

**Introduction**

1. Lumpectomy/partial mastectomy is one of the operative treatments for breast cancer. The extent of resection includes the primary tumor with adequate margins and the nipple areolar complex in selected cases.
2. This operation results in less deformity when compared with mastectomy.
3. This operation is usually performed at the same time with axillary dissection or sentinel lymph node biopsy.
4. This operation conserves the breast. Radiotherapy to the breast is usually required after the operation.
5. Not every patient is suitable to undergo this operation and adequate removal is not guaranteed. Re-operation may be necessary for some patients.

**The Operation / Procedure**

1. General or local anaesthesia incision made on the skin of the breast. The exact site of lesion can be determined by palpation, ultrasound localization or stereotactic localization.
2. If preoperative localization is done in the Radiology Department, a skin marker/ guidewire/ isotope will be injected into the breast. These will be removed together with the specimen during the operation.
3. The tumor is removed with adequate margin.
4. Ultrasound or mammogram may be performed to confirm accurate removal of the lesion.
5. Small metal clips may be put in the wound to localize the tumour bed.
6. Drainage tube may be placed before incision closed.

**Preoperative preparation**

1. Admit 1 day before or on same day of this “elective” operation.
2. Anaesthetic assessment before operation, including drug allergy, regular medications or other medical conditions.
3. Keep fast for 6 to 8 hours before operation.
4. Patient may need to go to X-Ray Department for preop imaging and localization with injection of isotope / guidewire.
5. Empty bladder and change to operation clothes before transfer to operating room.
6. Pre-medication, intravenous line and antibiotic prophylaxis may be required.

**Postoperative Instruction****A. General**

1. Mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operation site. Inform nurse or doctor if pain severe.
3. Nausea or vomiting are common; inform nurses if symptoms severe.
4. Inform nurses if more analgesics are required.
5. Can mobilize and get out of bed 6 hours after operation, usually go home on day 2.

**B. Wound care**

1. On the first day after operation, patients can have shower with caution (keep wound dressing dry)
2. Stitches or skin clips (if present) will be taken off around 10-14 days.
3. The drainage tube will be removed by doctor when drainage decreases, but patient may go home first with the tube.

**C. Diet**

Resume diet, usually 4 hours after anaesthesia, and when taking sips of water well.

**Common Risks and Complications****A. Anesthesia related complications**

1. Cardiovascular: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
3. Allergic reaction and shock.

\*\* Toxicity of local anaesthetic injected around the site of operation may result in serious complication although rare.

**B. Procedure related complications (not all possible complications are listed)**

1. Wound pain / Wound infection / Flap necrosis.
2. Bleeding (may require re-operation to evacuate the blood clot).
3. Seroma collection (this may need prolonged drainage or needle aspiration).
4. Deformity of the breast (this may be more conspicuous after breast radiotherapy).
5. Deviation of nipple.
6. Hypertrophic scar and keloid formation (may result in unsightly scar).
7. Incomplete excision of tumour.

**Things to take note after discharge**

1. Contact your doctor or the nearby Casualty if there is increasing pain or redness around the wounds and discharge from the wound.
2. Take analgesics prescribed by your doctor if required.
3. Resume daily activity gradually (according to individual situation).
4. Remember the dates of taking off stitches/clips in the hospital clinic, and follow-up at the clinic of your doctor.

**Further management**

1. If pathology report shows positive margin, re-excision or mastectomy may be required.
2. Radiotherapy is usually required. Adjuvant therapy such as chemotherapy, hormonal therapy and target therapy may be necessary according to the final pathology.

**Recurrences**

Despite surgical clearance of the cancer, there is still a chance of recurrence of the disease and death. This is dependent on the initial condition of disease at the time of presentation and subsequent progression.

**Remarks**

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

**Reference**

Hospital Authority: "Lumpectomy/Partial Mastectomy" (2020)

Smart Patient: [http://www.ekg.org.hk/pilic/public/surgery\\_pilic/surgery\\_lumpectomy\\_partialmastectomy\\_0202\\_eng.pdf](http://www.ekg.org.hk/pilic/public/surgery_pilic/surgery_lumpectomy_partialmastectomy_0202_eng.pdf) (06-07-2023)