

Wide Local Excision and Radiotherapy

What is a Wide Local Excision and Radiotherapy?

- This is the removal of the part of the breast with the cancer in it. With this operation you keep your breast, but are usually advised to undergo a course of Radiotherapy (x-ray treatment) to the breast.
- The lymph node (glands) in your armpit (axilla) may be affected. Your surgeon will discuss the best treatment option for you. This may be the removal of one or two lymph nodes for further testing (sentinel lymph node biopsy), **or** the removal of most lymph nodes (axillary node clearance).

What are the benefits of having a Wide Local Excision?

It is an operation to remove the cancer in your breast, but without having to remove your whole breast.

What are the risks of having a Wide Local Excision?

- There is a chance of a **haematoma** (a collection of blood under your wound) forming. You may have to return to the operating theatre to have this removed.
- Sometimes a collection of clear fluid forms under your wound. This is called a **seroma**. This can happen several days after your operation

and is simply removed by a needle and syringe.

- Your wound, like any other wound, may become infected. You will be given antibiotics for this.
- There is a risk of developing clots in your legs (DVT's), which can travel to the lungs (pulmonary embolism). You will be given special stockings and blood thinning injections as prevention.
- There is a risk that you may need further surgery.

Are there any alternative treatments?

Yes, you can discuss this with your surgeon or Breast Care Nurse. The surgical alternative is to have the whole of your breast removed.

What will happen if I do not have the treatment?

The breast cancer will grow.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced sleep. It is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side

effects are common, but are usually short-lived: they include nausea, confusion and pain.

Complications are rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

You will be given an opportunity to discuss anaesthetic options and risks with an anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your consultant or a member of their team.

Getting ready for your operation

- Most patients have a chest X-ray and blood test when attending the pre-op clinic.
- You will usually be seen in the pre-operative clinic, usually one to two weeks before your operation. You will be weighed and measured and possibly have an ECG (a heart tracing).
- The staff will ask routine questions about your health, the medication you take at the moment and any allergies you may have.
- Your admission letter will tell you what time to stop eating and drinking before your operation.
- Most patients are admitted on the day of their operation if they have already attended the pre-operative clinic.

Please bring a non-wired support bra to wear after your operation

The day of your operation

- You will usually come into hospital on the day of your operation.
- You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves. Again, you will be able to discuss the operation with your surgeon.

What should I expect after my operation?

When you return to the ward you may have a drain coming from your wound site. This is a tube attached to a small bag to drain fluid. This drain is to help prevent bruising, and will help your wound heal quicker.

A nurse will check your pulse, blood pressure, breathing rate and wound regularly. It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.

The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick.

If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer an injection to help this sick feeling go away.

The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.

It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.

As soon as the anaesthetic has fully worn off, you will be encouraged to become mobile and active.

You will also be given a leaflet on basic arm exercises. It is important that you start these exercises as soon as possible.

Your arm on the side that you have had your operation on may feel stiff, and these exercises are designed to get it back to normal.

Going home

You will be able to go home the same day or the day after your operation, providing you are well.

If you go home on the day of your operation, you must have someone to take you home.

Discharge information

- General anaesthesia temporarily affects your co-ordination and reasoning skill, so you **must not** drive, drink alcohol, operate machinery or sign any legal documents for 24 hours.
- **Important:** You will need to arrange for someone to drive you home. If you go home the same day as your operation, try to have a friend or relative stay with you for the first 24 hours.
- If you are in any doubt about driving, contact your motor insurer so that you are aware of their recommendations and always follow your Surgeon's advice.
- You may be discharged from hospital with a drain still attached to your wound site. You will be given information about how to care for it.

Pain relief and medication

The nursing staff will advise you about painkillers and other medication before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

Your wound

You will have small paper dressings covering your wound; these should remain dry until they are removed around 10 days after your surgery. Any stitches are usually dissolvable.

If you have any concerns regarding your wound please contact your Breast Care Nurse: 0151 529 4082 (Mon-Fri 9am-5pm). Alternatively you may access a walk-in-centre or treatment room.

Your bra

You will be advised to wear a non-wired support bra day and night after your operation for around two weeks.

Once you are home

If you develop pain or an unusual swelling to your chest area or armpit and find it difficult to lift your arm above your head, this may be a collection of fluid (seroma).

Telephone the Breast Care Nurses on:

0151 529 4082.

Getting back to normal

Normal activities, like housework and driving, can be started again when you feel able to do so.

Returning to work

You can self-certify for the first seven days of sickness. After this, a medical certificate (sick note) may be issued by your hospital doctor to cover the expected time off you will need after being discharged.

