

Patient Information to be retained by patient

Localised wide local excision

affix patient label

What is a localised wide local excision?

A wide local excision (lumpectomy) is breast conserving surgery where the abnormal area within your breast is removed with a surrounding area of normal tissue. If we cannot clearly feel your tumour then the technique of 'localisation' will guide us to the exact area of breast tissue to remove. The radiologists will inject a small amount of harmless radioactive dye at the site of your tumour. During your operation this area can be very accurately found with a detector probe and removed. The localisation injection will be performed at the Mermaid Centre either the day before, or the morning of your surgery. This technique is also known as ROLL (Radio Occult Lesion Localisation).

Why do I need it?

You will have had a discussion with your breast surgeon about the best type of surgery for your breast cancer or pre-invasive change (DCIS). Wide local excision combined with a course of post-operative radiotherapy gives the same results in terms of overall survival as mastectomy. Your breast surgeon feels that this is the best surgery for you.

Are there any alternatives?

There are both surgical and non-surgical treatments for your breast cancer (or pre-invasive change), which your breast team will have discussed with you. Mastectomy involves removing your breast and is an option in all breast disease. However, it is not necessary in your case. In addition, if you have a breast cancer, there is a possibility that it can be kept at bay with an anti-oestrogen tablet. However, the only way of getting rid of the breast disease is with an operation. In terms of the localisation, it will occasionally be necessary for us to place a very thin and flexible wire close to the tumour instead of, or in addition to the radioactive dye.

Please let a member of the breast team know if you need further information about your treatment choices.

Glandular Reshaping/Repair

What is a glandular reshaping/repair?

This means reshaping the remaining breast tissue and re-draping the skin of your breast, which aims to preserve a cosmetically acceptable breast shape with a nipple pointing in the same direction as your other breast. The way we do this is to remove a segment of breast tissue (rather like removing a segment of orange) and closing together the rest of the breast. This will result in a smaller breast but aims to preserve the breast shape. Often over time the discrepancy between your breasts becomes less.

Why do I need it?

This procedure allows us to preserve your breast shape as best as we can. It also helps to reduce the likelihood of the skin 'sticking' onto the muscle under the area that has been removed. This will reduce the chances of an unsightly result with a distorted nipple after radiotherapy.

Are there any alternatives?

We can perform a simple wide local excision and leave a defect in the breast. However the glandular reshape is a straightforward procedure with a low risk of problems.

How do I prepare for surgery?

You will 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. You will also have the opportunity to discuss any concerns or queries with a member of the breast care nursing team.

Do **not** eat anything for at least **6 hours** before your operation. This is to make sure that your stomach is empty when you have your anaesthetic. Drinks containing fats (e.g. tea or coffee with milk) and sweets all count as food. You **can** drink water or a drink without fats in it (e.g. 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.

The surgeon will spend a short time with you measuring and planning the exact steps of the operation and will usually draw and make notes of important landmarks on your skin with a special marker pen. This is called the 'marking-up' process and may be done whilst you are sitting, standing and lying down. An arrow will also be drawn on the side to be operated on and a check made that this consent form has been completed and signed.

What does it involve?

Your surgeon will decide before the operation where they will make the incision. This will often be at a site remote from the area needing removal in order to maximise the cosmetic result. It is often around the edge of your areola (pigmented area around your nipple). There is usually no need for the skin over the abnormal area to be removed. Your surgeon will discuss with you beforehand if skin does need to be removed. The abnormal breast tissue will be removed within a cylinder of tissue from just underneath the skin to the back of the breast.

The removed area will be X-rayed while you are asleep and any further tissue removed as necessary. Some tiny harmless titanium clips will be left on the muscle at the site of the removed area to guide post-operative radiotherapy if needed. The breast tissue will then be reshaped to fill the defect and the skin closed. You will have dissolvable sutures (stitches) to close the wound and paper stitches (steristrips) on the wound, which should remain in place until you see your surgeon at your post-operative visit.

What happens afterwards?

You will often be able to go home the day of your surgery. Your surgical team will see you at the end of the operating list and ensure there are no immediate complications. You will be sent home with instructions about post-operative care and an appointment to come back to the Mermaid Centre for your post-operative check and results.

It may be necessary for you to spend longer in hospital. In that case the nursing team will encourage you to be up and about as much as possible.

Before you go home, the nursing staff will check that you are well enough and that the conditions at home are such that you can manage safely.

You will be given a leaflet about arm and shoulder exercises, depending on the type of surgery you have had.

Are there any risks 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. Each year in the UK however 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 breast surgery this is about 1-2 in 100.

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.

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 wide local excision:

Pain: A degree of pain is likely after any surgery. We aim to manage your pain with painkillers to an acceptable level post-operatively. 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 suitable painkillers.

Seroma: This is a collection of fluid in the breast after surgery. It is relatively common after breast surgery but rarely needs draining and usually resolves by itself.

Numbness: You may experience numbness and discomfort in the breast. This usually lessens slowly over time although it may never return to normal. You will become accustomed to it.

Need for further surgery: If the pathology report suggests that you will benefit from further surgery to ensure there is no disease left behind, you may need a second operation to remove some further tissue. If this is needed, it is usually done through the same incision and performed within 4 weeks. In occasional cases a mastectomy may be advised on the basis of the new information.

Failure of localisation: Very occasionally, if the abnormality in your breast is very small the area removed at surgery may not contain the abnormal cells. This may be because the area was completely removed with the initial biopsies or the localisation was not successful. Under these circumstances your case will be discussed at the multi-disciplinary meeting and your breast surgeon will discuss the options with you.

Fat necrosis: During this procedure, there may be some unavoidable damage to the breast tissue nearby. This fatty tissue is very delicate and mostly repairs itself. Sometimes it heals to leave an area of lumpy scar tissue which you may be able to feel. This is called 'fat necrosis' but is not harmful or dangerous. It usually disappears over a few months but may persist. If you develop a new lump at any time after your surgery it needs to be checked out by your breast team. This may involve a biopsy for reassurance.

Lymphoedema: This is swelling in the tissue below the skin caused by lymph fluid which cannot drain away. This can occur when the lymphatic channels are damaged by surgery or blocked by radiotherapy. It is fairly uncommon within the breast and is treated in the first instance by wearing a secure and supportive bra. Treatment is available by specialists following referral by your breast care nurse.

Asymmetry: It is not possible to guarantee exact symmetry of shape, volume or the perfect cosmetic outcome. It may be necessary to have further surgery at any time in the future either to refine the cosmetic outcome or to treat a complication as above.

Patient copy

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

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

NHS number:

Name of patient:

Address:

Date of birth:

CR number:

AFFIX PATIENT LABEL

..... **Localised wide local excision**
+/- Glandular Reshaping / Repair

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:

- *Breast conserving surgery.*

Significant, unavoidable or frequently occurring risks:

- *Bleeding, infection, DVT/PE, pain, seroma, numbness, need for further surgery, failure of localisation*

Uncommon but more serious risks:

- *Fat necrosis, lymphoedema, asymmetry*

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: Localised wide local excision (CHA3233) 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

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: Localised wide local excision (CHA3233) 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: _____

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

..... **Localised wide local excision**

+/- Glandular Reshaping / Repair

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:

- *Breast conserving surgery.*

Significant, unavoidable or frequently occurring risks:

- *Bleeding, infection, DVT/PE, pain, seroma, numbness, need for further surgery, failure of localisation*

Uncommon but more serious risks:

- *Fat necrosis, lymphoedema, asymmetry*

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: Localised wide local excision (CHA3233) 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

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: Localised wide local excision (CHA3233) 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: _____