

# Having a therapeutic mammoplasty

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## What is a therapeutic mammoplasty?

This is an operation to remove a breast cancer (therapeutic) and reshape/remodel (mammoplasty) the breast after removal of the cancer. It is different from breast reconstruction in that you are not having a mastectomy and you are not having tissue, from another part of the body, brought into the breast space to fill the area where the cancer was removed. A therapeutic mammoplasty usually reduces the size of your breast by removing both skin and breast tissue and is therefore most suitable if you have moderate to large breasts. You may need surgery to your other breast at a later date to improve symmetry between your breasts.

## Are there any alternatives to this operation?

The alternative to this surgery is to have a localised removal of the breast cancer (wide local excision) without remodelling your breast or to have a mastectomy.

## Before the operation

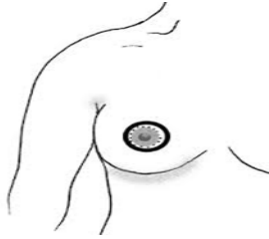
If you are a smoker, it is advisable to stop smoking prior to your operation to reduce the risk of surgical complications. You will have an opportunity to discuss the operation with your surgeon and photographs will be taken before and after the surgery. You are advised to wear/bring in a supportive bra that you will wear following your surgery.

## The operation

There are three types of operation (surgical techniques) that are called therapeutic mammoplasty.

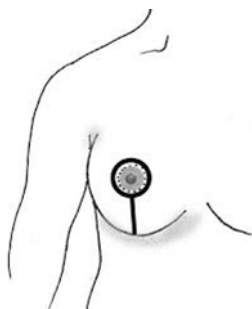
### Round block

This operation is typically used when removing a breast cancer in the inner or upper part of the breast. A small doughnut of skin is removed from around the areola (brown pigmented area around the nipple). The cancer is then removed through this incision and the breast tissue on either side is moved to fill the defect. The skin is then closed with dissolvable stitches and the resulting scar will be all the way around the areola.



## Inferior pole mammoplasty

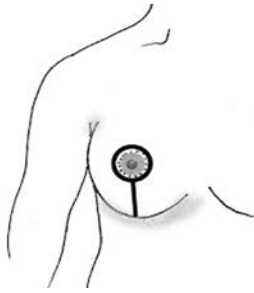
This operation is used when removing a cancer in the lower half of the breast. A small doughnut of skin is removed from around your areola. The breast tissue containing the cancer is then removed from the lower half of the breast along with the skin over the top of the cancer. The breast tissue on either side is moved to close the defect with the nipple lifted up into a higher position. This may result in some asymmetry with the other breast which may then need to be lifted up during another procedure in the future. The skin is then closed with dissolvable stitches and the resulting scar will be all the way around the areola and down to the bottom of the breast.



## Therapeutic reduction mammoplasty

This operation can be used to remove a cancer in most positions of the breast. It is a suitable procedure to have done if your breasts are moderate to large in size. This operation both removes the breast cancer and reduces the size of your breast. The most common procedure is performed using an anchor-shaped incision (Wise pattern). Excess skin, the cancer and breast tissue are moved and the nipple is repositioned to suit your new breast size. The skin and tissue is then reshaped and closed with stitches. You may only have the breast with cancer operated on at first in which case you would probably need your other breast operated on at a later date to produce symmetry between your breasts. A drain tube may be placed into your operated breast to drain off the blood and fluid that collects during the healing

process.



## After surgery

You will be asked to wear your supportive bra for up to six weeks, only taking it off to shower. This helps to prevent the weight of the breast pulling on the wounds and affecting the healing process. Any pain, swelling or bruising will subside in a few weeks but it can take six to 12 months for your scars to settle.

## Possible risks and complications

### **Delayed wound healing**

This is most commonly seen at the point where the vertical scar meets the horizontal scar if you have had a therapeutic reduction mammoplasty (the T-junction). The blood supply to this area is at its poorest. The skin can fail to heal, separate and cause a raw area. Occasionally this can be extensive and will need regular dressings for several months until the wound is fully healed.

### **Nipple complications**

The operation by its nature partially disrupts the blood supply to the nipple. There is a small risk of nipple loss from this type of surgery, either total or partial loss. Your nipple sensation may be lost or altered and this may be temporary or permanent.

### **Asymmetry**

There may be some lasting differences in the size and shape of your breast following surgery and radiotherapy.

## Scarring

Initially the scars will be fine, bright red lines. In most cases these heal satisfactorily and soften becoming much paler and less obvious after six to 12 months. Some patients have a tendency to form red, lumpy scars (hypertrophy) or keloid scars, which are broad raised scars. This scarring will be permanent.

## Fat necrosis

This is a common complication and in this type of surgery the risk depends on the relative amount of fat and breast tissue within your breast that needs to be removed. This usually presents with firm or hard nodular areas within your breast which may occur several months after surgery. Occasionally these can become inflamed with reddening of the skin and a burning sensation with discomfort that can mimic an infection. This usually responds to anti-inflammatories but occasionally may require further surgery to remove that area.

## Long-term outlook

A therapeutic mammoplasty should, in time, give your breast a more natural looking shape. It is not suitable for everyone undergoing a lumpectomy (wide local excision) and your surgeon will guide you as to whether it is suitable for you. Radiotherapy after this procedure can change the size/shape of your breast.

A therapeutic mammoplasty is used to improve the cosmetic outcome following your cancer surgery and whilst it usually achieves this outcome you have a greater chance of complications following this type of surgery.

We hope this leaflet has answered some of your questions. If you require any more advice either before or after your procedure, do not hesitate to contact any of the Breast Care Nurse Specialists.

General statements made in this leaflet do not apply in every case, as each patient is an individual. Your doctor will advise you of any specific aftercare.

## Useful Phone Numbers

Lincoln Breast Unit: 01522 537662

Boston Breast Unit: 01205 445998

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## References

If you require a full list of references for this leaflet please email [patient.information@ulh.nhs.uk](mailto:patient.information@ulh.nhs.uk)

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