Mastectomy with Reconstruction

Mastectomy is surgery to remove a breast. It’s most often done to treat breast cancer, or to keep cancer from spreading. After a mastectomy, reconstruction can be done to rebuild the breast shape and restore its appearance. Reconstruction is done using either breast implants or tissue from another part of the body (flap reconstruction), such as the belly, buttocks, inner thigh, or back. Mastectomy and reconstruction may be done at the same time. Or they may be done separately, so your body can heal in between. This sheet explains the surgeries and what to expect.

Preparing for surgery

Prepare for surgery as you have been told. In addition:

- Tell your doctor about all medicines you take. This includes herbs and other supplements. It also includes any blood thinners, such as warfarin, clopidogral, or daily aspirin. You may need to stop taking some or all of them before surgery.
- Do not eat or drink during the 8 hours before your surgery, or as directed by your surgeon. This includes coffee, water, gum, and mints. (If you have been instructed to take medicine, take them with a small sip of water.)

The day of surgery

When the surgeries are done together, mastectomy is done on one or both breasts, followed by reconstruction. When the surgeries are done separately, mastectomy is done on one or both breasts, with reconstruction scheduled for a later date. Surgery may take 2 to 12 hours depending on your situation. Ask your surgeon how long your surgery is expected to take. You will stay for 1 or more nights in the hospital.

Before surgery begins

- An IV line is put into a vein in your arm or hand. This delivers fluids and medicine.
- Medicine is given to keep you pain free during the surgery. This may be general anesthesia, which puts you into a state like deep sleep during the surgery. (A tube may be inserted into your throat to help you breathe.)
some cases, sedation is used instead. This makes you relaxed and sleepy. With sedation, local anesthesia will be injected to block the nerves in your chest and prevent pain.

**During mastectomy**

- One or more incisions (cuts) are made. In most cases, all of the breast tissue, the skin over the breast, and the nipple are removed. Some of the chest muscles beneath the breast may also be removed.
- Lymph nodes near the tumor may be removed and checked for cancer. (Lymph nodes are small masses of tissue that are part of the body’s immune system.) If any lymph nodes contain cancer, other treatments are likely needed after the surgery.

**During reconstruction**

- For **breast implants**, a sac filled with gel or saline (saltwater) is inserted to re-form the shape of the breast. The implant is usually placed under the chest muscle. If you don’t have enough muscle and skin to cover an implant, you may need a tissue expander. This is an empty implant that is slowly inflated over time. If this is needed, your doctor will tell you more.
- For **flap reconstruction**, tissue is often taken from the abdominal wall (belly) to rebuild the breast shape. Or the tissue could be taken from other parts of your body. This method is sometimes combined with an implant.
- With either reconstruction method, a nipple and the area around the nipple (areola) may be built during or after the surgery.
- One or two soft plastic tubes (drains) are inserted near the incisions. These help to drain excess fluid that can build up during healing. The incisions are then closed and bandaged.

**After the surgery**

You will be taken to a room to wake up from the anesthesia. You may feel sleepy and nauseated. If a breathing tube was used, your throat may be sore at first. You’ll be given medicine to manage any pain. Tell your providers if your pain is not controlled. When you’re ready, you’ll be moved to a room to stay for one or more nights. Before you leave the hospital, your healthcare team will show you how to care for your bandages and drains. When it’s time to go home, you will be released to an adult family member or friend. Prepare to have someone stay with you for the next few days, to help at home while you heal.

**Recovering at home**

Once home, follow any instructions you are given. Your doctor will tell you when you can return to your normal routine. During your recovery:

- Take any prescribed pain medicine exactly as directed.
- Care for your incisions and the dressing (bandage) over them as instructed by your doctor. Remember, if you have flap surgery you will have 2 surgical wounds, the chest and the part of the body the flat was taken from.
- Follow your doctor’s guidelines for showering. Avoid swimming, bathing, using a hot tub, and other activities that cause the incisions to be covered with water until your doctor says it’s OK.
- When you shower, gently wash your incision sites. Then pat the incisions dry. Don’t apply lotions, oils, or creams to the incisions until after they are fully healed.
- Don’t drive until you are no longer taking prescription pain medicine and your doctor says it’s OK (at least 10 days). When riding in a car, carefully position the seatbelt so that it doesn’t compress your breasts.
- Care for your drains as directed. They may need to be emptied at least every 8 hours.
- If advised by your doctor, use a cold pack wrapped in a thin towel to relieve discomfort and control swelling. It’s important not to leave the cold pack on for too long, or your skin could be damaged. Put the pack over your bandages for **no more than** 20 minutes at a time. Then, leave it off for **at least** 20 minutes. Repeat this as often as needed during waking hours until swelling starts to improve. Don’t fall asleep with the cold pack on. If you’re not sure how to safely use the cold pack, ask your doctor.
- Walk as often as you feel able.
- Don't lift anything heavy or do active housework until your doctor says it's OK. Perform exercises as directed to help prevent swelling keep your arm and shoulder joints flexible, and improve circulation. For instance, you
may be told to squeeze a rubber ball with your hand. You may also need physical therapy after reconstruction. This is to strengthen the muscles affected by the surgery.

**Wearing a prosthesis**

If reconstruction isn’t done at the same time as mastectomy, or if you choose not to have reconstruction, you may decide to use a breast prosthesis. This is a soft breast form that fits into a bra. Some women wear breast forms to help balance weight and avoid back strain. Other women wear them for appearance. Talk to your doctor if you want a prescription for a prosthesis.

### When to see your healthcare provider

Call the doctor if you have any of the following:

- Extreme chest pain or trouble breathing (call 911 or other emergency service)
- A fever of 100.4°F or higher (or as directed by your doctor)
- Chills
- Pain, redness, swelling, bleeding, or drainage at the incision site
- A change in the way the drainage looks or increased drainage
- Cough or shortness of breath
- Lower leg pain
- Pain that’s not managed by medication or gets worse
- Bleeding that soaks through the dressing
- Any other problems your doctor or nurse told you to watch for and report

Know how to reach your doctor any time problems come up, including after office hours, on weekends, and on holidays

### Follow-up care

You will have follow-up appointments with your doctor. If you have stitches (sutures) that need to be removed, this may be done 7 to 10 days after surgery. Drains may be removed within 2 weeks. You may need to schedule more surgery for nipple and areola reconstruction, or to match the remaining breast to the reconstructed one (if only one breast was affected). If you have any questions or concerns about your recovery, let your doctor know.

### Your long-term recovery

To help you cope with and the loss of your breast, you may want to meet with a psychologist or other healthcare provider for counseling. It may also help to talk with family members and friends. Consider joining a support group as well. You may find it easier to talk with women who are going through similar experiences as you.

### Risks and complications

- Infection
- Bleeding
- Fluid collection (seroma)
- Pain or numbness
- Long-term swelling of the arm (lymphedema)
- Scarring
- Hardening of the breasts, damage to breast tissue, or breakdown of the implants requiring replacement (implants only)
- Problems with wound healing
- Muscle weakness, or lumps of fat tissue at the flap donation site, or hemias (abdominal flap reconstruction only)
- Dissatisfaction with cosmetic result
- Risks of anesthesia (the anesthesiologist will discuss these with you)

Talk to your doctor about the risks related to your surgery and what you can do to help prevent problems.