



Royal Berkshire
NHS Foundation Trust

Advice following breast surgery

Adult Day Surgery Unit

Compassionate

Aspirational

Resourceful

Excellent

This leaflet gives advice to aid your recovery following your procedure on the Adult Day Surgery Unit (ADSU).

Your operation

You should have been given a leaflet at your pre-op appointment specific to your surgery. You can also download a copy from the Trust website – www.royalberkshire.nhs.uk/our-services/surgery/

- **Excision biopsy of breast lumps** means removing one or more lumps from the breast and sending them to be analysed.
- **Hadfields procedure** is surgery to remove mammary ducts to find out the cause of a leak and to stop it. When only a single duct is removed, the operation is called a *microdochectomy*.
- **Capsulectomy and implant removal** is the removal of a scar tissue layer around an implant, along with the implant itself. It is done in cases of implant rupture.
- **Wide local excision (WLE)** is the removal of abnormal tissue / lump (sometimes cancerous) with a small margin of surrounding normal breast tissue, while conserving the rest of the breast. Sometimes, this may require wire placement or skin marker in the X-ray Department to guide the surgeon.
- **Therapeutic mammoplasty** is a form of WLE, with reshaping of the breast and alteration of the skin envelope and nipple position.
- **Chest wall perforator flaps** are a form of partial breast reconstruction to fill the defect left from removal of lumps (lumpectomy).
- **Mastectomy** is the removal of all of the breast tissue along with some of the skin and the nipple, to leave a flat chest.
- **Sentinel node biopsy (SNB)** is an operation to identify and remove lymph nodes for testing, usually in the armpit. An injection of a radioisotope and blue dye is needed to help identify the sentinel node. SNB may be undertaken alone or in combination with WLE, depending on your circumstance.

- **Axillary node clearance** is an operation to remove all of the fatty tissue with the lymph nodes in it under the armpit, if there is proven cancer in the lymph nodes.

After the operation

- When you come back from theatre, your wound may be covered with a dry dressing or an adhesive clear plastic dressing that is waterproof and can be left in place until you return to the clinic, provided there is no leakage or excessive soiling. You will be given instructions on when to remove your dressing. Alternatively, you may have a glue dressing that forms a clear waterproof layer on top of the wound and comes away by itself, like a scab.
- You may take a daily shower, provided you have a waterproof or glue dressing covering the wound. Take care not to wet or soak the wound area while the dressing is in place and while the wound is healing. After bathing, pat the area dry with a clean, soft towel.
- If there is any redness, swelling or discharge from the wound, please contact your GP, if it was not a cancer operation; or the breast care nurses if it was a cancer operation, as soon as possible.
- Your stitches are dissolvable, so do not need removing unless instructed otherwise by your doctor.
- It is normal to experience some pain and discomfort after your operation and while the wound is healing. Take your normal painkillers to help reduce the pain. You will also have moderate bruising around the area.
- It is important that you rest for 48 hours following the operation. This may need to be longer, depending on your individual surgery. You will be given more specific advice in your discharge letter and in the leaflet on your operation that you got at your pre-op appointment.

- Allow two or three days off work. You may need longer than this, depending on your operation and your healing process. If you require a fit note for your employer, please inform your ADSU nurse.
- Gradually resume normal activities when you feel well enough. Avoid heavy lifting and frequent stretching in the first two weeks, but this will depend on the extent of your surgery. If you had a mastectomy, axillary node clearance, mastoplasty, chest wall perforator flap, or removal of implants, you will need to avoid anything too physical for 2-4 weeks. If in doubt ask the nursing staff before leaving the unit.
- You will usually have a follow-up appointments 7-14 days after surgery. If a wound review is needed, or if post-op results are awaited, this may take four weeks or more. Some patients may not need a hospital follow-up appointment, and may get a telephone call or a letter with results.

During the first 24 hours following your discharge

If you have any further concerns about your surgery, please telephone the ADSU: 0118 322 7622.

Opening hours are 7.30am to 10.00pm Monday-Friday, 7.30am to 4.00pm Saturday. If you need help/advice outside these hours, please telephone the Royal Berkshire Hospital switchboard on 0118 322 5111 and ask for the on-call surgery doctor.

Please note that this should be for emergencies only.

After 24 hours, please seek advice from your GP or call 111.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.