

Lumpectomy

A *lumpectomy* is a surgical procedure to remove abnormal tissue along with a rim of surrounding normal tissue. This procedure may also be called a *partial mastectomy*, a *wide excision*, or *breast conserving surgery*. A lumpectomy can be done for invasive cancer, DCIS, or some benign tumors. If the lumpectomy is being done for cancer, it may be combined with lymph node surgery. (If you are having lymph node surgery in addition to a lumpectomy, please also refer to the lymph node surgery information sheet.)

If the abnormality to be removed is too small to be felt on examination, the lumpectomy will be done with *needle localization*. Needle localization, sometimes also called *wire localization*, is done in the radiology department just before your scheduled surgery. The radiologist identifies the abnormal tissue using mammograms, ultrasound or MRI (whichever technique shows it best). Using local anesthesia, the radiologist inserts a small needle into the area of concern. The location of the needle is confirmed with mammograms, and then a thin, flexible wire is passed through the needle. The needle is removed, and the wire is taped to your breast. One final set of mammograms is taken to demonstrate that the wire is located in the correct area. You are then sent to the Operating Room, along with the pertinent x-rays. Your surgeon uses the wire, and the x-rays, to locate the area to be removed.

During the lumpectomy, your surgeon will remove the abnormal area along with a rim of normal appearing breast tissue. All of the tissue removed is sent to the pathology department for evaluation. The pathologist will examine the edges of the tissue, called the *margins*, for the microscopic presence of abnormal cells. If abnormal cells are seen at the edges, additional surgery may be required to obtain clean margins. The pathology report, including evaluation of the margins, will be ready in approximately 1 week.

Risks and complications of lumpectomy include infection, bleeding, bruising, hematoma (a blood clot in the area of the surgery), seroma (a fluid collection in the area of the surgery), and failure to remove the entire abnormal area. There may also be a change in the appearance of the breast as a result of the procedure.

Frequently asked questions:

- *Can I wear a bra after a lumpectomy?*
Yes. In fact, you should. Wear a bra for support at all times for 48 hours or more and then while you are awake for at least three weeks.
- *Will I need reconstructive surgery after a lumpectomy?*

No. Reconstructive surgery is typically done after mastectomy (removal of the entire breast). A lumpectomy preserves the breast.

- *Will I have a drain placed at the time of surgery?*
Drains are not usually placed in the breast after a lumpectomy.
- *Will I have pain after the surgery?*
There is always some pain after surgery, although each patient has a different experience.
 - You will have a prescription for pain medication. Take it as prescribed.
 - You may take ibuprofen (Advil, Motrin) or acetaminophen (Tylenol) for mild/moderate discomfort. Follow the label instructions.
 - You may use an ice pack for relief of moderate pain or swelling. Apply to your breast intermittently (twenty minutes on/twenty minutes off).
- *When may I shower? Use deodorant?*
 - You may remove the gauze bandage on the day after surgery. Leave the thin paper strips (steri-strips) in place. You may shower and get the strips wet. Just pat the area dry when you are done. The strips will start to come off in about a week.
 - If your incision is near the underarm, do not use deodorant until instructed by your surgeon, as it may cause irritation. (Usually you may resume in 1-2 weeks).
- *When can I resume my normal activities?*
You may resume most normal activities as soon as you feel able. You will want to avoid jogging and jumping for at least a week, as the bouncing of your breasts will be very uncomfortable.
- *When may I resume driving?*
Driving will not hurt your surgical recovery, but you must think about safety. You should not drive if you are still taking prescription pain medication. You should also wait until you can move easily and comfortably.
- *Why am I so tired?*
You can be tired from the surgery, the anesthesia, or stress. Although you may have a small incision, your body is spending energy to heal your breast. Recovering from surgery is an emotional process as well as a physical one. Not only will you be tired from the anesthesia and healing, you may need time to catch up emotionally with all that has happened physically. Do not rush yourself. Your fatigue may last a few days or as long as a few weeks.
- *When should I see the surgeon for a post-operative visit?*
Your surgeon will contact you with the results as soon as they are available. Routine post-operative appointments are generally scheduled for 2-3 weeks after surgery. If you are having a problem, call the office to be seen sooner.