Therapeutic mammoplasty
With or without localisation

affix patient label

What is a (localised) therapeutic mammoplasty?

A therapeutic mammoplasty is a type of breast conserving surgery. It combines removal of the abnormal area of breast tissue (wide local excision or lumpectomy) with breast reduction surgery. This will give you a smaller and more uplifted breast. It allows us to remove a larger area of breast tissue than a wide local excision alone. This is usually combined with post-operative radiotherapy.

If we cannot clearly feel your tumour then the technique of „localisation' will guide us to the exact area of breast tissue to remove. The radiologists will inject a small amount of harmless radioactive dye at the site of your tumour. During your operation this area can be very accurately found with a detector probe and removed. The localisation injection will be performed at the Mermaid Centre either the day before, or the morning of your surgery. This technique is also known as ROLL (Radio Occult Lesion Localisation).

Why do I need this procedure?

There is a limit to the amount of breast tissue we can remove with a straightforward wide local excision (lumpectomy) before the breast shape is badly affected. Using breast reduction and uplift techniques, a larger volume of tissue can be removed whilst maintaining a cosmetically acceptable breast shape. This involves more complex surgery than a simple wide local excision, and may avoid the need for a mastectomy.

Following therapeutic mammoplasty there will be a size and shape difference between your breasts. You may need further surgery in the future to your other breast to correct this.
Therapeutic mammoplasty may be offered by your breast surgeon when:

- a significant proportion of the breast needs removal
- the location of the breast disease is in a difficult area to remove without leaving an unacceptable deformity
- there is more than one area of disease.

Are there any alternatives?

There are both surgical and non-surgical treatments for your breast cancer (or pre-invasive change) which your breast team will have discussed with you. Mastectomy involves removing your breast and is an option in all breast disease. However, it is not necessary in your case. In addition, if you have a breast cancer, there is a possibility that it can be kept at bay with an anti-oestrogen tablet. However, the only way of getting rid of the breast disease is with an operation. A wide local excision (lumpectomy) is breast conserving surgery where the abnormal area within your breast is removed with a surrounding area of normal tissue. If your surgeon is recommending therapeutic mammoplasty then it is likely that a wide local excision on its own would lead to unacceptable deformity or a higher chance of incomplete excision.

Please let a member of the breast team know if you need further information about your treatment choices.

How do I prepare for it?

Most patients attend a pre-admission clinic where we will ask for details of your medical history and carry out any necessary clinical examinations and investigations. Please ask us any

questions about the procedure, and feel free to discuss any concerns you might have. You will also have the opportunity to discuss any concerns or queries with a member of the breast care nursing team.

Do **not** eat anything for at least **6 hours** before your operation. This is to make sure your stomach is empty when you have your anaesthetic. Drinks containing fats (e.g. tea or coffee with milk) and sweets all count as food. You **can** drink water or a drink without fats in it (e.g. black coffee) until **2 hours** before your operation. You may also have small sips of water to take tablets. There is a hospital leaflet about having an anaesthetic. Ask the staff for a copy if you would like one.

You will be given a general anaesthetic during the operation which will keep you asleep. The anaesthetist will come and see you before your operation to discuss this with you. You will be able to ask them questions about the anaesthetic.

A member of the surgical team will also see you on the ward. This is usually the surgeon that will perform your operation. Feel free to ask any questions you have about the operation or what will happen afterwards.

The surgeon will spend a short time with you measuring and planning the exact steps of the operation and will usually draw and make notes of important landmarks on your skin with a special marker pen. This is called the „marking-up' process and may be done whilst you are sitting, standing and lying down. An arrow will also be drawn on the side to be operated on and a check made that this consent form has been completed and signed.

Part of the „marking up' process will involve taking photographs in a special private photography room after the markings have been completed. This is done as a record of your operation planning and forms an important part of the medical record of your treatment. You have the right to decline photographs being taken and they will only be taken after your written consent has been given, you are happy about where they will be stored and who will have access to viewing them.

What does it involve?
Your surgeon will have discussed with you the particular pattern of the scar best suited for your procedure. This will always be around the whole edge of the areola (pigmented area around your nipple), with the addition of either a straight down line (figure 1) or an anchor-shaped outline (figure 2).

