Imaging-Assisted Wide Local Excision of the Breast

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This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

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PATIENTS AUSTRALIA

EIDO HEALTHCARE

What is breast cancer?

What is an imaging-assisted wide local excision?

An imaging-assisted wide local excision (lumpectomy) involves removing the cancer with a rim of breast tissue around the cancer.

Before the procedure, if your surgeon cannot feel the cancer, they will plan for a breast radiologist to carry out a marking procedure.

Your surgeon will tell you if your nipple needs to be removed. As well as removing your breast tissue, your surgeon may remove glands in your armpit to find out if there are any cancer cells in them.

What are the benefits?

Removing the cancer by surgery gives you the best chance of being free of early breast cancer. The breast tissue and lymph nodes that your surgeon removes will be examined under a microscope to help decide on any further treatment.

Are there any alternatives?

You may want to consider a mastectomy (removing all your breast). Even if you decide to have a mastectomy you may still need radiotherapy (recommended for about 1 in 5 women).

If you have invasive breast cancer, where the cancer has grown through the ducts to the surrounding breast tissue, there are other treatments available such as hormone therapy, chemotherapy, radiotherapy and biological therapy. These treatments on their own are unlikely to lead to you being cured and they also have side effects and complications. However, they may shrink the cancer or control the cancer for a few years.

What will happen if I decide not to have the procedure?

If appropriate, your surgeon will discuss non-surgical treatments with you.

The cancer may not be controlled by other treatments, or the cancer may be controlled at first and then spread in a few months or years.

What does the procedure involve?

A breast radiologist will mark your breast before the procedure.

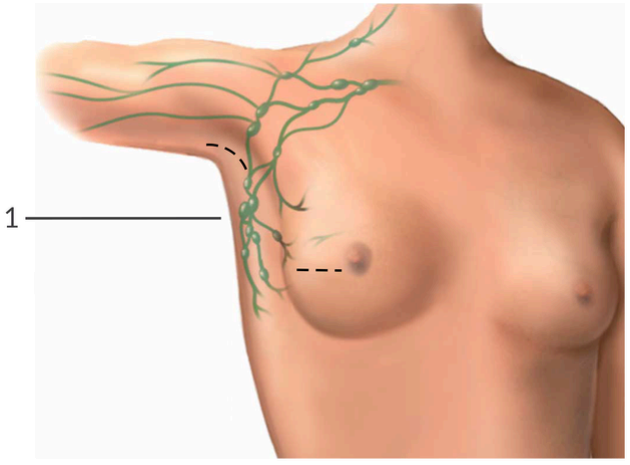
- Pen marking – This procedure is suitable if the cancer is close to your skin.
- Wire marking – This involves inserting a flexible wire (guidewire) through a needle to mark where the cancer is.
- Magnetic or radioactive seeds, or carbon nanoparticles – Your doctor will use a needle and mammogram machine or ultrasound scanner to place metal or carbon particles near the cancer.

The procedure is usually performed under a general anaesthetic but various anaesthetic techniques are possible. The procedure usually takes about an hour.

Your surgeon will make a cut on your breast. They will remove the cancer with a rim of breast tissue around the cancer.

Your surgeon will usually remove any lymph nodes from your armpit through the same cut or through another cut closer to your armpit.

Cuts for a wide local excision and axillary surgery



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1. Lymph nodes

All your breast tissue and lymph nodes removed will be examined under a microscope. If there are cancer cells near the edge of the tissue that was removed, your surgeon may recommend another excision or a mastectomy.

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What complications can happen?

The breast-care team are trained to reduce the risk of complications.

Possible complications of this procedure are shown below. Some can be serious and may even cause death.

Any risk rates given are taken from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, have other health problems or you smoke. Health problems include diabetes, heart disease or lung disease.

General complications of any procedure

- Bleeding during or after the procedure. You may need a blood transfusion or another procedure and it is common for your chest or armpit to be bruised.
- Infection of the surgical wound.
- Allergic reaction to the equipment, materials or medication.
- Venous thromboembolism (VTE). This is a blood clot in your leg (deep-vein thrombosis – DVT) or one that has moved to your lung (pulmonary embolus)
- Chest infection. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the procedure.

Specific complications of this procedure

- Developing a lump under your wound caused by fluid collecting.
- Developing a lump under your wound caused by blood collecting. You may need another procedure to remove the blood.
- Developing a hard lump in a breast caused by scarring or damaged fat tissue. You may need a scan or biopsy to assess a lump in the future.
- Numbness or continued pain around your armpit or the inner part of your arm. Numbness can last for up to 6 months and can sometimes be permanent.
- Stiff shoulder.
- Arm weakness or swelling of your arm and hand (lymphoedema). You can get lymphoedema months or even years later.
- Failure to remove the cancer, if the cancer is small or the radiologist found it difficult to mark the cancer.
- Dissatisfaction with breast appearance over time. Sometimes your breast can swell, particularly if your lymph nodes have been removed or after radiotherapy.
- Surgery to redo the excision. If there are cancer cells near the edge of the tissue that was removed, you may need further surgery.

Consequences of this procedure

- Pain.
- Scarring of your skin, which may be unsightly.

What happens after the procedure?

You are expected to go home the same day.

You should be able to build up to normal activities after 2 to 3 weeks.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the breast-care team or your GP for advice.

The breast tissue and lymph nodes that your surgeon removed will have been examined under a microscope. Your surgeon will tell you the results and discuss any treatment or follow-up care you may need.

Summary

Surgery gives the best chance of you being free of early breast cancer. If your surgeon cannot feel the cancer, they can use radiology procedures to help find out where the cancer is. A wide local excision involves removing the cancer with a rim of breast tissue around the cancer. It usually involves removing some of the lymph nodes in your armpit.

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Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Reviewer

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Illustrator

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