

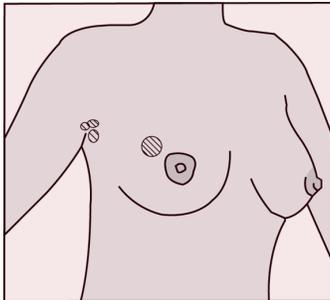
The goal of breast cancer surgery is to remove the entire tumor from the breast. Some lymph nodes from the underarm area (axillary lymph nodes) may also be removed to check for cancer cells.

Besides surgery, treatment may also include radiation therapy, chemotherapy, hormone therapy and/or targeted therapy. These treatments help kill any cancer that might still be in the body.

Types of breast cancer surgery

There are 2 types of breast cancer surgery: lumpectomy (breast conserving surgery) and mastectomy. Survival with lumpectomy plus radiation therapy is the same as with mastectomy.

Lumpectomy:



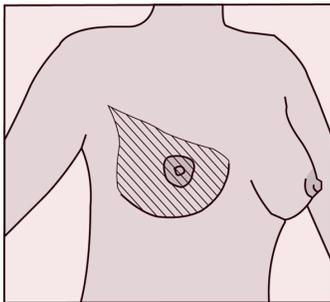
With a lumpectomy, the surgeon removes the tumor and a small amount of normal tissue around it. The rest of the breast remains intact. Most often, the general shape of the breast and nipple area are retained.

A lumpectomy is also sometimes called breast conserving surgery, partial mastectomy or wide excision.

Radiation therapy is usually given after a lumpectomy to get rid of any cancer cells that might be left in or around the breast.

Mastectomy:

With a mastectomy, the whole breast is removed. In some cases, radiation therapy may be given after mastectomy.



Total (simple) mastectomy:

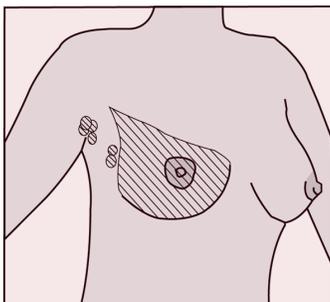
The surgeon removes the whole breast and the lining of the chest muscle, but no other tissue.

Skin-sparing mastectomy and nipple-sparing mastectomy

If you are having breast reconstruction at the same time as a mastectomy, the surgeon may be able to use a skin-sparing or a nipple-sparing technique.

A skin-sparing mastectomy saves as much of the skin of the breast as possible. The plastic surgeon can use this skin to help form the reconstructed breast. A nipple-sparing mastectomy is a skin-sparing mastectomy that also keeps the nipple and areola (the darkly shaded circle of skin around the nipple) intact.

Also, the choice of surgery does not affect whether you will need chemotherapy, hormone therapy and/or targeted therapy. Drug therapies are given based on the characteristics of the tumor, not the type of surgery you have.



Modified radical mastectomy:

The surgeon removes the whole breast, the lining of the chest muscle and some of the axillary lymph nodes.

Resources

Susan G. Komen®
1-877 GO KOMEN
(1-877-465-6636)
komen.org

American Cancer Society
1-800-ACS-2345
cancer.org

American Society of Breast Surgeons
1-877-992-5470
breastsurgeons.org

American Society of Plastic Surgeons
1-847-228-9900
plasticsurgery.org

Related educational resources:

- [Axillary Lymph Nodes](#)
- [Breast Reconstruction & Prosthesis After Mastectomy](#)
- [Making Breast Cancer Treatment Decisions](#)
- [QTAD - Breast Cancer Surgery](#)

Which surgery is best for you?

- Ask your surgeon (and plastic surgeon) which options are best for you and why. You may want to get a second opinion.
- Think about which option is best for you. For example, if you cannot drive every day to get radiation therapy (which is needed with a lumpectomy), then a mastectomy may be a better option.

Some questions for my doctor.

- What tests will be done on my tumor?
- Will this help guide my treatment plan?
- Will some or all of my lymph nodes be removed?
- How long will I be in the hospital?
- What is my risk of infection? Will I have bleeding or slow healing of the wound?
- Will I have short-term side effects, such as soreness in my chest, underarm or my shoulder?
- Will I have scars on my breasts or underarm area?
- Will there be changes in the size and shape of my breasts?
- How long will I be in the hospital?

What to expect after surgery

With a lumpectomy, you are likely to have numbness along the surgical incision (scar).

With a mastectomy, you will be numb across your chest (from your collarbone to the top of your rib cage). This numbness may not go away.

If axillary lymph nodes will be removed, you may have some numbness in your arm. You may also be at risk of lymphedema. Lymphedema is a condition where fluid collects in the arm (or other area such as the hand, fingers, chest or back), causing it to swell.

Talk with your doctor about other long-term effects. Get back to your normal routine when you are ready and as approved by your doctor.

You are not alone

Many people have been where you are today. They had the same fears and made the same tough choices. Others who have gone through surgery may be willing to share their stories. They can talk with you and answer questions.

Ask a member of your health care team (doctors, nurses or social workers) where to find a support group. You may also be able to find a support group online.

The list of resources is only a suggested resource and is not a complete listing of breast health and breast cancer materials or information. The information contained herein is not meant to be used for self-diagnosis or to replace the services of a medical professional. Komen does not endorse, recommend or make any warranties or representations regarding the accuracy, completeness, timeliness, quality or non-infringement of any of the materials, products or information provided by the organizations referenced herein.