

Breast Surgery

Q&A My mother is having a lumpectomy. What is that? Will it leave a big scar?

Another name for your mother's planned surgery is a partial mastectomy. That means your mother's surgeon will remove the cancer and try to keep a margin (or edge) of normal cancer-free tissue on all sides. Sometimes the surgeon needs to make more than one excision if the pathologist sees that there is still cancerous tissue in those first surgical margins. Fortunately, the scars from a lumpectomy are generally not large. They often can be aligned with the normal skin lines of the breast to minimize their appearance. Usually a patient will require radiation to the breast after surgery of this kind. Your mother and a friend or family member should feel comfortable asking her physician any questions about the surgery, the healing process, and any follow-up treatment.

Q&A What is a mastectomy?

Mastectomy is simply the medical term for surgical removal of the entire breast. There are many different types of mastectomy including total mastectomy, skin sparing mastectomy, nipple sparing mastectomy and modified radical mastectomy. These types differ in terms of the amount of skin and lymphatics (the body's "drainage system") that are removed during surgery. Be sure to ask your surgeon about the pros and cons of each available option and which options may be best for you.

Q&A My sister was told she would have to have a sentinel node biopsy. What is that and what does that entail?

The sentinel node biopsy that was recommended for your sister is a technique developed over fifteen years ago that has been shown to improve the staging of breast cancer while minimizing the extent of the procedure under the arm. This biopsy is the removal of a small number (usually 2 or 3) of lymph nodes that have been identified as the first draining nodes from the breast. Studies have confirmed that if these "sentinel nodes" do NOT have cancerous cells within them, it is extremely unlikely for any other nodes to harbor cancer. During your sister's procedure, a dye will be injected into the breast tissue and a small incision made under the arm to remove the lymph nodes identified by the dye. The pathologist is able to examine this smaller number of lymph nodes more thoroughly



Meet our Expert

Peter J. Miotto, MD, FACS



Dr. Miotto is a board-certified surgeon on staff at Marlborough Hospital. His clinical interests include breast surgery, diagnostic and interventional breast ultrasound, hernia surgery, and abdominal surgery. He is a graduate of the University of California at Irvine Medical School and completed his residency at George Washington University Medical Center.

when the surgeon uses this technique. Sentinel lymph node biopsy increases the accuracy of staging while the more limited dissection simultaneously decreases the risk of the procedure for your sister. This technique has improved breast surgery substantially.

Q&A What are some options for reconstructive surgery?

In 2012, women undergoing breast cancer surgery have more options for reconstruction than ever before. The two broad categories of reconstruction are reconstruction with tissue from another region of your own body (autologous tissue) and implant reconstruction. Autologous tissue reconstruction generally involves moving tissue from either your back or lower abdomen to reconstruct the breast. Implant reconstruction involves rebuilding the breast with a synthetic implant that is often placed under the muscles and skin of the chest. Also be aware that the timing of breast reconstruction may vary. Some patients and physicians opt for immediate reconstruction that is performed during the same operating room visit as the mastectomy. Others opt for delayed reconstruction that is performed after the original surgery. The options available to any given woman depend on patient preference, need for radiation therapy, and other factors. If you are thinking about having reconstructive surgery, it is a good idea to talk about it with your surgeon and a plastic surgeon experienced in breast reconstruction before your mastectomy. This lets the surgical team plan the treatment that is best for you, even if you want to wait and have reconstructive surgery later.

Q&A When can I start exercising again after my breast surgery?

I want to congratulate you for thinking ahead. It is very wise to develop a holistic plan for your recuperation and we now know that exercise is a positive and important part of the healing process after ANY surgery. You can start exercising as soon as you feel able to do it. Obviously, start slowly and listen closely to your body. Range of motion exercises (particularly involving the arms) are especially helpful in the time closely following surgery. Studies have shown that women who exercise regularly before and after surgery recuperate better than those who do not. There are now a number of books and even classes and trainers who specialize in breast cancer survivors and post-surgical exercise. I encourage all of my patients to exercise to the best of their ability for better healing and for long-term good general health.

About Marlborough Hospital



Marlborough Hospital, a community resource since 1890, is served by a medical staff of more than 300 primary care physicians and specialists. The hospital provides a wide range of inpatient and outpatient medical, surgical and ancillary services, including oncology, laboratory and radiology services, physical therapy, cardiac rehabilitation, inpatient and partial day mental health services, as well as diabetes education and management. A state-of-the-art emergency department, staffed by emergency medicine physicians from the UMass Memorial Medical Center, provides 24-hour emergency care. For more information about the hospital please visit: www.marlbroughhospital.org.



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