NHS
Royal Cornwall Hospitals
NHS Trust

Bilateral mastectomy - periareolar incision (the 'peri' mastectomy)

affix patient label

What is a mastectomy?

The aim of a mastectomy is to remove all the breast tissue. The nipple areolar size may also be adjusted.

Why do I need it?

As long as the breast is not too large and there is not too much skin to require a formal mastectomy a peri-areolar or 'peri' mastectomy will allow removal of the small amount of excess skin along with the underlying breast tissue.

Are there any alternatives?

You will have had the opportunity to thoroughly discuss all the surgical options with your chest surgeon. If you would like to discuss this further or you have changed your mind, please contact your specialist nurse.

How do I prepare for it?

You will usually attend a pre-admission clinic, where you will be asked for details of your medical history and any necessary clinical examinations and investigations will be carried out. Please ask any questions about the procedure, and feel free to discuss any concerns you might have.

If you are taking any tablets or other forms of medication, you should tell the doctor treating you.

You must **not** eat anything for at least **6 hours** before your operation. This is to make sure your stomach is empty when you have your anaesthetic. Drinks containing fats (eg. tea or coffee with milk) and sweets all count as food. You **can** drink water or a drink without fats in it (eg. black coffee) until **2 hours** before your operation. You may also have small sips of water to take tablets. There is a hospital leaflet about having an anaesthetic. Ask the staff for a copy if you would like one.

You will be given a general anaesthetic during the operation which will keep you asleep. The anaesthetist will come and see you before your operation to discuss this with you. You will be able to ask them questions about the anaesthetic.

A member of the surgical team will also see you on the ward. This is usually the surgeon that will perform your operation. Feel free to ask any questions you have about the operation or what will happen after the surgery. The surgeon may examine you again. They will draw an arrow on the breast to be operated on as well as any other marks necessary to plan your operation. They will also check that this consent form has been completed and signed.

What does it involve?

Your surgical team will aim to remove the breast tissue and a small amount of excess skin though an incision around the nipples. Your surgeon may leave a soft plastic drainage tube to drain away the tissue fluid that will be produced as a result of your surgery. When used, these drains are usually removed between 1 and 7 days. All the stitches used are dissolvable and paper stitches (steristrips) are used to cover the scar lines. A waterproof dressing is put over this. You should leave the dressing intact if possible until you see your surgeon in the outpatient clinic.

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What happens afterwards?

You will usually be able to go home the day after your operation. You can go home with your drain in and the district nurses will take over the management and removal of the drain. If your personal social situation means you need to spend longer in hospital that is fine, but we would encourage you to be up and about as much as possible. Before you go home, the nursing staff will want to be sure that you are well enough and that the conditions at home are such that you can manage safely. They will offer advice about dressings and painkillers. Taking regular simple painkillers is recommended for the first week. You will be prescribed stronger painkillers for the first couple of days if necessary.

Will I have any follow-up?

An appointment will be made for you to see your surgeon (usually within 10 - 14 days) after your discharge from the hospital to discuss the results of your surgery and advise you on further treatment if needed.

Are there any risk or complications?

As with all procedures, there are risks from having this operation:

General Risks

Risk from the anaesthetic: The risk to a healthy patient of problems arising from an anaesthetic is very small. However, each year in the UK a few healthy people will die or suffer serious heart, lung or brain injury following an anaesthetic. For a woman who is otherwise in good health, the risk of a serious complication due to general anaesthesia is less than 1%.

Bleeding: This is usually minor and is stopped during the operation. Occasionally patients develop a collection of blood called a haematoma, which requires a second operation. For this procedure it is about 1-2 in every 100. Bleeding is more common if you have been taking blood thinning medication such as aspirin or Warfarin.

Infection: All surgery has a risk of infection. If the wound becomes red, hot or weeps, or you feel unwell you should consult your doctor. Treatment will involve taking antibiotics.

DVT/PE: With all surgical procedures there is a risk of developing a clot in the deep veins of the leg, deep vein thrombosis (DVT). In a very small number of patients a bit of this clot breaks off and lodges in the lungs. This is a pulmonary embolus and in very extreme cases can be life-threatening. Your surgical team will prescribe you compression stockings and/or blood thinning medication after careful assessment of your individual risk.

