

# Having Wide Local Excision (Lumpectomy) for Breast Cancer

Breast Care Centre  
Information for patients

Last reviewed: Jan 2024

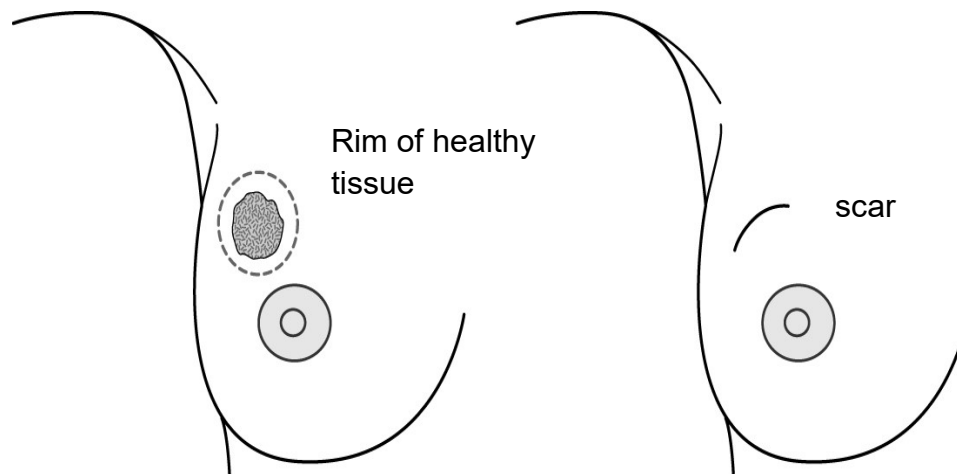
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## Introduction

The aim of this operation is to remove the affected part of the breast, along with a margin (rim) of normal tissue (see diagram on page 2). Your consultant (surgeon) will make an incision (cut) on your breast; the position of this incision will depend on where the abnormality is. This operation is usually performed under a general anaesthetic.

All the tissue that is removed will be sent to the laboratory to be tested. Occasionally this shows that there is abnormal tissue remaining in the breast and further surgery is needed. At your follow-up appointment your consultant will tell you if further surgery is needed.



Example of scar position, please ask your surgeon where your scars may be. These may be larger if your surgery involves breast reshaping - mammoplasty. After a wide local excision operation, radiotherapy to the remainder of the breast may be recommended. At your follow-up appointment your consultant will tell you if radiotherapy is recommended.

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

## Marking the affected area

If your breast surgeon cannot feel the abnormality in your breast, you will need a marking procedure before the operation. This will enable the surgeon to locate the area that needs to be removed.

This procedure is carried out by a breast radiologist in the Breast Care Centre, using a mammogram machine or ultrasound scanner. If the abnormality is close to the skin, the radiologist may use a pen to mark where it is.

There are various techniques used to mark the area and your surgeon will explain the procedure they wish to use for you. These can involve inserting a fine wire or magnetic seeds (Magseed) into the area using local anaesthetic to numb the area.

These markers are different to the radiological markers you may already have in place

## Breast reshaping - Mammoplasty

Depending upon the size of the area to be removed, the position of the area and the size of your breast you may have a large dent, deficit or misshapen breast. Your surgeon will advise on the best surgical procedure to provide an acceptable shape. This may involve moving tissue around the breast or taking excess tissue from the side or underneath of your breast. Your surgeon and your breast care nurse will provide you with more information on this. Your surgeon will advise you of scar placement.

We can also offer symmetrisation surgery to the opposite breast if there is a large difference in size at a later time if needed.

Sometimes the nipple and areola, the darker area in the middle of the breast, needs to be removed along with the tumour. Your surgeon can discuss having a nipple reconstruction at a later date or you can have a nipple prosthesis if you wish to.

## What are the risks involved?

As with any operation, complications can occur. These can include:

- **Anaesthetic complications** - the anaesthetist will discuss these with you on the morning of your surgery.
- **Bleeding** - however, blood transfusion is rarely required during or after this operation.
- **Bruising** at the operation site.
- **Deep vein thrombosis (DVT)** - following this kind of surgery there is a small risk of developing clots in the leg veins, which occasionally travel to the lungs and cause breathing difficulty (pulmonary embolus). To minimise the risk, heparin (blood thinning) injections may be given to you.
- **Haematoma** - this is a collection of blood that forms a lump under your wound; a further operation maybe necessary to remove this.
- **Infection** - can happen any time after surgery until the wound is completely healed. If your wound becomes red, inflamed, begins to ooze pus, feels sore, warm to touch or painful and/or you develop a high temperature, please contact your GP for advice. You may require antibiotics. A wound infection may delay wound healing. Further surgery is sometimes necessary.
- **.Pain and numbness** - you may have some discomfort following surgery. You will be offered painkillers to take whilst you are in hospital and you will be given a supply to take home. This pain should settle after a few weeks, but some numbness along the scar may remain. Wearing a well fitted soft bra is comfortable may help to relieve any discomfort. If your surgical incision is around the nipple area, you may have some altered sensation with numbness or hypersensitivity.
- **Poor appearance/asymmetry** - the removal of breast tissue can sometimes affect the shape and size of the breast: this depends on the amount of tissue that has been removed. If this is likely to happen your consultant will discuss this with you before your operation. The appearance of your breast may also be affected if the wound becomes infected and following radiotherapy. You may be able to have further surgery to reshape your breast(s) and/or lipomodelling / fat transfer.
- **Need for further surgery** - to ensure that an adequate margin of healthy breast tissue is removed.
- **Seroma** - this is a collection of fluid that may form under the wound. If this happens, you may need this to be drained away by the nurse in clinic from time to time. This may settle by itself. If you are likely to develop a seroma, you will be given a leaflet that gives you further information.

You will have time to discuss the risks with the doctors and nursing staff before you consent to your operation.

## When will I go home?

You may be able to go home the same day as your surgery or you may need to spend at least one night in hospital. Before you go home, you will be assessed to see if it is safe for you to do so. Before you come in for your surgery, we will discuss the likely length of your hospital stay.

## Who should I contact if I have any concerns about my wound?

If your wound becomes red and inflamed or begins to ooze after your discharge home, please contact your GP for advice or telephone the breast surgical ward.

Ward 34 Glenfield Hospital :0116 2502490

## How will I be followed up?

All the tissue removed during the operation will have been sent for testing. The results of this test, and your future treatment, will be discussed by the team of healthcare professionals looking after you. This team is called a multidisciplinary team (MDT).

You will be asked to attend the out-patient clinic a few weeks after your operation so that we can discuss your future treatment with you.

## How do I contact the Breast Care Nurses?

We are available from Monday to Friday between 9:00 am to 4.00 pm (**excluding Bank Holidays**).

Office telephone number is 0116 250 2513

An answer phone service is available on this number messages will only be listened to during our working hours.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل  
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email [equality@uhl-tr.nhs.uk](mailto:equality@uhl-tr.nhs.uk)