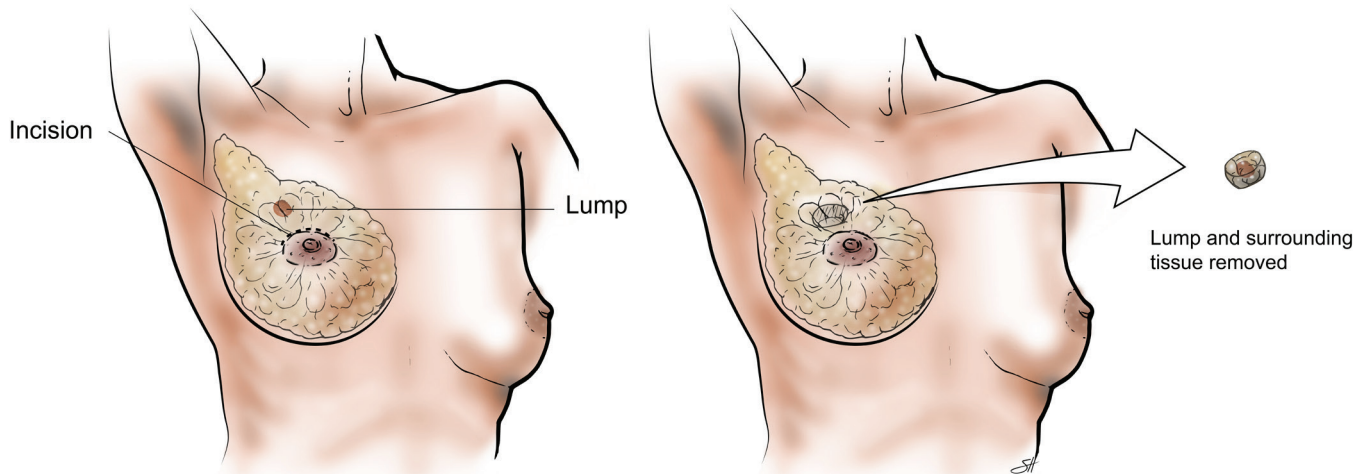


# Surgery

## LUMPECTOMY

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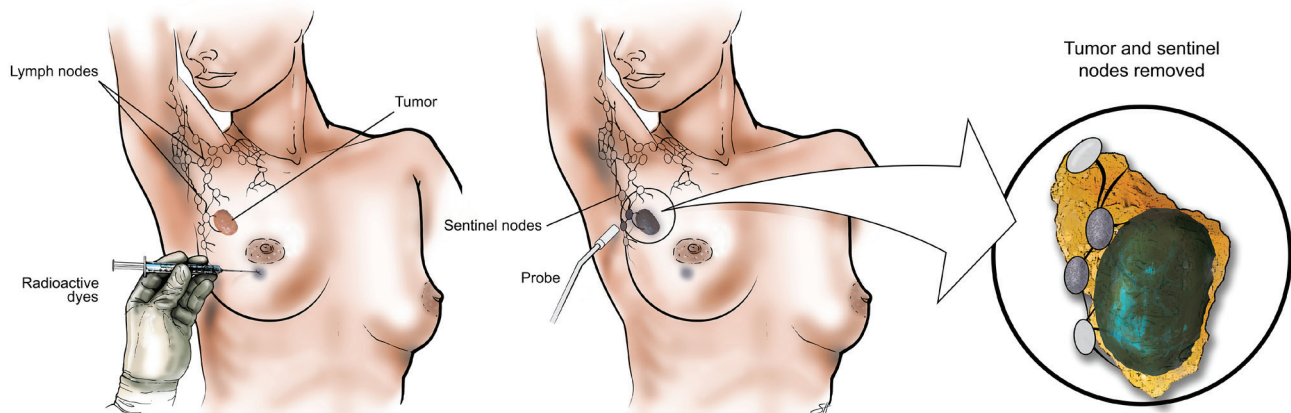
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A lumpectomy or segmental mastectomy is a surgical procedure in which just a portion of the breast is removed to treat and take out breast cancer or evaluate a mass. The surgeon will remove the tumor with a rim of normal tissue surrounding the abnormal cells. The tumor will be localized with a special clip called a SAVI Scout or Magseed. These localizing devices help the surgeon identify the exact area of tissue which should be removed. The SAVI Scout or Magseed is placed prior to surgery by the radiologist. The SAVI Scout or Magseed is removed at the time of surgery in addition to the original titanium breast biopsy clip.

Some patients will also have a sentinel lymph node biopsy, which is a procedure that can help determine if cancer has spread outside of the tumor and into the lymphatic system.

