

Long term outlook

Most women are pleased with the results of their surgery. The shape of your breasts will change with time, particularly with changes in natural bodyweight, age, pregnancy and also radiotherapy. If you are concerned about the appearance or shape of the breast after surgery, please speak to your surgeon.

Useful information

Wound care nurse

01744 646036

Macmillan breast cancer nurse specialist

01744 646053

Breast surgery secretaries

01744 646783 or 01744 646700

Burney Breast Unit reception

01744 646036

The breast team will aim to return your call as soon as possible.

Other relevant leaflets

- Pre-operative information leaflet
- Axillary surgery
- Shoulder exercises leaflet.

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

St Helens Hospital
Marshall Cross Road,
St Helens, Merseyside, WA9 3DA
Telephone: 01744 26633

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Teaching Hospitals
NHS Trust

Wide local excision (lumpectomy)

Patient information leaflet

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید، لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formie, proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil, vă rog să discutați cu un membru al personalului să se ocupe de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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Wide local excision

This leaflet aims to give you enough information to understand about this procedure, why you need it, what to expect and what happens at different stages of your journey.

What is a wide local excision?

A wide local excision (lumpectomy or partial lumpectomy) is a breast cancer treatment, which involves surgically removing the tumour as well as a margin of healthy tissue to ensure no cancer cells are left behind.

The amount of tissue removed will depend on the size of the tumour.

Your surgeon may also remove lymph node (glands) in your armpit (axilla) to find out if there are any cancer cells in them.

There will usually be a scar on the breast and a further scar in the armpit if surgery to the lymph nodes is also required.

This is often followed by radiotherapy to the remainder of the breast to reduce recurrence in the future.

What are the benefits of surgery?

Removing the cancer by surgery gives the best chance of you being free of early breast cancer.

The purpose is to remove the cancer with a clear margin of normal tissue.

This also means that the majority of your breast tissue is preserved.

Specific complications of this operation:

- **Seroma** - This is a collection of fluid under the wound which can collect and cause swelling. It is a common problem after breast surgery. It may require drainage if the amount of fluid increases or becomes painful.
- **Haematoma** - This is where a collection of blood can develop under the wound. You may require another operative to remove this.
- **Numbness and/or altered sensation** - Surgery can cause damage to some of the nerves that can cause numbness/tingling in the area of the scar. In most cases this improves over time.
- **Scar and poor wound healing/wound dehiscence** - The wound may have problems with healing after the surgery. You may be required to visit our wound care nurse who may monitor this for you.
- **Failure of localisation** - There is a small chance that we may not be able to localise the seed with the probe on the day. We may have to employ other techniques if this happens.
- **Asymmetry/deformity** - Removal of the breast tissue will leave some defect to contour of the breast and an asymmetry to the other side. Your surgeon will discuss this with you.
- **Recurrence/further surgery** - Removing the area of abnormal breast tissue aims to remove abnormal breast tissue with a margin of normal breast tissue. However there may be occasions where the margin of tissue has cancer involvement and we may decide to remove further breast tissue in this area. This can happen in up to 20% of patients.
- **Lymphoedema** - This is swelling of the breast caused by surgery or radiotherapy due to disturbance of normal fluid drainage.

What are the risks?

All operations involve risk. You need to be aware of these so you can make an informed decision about surgery. Your surgeon will discuss procedure specific-risks in more detail that may apply to you individually.

Some, but not all of these risks include:

Anaesthetic complications:

- Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications:

- **Pain** - The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move your arm freely, to prevent your shoulder from being stiff
- **Bleeding** - Stitches or inside the wound. A dressing may be applied on top of your wound and you should not be concerned about small amounts of blood spotting. If more bleeding occurs after discharge, please contact your GP or breast care nurses immediately.
- **Infection** - All surgeries carry a risk of infection. If your wound becomes inflamed, red, hot, sore or oozes pus you should contact your breast care nurse or GP for assessment and treatment.
- **Thrombosis** - This is when a blood clot can form, usually in the legs or lungs. Your surgeon may advise to give you support stockings and blood thinning injections to prevent this.

How do we locate the tumour

Palpable tumours

This is when the surgeon is able to feel the breast lump.

In order to perform surgery, they will correlate what they can feel with the scans to determine how much breast tissue needs to be removed.

Impalpable tumours

This is when your scans have found a cancer, but we cannot clearly feel the abnormality.

Your surgeon may then need to use other methods to find this area at the time of surgery, in order to be able to remove it.

This may involve a pen mark on the skin or a seed or clip placed into the lesion under imaging.

There are many seeds on the market for this technique.

Your surgeon will discuss your case with you. Most commonly we use a marker called Magseed or Pintuition.

How do we locate the tumour?

Magseed

Your surgeon may decide to use this small marker to be inserted into the tumour. The Magseed is made using a magnetic form of medical steel. It is about the size of a grain of rice measuring 5x1mm.

The seed will be placed in advance by the radiology team. Local anaesthetic will first be injected into your breast to numb the area, following which a needle is used to place the Magseed in your breast by a medical imaging specialist (radiologist) under guidance with ultrasound or mammogram. Afterwards, a further mammogram is taken to check the Magseed is in a good position.

At surgery, a handheld magnetic detector is used to check if the seed can be found before you undergo general anaesthetic for an operation. The lumpectomy will then take place and the seed will be removed with the breast tissue.

Sirius Pintuition

A tiny magnetic seed (the Sirius Pintuition seed) is implanted into the tumour using imaging guidance similar to that above.

The surgeon uses the Sirius Pintuition detector which detects distance towards the implanted seed to guide the removal of the tumour and the seed.

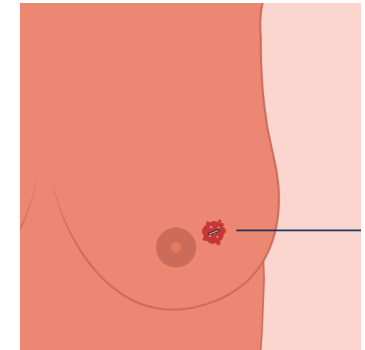


Figure 1. Images above show the size of a magseed and how it looks like in the breast

What are the alternatives to a wide local excision?

Other treatments may be available such as hormone therapy, chemotherapy and radiotherapy.

These are sometimes used in combination with surgery.

These may shrink the cancer however they will unlikely cure the cancer and each have their own side-effects.

Your surgeon will discuss this with you.