



Drainage of seromas resulting from breast surgery

This leaflet will explain what will happen when you come into hospital for your procedure. It is important that you understand what to expect and that you feel able to take an active role in your treatment.

This procedure is usually performed in the Seroma Clinic. This following information will answer some of the questions that you may have but if there is anything that you and your family are not sure about, then please ask the breast care nurse.

What is a seroma?

A seroma is a collection of fluid which can collect under the wound or in the axilla (armpit) after a breast operation, or when lymph nodes have been removed from the axilla. The fluid seeps from small blood and lymph vessels that are cut during the operation to remove the breast tissue or lymph nodes. Once these small vessels start to heal no further fluid collects and the seroma will gradually be absorbed by the body.

Approximately one in three patients who have had a breast operation will develop a seroma, even if surgical drains have been used. Seromas usually appear around 7-10 days after surgery. It may take several weeks after an operation for the seroma to disappear completely.

What do I do if I think I have a seroma?

Small seromas will usually disappear within one month without any treatment. If the seroma is large and causing problems with discomfort or restricting your arm movement then the fluid can be drained using a fine needle. This may need to be repeated until it has settled down, and can vary from person to person. Having a seroma drained is usually painless as the area around the wound is still likely to be numb.

Seromas do not always need to be drained. If they do need to be drained, then this can be done in clinic. Repeated seroma drainage can encourage the seroma to refill and as the procedure carries a small risk of infection it should not be done unless the seroma is causing problems. If the seroma does need to be drained, then we encourage you to attend our nurse-led clinic – see the contact numbers at the end of this leaflet.

What does seroma drainage involve?

A clinician trained in seroma drainage (also called ‘aspiration’) will carry out the procedure.

- Your skin will be cleaned around the area of the seroma.
- A needle will be inserted (often through the existing stitch line) and attached to a syringe or drainage bottle. This is usually painless as the area is often still numb from surgery but should be no more than a ‘pin prick’ sensation.

- The fluid will then be drawn out (aspirated) until the area is relatively flat or no more can be aspirated.
- A small dressing will be placed over the area.
- If the seroma is not getting smaller despite aspiration the team may arrange an ultrasound scan that estimates the size of the seroma, and in some cases will use this to guide a full aspiration. If this is needed, it will be discussed with you by one of the team.

What are the specific risks?

- Infection:** Although every precaution is taken to avoid infection, inserting a needle into skin provides an entry point for bacteria, which can lead to an infection. If you notice signs of redness, increased pain and swelling, you need to seek medical advice from your GP or out of hours service immediately.
- Re-occurrence of the seroma:** It is common for the seroma to re-occur, as the space underneath the skin where fluid collects can take some time to fill in with scar tissue.
- Bleeding:** There is a risk of bleeding during the aspiration. Any bleeding will be dealt with at the time.
- Pneumothorax:** There is a very small risk of pneumothorax (partial or completely collapsed lung) if the seroma aspiration is in the chest or back area. This means air enters the plural cavity and results in shortness of breath. This would occur at the time of the aspiration and would be dealt with by the team.

What happens if I do not have the seroma drained?

Most seromas will get better on their own in time. However, if the swelling is putting strain on the stitch line, fluid may start leaking through the stitch line. In very few cases the seroma forms a capsule and becomes permanent. If this is the case, only surgery can remove the capsule, but it is rare.

Attending clinic

Seroma drainage is carried out by the breast care nurses in the Berkshire Cancer Centre. Please contact the breast care nurses to arrange an appointment in the clinic. Please be aware that a large number of patients attend this clinic, so please allow plenty of time for this visit. There is a WRVS tea bar nearby if you require refreshments. The clinics are held in the **Berkshire Cancer Centre** on **Tuesdays between 2.30pm – 4pm** and **Fridays 9.30am – 11am**. If you experience problems with fluid collecting outside of these hours you should contact your breast care nurse or the ward where you had your surgery.

Breast care nurses

Can be contacted on: 0118 322 7420 or via the Clinical Admin Team
Breast Unit Clinical Admin Team (CAT3) 0118 322 6890 or email rbb-tr.cat3@nhs.net

Useful telephone numbers:

Adult Day Surgery Unit: 0118 322 7622
Berkshire Cancer Centre 0118 322 7890

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

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

RBFT Breast Unit. Reviewed: January 2024
Next review due: January 2026