Breast Cancer Surgery

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Breast cancer

- Screening
  - Routine check up
  - No symptoms
- Symptomatic
  - Patient has a symptom-eg.lump, nipple discharge, dimpling
- Triple assessment necessary to diagnose
  - examination
  - imaging
  - pathology

Triple Assessment

- Physical assessment
- Imaging
  - Mammogram
  - Ultrasound
- Pathological diagnosis
  - Cytology
  - Core biopsy
- Diagnosis of benign or malignant

Breast Cancer Surgery Discussion

- Breast assessment determines type of surgery possible
- Breast Surgery
  - Wide local excision (lumpectomy) or mastectomy?
    - If WLE, therapeutic mammoplasty or simple?
    - If mastectomy, reconstruction yes or no?
- Axillary assessment determines axillary surgery necessary
- Axillary Surgery
  - Sentinel node biopsy
  - Axillary Sample
  - Axillary clearance

Breast Surgery -Wide Local Excision

- Palpable or impalpable?
  - Palpable
    - Cancer + 1 cm rim of normal tissue removed
  - Impalpable
    - Localise before surgery
    - Cancer + 1 cm rim of normal tissue removed
  - Intraoperative Xray or ultrasound of specimen to ensure it is removed
  - Defect repaired- more bruising at operation but looks better afterward

Surgery-wide local excision (WLE)

- Wide local excision (lumpectomy)
  - Simple
  - Therapeutic mammoplasty
- Keeps the breast
- Requires post op Radiotherapy

Remember

- After local surgery your breast will be smaller

-The nipple will be in a different position

-After radiotherapy the texture will be different

Surgery- Mastectomy

- Removes skin and breast tissue
- May avoid radiotherapy
- Necessary for large or inflammatory cancers
- Types of Mastectomy
  - simple
  - skin +/- nipple sparing (reconstruction)

All suitable patients offered a reconstruction – immediate if possible (see reconstruction video)

Surgery for Axilla

- Types of Axillary surgery
  - Sentinel node biopsy
  - Axillary Sample
  - Axillary clearance
- Sentinel Node Biopsy(SNB)
  - Dual marking technique-radioisotope and blue dye
  - Probe used during surgery to find the lymph node
  - Removing fewer nodes reduces post operative problems
- Axillary Clearance (AxCL)
  - Exercises and physiotherapy post op to regain full range of shoulder movement
  - Risk of lymphoedema

Sentinel Node Biopsy

- Sentinel node- first node to drain breast
- Dual technique
  - Technetium (radioactive colloid)
  - Blue dye
  - 98-100% node identification
- Gamma probe
- Accurate staging 95+%
- Blue breast, blue urine, “Smurfed”, anaphylactic shock

Aftercare

- Breast surgery usually well tolerated by patient
- Local anaesthetic at time of surgery
- Supportive non-underwire bra after surgery –
  - wear day/night for up to 3 days
  - Post operative bras – David Jones, Target, Big W
- If sentinel node biopsy-
  - blue urine- 24 hours
  - blue on breast- 6 months
- Breast care Nurse
  - to see cancer patient before discharge if she is available
  - Follows up patient through post op treatments

Aftercare

- Dissolvable sutures
- Waterproof dressings
- Recovery time-
  - WLE + SNB – 2 weeks
  - WLE + AxCL – 3 weeks
- No driving for 2 weeks
- No swimming 6 weeks
- Exercise program for patients with axillary clearance
- All patients get day surgery pamphlet

Post Surgery Discussion

- 1 Week after surgery
- Discuss next possible therapies
  - Neoadjuvant/adjuvant chemotherapy
  - Radiotherapy
  - Herceptin
  - Endocrine therapy
- Need for therapies based on:
  - Pathology - Biology of cancer -Grade , ER/PR/HER2, Ki67
  - Preoperative staging
  - Genetics
  - Discussed at multidisciplinary meeting