INFORMATION FOR PATIENTS
Wide Local Excision and Axillary Node Sampling/
Sentinel Node Biopsy

Wide Local Excision (Lumpectomy)
Removal of a cancer with a small margin of surrounding breast tissue (wide local excision) followed by radiotherapy produces equivalent results to mastectomy both for cancer control and survival.

A wide local excision involves making an incision (cut) in the skin over the breast cancer and removing the cancer with a rim of surrounding breast tissue. Small metal clips are left in the area where the lump has been removed to mark the site on later mammograms. Following removal of the cancer, any bleeding is stopped and the skin is closed with an invisible stitch, which does not need to be removed.

• The portion of tissue removed is examined and a report is available in approximately 10 days. In about 10% of women abnormal changes are found to extend up to the edges of the tissue removed, in which case a second operation to remove further tissue is required.

Problems which can happen after wide local excision

• Even though all visible bleeding is stopped during the operation, bleeding from the cut edges of the breast tissue can occasionally start afterwards and cause blood to collect in the wound. This is uncommon, and happens in about 1 in every 100 patients. The normal time for this to develop is within the first 12 hours after the operation. This is the reason your wound is checked following surgery. If a large amount of blood collects this needs draining, usually by a second operation.

• Infection: any operation site can become infected. It is uncommon to get infection in breast wounds, but approximately 2 in every 100 women, after wide local excision, do get infection. If infection develops, it usually takes a week after surgery before any changes are seen. When the wound is infected it becomes red, swollen and very tender and there can be a discharge through the wound.

• The body produces its own natural healing fluid. Sometimes it can produce a little too much fluid, and this causes a swelling at the site where the lump was removed. This is known as a seroma, and this fluid may require removal with a needle and syringe when you come back to the clinic. Because the area is numb following surgery, this is usually a painless procedure.
• As a result of removing the cancer with some surrounding tissue, the treated breast may be smaller than the normal breast. Depending on the position of the tumour the treated breast may also change in shape. Approximately 1 in 10 women do get a poor cosmetic result after wide excision and radiotherapy. In these women, it may be possible to reshape the breast at a later date.

**Axillary Node Sampling/Sentinel Node Biopsy**

There are approximately 20 lymph glands in the armpit. The lymph glands are the most common site to which breast cancer spreads. Lymph node sampling or sentinel node biopsy aim to remove a few lymph glands to check whether any of them are affected by cancer. Any cancer that spreads to the lymph glands under your arm affects the lowest lymph glands first, which is why sampling these lower lymph glands tells us, with a great degree of accuracy, whether any glands are affected.

To help the surgeon find the lymph glands, you are likely to be injected with a blue dye and also a slightly radioactive dye at the nipple after being put to sleep. The dye colours the skin for several weeks and colours your urine for a couple of days.

The operation is performed through a small cut (incision) in your armpit just below where hair grows. At the end of the operation the wound is closed with an invisible stitch that does not need to be removed.

If all the lymph glands sampled are clear, you will not require any further treatment to the lymph glands under your arm. If any contain cancer then it is usual to treat the remaining lymph glands by radiotherapy or further surgery.

**Problems that can occur after axillary node sampling**

• Even though all visible bleeding at the time of the operation is stopped, bleeding from the edges of breast tissue can occasionally start after the operation and cause blood to collect in the wound. This is uncommon and happens in about 1 in every 100 patients. The normal time for this to develop is within the first 12 hours after the operation. This is the reason your wound is checked following surgery.

• Infection: any operation site can become infected. It affects about 4 in every 100 women after axillary node sampling. If infection is going to develop, it is evident about a week after surgery. The wound becomes red, swollen, and very tender and there can be a discharge through the wound.
• The most common problem after axillary surgery is pain, swelling, and discomfort under the arm which lasts for a few weeks then settles gradually. Remember to continue to take painkillers until your arm is no longer painful to move.

• The blue dye used to help find the lymph glands can rarely cause allergic reactions. This is usually obvious before the end of the operation but can require treatment.

• The fluid which normally passes through the lymph glands can build up and cause a swelling. Sometimes this needs to be removed with a needle and syringe when you come back to the clinic to have your wound checked. Because this area is numb following surgery, it is usually a painless procedure.

• Numbness: there are nerves which pass through the arm pit to the inner side of the arm. If these are stretched or damaged during removal of the lymph glands, you can get an area of numbness on the inner side of the upper arm. If the nerve has just been stretched the numbness usually recovers, but may take many months to do so. Long term problems with numbness after axillary node sampling is uncommon (less than 5 out of every 100 women).

• This operation is usually performed as a day case.

• Shoulder stiffness: you will be taught a series of exercises after the operation. It is important to keep your shoulder moving. You might experience pain and discomfort after the operation and you might experience some soreness when you move your arm. Do not be afraid to take regular painkillers after the operation as this will make it less painful and allow you to move your shoulder freely.