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Bilateral mastectomy – Chest masculinisation Vacuum Assisted Biopsy (VAB) device and liposuction

What is a mastectomy?

The aim of a mastectomy is to remove the breast tissue. In this operation a probe known as a Vacuum Assisted Biopsy Device (or VAB) is inserted through a small incision in the armpit area to excise the glandular element and this is combined with liposuction performed through the same small incisions.

Why do I need it?

If you have very little breast tissue and no excess skin then this operation avoids the scarring associated with a peri-areolar or 'peri' operation.

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 by using the probe and liposuction. 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. 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 Mastectomy - Vacuum Assisted Biopsy and Liposuction

Bruising: This is inevitable after liposuction and a compression vest should be worn for a minimum of 2 weeks after the procedure to control this.

Paraesthesia and numbness: This is a common side effect of liposuction and changed sensation in the skin and nipple is to be expected.

Guttering: Occasionally the subcutaneous fat can be depleted by the liposuction, leading to visible guttering.

Pneumothorax: Rarely a communication between your lung and the liposuction area may cause the lung to collapse. This may require a small chest drain to be inserted.

Asymmetry: Every effort is made to ensure that symmetry is obtained but chest wall dimensions still cause visible differences.

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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 following 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 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: There is a possibility that the skin envelope remaining after the procedure will not retract enough, although a full 6 months is required before the final result is evident.

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 it can become permanent. The scars will not be perfectly symmetrical but every effort will be made to make them similar.

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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