



## Procedure Information – Breast Lump Excision

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

Page No:

01	02	03	04	05	06	07	08	09
+10	+20	+30	+40	+50	+60	+70	+80	+90

*Please fill in /  
affix patient's label*

### Introduction

Breast lump can be classified as benign or malignant. After clinical assessment, Fine Needle Biopsy (Core biopsy), Ultrasound or X-ray scanning, the surgeon may excise the lump in order to decide whether it is benign or malignant.

### Indications

Breast Lump

### The Procedure

1. The operation can be performed under local/general anaesthesia
2. Incision over the breast lump or over the areolar region
3. The exact site of lesion can be determined by palpation, ultrasound localization or stereotactic localization
4. If preoperative localization is done in the Radiology Department, a skin marker/ guidewire / isotope will be injected into the breast. These will be removed together with the specimen during the operation.
5. The abnormal breast tissue is removed
6. Ultrasound or specimen mammogram may be performed to confirm accurate removal of the lesion
7. 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.**

##### ◆ General 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

##### ◆ Local Anaesthesia

1. Local anaesthetic agents is injected around the site of operation
2. Toxicity of local anaesthetic agents may result in serious complications although rare



## Procedure Information – Breast Lump Excision

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

Page No:

01	02	03	04	05	06	07	08	09
+10	+20	+30	+40	+50	+60	+70	+80	+90

Please fill in /  
affix patient's label

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

- Severe pain despite of taking the pain killer, numbness around the incision site.
- Infection (redness, swelling and purulent discharge).
- Excessive bleeding, haematoma formation.
- Fever (body temperature 38°C or 100°F above)
- Hypertrophic scar and keloid formation may result in unsightly scar
- There is a rare possibility of hypersensitivity leading to anaphylaxis associated with the use of radiopharmaceuticals
- Radioisotope carries a small amount of radioactivity. Potential harm to the human body is minimal except in pregnant women. Most of the radio activities will be removed with the specimen and residual activities left inside the body is minimal after the operation.
- The index lesion may be incompletely excised
- The index lesion cannot be accurately localized and the procedure fails to remove the lesion
- Wound disruption, possible deformity.

### Before the Procedure

- Procedures are performed as elective operation
- Admit 1 day before or on same day of operation
- You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
- Inform your doctor about drug allergy, your regular medications or other medical conditions.
- Anaesthetic assessment before procedure if scheduled for general anaesthesia
- Keep fast for 6-8 hours before operation if scheduled for general anaesthesia
- Patient may need to go to X-Ray Department for preoperative imaging and localization with the injection of isotope / guidewire
- Change to operation room uniform before transfer to operating room
- May need pre-medication and intravenous drip.
- Antibiotic prophylaxis or treatment may be required

### After the Procedure

#### 1. Usually after operation

- May feel mild throat discomfort or pain because of intubation.
- Mild discomfort or pain over the operative site. Inform nurses or doctor if pain severe.
- Inform nurses if more analgesics are required.
- Nausea or vomiting are common if general anaesthesia is employed; inform nurses if severe symptoms.
- Usually go home on the same day or day 2 after the operation



## Procedure Information – Breast Lump Excision

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

Page No:

01	02	03	04	05	06	07	08	09
+10	+20	+30	+40	+50	+60	+70	+80	+90

*Please fill in /  
affix patient's label*

### ◆ **Wound care:**

1. After the first day of operation, you may take a shower with caution (keep wound dressing dry).
2. If the wound feel itchy, you can remove the outer dressing but you must leave the sterile strips intact.
3. Stitches will be absorbed. Stitches removal may not be necessary.
4. Wear a suitable bra support the breast for reducing pain and swelling after operation.

### ◆ **Diet:**

1. Resume diet when recover from anaesthesia

### 2. **Things to take note on discharge:**

1. Contact your doctor or the Accident & Emergency Department 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. Remember the dates of taking off stitches/clips in the clinic, and follow-up in the specialist clinic

### 3. **Further management**

Further surgical operation may be scheduled after the pathology of specimen is available.

### 4. **Recurrence**

Breast lump is a common occurrence and recurrence is not infrequent. New breast lumps may appear in either breast.

### 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