

Introduction

1. This operation is one of the operative treatments for breast cancer. The extent of resection includes the involved breast together with the nipple areolar complex and the lymph nodes in the axilla.
2. This operation results in significant deformity with a linear scar on the chest wall.
3. This operation is sometimes performed in conjunction with immediate reconstruction.

The Operation / Procedure

1. General anaesthesia.
2. An elliptical incision is made to include the nipple areolar complex and the skin overlying the primary tumour.
3. All the breast tissue is removed, together with Level 1 and 2 axillary lymph nodes.
4. Drainage tube is left for drainage of tissue fluid, before incision closed.

Preoperative preparation

1. Admit 1 day before or on same day of this “elective” operation.
2. Anaesthetic assessment including drug allergy, regular medications or other medical conditions.
3. Keep fast for 6 to 8 hours before operation.
4. Empty bladder and change to operation clothes before transfer to operating room.
5. Pre-medication, intravenous line and antibiotic prophylaxis may be required.

Postoperative events

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. In 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. 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.

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. Lymphoedema (6-17%).
5. Nerve injury including long thoracic nerve, thoracodorsal nerve and rarely brachial plexus.
6. Injury to blood vessels / Frozen shoulder / chronic stiffness (17%).
7. Hypertrophic scar and keloid formation (may result in unsightly scar).
8. Numbness around axilla (25%).

Things to take note after discharge

1. Contact your doctor or a nearby Casualty if you find increasing discharge, pain or redness around the wound.
2. Take analgesics prescribed by your doctor if required.
3. Resume daily activity gradually (according to individual situation)
4. Avoid lifting heavy objects by the arm on the operated side.
5. Protect the arm of operated side from infection or injury. Wear protective glove when doing washing or horticulture.
6. Remember the dates of taking off stitches/clips in the clinic, and follow-up at the clinic of your doctor.

Further management

Adjuvant therapy such as chemotherapy, hormonal therapy, target therapy and radiotherapy may be necessary according the final pathology and will be advised by the doctor once this is available after the operation.

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 stage 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: "Modified Radical Mastectomy" (2020)

Smart Patient: http://www.ekg.org.hk/pilic/public/surgery_pilic/surgery_modifiedradicalmastectomy_0203_eng.pdf (06-07-2023)