

# Mastectomy

## Definition

A mastectomy is surgery to remove the entire breast. Most of the time, some of the skin and the nipple are also removed. The surgery is most often done to treat [breast cancer](#).

## Alternative Names

Breast removal surgery; Subcutaneous mastectomy; Nipple sparing mastectomy; Total mastectomy; Skin sparing mastectomy; Simple mastectomy; Modified radical mastectomy; Breast cancer - mastectomy

## Description

Before surgery begins, you will be given [general anesthesia](#). This means you will be asleep and pain-free during surgery.

There are different types of mastectomies. Which one your surgeon performs depends on the type of breast problem you have.

The surgeon will make a cut in your breast and perform one of these operations:

- **Nipple sparing mastectomy:** The surgeon removes the entire breast, but leaves the nipple and areola (the colored circle around the nipple) in place.
- **Total or simple mastectomy:** The surgeon cuts breast tissue free from the skin and muscle and removes it. The nipple and the areola are also removed. The surgeon may do a biopsy of lymph nodes in the underarm area to see if the cancer has spread. In some instances, a simple mastectomy is performed on both breasts.
- **Modified radical mastectomy:** The surgeon removes the entire breast along with some of the lymph nodes underneath the arm.
- **Radical mastectomy:** The surgeon removes the skin over the breast, all of the lymph nodes underneath the arm, and the chest muscles. This surgery is rarely done.
- **Skin sparing mastectomy:** The surgeon removes the breast with minimal skin removal. This preserves the majority of the breast skin envelope.
- The skin is then closed with sutures (stitches).

One or two small plastic drains or tubes are very often left in your chest to remove extra fluid from where the breast tissue used to be.

A plastic surgeon may be able to begin reconstruction of the breast during the same operation. You may also choose to have breast reconstruction at a later time. If you have reconstruction, a skin or nipple sparing mastectomy may be an option.

Mastectomy will take about 2 to 3 hours.

## Why the Procedure is Performed

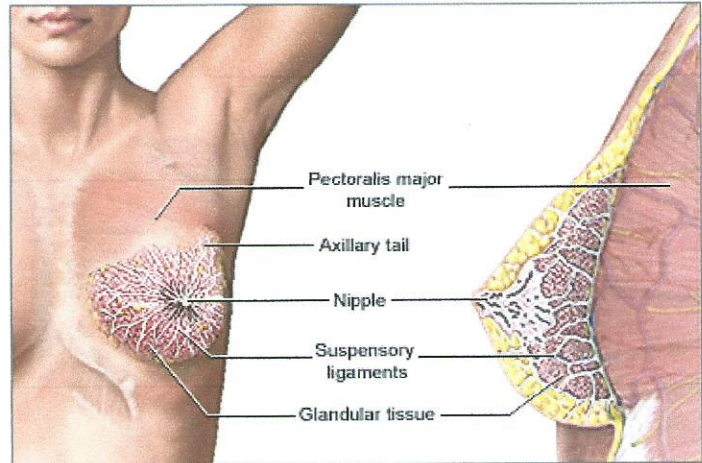
### WOMAN DIAGNOSED WITH BREAST CANCER

The most common reason for a mastectomy is breast cancer.

If you are diagnosed with breast cancer, [talk to your health care provider about your choices](#):

- **Lumpectomy** is when only the breast cancer and tissue around the cancer are removed. This is also called breast conservation therapy or partial mastectomy. Most of your breast will be left.
- **Mastectomy** is when all breast tissue is removed.

You and your provider should consider:



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- The size and location of your tumor
- Skin involvement of the tumor
- How many tumors there are in the breast
- How much of the breast is affected
- The size of your breast
- Your age
- Medical history that may exclude you from breast conservation (this may include prior breast radiation and certain medical conditions).
- Family history
- Your general health and whether you have reached menopause

The choice of what is best for you can be difficult. You and the providers who are treating your breast cancer will decide together what is best.

#### WOMEN AT HIGH RISK FOR BREAST CANCER

Women who have a very high risk of developing breast cancer may choose to have a preventive (or prophylactic) mastectomy to reduce the risk of breast cancer.

You may be more likely to get breast cancer if one or more close family relatives has had the disease, especially at an early age. Genetic tests (such as BRCA1 or BRCA2) may help show that you have a high risk. However, even with a normal genetic test, you may still be at high risk of breast cancer, depending on other factors.

Prophylactic mastectomy should be done only after very careful thought and discussion with your doctor, a genetic counselor, your family, and loved ones.

Mastectomy greatly reduces the risk of breast cancer, but does not eliminate it.

### Risks

Scabbing, blistering, wound opening, seroma, or skin loss along the edge of the surgical cut may occur.

Risks:

- Shoulder pain and stiffness. You may also feel pins and needles where the breast used to be and underneath the arm.
- Swelling of the arm and or breast (called [lymphedema](#)) on the same side as the breast that is removed. This swelling is not common, but it can be an ongoing problem.
- Damage to nerves that go to the muscles of the arm, back, and chest wall.

### Before the Procedure

You may have blood and imaging tests (such as [CT scans](#), [bone scans](#), and [chest x-ray](#)) after your provider finds breast cancer. This is done to determine if the cancer has spread outside of the breast and lymph nodes under the arm.

Always tell your provider if:

- You could be pregnant
- You are taking any drugs or herbs or supplements you bought without a prescription

During the week before the surgery:

- Several days before your surgery, you may be asked to stop taking aspirin, ibuprofen (Advil, Motrin), naproxen (Aleve, Naprosyn), vitamin E, clopidogrel (Plavix), warfarin (Coumadin), and any other drugs that make it hard for your blood to clot.
- Ask which drugs you should still take on the day of the surgery.

On the day of the surgery:

- Follow instructions from your doctor or nurse about eating or drinking before surgery.
- Take the drugs you have been told to take with a small sip of water.

You will be told when to arrive at the hospital. Be sure to arrive on time.

### After the Procedure

Most women stay in the hospital for 24 to 48 hours [after a mastectomy](#). Your length of stay will depend on the type of surgery you had. Many women go home with drainage tubes still in their chest after mastectomy. The doctor will remove them later during an office visit. A nurse will teach you how to look after the drain, or you might be able to have a home care nurse help you.

You may have pain around the site of your cut after surgery. The pain is moderate after the first day and then goes away over a period of a few weeks. You will receive pain medicines before you are released from the hospital.

Fluid may collect in the area of your mastectomy after all the drains are removed. This is called a seroma. It most often goes away on its own, but it may need to be drained using a needle (aspiration).

## Outlook (Prognosis)

Most women recover well after mastectomy.

In addition to surgery, you may need other treatments for breast cancer. These treatments may include hormonal therapy, [radiation therapy](#), and [chemotherapy](#). All have side effects, so you should talk to your provider about the choices.

## References

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