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NHS
Royal Cornwall Hospitals
NHS Trust

Wide local excision

affix patient label

What is a 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.

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. 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.

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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 (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.

The surgeon will spend a short time with you measuring and planning the exact steps of the operation and will usually draw 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: Is a collection of fluid in the breast after surgery. This is quite 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.

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.

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