FACTS FOR LIFE
Breast Cancer Surgery

The goal of breast cancer surgery is to remove the whole tumor from the breast. Some lymph nodes from the underarm area (axillary nodes) may also be removed to see if cancer cells are there.

Besides surgery, treatment for early breast cancer may include some mix of radiation therapy, chemotherapy, hormone therapy and targeted therapy. These treatments help kill any cancer that might still be in the body.

Types of breast cancer surgery
There are two main types of breast cancer surgery: lumpectomy (breast conserving surgery) and mastectomy. With a lumpectomy, the surgeon tries to spare most of the breast tissue. With a mastectomy, the entire breast is removed.

Research has shown lumpectomy plus radiation offers the same overall survival benefit as a mastectomy for early stage breast cancer.

Lumpectomy (almost always followed by radiation):
With a lumpectomy, the surgeon removes the tumor and a small rim of normal tissue around it.

Mastectomy:
With a mastectomy, the whole breast with the cancer is removed.

Total mastectomy:
The surgeon removes the whole breast and the lining of the chest muscle, but no other tissue. The skin of the breast may be left intact for reconstruction.

Modified radical mastectomy:
The surgeon removes the whole breast, the lining of the chest muscle and some of the lymph nodes under the arm.

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 technique, and perhaps a nipple-sparing technique.

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

For more information, visit www.komen.org or call Susan G. Komen’s breast care helpline at 1-877 GO KOMEN (1-877-465-6636) Monday through Friday, 9 AM to 10 PM ET.
How do I find a breast surgeon?
Ask your doctor to suggest a few surgeons for you. Choose one who does a lot of breast cancer surgery, if possible. See if your hospital or health insurance plan has a directory to help you find doctors. These directories may list the surgeon’s education, training and certifications.

Which surgery is best for you?
• Ask your 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 radiation therapy, then a lumpectomy may not be the best choice for you.

You are not alone
There are many other people who have been where you are today. They had the same fears and made the same tough choices. These people have gone through surgery, recovered and are living their lives. They may be willing to talk to you and answer questions.

You can find breast cancer survivors on the Komen Message Boards on komen.org. Or, ask a member of your health care team (doctors, nurses or social workers) about how to find a support group. You may also be able to find a support group online.

The Susan G. Komen breast care helpline provides information to anyone with breast cancer questions or concerns, including breast cancer survivors and their families. All calls to the helpline are answered by a trained and caring staff Monday through Friday from 9:00 a.m. to 10:00 p.m. ET.

What to expect after surgery
Before surgery, ask your doctor what changes you might expect afterwards, such as:
• Risk of infection, bleeding or slow healing of the wound.
• Side effects, such as short-term soreness in your chest, underarm and shoulder.
• Visible scars in the breast and underarm area.
• Change in breast shape or size of the breast.

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.

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

Talk with your doctor about long-term risks. Resume your normal routine as you feel better and as approved by your doctor.

Resources
Susan G. Komen 1-877 GO KOMEN (1-877-465-6636) www.komen.org
American Cancer Society — Reach to Recovery 1-800-ACS-2345 www.cancer.org
American Society of Breast Surgeons 1-877-992-5470 www.breastsurgeons.org
American Society of Plastic Surgeons 1-847-228-9900 www.plasticsurgery.org

Related fact sheets in this series:
• Axillary Lymph Nodes
• Breast Reconstruction & Prosthesis After Mastectomy
• Making Breast Cancer Treatment Decisions