



مركز الكويت لمكافحة السرطان
Kuwait Cancer Control Center

Guide to Surgical Options in the Treatment of Breast Cancer

Patient Education



Developed in partnership with



Going through surgery can be a challenging time for you and your family. This booklet can help you learn more about surgical options in the treatment of breast cancer. A better understanding of your options may give you a sense of control and help you work with your health care team to choose the best care for you.

Today's operations are much less extensive than in the past. When it comes to surgery, "more" is not necessarily "better". Treatment of breast cancer is usually a combination of surgery, radiation, chemotherapy and hormonal therapy.

Why Surgery?

Some women may be completely cured by surgery alone. In addition, examination of the tissues removed during surgery provides important information about the type and size of the cancer, the extent of lymph node involvement and the level of estrogen receptors.

This information allows the oncologist to determine the stage of the cancer and to tailor any further treatment to your particular case.



For some cancers, surgery is not the best treatment. If the tumor is large or has very large lymph nodes or it is the inflammatory type, chemotherapy should be given first to reduce the size of the tumor. Afterwards, a mastectomy may be recommended to further reduce the risk of cancer recurrence in the breast. In cases of metastatic breast cancer, initial treatment may include hormones and chemo-radiotherapy rather than surgery.



Types of Breast Surgery

Partial mastectomy: removing some normal breast tissue surrounding the cancer. (Also called wide local excision or segmental mastectomy). Studies have found that a partial mastectomy followed by radiation gives a woman the same chance of survival and control of the cancer as does an operation that removes the whole breast.

Total (simple) mastectomy: removal of the entire breast and nipple without removing any chest wall muscles.

Modified radical mastectomy: total removal of the breast along with the axillary lymph nodes. It is called "modified" because it does not remove the chest wall muscles.



Unilateral Mastectomy Scar



Bilateral Mastectomy Scar

Radical mastectomy: removal of the breast, the pectoralis major and minor chest wall muscles and all lymph nodes from the armpit right up to the collarbone.

Skin sparing mastectomy: the breast tissue is "dug out" through a small incision with removal of the nipple-areola complex while preserving the skin.



Removal of Axillary Lymphnodes in Breast Cancer Surgery

If the axillary lymph node is proven to be positive by fine needle aspiration cytology, then patient needs to have axillary dissection which is the removal of the lymph nodes in the armpit through a separate incision during a partial mastectomy or the same incision in the case of a mastectomy.

Sentinel Lymph Node Biopsy

The sentinel lymph node is the first lymph node to which cancer cells have spread. A new technique has been developed to eliminate the need to remove lymph nodes that do not contain cancer. A radioactive tracer and/or blue dye are injected at the nuclear medicine department around the areola.

(For more information please refer to the patient education booklet titled Sentinel Lymph Node Biopsy).

The dye and tracer are absorbed into lymphatic channels and travel to the first lymph node (sentinel lymph node) affected by cancer cells from the tumor in the breast. One or two nodes are then removed and examined during surgery by a pathologist. The sentinel lymph node technique helps to reduce the complications after axillary lymph node dissection. The most important complication is swelling of the arm or lymphedema.

In addition, reconstructive breast surgery can take place after removal of breast (or mass) in order for the look and shape of the breast to be imitated.

If you have any questions, please speak to your treating physician or health care provider.



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