Further appointments

You will receive an appointment in the post to come back to clinic; this appointment is usually 15 to 21 days after your operation. At clinic you will see the doctor and a Breast Care Nurse who will give you your results and discuss any further treatment with you.

Radiotherapy

When the doctors have discussed your results and agreed that radiotherapy is a good treatment for you the radiotherapy doctor will see you.

This doctor will explain what radiotherapy involves, and ask you to sign a consent form for your treatment. You will also be given a booklet about radiotherapy treatment.

What are the benefits of having Radiotherapy?

Radiotherapy reduces the chance of the cancer coming back in the breast area.

What are the risks of having Radiotherapy?

- A change in colour of your skin caused by tiny blood vessels in the skin that have become swollen. This is called Telangiectasia, and occurs in less than 10% of women.
- Reduced shoulder movement on the side of the operation or treatment occurs in 10% of women. It is more noticeable in less than 5% of women.
- Swelling of your arm, called lymphoedema, may develop in fewer than 20% of women, but is noticeable in less than 5%.
- Damage to the lungs (causing breathlessness), ribs (making them fragile) and the heart (if the treatment has been given to the left side of your chest wall). These occur in between 1% and 5% of women.
- Change in size or shape of your breast, which may require prosthesis (pad for your bra).

If you are worried about any of these risks, please speak to your Radiologist or a member of their team.

Starting your radiotherapy treatment

Before your treatment starts you will have a "planning day". This will take place at Clatterbridge Centre for Oncology. This is when the Radiotherapist and Radiographer will work out exactly the right dose of treatment for you.

A special X-ray machine will be used to take pictures of the area and many measurements will be taken.

The doctor will mark your skin with a marker pen or small tattoos. These marks are very important, as they show the Radiographers who operate the treatment machines which area is to be treated.

Marking up and planning can take quite a long time, so be prepared to spend one or two hours at the hospital.

During planning (and also during treatment), you need to have the arm of your affected side raised behind your head. If you cannot do this comfortably after your operation, practice your arm and shoulder exercises regularly to avoid getting a stiff shoulder during treatment.

The course of your treatment

You will receive your course of treatment at Liverpool Clatterbridge Centre for Oncology at the **Aintree University Hospital NHS Foundation Trust**, unless your Consultant suggests otherwise.

- Each patient is an individual, but the usual amount of sessions is between 15 and 25.
- Treatments are only given Monday to Friday, so it takes three to five weeks to complete the course.
- Treatment itself takes two minutes. You will be asked to lie down with your arm behind your head, and the machine is moved into place next to you.
- You will not see or feel anything during your treatment that will frighten you.
- The Radiographer who gives you the treatment cannot remain in the room with you, but they can see you on a TV screen. They will be able to hear you if you want to speak to them.
- You are usually in and out of the department within ten minutes.

Side effects of Radiotherapy

Despite what you may have heard or read about having Radiotherapy treatment to

your breast, you will not feel or be sick. Your hair will not fall out, and it is unusual for your skin to blister. You may feel a little tired, but this will be from travelling everyday.

Skin care

- Your skin may appear reddened. This can be reduced or avoided by using products the Radiographer has recommended.
- After washing, very gently pat your skin dry with a soft towel.
- Apply the moisturising cream given to you by the radiographer at least three times a day.
- Avoid sun beds or exposing your breast to the sun during treatment.
- Do not shave under the arm of the affected side or use deodorant without checking first with the Clatterbridge staff.

Transport

You should be able to drive yourself to Aintree University Hospital if you have a car.

If you are unable to make your own arrangements to get to Aintree University Hospital each day, transport can be arranged for you.

Using hospital transport can mean a longer wait. Therefore, you may find it more convenient to drive yourself, or have a relative or friend drive you.

You make the transport arrangements with the Radiotherapy Consultant when you meet them in the clinic on results day.

Further information

Please feel welcome to ring the Breast Care Nurses who will answer any of your

questions and give any further explanation if required.

Breast Care Nurses

Tel: 0151 529 4082 (24 hour answer phone)
The Breast Care Nurses aim to return your telephone call the same day or the following day.

Breast Cancer Care

Tel: 0808 800 6000 (Freephone).

www.breastcancer.co.uk

Acknowledgements:

This leaflet is based upon the Royal Liverpool and Broadgreen University Hospitals NHS Trust patient information booklet 'Having a Wire Guided Excision'.

The Royal Liverpool and Broadgreen University Hospitals NHS Trust has kindly given their permission for us to use their material.



If you require a special edition of this leaflet

This leaflet is available in large print, Braille, on audio tape or disk and in other languages on request. Please contact the Equality and Diversity Department on:

0151 529 4969

Aintree University Hospital NHS Foundation Trust is not responsible for the content of any material referenced in this leaflet that has not been produced and approved by the Trust.