Your surgeon will make an incision along these lines and remove the area of breast tissue that contains the disease. The procedure is completed by moving your breast tissue to fill the space and the skin is then re-draped over the breast to leave a new uplifted shape. All the stitches used will be dissolvable. The removed area will be x-rayed while you are asleep and any further tissue removed as necessary. Some tiny harmless titanium clips will be left on the muscle at the site of the removed area to guide post-operative radiotherapy, if needed.

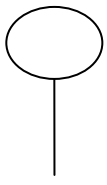

figure 1

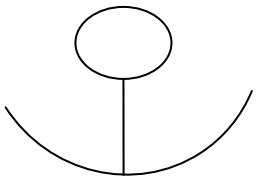

figure 2

A soft plastic drainage tube may be left within the breast to drain away the tissue fluid which will be produced as a result of your surgery. When used, these drains are usually removed within the next few days.

All the stitches on the skin will be dissolvable. Paper stitches (steristrips) are used to cover the scar lines and a waterproof dressing is put over this. You should leave the dressing intact if possible until you see your surgeon in the out-patient clinic.

What happens afterwards?
Depending on the extent of axillary surgery you have had, you will often be able to go home the day of your surgery. Your surgical team will see you at the end of the operating list and ensure there are no immediate complications. You will be sent home with instructions about post-operative care and an appointment to come back to the Mermaid Centre for your post-operative check and results.

It may be necessary for you to spend longer in hospital. In that case the nursing team will encourage you to be up and about as much as possible.

Before you go home, the nursing staff will check that you are well enough and that the conditions at home are such that you can manage safely. They will offer advice about dressings and painkillers. Taking regular simple painkillers is recommended for the first week. You will be prescribed stronger painkillers for the first couple of days if necessary.

You will be given a leaflet about arm and shoulder exercises depending on the type of axillary surgery you have had in conjunction with this breast operation.

Are there any risks or complications?
As with all procedures there are risks from having this operation:

General Risks:
Risk from the anaesthetic: The risk to a healthy patient of problems arising from an anaesthetic is very small. However, each year in the UK a few healthy people will die or suffer serious heart, lung or brain injury following an anaesthetic. For a woman who is otherwise in good health, the risk of a serious complication due to general anaesthesia is less than 1%.

Bleeding: This is usually minor and is stopped during the operation. Occasionally patients develop a collection of blood called a haematoma, which requires a second operation. For this procedure it is about 1-2 in every 100.

Infection: All surgery has a risk of infection. If the wound becomes red, hot or weeps, or you feel unwell you should consult your doctor. Treatment will involve taking antibiotics.

DVT/PE: With all surgical procedures there is a risk of developing a clot in the deep veins of the leg, deep vein thrombosis (DVT). In a very small number of patients a bit of this clot breaks off and lodges in the lungs. This is a pulmonary embolus and in very extreme cases can be life-threatening. Your surgical team will prescribe you compression stockings and/or blood thinning medication after careful assessment of your individual risk.

Risks specific to Therapeutic mammoplasty:
Nipple changes: There is always a change to the outline of the nipple edge and changes to its sensation are common (30 to 50 out of 100). Because the operation interrupts the normal blood supply to the nipple, there is a possibility that part or all, of the nipple will not survive. In partial nipple loss an area of the nipple can develop a scab and the subsequent scar tissue may be a

lighter colour. In extreme cases (less than 1 in 100) the whole nipple can be lost, which may require further surgery.

Wound healing problems: As with the nipple, the blood supply to the new skin envelope is changed and this can lead to problems in wound healing, in particular at the junctions of the scars. This is called „skin envelope or T-junction necrosis' and often takes a prolonged period of dressings before complete healing.

Fat necrosis: During this procedure, there may be some unavoidable damage to the breast tissue nearby. This fatty tissue is very delicate and mostly repairs itself. Sometimes it heals to leave an area of lumpy scar tissue which you may be able to feel. This is called "fat necrosis" but is not harmful or dangerous. It usually disappears over a few months but may persist. If you develop a new lump at any time after your surgery it needs to be checked out by your breast team. This may involve a biopsy for reassurance.

