Lumpectomy
Female Patient

Lumpectomy is a commonly used term to describe the removal of a tumor with varying amounts of surrounding tissues from the breast, leaving the remainder of the breast, including the nipple and areola, intact. Your physician will evaluate your candidacy for breast-conserving surgery (lumpectomy) by assessing:

- Size of your tumor compared to the size of your breast; a large tumor in a small breast will not produce good cosmetic results
- Pregnancy (pregnancy disqualifies if there is a need for immediate radiation therapy)
- More than one tumor in your breast
- Mammogram showing scattered microcalcifications in other parts of the breast (may indicate high risk for recurrence)
- Location of tumor in breast (tumors under the nipple produce poor cosmetic results)
- Evidence of involvement of skin, muscle or chest wall from an invasive tumor
- Collagen vascular disease or lung disease
- Restrictions on travel or transportation to clinic for daily radiation for up to six weeks
- Your priorities regarding surgery

Breast conserving surgery has advantages and disadvantages to consider. It is important that you understand these and discuss your feelings with your physician if you are a candidate for breast conserving surgery.

Lumpectomy Advantages:

- Conserves a major portion of the breast, usually the nipple and areola
- Surgery may be done on an outpatient basis
- Recovery time from surgery is shorter
- Body image remains intact
- Rarely requires reconstruction
- Ability to wear your own bras; do not need a prosthesis
- Emotionally, for most women, it is not as difficult to accept as mastectomy

Lumpectomy Disadvantages:

- Recurrence of cancer in remaining breast tissue is a potential risk
- Radiation therapy is usually required; up to six weeks in duration
- Changes resulting from radiation to breast area in texture, color and decreased sensation of feeling
- Decrease in size of the remaining breast tissue after radiation therapy swelling subsides
- Need to monitor breast after radiation, which causes increased lumpiness (psychologically difficult for some women)
- Possibility of second lumpectomy or mastectomy if cancer recurs in breast

It is important to understand that even with local recurrence, the overall survival rate in lumpectomy patients is comparable to mastectomy patients.

Prior to Lumpectomy Surgery

Prior to your surgery, you will be required to have a pre-admission work-up including blood work and any other diagnostic tests your physician may feel necessary. Surgery is usually performed in a hospital with admission early the same day and may be inpatient or outpatient.

Surgery

General anesthesia is usually given. The cancerous lump will be removed with a small area of surrounding tissue.

A part of your surgery is determining if cancer has spread to the lymph nodes. Sentinel lymph node mapping and biopsy is a procedure that evaluates the first lymph node or nodes that drain from the area of the tumor. The procedure can identify the nodes that need to be removed. If sentinel lymph node mapping is being done prior to surgery, you will receive an injection of a radioactive substance with or without blue dye. After you are asleep, the surgeon will scan your breast with a special instrument to determine the area(s) that has the highest amount of the radioactive substance and will make an incision to remove the node(s). If blue dye is used, the blue color will also make the node visible. The removed lymph node will be sent to pathology. If the nodes show cancer, additional nodes may need to be removed. Some surgeons request the pathologist to evaluate the sentinel node(s) during surgery. If cancer is found in the node(s), the surgeon then removes additional nodes before you leave the operating room. Other physicians choose to wait for the sentinel node pathology report and have the patient return at a later date if additional node removal is required. Ask your surgeon what the plan will be if your sentinel node is positive for cancer.

After your surgery is completed, you will be transferred to a recovery room for several hours where your vital signs will be carefully monitored. Pain is moderate and is controlled with oral pain medication after you can eat and drink. Patients who have axillary lymph node dissection may have a drain to remove the fluid accumulation from the surgical area; however, some physicians prefer not to use drains. If you do have drains, instructions will be given on how to empty the drain(s) and record the drainage until the surgeon removes the drain(s) in several days. Recovery time at home is approximately one to two weeks.

Radiation Therapy After Breast Conservation

Three to six weeks after a lumpectomy, radiation therapy is usually given to the remaining breast tissue for up to six weeks. A newer method, accelerated breast radiation, may shorten the time to three weeks. Women requiring chemotherapy usually have radiation after chemotherapy is completed. Treatments are usually given Monday through Friday and require only 10 to 15 minutes. Radiation therapy is painless; however, changes that may occur are a slight sunburn effect to the breast area resulting in change of color and sensitivity to the breast and possibly, a sore throat, dry cough and fatigue. You will not be radioactive, and you can interact with your family as usual. Most women can continue their usual activities while they are receiving radiation therapy.

Lumpectomy is an alternative surgery to mastectomy for breast cancer. Survival rates are equal to mastectomy. If you would like to discuss your decision with a woman who has had a lumpectomy, ask your healthcare provider for a name, or call the local American Cancer

Society for the name of a volunteer who has had a lumpectomy. The decision should be carefully considered and discussed with your physician.