

Lumpectomy Instructions

What is a Lumpectomy?

A lumpectomy (also known as a partial or segmental mastectomy) is a wide excision of a breast lump of a biopsy proven breast cancer with appropriate surgical margins. When removing the “lump”, a small amount of surrounding normal tissue is also removed. This is done to make sure that all the cancerous tissue has been removed. The tissue is then examined by a pathologist to see if any of the cancer cells are present in the surrounding tissue. If there are no cancer cells present, this is called a "clean margin". If cancer cells are present in the surrounding tissue, your surgeon will recommend additional steps, which may include a re-excision to remove additional tissue in an attempt to clear the margins. The goal is to achieve removal of all cancer cells with the best cosmetic result possible when performing breast conservation surgery.

Lumpectomy with Needle-Localization for Non-Palpable Lumps:

Those patients whose lump is not palpable require a pre-operative wire localization. To locate the lump or area that needs to be removed, the radiologist will be asked to insert a guide wire into your breast prior to surgery to pinpoint the area of concern. If you require this procedure, on the day of your surgery you will check in first at the Summit Health Ambulatory Surgery Center. Then you will be taken to the radiology department by a member of the surgical staff. The radiologist will then use mammography or ultrasound to insert a thin wire to be left in place for surgery as a guide for your surgeon to locate the area of the abnormality. The wire is then covered with a dressing to hold it in place. The average time for this procedure is 30-50 minutes. You are then taken to the operating room where you will receive a local anesthetic to numb your breast, as well as general anesthesia to make you sleep through the procedure. The surgeon uses the wire as a guide to locate the lump. An incision is made and the abnormal tissue as well as the wire is removed. When the surgery is completed, a dressing is placed over the incision and you are taken to the recovery area to recover. In general, you can expect to be in the operating room for 30-90 minutes and in recovery for 1-2 hours.

How do I Prepare for my Lumpectomy?

The following information will help you prepare for your upcoming surgery. We hope this information will help make this experience easier for you. If you have any questions regarding the instructions, please contact our Breast Care Center Staff.

- Do not eat or drink anything for 12 hours prior to your surgery.
- People with diabetes, heart disease and other illnesses should contact their primary care doctor for directions on taking their routine medication. Inform us if you are taking Coumadin, Aspirin, Plavix, Eliquis or other blood thinning medications.
- Do not take aspirin or aspirin-containing products for seven days before your surgery. Tylenol is okay. Also, stop taking vitamin E supplements, multivitamins, herbal supplements and fish oil one week before your surgery or as soon as possible if your surgery is less than one week away.
- Wear comfortable clothing, such as a two-piece, loose outfit with a zipper or buttons in front that is really easy to put on. You will be sent home in a surgical binder or dressing.
- You will need to have a responsible adult drive you home. Lumpectomies are generally an outpatient surgery. It is unsafe and against our policy to permit you to drive home after surgery when you have received any medication that might slow your responses, such as anesthesia, pain medication or any medication to relieve anxiety.



What is a Sentinel Lymph Node Biopsy?

Patients who have an invasive breast cancer, require Sentinel Lymph Node Biopsy for staging.

Sentinel Lymph Node biopsy is usually done through a separate incision under your arm. This is done to determine whether any of the cancer cells have spread to the lymph nodes. In order to determine where the sentinel lymph node is located, a preoperative lymphoscintigraphy is performed.

What is Lymphoscintigraphy?

Definition: Lymphoscintigraphy is a technique that is used to locate the sentinel lymph node (first lymph nodes the tumor is draining into).

Procedure: During lymphoscintigraphy, a radiologist will inject a small, non-toxic amount of a radioisotope in the area around the nipple. While you lie still, a computer records the path of the radioactive material towards the draining lymph nodes.

During surgery, your surgeon will use a tracking device to locate the sentinel lymph nodes. The sentinel node(s) will be removed and studied pathologically. If the node(s) is positive for cancer cells, the surgeon will decide if additional lymph nodes in the axillary area under your arm need to be removed. These lymph nodes will be sent to our pathology department for a full assessment.

You will have an incision in the area under your arm. It is not uncommon for this area to be sore and to have some numbness or tingling after the surgery. This is normal.

Locations of Lymphoscintigraphy Testing: This test will be done either the day before your surgery or the day of your surgery. Please check with your surgery scheduler for instructions.

What are the risks of a Lumpectomy?

All surgery involves risk. Your surgeon will discuss the risks of your lumpectomy related to your specific medical history. In general, there can be some scarring or change in the shape of the breast, depending on the size of the area being removed. Other risks and complications associated with breast surgery include: wound infection, swelling around the incision from an accumulation of blood or clear fluid (uncommon) that may require drainage, and reactions to anesthesia (low risk).

Outpatient Surgery:

The lumpectomy procedure is an outpatient surgery. Therefore, most of our patients do not need to stay overnight in the hospital unless they have nausea and vomiting or have pain which requires more active pain control.

How Will I Look and Feel After Surgery?

Post-surgery breast size depends on how much tissue was removed. There will be a scar from the incision. Initially there will be some swelling and discomfort. You will be given a prescription for pain medication to take at home if needed. If a complete axillary dissection was done, you may have a drain. Instructions for how to care for the drain will be given to you before you leave the hospital.

When Will I Hear About the Pathology Results?

