



Operation Information

Modified Radical Mastectomy (MRM)

Introduction

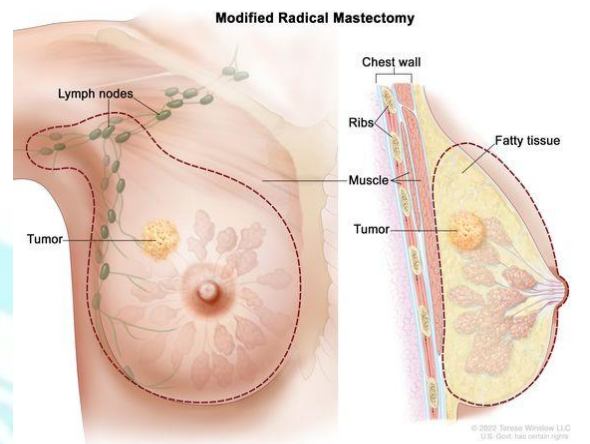
Modified Radical Mastectomy (MRM) is a procedure used to treat breast cancer. The involved breast and the affected axillary lymph nodes will be removed.

Outcomes

This modified surgery will spare the underlying chest muscle thereby preserving the range of motion in the shoulder and having a more aesthetically pleasing outcome.

Procedures

1. The operation is performed under general anaesthesia.
2. Remove the entire breast (including breast tissue, skin, areola, and nipple) along with level I & II axillary lymph nodes.



Source:

<https://nci-media.cancer.gov/pdq/media/images/415523-571.jpg>

Possible Risks and Complications

1. Wound infection
2. Wound haematoma (may require another operation for evacuation)
3. Wound effusion (may require drainage)
4. Lymphoedema (10%)
5. Nerve injury to adjacent area (including the intercostal nerve, thoracic nerve and brachial plexus)
6. Frozen shoulder
7. Formation of keloid

** 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 wound infection. Therefore, we advise you to clean up yourself on the day of the 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 an antiseptic for cleaning the skin. Shave underarm hair completely.
5. No food or drink six to eight hours before the operation.
6. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery 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 feeling tired, drowsy, nausea or vomiting.Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse(s) of wound pain. Analgesics may be given as prescribed by the doctor.
3. Try to avoid taking blood pressure taken on the affected limb.

Wound Care

1. After the operation, the wound will be covered by a sterile transparent waterproof dressing. For anaxillary dissection, a vacuum wound drain will be present for drainage of blood and lymph so as to promote wound healing. Pay special attention to the drain during mobilization.
2. Nurse will empty the drain as per the doctor's instructions. The drain can only be removed when the drainage becomes minimal.
3. Please keep the wound clean and dry.
4. Wear loose clothing to avoid pressure on the affected area. A shirt which opens in the front is most preferable.

Diet

Resume normal diet after the effects of the anaesthetic have worn off.

Activities

1. The day after the operation, you can get out of bed and commence the limb exercise (according to the doctor's instructions). The nursing staff will instruct and reinforce the exercise according to the progress. You may take a pain reliever half an hour before exercising if necessary.
2. Early mobilization promotes rapid recovery.
3. Do not lift or carry heavy objects with the affected limb.

Advice on Discharge

1. The drain can only be removed when the drainage is minimal. The nurse will teach you about drain care if discharged with the drain.
2. Resume daily activities gradually and continue the limb exercise.
3. Temporary prosthesis can be used in the first 6 weeks after the operation. The permanent silicone prosthesis can be fitted when the wound healed completely.
4. The wound will heal in three to four weeks and sexual life can be resumed.
5. Some patients may have a certain degree of psychological disturbance and they are encouraged to communicate with their partner and consult the doctor and nurse whenever necessary.
6. 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.
7. 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 after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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

