

Procedure Information Sheet - Total Mastectomy

Introduction

- Total mastectomy is one of the operative treatments for breast cancer. The operation will remove all the breast tissue.
- This operation results in significant deformity with a linear scar on the chest wall.
- The operation is sometimes performed in conjunction with immediate reconstruction.
- The operation may be performed in conjunction with sentinel lymph node biopsy or axillary dissection.

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 tumour.
3. All the breast tissue is removed.
4. Drainage tube is left for drainage of body fluid.
5. 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. Anaesthetic assessment before the operation.
4. Keep fast for 6-8 hours before the operation.
5. May need pre-medications and intravenous drip.
6. Antibiotic prophylaxis or treatment may be required.

Possible risks and complications

A. Complications related to anaesthesia.

B. Complications related to procedure (not all possible complications are listed)

- Wound pain.
- Wound infection.
- Flap necrosis.
- Bleeding (may require re-operation to evacuate the blood clot).
- Seroma collection (this may need prolonged drainage or needle aspiration).
- Hypertrophic scar and keloid formation may result in unsightly scar.

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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 nurse or doctor if pain severe.
3. Nausea or vomiting are common if general anaesthesia is employed; inform nurses if severe symptoms occur.
4. Can mobilize and get out of bed 6 hours after operation.
5. You may go home several days after the operation.

➤ **Wound care**

1. In the first day after operation, you may take a shower with caution (keep wound dressing dry and clean).
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. Follow up on schedule 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.

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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

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: _____