It takes approximately 7-10 days to get pathology results. Your surgeon will call you with the results or discuss them with you at your post op visit.



Instructions After Surgery- Follow Up Care

The surgeon will generally plan to see you about one-two weeks after surgery. Follow-up appointments may be made before surgery. Otherwise call us on the day you get home to make your appointment. Your dressing will be changed or removed at your post-operative visit unless you receive other instructions. The breast surgeon will help you make the appropriate consultations with a medical and/or radiation oncologist. Please do not drive until you have clearance from your surgeon.

Pain Management

People experience different types and amounts of pain or discomfort after surgery. The goal of pain management is to assess your own level of discomfort and to take medication as needed. You will have better results controlling your pain if you take pain medication before your pain is severe.

You may be given a narcotic prescription for pain management of moderate pain. Avoid taking Advil or any other non-steroidal anti-inflammatory pain medications for 48 hours.

Tylenol can replace the prescription pain medicine once the pain lessens.

Healing and recovery improve with good pain control. Please notify us of any drug allergies, reactions or medical problems that would prevent you from taking these drugs. Your pain medication may be a narcotic and should not be taken with alcoholic drinks. Do not use narcotics while driving.

Narcotics also can cause or worsen constipation, so increase your fluid intake, eat high fiber foods – such as prunes and bran – and make sure that you get up and out of bed to take small walks. You can also take a stool softener such as Colace and/or a mild laxative such as Milk of Magnesia. A small pillow positioned in the armpit also may decrease discomfort.

Although you will not have felt it at the time, nor remember it afterwards, you will have had a tube down your throat during the surgery. This can often cause a sore throat for a few days following your surgery.

An icepack placed over your bra or binder for the next 24 hours may be helpful to decrease pain or swelling, particularly to the armpit and after lymph node removal. Please use ice 20 minutes on, then 20 minutes off.

Please wear a supportive bra (sports bra, binder) all day and all night until your post-op visit. You may take it off only to shower the day after surgery.

Activity

Avoid strenuous activity, heavy lifting and vigorous exercise. Tell your physician or nurse about your occupation and current activity level, and he or she will help you make a personal plan for “what you can do” after surgery. If having reconstruction, discuss this with the plastic surgeon.

- You may shower starting the day after surgery
- Walking is a normal activity that can be restarted right away.
- Coughing or deep breathing is important after surgery. Take 4 deep breaths and 4 coughs every 2 hours while awake after surgery.
- If you have a drain, please do not drive until the drain is out.
- If you do not have a drain, please check with your surgeon as to when you can drive. Usually this is after you have been off of narcotics for 48 hours. If in doubt, please ask your surgeon.
- Following a lymph node dissection, don't avoid using your arm, but don't exercise it until your first post-operative visit.
- You will be given exercises to regain movement and flexibility. You may be referred to physical therapy for additional rehabilitation if it is needed.



- Most people return to work within three to six weeks. Return to work varies with your type of work, your overall health and personal preferences. Discuss returning to work with us.

Diet

You may resume your regular diet as soon as you can take fluids after recovering from anesthesia. We encourage 8 to 10 glasses of water and non-caffeinated beverages per day, plenty of fruits and vegetables as well as lower fat foods. Talk with us about recommendations for healthy eating.

Incision and Drain Care

Your incision or scar may have steri-strips (which are small white strips of tape), or surgical glue and may be covered by a gauze dressing or tube top binder.

Remove the clear sticky cellophane or gauze in 2 days. Do not remove the steri-strips or surgical glue. We will inspect the incision at your post-op visit. If the dressing falls off, do not attempt to replace it. Do not apply lotions or ointments to the surgery area. Call the office and we will give you further instructions.

Bruising and some swelling are common after surgery. A low-grade fever that is under 100 degrees Fahrenheit is normal the day after surgery.

Radiation Therapy After Lumpectomy

Radiation Therapy is usually a standard practice after a lumpectomy and usually lasts for three to six weeks. We will refer you to a Radiation Oncologist at the time of your post-operative visit.

Radiation Therapy After Lumpectomy

Contact us for any unanswered questions and emotional support needs. During business hours, Monday through Friday from 8:30am to 5pm, call our main office number. On the weekends or after hours, please call the operator at (908) 273-4300. The operator will contact your surgeon or the surgeon on call.

Call us if you have:

- Pain that is not relieved by medication
- Fever more than 100 degrees Fahrenheit or chills
- Excessive bleeding, such as a bloody dressing
- Excessive swelling
- Redness outside the dressing
- Discharge or bad odor from the wound
- Allergic or other reactions to medication(s)
- Constipation not relieved with stool softeners or Milk of Magnesia
- Anxiety, depression, trouble sleeping
- Any other unusual symptoms

Important Phone Numbers

	New Providence	Florham Park	Livingston
Breast Surgeon	(908) 277-8770	(973) 404-9945	(973) 404-9945
Nurse Navigator	(908) 277-8670	(973) 404-9756	(973) 404-9756
Surgical Scheduler	(908) 277-8725	(973) 404-9994	(973) 404-9994
Medical Oncology	(908) 277-8890	(973) 538-5210	
Imaging	(908) 277-8673	(908) 277-8673	(908) 277-8673
Radiation Oncology	(908) 588-3651	(973) 437-9000	