

Operation Information

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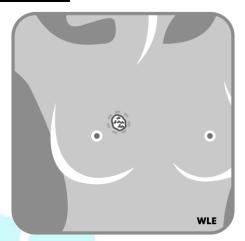
Wide Local Excision of Breast Tumour

Introduction

The procedure aims to remove the tumour with a wide margin whilst maintaining the shape and appearance of the breast as much as possible.

Outcomes

This treatment is as effective as a mastectomy in terms of recurrence and survival rate. Radiotherapy is necessary after wide local excision.



Procedures

- 1. The operation is performed under general anaesthesia.
- 2. Tumour is localized by palpation, ultrasound or hook wire.
- 3. Removal of tumour and possibly surrounding tissue and / or lymph nodes.

Possible Risks and Complications

- 1. Wound infection (1-5%)
- 2. Haematoma (may require evacuation)
- 3. If laboratory results indicate residual cancer cells, re-excision for margins or mastectomy may be required.
- ** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

- 1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
- 2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
- 3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
- 4. Nursing staff will instruct you to use antiseptic for cleaning the skin. Shave underarm hair completely.
- 5. No food or drink six to eight hours before operation.
- 6. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewelry and contact lenses.
- 7. Please empty your bladder before the operation.

Post-operative Instructions

General

- 1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
- 2. Please inform the nurse(s) for wound pain. Analgesics may be given as prescribed by the doctor.

Wound Care

- 1. After operation, the wound will be covered by a sterile transparent waterproof dressing.
- 2. Please keep the wound clean and dry.
- 3. Wear loose clothing to avoid pressure on the affected area. Shirt which opens in the front is most preferable.

<u>Diet</u>

Resume normal diet after the effects of the anaesthetic wear off.

Activities

- 1. On the day following the operation, usually you can get out of bed and commence upper limbs exercise (according to doctor's instruction). Nursing staff will instruct and reinforce the exercise according to the progress. You may take a pain reliever half an hour prior starting the exercise.
- 2. Early mobilization promotes rapid recovery. Level of exercise depends on tolerance of individual patient.

Advice on Discharge

- 1. Depends on circumstance, you can be discharged one week after the operation.
- 2. Resume the daily activities gradually and continue the limb exercise.
- 3. The wound will heal in three to four weeks and sexual life can be resumed. Some patients may have certain degree of psychological disturbance and they are encouraged to communicate with their partners and consult the doctor or nurse whenever necessary.
- 4. Immediately consult your doctor or return to hospital for professional attention in the event of severe wound pain and redness, tenderness, pus or blood oozing, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
- 5. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions a in order for the doctor to fur	C	t, please write them down in th	ie spaces provided
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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

