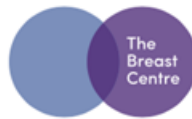


The Breast Centre

thebreastcentre.com.au



Miss Jane O'Brien
MBBS FRACS
Specialist Breast Cancer &
Oncoplastic Surgeon

The Breast Centre at St Vincent's Private Hospital East Melbourne
Suite 92, Level 9, 166 Gipps Street East Melbourne VIC 3002
T (03) 9928 6261 F (03) 9928 6260
E jane.obrien@svha.org.au
W www.thebreastcentre.com.au
f facebook.com/drjaneobrien
i instagram.com/drjaneobrien



HOW DO I CHOOSE BETWEEN A MASTECTOMY AND LUMPECTOMY?

Your choice depends on your situation and preferences. Although there is no wrong choice, you may still be worried about regretting your decision down the road.

MASTECTOMY

Removes the **entire breast** and often involves removing the nipple and areola complex. Roughly **80%** of women in the US choose this procedure.

TYPES OF MASTECTOMY

SIMPLE (TOTAL) Removes the nipple and areola along with all the breast tissue. The goal of surgeons is to make the chest wall as flat as possible. Total mastectomy is common among women undergoing prophylactic mastectomy or with large areas of DCIS.

SKIN-SPARING This procedure is often done with immediate breast reconstruction. It removes the breast tissue, nipple, and areola. However, it leaves the majority of the breast skin and the fold underneath the breast.

NIPPLE-SPARING In the past 5 - 8 years, this procedure has become more popular. It leaves the breast skin, nipple, and areola in place. A purely cosmetic procedure, the nipple that is left retains no sensation or function.

ELIGIBILITY

Women who have previously had a **lumpectomy with radiation** are eligible for mastectomy. As are women who have **large tumors** in relation to their breast size, have early-stage breast cancer, or have DCIS. Women with **inflammatory breast cancer** are also eligible.

LUMPECTOMY

Removes the **portion of the breast** with the tumor. The entire tumor is removed, along with some clean tissue all around the tumor. The remaining tissue is often treated with **radiation therapy**.

ELIGIBILITY

This is an option when women have a **small tumor** in relation to their breast size. Women who have not previously had breast-conserving surgery, are not diagnosed with inflammatory breast cancer, and do not have multiple spread out tumors are also candidates.

RECOVERY

Recovering from a lumpectomy is faster. Most women can return home the same day as their procedure. And they can often enjoy their regular activities within a **few days**. Lumpectomy procedures are frequently accompanied by radiation treatment. This may affect breast reconstruction options and timing.

RECOVERY

After most mastectomy procedures, women have to stay in the hospital overnight. With no breast reconstruction, recovery takes around **two weeks** and requires drains. Recovery time increases to around **one month** for implant-based reconstruction and eight weeks for autologous reconstruction.

Making the Choice

Take your time and discuss all your options with your breast cancer team. There is no need to rush into a decision.

ASK THESE QUESTIONS

- Do you want to avoid **long recoveries**?
- Are you concerned about **radiation**?
- Do you want to preserve your **natural breast**?
- How **old** are you?

SURVIVAL

The risk of recurrence does not depend on the type of surgery you choose. Instead, it relies on the **treatment you receive before and after surgery**. It also depends on the biology and type of tumor.

I'm taking CHARGE
TAKING BACK WHAT CANCER TOOK FROM ME

