

Breast Surgeries

Patient Information Pamphlet

Surgery is a step in treating breast cancer. It is used to determine the stage of breast cancer and to remove the tumor from the breast. Surgery is commonly used in combination with other treatments such as radiation, chemotherapy, hormonal therapy or biological therapy. There are two types of breast surgery to be considered for breast cancer patients in consultation with your surgeon: breast conserving, also called lumpectomy/partial mastectomy and mastectomy. Along with removing the cancer, your surgeon may perform an axillary lymph node dissection or a sentinel lymph node biopsy to determine if the cancer has spread to your lymph nodes. Some women also have reconstruction when undergoing a mastectomy.

What is a:

Breast Biopsy

A procedure that checks an abnormal area of the breast for cancer or other problems. Biopsy can involve the breast tissue, a lymph node, or the skin.

Needle (wire) Localization

This procedure is done just before surgery to locate an abnormality that can be seen on Breast Imaging but cannot be felt. The wire is placed the day of surgery and will assist the surgeon to identify the exact location of the abnormal tissue so that it can be removed surgically.

Lumpectomy/Partial Mastectomy

Surgery to remove the cancer and a section of healthy tissue around it. This is known as a margin.

Axillary Lymph Node Dissection

A surgical procedure to remove the first two levels of lymph nodes from the armpit (underarm or axilla). The lymph nodes in the armpit are called axillary lymph nodes. This procedure is rarely required for patients with node positive breast cancer. The Surgeon will discuss with you if there is any benefit of this surgery.

Sentinel Lymph Node Biopsy (SLNB)

This is a procedure in which the sentinel lymph node is identified using dye, removed and examined to determine whether cancer cells are present. A negative SLNB result suggests that cancer has not developed the ability to spread to nearby lymph nodes or other organs. A positive SLNB result indicates that cancer is present in the sentinel lymph node and may be present in other nearby lymph nodes (called regional lymph nodes) and, possibly, other organs. This information can help the doctor determine the stage of the cancer (extent of the disease with the body) and develop appropriate treatment plans.

Simple Mastectomy

Simple mastectomy involves removing the entire breast without removing the axillary lymph nodes.

Modified Radical Mastectomy

The breast tissue and the lymph nodes in the armpit on the affected side are removed.



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Special Instructions for patients having Sentinel Lymph Node Biopsy:

- The day before or the morning of your surgery you will go to Nuclear Medicine in Imaging Services at RVH. A radiology technician will inject a small dose of the radioactive tracer in a series of 4 needles around the nipple/aerola. This is done with a very fine needle. A series of pictures will be taken over the next ½ hour to 2 hours that will show the pathways the lymph fluid takes. This will help guide your surgeon in identifying/map the sentinel lymph nodes of the axilla. This does not mean your nodes are positive for cancer.
- When you are in the operating room and are asleep, your surgeon injects a blue dye, near the nipple/aerola to locate the position of the sentinel lymph node. The surgeon then uses a device that detects radioactivity to find the sentinel node or looks for lymph nodes that are stained with blue dye. Once the sentinel lymph node is located, the surgeon will remove the node(s). The sentinel lymph node biopsy is usually done at the same time the primary tumor is removed.

Special Considerations for Sentinel Lymph Node Biopsy:

- The blue dye that is injected may turn your urine green and may cause a temporary bluish discoloration of your skin. Both of these will return to normal 24 to 48 hours after surgery.
- It is important to drink lots of fluid, 2 to 3 litres a day, after your procedure to flush the dye from your kidneys.
- The levels of radiation are very low as only a small of radioactive material is injected. There are no long-term effects from the injections and there is no danger to the people you are in contact with.

Things to Consider when Having Surgery:

- Please discuss with your surgeon if you need to stop specific medications such as diabetic or blood thinning medications, and when to restart after your procedure
- Discuss with you surgeon when you can expect to return to work, dressing/incisional care and activity precautions.
- Please come prepared the day of surgery with a responsible adult to pick you up, stay and remain with you at home for 24 hours. You will not be able to drive for a minimum of 24 hours, or longer if you are taking certain prescribed medications for pain, or until your surgeon clears you to drive. You may also need to arrange transportation to outpatient clinics for surgeries requiring community care in the days or weeks following your surgery
- Pain can be expected during you recovery time, and everyone experiences pain differently. You will be provided with directions on how to manage your pain at home.

References:

Breast Cancer retrieved from http://www.breastcancer.org/symptoms/diagnosis/lymph_nodes

Canadian Cancer Society retrieved from <http://www.cancer.ca/en/cancer-information/diagnosis-and-treatment/tests-and-procedures/sentinel-lymph-node-biopsy-slnb/?region=on>

Sunnybrook Health Sciences Centre. *Patient Education Breast Cancer: Surgery and After Surgery*. Retrieved from <https://sunnybrook.ca/glossary/item.asp?i=301&p=217&page=19294>

