



آغا خان یونیورسٹی ہسپتال
The Aga Khan University Hospital



Surgical Treatment for Breast Cancer

Information for Patients/Guardians



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Breast cancer surgery is a key treatment option that aims to remove all cancerous tissue from the breast, while preserving as much healthy tissue as possible. Some lymph nodes from the underarm area (axillary nodes) may also be removed to check for the spread of cancer cells. Your doctor will guide you in choosing the best surgical option based on the type, size, and stage of your cancer, the size of the breast, as well as your personal preference.

Types of Breast Cancer Surgery

There are two primary surgical procedures for the removal of breast cancer.

Lumpectomy (Breast-Conserving Surgery)

Also known as wide local excision or partial mastectomy, a lumpectomy involves the removal of the tumour along with a thin rim of normal tissue (margin) around it while saving the rest of the breast.

- A second surgery (performed after a few weeks) may be needed if initial margins are not clear.
- Lumpectomy is almost always followed by radiation therapy to reduce the risk of recurrence.
- Studies show that survival rates for lumpectomy with radiation therapy are the same as for mastectomy

• Mastectomy (With or Without Reconstruction)

A mastectomy involves the **complete removal of the breast**.

- A mastectomy leaves you with a flat chest. If you want to avoid a flat chest after a mastectomy, you may choose breast reconstruction, which can be performed immediately or delayed.
- If opting for immediate reconstruction, the surgeon may preserve as much breast skin as possible to assist in the reconstruction process. For further details, refer to the patient guide on 'Breast Reconstruction'.
- Radiation therapy may be recommended in cases of large tumours or lymph node involvement.

Types of Lymph Node Surgery

Evaluating lymph nodes during surgery helps determine if the cancer has spread. The extent of lymph node removal depends on the cancer stage and characteristics.

- **Sentinel Node Biopsy:** Removal of the first lymph node(s) where cancer may spread.
- **Axillary Sampling:** Removal of a few lymph nodes for examination.
- **Axillary Dissection:** Removal of multiple lymph nodes, usually for more advanced cases.

Your surgeon will decide the least extensive procedure possible based on your diagnosis.

Potential Risks and Complications of Surgery

Like any surgery, breast cancer surgery has certain risks, including:

- Infection
- Bleeding
- Slow healing of the wound
- Seroma (fluid accumulation under the surgical site)
- Skin breakdown around the surgical site

You may also experience:

- Pain, soreness, or numbness in the chest, underarm, or shoulder (temporary or permanent).
- Scarring on the affected breast and underarm.
- Changes in breast size and shape after lumpectomy or mastectomy.

If lymph nodes are removed, additional risks include:

- Numbness in the arm
- Swelling (lymphedema) of the arm, chest, or breast.
- The risk of lymphedema is 5% with sentinel node biopsy and up to 25% with axillary dissection.

Surgical Excision and Tumour Margins

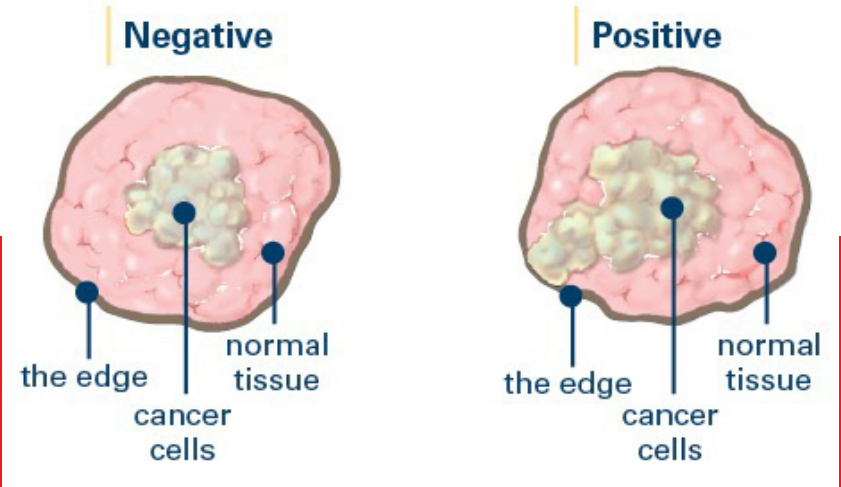
When breast cancer is removed, a rim of normal tissue (margin) around the tumour is also removed (like an egg yolk surrounded by an egg white).

The goal is to achieve negative margins (also called "clean," "not involved," or "clear" margins), meaning no cancer cells are found at the edges of the removed tissue. This reduces the likelihood of cancer recurrence.

If positive margins (cancer cells found at the edge of the removed tissue) are detected in the pathology report, additional surgery may be needed.

Less than 20% of patients require additional surgery for margin clearance.

- In some cases, further surgery may not be necessary if radiation therapy can help eliminate residual cancer cells. Your surgeon will discuss this with you if applicable.



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