After Breast Surgery

Most patients will be discharged 1 day after surgery. Some women may experience mild pain, numbness and tingling sensation around the wound. If you have had a mastectomy or axillary lymph node dissection, your arm or shoulder may feel sore and stiff. Do take the analgesia regularly and perform the arm exercises as advised. The numbness and tingling sensation may slowly improve over time.

Occasionally, some women may experience the following after breast surgery:

Seroma
- In about 3 out of 10 women, fluid may build up in the wound within a month after surgery. It is usually reabsorbed by your body within weeks.
- Your breast care nurse may need to remove the fluid with a needle and syringe.

Bleeding
- In about 5 out of 100 women, blood may build up in the wound, causing swelling. It is usually reabsorbed by your body within weeks.
- In some rare cases, some women may need to undergo another surgery to stop the bleeding.

Wound infection
- In about 5 out of 100 women, infection may occur within a month after surgery. The signs of infection include warmth, redness and/or swelling around the wound and/or excessive discharges and fever.
- You may be treated with a course of antibiotics.

Lymphoedema
- In about 2 out of 10 women, there will be an increased risk of developing arm swelling and arm stiffness after axillary lymph nodes dissection which can occur years after surgery.
- Your breast care nurse will advise you on arm care.

Cording
- A feeling of a tight cord running from your armpit down to the inner arm and sometimes to your hand can occur within weeks or months after surgery.
- You may need physiotherapy and a course of analgesia.

	Wide Local Excision with Radiotherapy	Mastectomy
Which gives a better chance of survival?	Both options give you similar chances of survival.	
Which has a lower chance of cancer coming back?	Cancer may come back in the breast with either surgery. About 5 to 10 out of 100 women will experience this in the next 10 years.	
Will I need a second breast surgery?	In about 1 to 2 out of 10 women, not all cancer is removed and a second surgery, e.g. further wide local excision or a mastectomy, is needed.	Most women will not need further breast surgery. However, you may need a second surgery for the armpit.
How will I look?	There will be a scar on your breast, some indentation where the lump was removed and/ or thickening of the breast tissue.	There will be a scar across your chest.
How will I feel?	Some women may be upset by the way the breast looks, but most (8 out of 10) are satisfied.	Some women may be upset by the loss of their breast. A breast prosthesis or form can be fitted to improve your comfort and confidence.
Will I need radiotherapy?	Yes	Occasionally you may need radiotherapy after a mastectomy.
Will I need chemotherapy, hormone therapy or biological therapy?	These recommendations are made based on the stage and grade, hormone and HER2 receptors of the cancer after surgery. Your surgeon and breast care nurse will discuss more after surgery.	

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National University Cancer Institute, Singapore
A member of the NUHS

NUH National University Hospital
A member of the NUHS

Battling Breast Cancer

Supporting your Decision on Surgery and Care

Breast Cancer

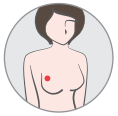
The female breast is made up of lobules, ducts and stroma. When breast cells divide and grow without control, breast cancer occurs. Breast cancer that is confined to the ducts is non-invasive and can be treated or cured if detected early. Cancer that spreads beyond the ducts or lobules to the surrounding breast tissue is invasive. Over time, invasive breast cancer can spread to the lymph nodes and possibly to other areas of the body.

Staging of Breast Cancer

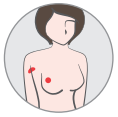
Ductal Carcinoma In Situ

Stage 0: Very early or pre-invasive breast cancer contained within the ducts.

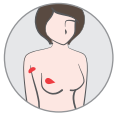
Invasive Breast Cancer



Stage 1
Not beyond the breast



Stage 2
May still be within the breast and in the lymph nodes under the armpit (in some cases)



Stage 3
Not far beyond the breast and nearby lymph nodes

Stage 4
Elsewhere in the body such as the bones, brain, lungs, liver and/or other sites

Grading of Breast Cancer

Grade 1 or low grade: Similar to normal cells, usually slow growing

Grade 2 or moderate/intermediate grade: More abnormal, grow slightly faster than Grade 1 cells

Grade 3 or high grade: Very different from normal cells and may grow quicker than Grade 1 or 2 cells

Hormone and Protein Receptors

Hormones or other proteins can attach to receptors of some breast cancer cells and stimulate the cancer to grow:

- Hormone – Estrogen-Receptor (ER) and Progesterone-Receptor (PR) positive breast cancers respond well to hormonal therapy.
- Protein – Human epidermal growth factor 2 (HER2) positive breast cancers respond well to the drug, Herceptin.

Breast Cancer Surgery

Wide Local Excision (Breast Conserving Surgery)

- Removes the cancer cells and some of the normal looking tissue around it.
- There will be a scar on your breast, some indentation where the lump was removed and/or thickening of the breast tissue.
- 1 to 2 out of 10 women will require a second surgery such as further wide local excision or a mastectomy if the cancer is not fully removed.
- After the wound has healed, you will need to have radiotherapy to treat the remaining breast tissue.
- Some may need to have chemotherapy or hormonal therapy before surgery (neoadjuvant chemotherapy or neoadjuvant hormonal therapy) to improve their chances of having a wide local excision. Your surgeon and breast care nurse will advise if this option is suitable for you.

Oncoplastic Surgery (Breast Conserving Surgery)

- Removes the cancer cells with improved cosmetic outcomes.
- Surgery on the unaffected breast may be performed to improve balance.

Mastectomy

- Removal of the whole breast.
- There will be a scar across your chest and a soft plastic tube (drain) connecting your wound to a plastic bottle. The drain is used to remove excess fluid in the wound and is usually removed between 5 to 10 days or when the fluid level is minimal.
- A new breast shape can be reconstructed using implants and/or your own tissue immediately or years later. Your surgeon and breast care nurse will advise if breast reconstruction is suitable.
- Alternatively, a breast prosthesis or form can be fitted to improve your comfort and confidence.

Breast cancer can spread to other parts of the body through the lymphatic system or bloodstream. The second part of surgery (possible removal of lymph nodes) is important as it removes any cancerous lymph nodes and provides information to help make decisions on further treatments.

Sentinel Lymph Node Biopsy

- Removes 1 to 3 lymph nodes in the armpit to check for cancer cells.
- The sentinel nodes are the first ones that drain lymph fluid from the breast and most likely contain cancer cells, if there is any. Hence, if they are not cancerous, no further surgery is needed.
- There will be a scar and some thickening of the tissue under your armpit.
- Less than 1 in 20 women may need a second surgery if the sentinel nodes are cancerous.
- Removing the sentinel nodes reduces the risk of arm swelling (lymphoedema) and stiffness.

Axillary Lymph Node Dissection

- Removes 10 or more lymph nodes in the armpit.
- Depending on the breast surgery, you may have 1 or 2 scars. A soft plastic tube (drain) connecting your wound to a plastic bottle is used to remove excess fluid in the wound. It is usually removed within a week or when the fluid level is minimal.

Breast Cancer Treatment

- **Radiation Therapy:** using high energy rays to destroy cancer cells
- **Chemotherapy:** using anti-cancer (cytotoxic) drugs to destroy cancer cells
- **Hormone Therapy:** using hormones to control the growth and effects of cancer cells
- **Biological Therapy:** new drugs that boost the body's natural defence and/or attach to specific receptors on the cancer cells to control their growth