



Procedure Information – Modified Radical Mastectomy

Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:
Patient No.: PN

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*Please fill in /
affix patient's label*

Introduction

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

Indications

Cancer of breast

The 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

Risk and Complication

There are always certain side effects and risks of complications of the procedure. Medical staff will take every preventive measure to reduce their likelihood.

Possible risks and complications

1. **Complications related to anaesthesia.**

1. Cardiovascular complications: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Allergic reaction and shock
3. Respiratory complications: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease

2. **Common procedural related complications: (not all possible complications are listed):**

1. Wound pain
2. Wound infection
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 (6-17%)
7. Injury to blood vessels
8. Nerve injury including long thoracic nerve, thoracodorsal nerve and rarely brachial plexus
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%)



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Before the Procedure

1. Procedures are performed as elective operation
2. Admit 1 day before or on same day for elective mastectomy
3. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
4. Inform your doctor about drug allergy, your regular medications or other medical conditions.
5. Keep fast for 6-8 hours before operation.
6. Change to operation room uniform before transfer to operating room
7. Empty bladder before surgery
8. Anaesthetic assessment before procedure.
9. May need pre-medication and intravenous drip.
10. Antibiotic prophylaxis or treatment may be required

After the Procedure

1. *Usually after operation*

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.
4. Inform nurses if more analgesics are required.
5. Can mobilize and get out of bed 6 hours after operation
6. Usually go home on the same day or day 2 after the 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. The patient usually go home on the same day or day 2 after the operation and return to hospital/ clinic for removal of the drainage tube.

◆ *Diet:*

1. Resume diet when recover from anaesthesia



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2. Things to take note on discharge:

- Contact your doctor or the Accident & Emergency Department if the following events occur:
 - Increasing pain or redness around the wound
 - Discharge from the wound
- Take the analgesics prescribed by your doctor if necessary.
- Resume your daily activity gradually (according to individual situation)
- Avoid lifting heavy objects over the operated arm.
- Protect the operated arm from infection or injury. Wear protective gloves when washing or horticulture.
- Follow up as instructed by your doctor.

3. 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.

4. 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.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.

Reference

Hospital Authority – Smart Patient Website

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.

Patient / Relative Name

Signature

Relationship (if any)

Date