

## Procedure Information Sheet - Modified Radical Mastectomy

---

### **Introduction**

- Modified radical mastectomy is one of the operative treatments for breast cancer.
- The extent of resection includes the involved breast together with the nipple areolar complex and the lymph nodes in the axilla.
- This operation result in significant deformity with a linear scar on the chest wall.
- This operation is sometimes performed in conjunction with immediate reconstruction.

### **Indication**

Cancer of breast.

### **Procedure**

1. The operation is performed under general anaesthesia.
2. An elliptical incision is made to include the nipple areolar complex and the skin overlying the primary tumor.
3. All the breast tissue is removed.
4. Level I and II axillary lymph nodes are removed.
5. Drainage tube is left for drainage of body fluid.
6. Wound closed with suture.

### **Pre-operative preparation**

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. Inform your doctor about drug allergy, your regular medications or other medical conditions.
3. Keep fast for 6-8 hours before operation.
4. Anaesthetic assessment before procedure.
5. May need pre-medication and intravenous drip.
6. Antibiotic prophylaxis or treatment may be required.

### **Possible risks and complications**

#### ***A. Complications related to anaesthesia.***

#### ***B. Procedural related complication (common)***

1. Wound pain.
2. Wound infection.

## Procedure Information Sheet - Modified Radical Mastectomy

---

3. Flap necrosis.
4. Bleeding (may require re-operation to evacuate the blood clot).
5. Seroma collection (this may need prolonged drainage or needle aspiration).
6. Lymphoedema.
7. Nerve injury including long thoracic nerve, thoracodorsal nerve and rarely brachial plexus.
8. Injury to blood vessels.
9. Frozen shoulder and chronic stiffness (17%).
10. Hypertrophic scar and keloid formation may result in unsightly scar.
11. Numbness over axilla, hand or fingers (25%).

### **Post-operative information**

#### ***A. Hospital care***

1. May feel mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operative site. Inform nurses or doctor if pain severe.
3. Nausea or vomiting are common; inform nurses if severe symptoms occur.
4. Inform nurses if more analgesics are required.
5. Can mobilize and get out of bed 6 hours after operation.

#### ➤ **Wound care**

1. After the first day of operation, you may take a shower with caution (keep wound dressing dry).
2. Stitches or skin clips (if present) will be taken off around 10-14 days. May not be necessary when absorbable stitches are used.
3. The drainage tube is removed when drainage decreases.

#### ➤ **Diet**

1. Resume diet when recover from anaesthesia.

#### ***B. Home care after discharge***

1. Contact your doctor if the following events occur:
  - Increasing pain or redness around the wound.
  - Discharge from the wound.
2. Take the analgesics prescribed by your doctor if necessary.
3. Resume your daily activity gradually (according to individual situation).
4. Avoid lifting heavy objects over the operated arm.

## Procedure Information Sheet - Modified Radical Mastectomy

5. Protect the operated arm from infection or injury. Wear protective gloves when washing or horticulture.
6. Follow up as instructed by your doctor.

### **C. Further management**

Adjuvant therapy such as chemotherapy, hormonal therapy, target therapy and radiotherapy may be necessary according to the final pathology and will be advised by the doctor once this is available after the operation.

### **D. Recurrence**

Despite surgical clearance of the cancer, there is still a chance of recurrence of the disease and death. This is dependent on the initial stage of disease at the time of presentation and subsequent progression.

### **Remark**

The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

**Reference:** [http://www21.ha.org.hk/smartpatient/tc/operationstests\\_procedures.html](http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html)

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. \_\_\_\_\_. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

**Name:**

Pt No.:

Case No.:

Sex/Age:

Unit Bed No:

Case Reg Date & Time:

Attn Dr:

Patient / Relative Signature: \_\_\_\_\_

Patient / Relative Name: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

Date: \_\_\_\_\_