



# **Lumpectomy and Lymph Node Dissection**

## **What is a lumpectomy and lymph node dissection?**

A lumpectomy is a surgical procedure for removal of a cancerous lump from a woman's breast. Sentinel lymph node biopsy is removal of 1-3 lymph nodes from the axilla. Axillary lymph node dissection is removal of at least 10 lymph nodes under the armpit. These procedures are treatment for breast cancer.

## **When is it used?**

This procedure is a treatment for a cancerous lump in your breast. As an alternative you could:

- Have a sentinel node biopsy rather than an axillary node dissection with the lumpectomy. A sentinel node biopsy is done by injecting a special dye around the cancer and then removing only the lymph nodes affected by the dye (usually 1 to 3 nodes). The dye finds the first lymph nodes to which cancer cells are likely to spread from a tumor. These sentinel nodes are examined for cancer. If cancer is found in them, then an axillary node dissection can be done later.
- Have the entire breast and lymph nodes removed (a mastectomy).
- Choose not to have treatment.

You should ask your healthcare provider about these choices.

## **How do I prepare for this procedure?**

Plan for your care and recovery after the operation. Find someone to drive you home after the surgery and stay with you for a night or two. Allow for time to rest and try to find people to help you with your day-to-day duties.

Follow your healthcare provider's instructions about not smoking before and after the procedure. Smokers heal more slowly after surgery. They are also more likely to have breathing problems during surgery. For this reason, if you are a smoker, you should quit at least 2 weeks before the procedure. It is best to quit 6 to 8 weeks before surgery. Also, your wounds will heal much better if you do not smoke after the surgery.

If you need a minor pain reliever in the week before surgery, choose acetaminophen rather than aspirin, ibuprofen, or naproxen. This helps avoid extra bleeding during

surgery. If you are taking daily aspirin for a medical condition, ask your provider if you need to stop taking it before your surgery.

Follow any other instructions your provider gives you. Eat a light meal, such as soup or salad, the night before the procedure. Do not eat or drink anything after midnight or the morning before the procedure. Do not even drink coffee, tea, or water.

## **What happens during the procedure?**

You will be given a general anesthetic. A general anesthetic relaxes your muscles, puts you to sleep, and prevents you from feeling pain.

The surgeon makes a small cut and removes the lump and surrounding breast tissue. If axillary node dissection is planned, the lymph nodes under your armpit are removed through another cut in the armpit.

If you and your surgeon have chosen sentinel lymph node biopsy instead of axillary node dissection, a special dye is injected around the cancer just before removal. Then a smaller incision is made in the armpit and the 1 to 3 nodes containing the dye are removed. You will be told a few days later whether cancer was found in the nodes. If cancer was found, you will need another procedure to remove the remaining lymph nodes (axillary lymph node dissection). Fortunately, most women can avoid full axillary node dissection with this method.

The cuts will be closed with stitches. If you have a full axillary node dissection, a drain will be left in the cut in your armpit for a few days.

## **What happens after the procedure?**

You may go home that day or stay in the hospital overnight. Your healthcare provider may suggest you start treatment with radiation or chemotherapy, depending on the results of lab tests. It is helpful to have a family member or friend with you on the first visit after surgery, when you discuss test results.

You will be given a prescription for pain medicine. A nonprescription anti-inflammatory medicine, such as ibuprofen, may give most of the pain relief that you need. Ask your healthcare provider how to prevent and treat pain.

Ask your provider what other steps you should take and when you should come back for a checkup. If you have an axillary lymph node dissection, your surgeon will give detailed instructions on how to care for the drain under your arm and when to come back for drain removal.

## **What are the benefits of this procedure?**

You may have the cancer removed without losing your breast.

## What are the risks associated with this procedure?

- There are some risks when you have general anesthesia. Discuss these risks with your healthcare provider.
- You may have infection or bleeding.
- A lumpy scar, called a keloid, might form after the surgery.
- The underside of your arm will probably be numb after axillary lymph node dissection due to the loss of nerves to the skin. The extent of numbness varies from person to person.
- Depending on the size of the lump that was taken out and the size of your breast, the shape of your breast may change.
- Your nipple may point another way and your breasts may not match as well as before the surgery.
- Lab tests may show that the cancer was not completely removed. If this happens, you will need more surgery.
- The cancer may come back, but radiation therapy, hormone therapy, and chemotherapy can make this less likely.

You should ask your healthcare provider how these risks apply to you.

## When should I call my healthcare provider?

Call your provider right away if:

- You have a fever of 100°F (37.8°C) or higher.
- You have problems with the drain.
- You have bleeding or weeping from the wound.
- You have a lot of pain. (You should not have much pain and it should get better, not worse.)

Call during office hours if:

- You have questions about the procedure or its result.
- You want to make another appointment.

---

Published by McKesson Corporation.

This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.

Developed by McKesson Corporation

Copyright © 2007 McKesson Corporation and/or one of its subsidiaries. All Rights Reserved.

Copyright © Clinical Reference Systems 2007

Updated 1/2012