Pain: A degree of pain is likely after any surgery. We aim to manage your pain with painkillers to an acceptable level postoperatively. Some patients undergoing this type of surgery have a degree of pain continuing beyond the early postoperative period. There is evidence to suggest that if we get on top of your pain soon after surgery, we can reduce the chance of it becoming a chronic problem. If the pain or numbness and tingling continues to be troublesome please let your surgeon or breast care nurse know and we can give you a medication to manage the pain.

Need for further surgery: If the pathology report suggests that there is a benefit from further surgery to ensure there is no disease left behind, you may need a second operation to remove some further tissue. If this is needed, it is usually done through the same incision, as a day case and performed within 4 weeks. Occasionally, a mastectomy may be advised on the basis of the new information.

If the breast reduction volume or the change in the height of the nipple is significant, you may wish for surgery to the other breast in the future to reduce the mismatch. This is not usually considered until 6-12 months after your initial surgery and the timing will depend on any other treatment you may need for the breast cancer or precancerous change. No surgery can guarantee perfect symmetry.

It is not possible to predict how the breast will change shape in the longer term. Shape, volume and nipple position may alter due to effects of radiotherapy, ageing of the tissues and changes in your body weight.

Failure of localisation: Very occasionally, if the abnormality in your breast is very small the area removed at surgery does not contain the abnormal cells. This may be because the area was completely removed with the initial biopsies or the localisation was not successful. Under these circumstances your case will be discussed at the multidisciplinary meeting and your breast surgeon will discuss the options with you.

Seroma: This is a collection of fluid under the skin after surgery. It is rarely causes problems in the breast, but is easily treated by drainage through a small needle. Draining the seroma is a very simple procedure that can be done by a member of the Breast Team.

Lymphoedema: This is swelling in the tissue below the skin caused by lymph fluid which cannot drain away. This can occur when the lymphatic channels are damaged by surgery or blocked by radiotherapy. It is uncommon within the breast and is treated in the first instance by wearing a secure and supportive bra. Treatment is available by specialists following referral by your breast care nurse.

……..Therapeutic mammoplasty

+/- Localisation
Breast conserving surgery - Removal of the abnormal tissue combined with breast reduction.
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NHS number: _____
Name of patient: _____
Address _____
AFFIX PATIENT LABEL
Date of birth: _____
CR number: _____

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits and summarised the risks, as below:

Significant, unavoidable or frequently occurring risks:
- *Bleeding, infection, pain, DVT/PE, nipple changes, wound healing problems, fat necrosis, need for further surgery, asymmetry, failure of localisation, seroma, lymphoedema*

Uncommon but more serious risks:
- *Wound breakdown, skin necrosis, nipple loss*

Rare but serious risks:
- *Anaesthetic risk which includes a very small risk to life or limb from complications such as heart attack and stroke*

Any extra procedures which may become necessary during the procedure:
- *Blood transfusion (required very infrequently)*
- *Other procedure (please specify):*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust's approved patient information leaflet for this procedure: **Therapeutic mammoplasty with or without localisation CHA3231** which forms the first four pages of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve:
General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation ☐

Health Professional signature: **Date:**

Name (PRINT): **Job title:**

STATEMENT OF INTERPRETER (where appropriate)
I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: Name (PRINT): Date:

affix patient label

Therapeutic mammoplasty

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of page one which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment describe on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet Therapeutic mammoplasty (with or without localisation) CHA3231 which forms part of this document.

Patient signature:

Name (PRINT): **Date:**

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see guidance notes).

Witness signature: Name (PRINT): Date:

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: **Date:**

Name (PRINT): **Job title:**

Important notes (tick if applicable):

☐ See advance decision to refuse treatment

☐ Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: Name (PRINT): Date

CONSENT FORM 1 (File copy)
Procedure Specific Patient Agreement

Royal Cornwall Hospitals NHS
NHS Trust

……..Therapeutic mammoplasty

+/- Localisation
Breast conserving surgery - Removal of the abnormal tissue combined with breast reduction.

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