Risks specific to periareolar mastectomy

Pain: A degree of pain is likely after any surgery. We aim to manage your pain with painkillers to an acceptable level post-operatively. Some patients undergoing this type of surgery have a degree of pain continuing beyond the early post-operative period. There is evidence to suggest that if we get on top of your pain soon after your operation we can reduce the chance of it becoming a chronic problem. If the pain or numbness and tingling continues to be troublesome please let your surgeon or breast care nurse know and we can give you a medication to manage the pain.

As you are having both breasts removed it is important to keep your shoulders moving after the operation and hold your shoulders back to reduce the chances of tight scarring.

Seroma: This is a collection of fluid under the skin after surgery. It is rarely problematic in the breast, but is easily treated by drainage through a small needle. Draining the seroma is a very simple procedure that can be done by a member of the Breast Team in the outpatient clinic without the need for an anaesthetic.

Wound problems: Occasionally the blood supply to the skin left behind is compromised, resulting in an area of the skin alongside the scar which does not heal as well. This may form a scab or even open up, requiring special dressings and treatments coordinated by the breast care nursing team. Rarely this might require further surgery to heal.

Excess skin: Every effort will be made to remove the necessary skin, with the wounds being temporarily closed and adjusted prior to final closure. Occasionally small 'standing cones' or 'dog ears' may become evident following the operation. These can be removed with a local anaesthetic procedure in the future if they are of concern once all the healing has settled down a few months later.

Scalloping: Depending on your body type the removal of the breast tissue may cause your chest to appear 'scalloped' due to the surrounding excess fatty tissue remaining after the breasts have been removed. If this is of concern there are procedures such as fat grafting that can improve the situation.

Scarring: Testosterone increases the risk of hypertrophic (raised and red) or keloid (scarring spreading beyond the incision site) scarring. Treatments are available for both if it becomes an issue but some hypertrophic scarring may become permanent. The scars will not be perfectly symmetrical but every effort will be made to make them similar.

Nipple Sensation: The nipple sensation will change and is likely to be reduced or absent.

Nipple Size / Shape / Colour / Necrosis: The nipple areolar complex will be adjusted according to your requests but will not be perfectly round and may fade in colour. There is a small risk of the nipples not surviving the operation and this may require further surgery and dressings.

Nipple Position: This will be altered by the procedure and the 'purse string' suture used to close the incision will give a pleated look to the nipple for some months after the operation.

Contact us

If you have any questions or need further information, please contact your breast cancer nurse.

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

Patient copy

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

NHS
Royal Cornwall Hospitals
NHS Trust

Bilateral mastectomy – Periareolar incision

NHS number: .....
Name of patient: .....
Address: .....
Date of birth: .....
CR number: .....

AFFIX PATIENT LABEL

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits:

- *To remove the breast tissue as agreed, treat any disease or reduce the risk of disease by removing all of the breast tissue.*

Significant, unavoidable or frequently occurring risks:

- *Bleeding, infection, DVT/PE, seroma.*

Uncommon but more serious risks:

- *Ongoing pain, wound problems sometimes requiring further surgery.*

Rare but serious risks:

- *Anaesthetic risk which includes a very small risk to life or limb from complications such as heart attack and stroke.*

Any extra procedures which may become necessary during the procedure:

- *Blood transfusion (required very infrequently)*
- *Other procedure (please specify):*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Bilateral mastectomy – periareolar incision (CHA4409) which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: ☐ General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: ..... Name (PRINT): ..... Date: .....

affix patient label

Bilateral mastectomy – periareolar incision consent

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

.....

I have received a copy of the Consent Form and Patient Information leaflet: Bilateral mastectomy – periareolar incision (CHA4409) which forms part of this document.

Patient signature: ..... Name (PRINT): ..... Date: .....

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: ..... Name (PRINT): ..... Date: .....

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

Important notes (tick if applicable):

☐ See advance decision to refuse treatment ☐ Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: ..... Name (PRINT): ..... Date: .....

File copy

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