## During Surgery

- Most lumpectomies are done with general anesthesia so you will be asleep and pain-free.
- You will receive fluids and other medicines during the surgery through an intravenous line (IV).
- A tube will be placed down your throat to help you breathe during the surgery. This will usually be removed before you wake up.
- Your surgeon will take out the tumor and some of the normal breast tissue around it and send it to a lab to be looked at.



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## Lymph Node Biopsy

If you are having a sentinel lymph node biopsy:

- You will get an injection of a tracer in your breast to help identify the sentinel lymph nodes. To find the lymph nodes, your surgeon will use a special probe during surgery.
- Your surgeon may also inject a blue dye into your breast tissue to make your lymph nodes stand out. For a few weeks, the dye will stay in your tissues.
- Your surgeon will take out a sample of the sentinel nodes, usually between one and five.
- The sentinel nodes are given to a pathologist to look for signs of cancer under a microscope.
- Your incisions will be closed with stitches that will dissolve on their own. Your doctor may also use thin strips of adhesive tape or glue to keep the cut closed until it heals.
- Your surgeon may work with a plastic surgeon to move some breast tissue around if a large mass is removed to improve the shape of the breast.
- After your surgery, your breathing, heart rate and blood pressure will be monitored in a recovery room.

# After Surgery

## Recovery - What to Expect

After a lumpectomy, it is normal to be sore for a few weeks. You may experience tenderness or sharp shooting pains in the breast, which may be worse with moving or pressure applied to the breast. You may also feel tired and might need help with things around the house. Wear a bra with support day and night to reduce pain and swelling. Depending on your exact surgery, you may feel recovered within one to four weeks.

### Nutrition

- As soon as you can, eat three meals a day.
- Eat a healthy, well-balanced diet.

### Activity

- Wear a supportive, comfortable bra following surgery. Some options include front fastening (zip, Velcro, hook & eye) sports bra or any bra without an underwire.
- If your surgeon discussed doing arm exercises after surgery, please refer to the other packet given to you.
- Try walking every day. Start by walking a bit more than you did the day before. Gradually increase how much you walk. Walking increases blood flow and helps keep you from getting pneumonia and constipation.
- Avoid high impact activities and activities that require you to lift more than 10 pounds until approved by your surgeon. When you begin exercising again, wear a supportive sports bra.
- Ask your surgeon when you can start driving again.

### Work

- In one to six weeks, you should be able to go back to work or your normal routine. This depends on what you do for a living and the type of surgery you had.
- If you need FMLA paperwork completed or a letter to return to work, please contact your surgeon's office to discuss as soon as possible. Please allow one week to get these documents completed.

### Incision Site

- The incision is covered with Steri-Strips (a paper tape with adhesive backing) or surgical glue. Allow the strips or glue to fall off on their own.
- Keep the incision site dry and clean.
- Inspect the incision site every day for increased redness, drainage, swelling or separation of the skin.
- You may shower 24 hours after surgery. You may wash the incision site with soap and water and pat dry. Avoid scrubbing the incision.

### Medications

You will be given a prescription for pain pills to use at home after the surgery. Take as needed. If instructed by your surgeon, you may also take over the counter pain medications such as acetaminophen (Tylenol) and ibuprofen (Advil).

### Bowel Movements

- Avoid constipation by eating whole grains, fruits and veggies.
- Unless told otherwise, try to drink six to eight glasses of water every day.
- Take a laxative or stool softener if your doctor says you can.
- It is normal to not pass gas for three or more days and to not have a bowel movement for about five days after surgery.
- The dye used during the procedure may impact the color of your urine and stool. This usually only lasts a day or two after the surgery.

## Follow-up

Your follow-up appointment will be scheduled and communicated to you before you are discharged. It will be set up for two weeks after your surgery—the time it takes to receive the final pathology report, which helps determine next steps. Your surgeon will review your pathology report with you at your post-operative visit.

## Call your doctor right away if you have any of the following symptoms:



- Any chest pain
- Shortness of breath
- Rapid, irregular heartbeat
- Worsening abdominal pain
- Any unusual bleeding
- Fever of 101°F or higher, or chills
- Signs of infection around the incision (redness, drainage, warmth or pain)
- Incision that opens or pulls apart
- Persistent nausea or diarrhea
- Trouble concentrating
- Dizziness or lightheadedness



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**MyChart**

MyChart is a great way to get in touch with your surgery team by sending secure messages. You may also attach photos if you have concerns about your incision site. If you do not have Baylor MyChart, call the office and the staff will assist you in setting it up.

If you have an urgent surgical concern after hours, please call the office number. The answering service will connect you with the on-call surgeon.

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