lumpectomy, to remove the lump.

What is a Lumpectomy?

During a lumpectomy, which is performed under general anesthesia, the surgeon removes the entire lump and some of the surrounding tissue, which is called a margin. The tissue is sent to pathology, where the margins are examined to make sure the surgeon has removed the entire lump.

It will take a few days for a complete analysis of the tissue. If the analysis of the lump shows cancerous cells, you and the doctor will discuss the next steps in your treatment.



Lumpectomy

What to expect before, during, and after your surgery

Before surgery

- Tell your doctor about all medications you are taking, including vitamins, supplements, and blood thinners.
- Do not eat or drink anything after midnight the night before your surgery.
- Make sure that you have someone to give you a ride home from the hospital.

During the operation

- You will be put to sleep by the anesthesiologist before the procedure begins.
- An incision will be made into the breast, usually along skin lines to reduce the appearance of scarring.
- The lump and surrounding tissue will be removed and sent to the pathology department to be analyzed.
- You will wake up in the recovery room where nurses will monitor you.
- After the recovery room, you will return to your family in the short stay unit until you are ready go home.

Risks and possible complications of surgery

Whenever you have an invasive procedure, there are certain risks. Your doctor will discuss the risks of a lumpectomy under general anesthesia, which may include:

- Infection
- Blood clots
- Risks from anesthesia
- Bleeding
- Seroma

Caring for yourself after surgery

Pain: Pain is common after surgery, especially around the incision site. The pain medication prescribed by your doctor will help with this pain, which should improve in the days following your surgery.

Fever: A low-grade temperature is common after surgery. If your temperature exceeds 101.5 degrees or if it is accompanied by chills, vomiting, or flu-like symptoms, call the office.

Incision: When you leave the hospital, your incision will be covered by a sterile bandage called a steri-strip. This will fall off or be removed when you have your post-op check. There may be some drainage from the incision; this is normal. The drainage should be thin, watery, and slightly pink. It should not be bright red blood. Some swelling and bruising around the incisions is normal and should improve in the days following your surgery. However, be alert for signs of infection, which include thick green or yellow drainage, or skin around the incision that is red or warm to touch.

Swelling and fluid build-up: When a surgeon removes tissue from the breast it leaves an empty space under the skin. The body's natural reaction to this "dead space" is to fill the area with fluid, which is usually absorbed by the body as it heals. Rarely, these fluid pockets or "seromas" become infected and may need to be drained. If the skin over your incision becomes red, swollen, or increasingly tender, or if the incision begins to drain pus-like or bloody fluid, it is important to contact the office immediately.

Constipation is very common following a surgery with general anesthesia because the anesthetic paralyzes the bowel, which can lead to constipation for up to a week. Pain medications such as Vicodin or Percocet also cause the bowel to move more slowly. You may try over-the-counter medications such as milk of magnesia, Colace, or Metamucil, as well as prune or apple juice, to get your bowels moving.

When to call the office

- Fever over 101.5 degrees.
- Persistent, increasing pain.
- Increased redness or drainage from an incision.
- Change in skin color/jaundice.
- Pain or swelling in your calf.
- Difficulty breathing.

When to go the Emergency Room

- Uncontrolled bleeding from an incision.
- Persistent vomiting.
- Change in mental status.
- Inability to breathe.

Activity: You may return to your normal activities as soon as you feel able. For some people, this is the following day. Others may take several weeks to completely gain their strength.

Bathing: Your incision will be covered with a bandage called a “steri-strips.” It is O.K. to take a shower the day after your surgery and you may get the steri-strips wet, just do not scrub them with soap. Do not soak in the bathtub or get into pools or hot tubs for 4 to 6 weeks following your surgery to prevent infection.

Driving: We want you to be safe on the road so you must be off of narcotic pain medications such as vicodin or percocet. You must also be able to put a seat belt on without pain or irritation to the incision.

Dietary restrictions: It may take a few days for your appetite to return to normal after your surgery. There are no specific restrictions but you may feel better sticking to a bland diet for a few days.

Pain: The prescription medication prescribed for you contains a narcotic along with Tylenol (acetaminophen). It is important for you to follow the directions on the label. If you are allowed to take ibuprofen (such as Advil), you may be able to take some between your doses of prescription pain medication. If you have any questions or are not sure if you should be taking ibuprofen due to other medications or medical conditions, please check with your doctor first. You may also try ice packs and resting to alleviate the pain.

You are always welcome to call the office with your questions or concerns. After hours, an answering service will direct your questions to the on-call providers. However, these individuals are unable to call in prescriptions for pain medication after 5:00 p.m.