

Deciding: lumpectomy vs. mastectomy



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Lumpectomy and mastectomy are the surgical treatment options for breast cancer.

A lumpectomy is often called breast conserving therapy because the goal is to remove the cancer and leave the healthy tissue behind. A mastectomy is the removal of all the breast gland tissue, which usually includes the nipple as well.

Some patients could choose between a lumpectomy and a mastectomy, whereas others are better suited for one over the other. We decide whether we think a lumpectomy would be successful or whether a mastectomy would be the preferable choice depending on physical examinations, imaging studies, and pathology results. Studies have shown that whether a patient has a lumpectomy with radiation or a mastectomy, overall survival rates are the same.

When we recommend lumpectomy, we are doing so with the understanding that we believe the area of cancer is concentrated and the remaining breast tissue is healthy. Also, if a lumpectomy has been recommended that means we feel we can remove the area of cancer and still maintain a natural looking breast with minimal scarring. We do not need to work with plastic surgeons for lumpectomy surgery. We are able to move tissue to fill in the spot that was removed by loosening surrounding tissue and designing the surgery so that the area should not look hollowed out. In some patients it is hard to tell any surgery was done. Patients retain more of their tissue and often feel more in control and feel that life will be less altered after treatment is over.

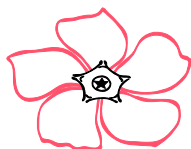
With a lumpectomy, the surgery is typically an outpatient procedure requiring no overnight hospital stay. Recovery is usually speedy and how much discomfort a patient feels depends on how much the tissue has to be reconfigured after the cancer site is removed. Following surgery it

will take a few days to obtain final pathology results. That will determine how successful the surgery was in removing all of the area of disease and if there is a margin of healthy tissue around the lumpectomy site. In some people, additional surgery to remove more tissue may be needed. Any additional tissue removal is usually well tolerated and done through the same incision.

Radiation is concentrated energy that stuns the remaining breast tissue to prevent activity and growth in any microscopic amounts of abnormal tissue not removed by surgery. Radiation improves the success of lumpectomy, but it also affects healthy tissue. It can cause further changes in the surgery site and make future wound healing from things such as infection or surgery inefficient or difficult. Radiation can cause an overall decrease in the size of the breast (as much as 10-20%), a sunburn-like reaction, and a thickening of the skin. The breast can become sensitive and have unusual shooting sensations. Radiation does not cause hair loss or nausea. Depending on the treatment plan, radiation can take 1 week or 6½ weeks. Radiation is typically not necessary for a patient having a mastectomy.

As part of your continued care following a lumpectomy we monitor the breast tissue with imaging studies and physical examinations. If there are any concerning changes, we may recommend more tests or biopsies.

Some patients are clearly better candidates for either a lumpectomy or a mastectomy, but many patients may have a choice to make. Depending on the size of the cancer, the size of their breasts, and how they feel emotionally, two patients with similar cancers may choose radically different plans for treatment. For any patient with a breast cancer diagnosis, mastectomy is an option.



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Here are some reasons people decide to have a mastectomy:

- You or your doctors have had a difficult time evaluating your breast tissue.
- You have a high level of anxiety concerning breast cancer.
- The cancer under current treatment was unable to be found or seen by conventional means.
- You have always wanted to change the way your breasts look.
- You want to decrease the risk of future breast biopsies and procedures.
- Your breast cancer was not easily seen by typical imaging studies.
- You are not willing to commit to radiation as part of your treatment plan.

Sometimes a patient with breast cancer that has decided to have a mastectomy may consider having the opposite breast removed as well. That is a personal decision that we support, but it is not medically necessary in a healthy breast. If a patient has a genetic mutation a bilateral mastectomy may be recommended.

Making a Choice

Some patients are better candidates for either a mastectomy or a lumpectomy, but many may have a choice to make. Gaining information and making a decision that will address your most important concerns will serve you best. As long as you have an understanding of your options and are honest with yourself about what is most important to you, no matter what your choice, it will be the right one.

Factors patients might consider in choosing between a lumpectomy and mastectomy		
Factor	Lumpectomy	Mastectomy
Surgery time	<i>1-2 hours</i>	<i>2-4 hours without reconstruction</i>
Radiation	<i>Yes</i>	<i>Usually not required</i>
Recuperation	<i>Several days</i>	<i>Several weeks</i>
Chemotherapy	<i>Not dependent on surgery</i>	<i>Not dependent on surgery</i>
Hospital Stay	<i>Day surgery, no overnight stay</i>	<i>At least 1 night</i>
Risk of local recurrence	<i>Approximately 5-15%</i>	<i>Approximately 2-5%</i>
Overall Survival	<i>With radiation, same as mastectomy</i>	<i>Same as lumpectomy with radiation</i>
Reconstruction	<i>No</i>	<i>Yes, if the patient chooses</i>
Follow-up imaging	<i>Yes, typically every 6 months for 5 years</i>	<i>No</i>
Risk of distant metastasis	<i>Not dependent on surgery</i>	<i>Not dependent on surgery</i>
Axillary dissection	<i>Typically not needed</i>	<i>Yes, if a positive sentinel lymph node is identified</i>

