



[Home](#) → [Medical Encyclopedia](#) → Breast lump removal

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## Breast lump removal

Breast lump removal is surgery to remove a lump that may be a breast cancer. Tissue around the lump is also removed. This surgery is called an excisional breast biopsy, or lumpectomy.

When a noncancerous tumor such as a fibroadenoma of the breast is removed, this is also called an excisional breast biopsy, or a lumpectomy.

### Description

Sometimes, the health care provider cannot feel the lump when examining you. However, it can be seen on imaging results, such as a mammogram or ultrasound. In this case, a wire localization will be done before the surgery.

- A radiologist will use a mammogram or ultrasound to place a needlewire (or needlewires) in or near the abnormal breast area.
- This will help the surgeon know where the lump is so that it can be removed.

Breast lump removal is done as an outpatient surgery most of the time. You will be given general anesthesia (you will be asleep, but pain free) or local anesthesia (you are lightly sedated and pain free). The procedure takes about 1 hour.

The surgeon makes a small cut on your breast. The lump and some of the normal breast tissue around it is removed. If a lump is known to be cancerous, a pathologist examines a sample of the removed tissue to make sure all the cancer has been taken out.

- When no cancer cells are found near the edges of the removed tissue, it is called a clear margin.
- Your surgeon may also remove some or all of the lymph nodes in your armpit to see if the cancer has spread to them.

Often, small metal clips will be placed inside the breast to mark the area of tissue removal, especially if there is a concern for cancer. This makes the area easy to see on future mammograms. It also helps guide radiation therapy, when needed.

The surgeon will close your skin with stitches or staples. These may dissolve or need to be removed later. Rarely, a drain tube may be placed to remove extra fluid. Your surgeon will send the lump to the pathologist for more testing.

# Why the Procedure is Performed

Surgery to remove a breast cancer is most often the first step in treatment.

The choice of which surgery is best for you can be difficult. It may be hard to know whether lumpectomy or mastectomy (removal of the entire breast) is best. You and the providers who are treating your breast cancer will decide together. In general:

- Lumpectomy is often preferred for smaller breast lumps. This is because it is a smaller procedure and it has about the same chance of curing breast cancer as a mastectomy. It is a good option as you get to keep most of your breast tissue that has not been affected by cancer.
- Mastectomy to remove all breast tissue may be done if the area of cancer is too large or there are multiple tumors which cannot be removed without deforming the breast.

You and your provider should consider:

- The size of your tumor
- Where it is in your breast
- If there is more than one tumor
- How much of the breast is affected
- The size of your breasts in relation to the tumor
- Your age
- Your family history
- Your general health, including whether you have reached menopause
- If you are pregnant
- If you are not a candidate for additional treatment such as radiation

## Risks

Risks for surgery are:

- Bleeding
- Infection
- Poor wound healing
- Heart attack, stroke, death
- Reactions to medicines
- Risks associated with general anesthesia

The appearance of your breast may change after surgery. You may notice dimpling, a scar, or a difference in shape between your breasts. Also, areas of the breast may be numb, such as near the scar, or the nipple.

You may need another procedure to remove more breast tissue if tests show the cancer is too close to the edge of the tissue already removed.

## **Before the Procedure**

Always tell your provider:

- If you could be pregnant
- What medicines you are taking, even medicines or herbs you bought without a prescription
- Any allergies you may have, including medicines, foods and latex or rubber
- Reactions to anesthesia in the past

During the days before your surgery:

- You may be asked to stop taking aspirin, ibuprofen (Advil, Motrin), naproxen (Aleve, Naprosyn), clopidogrel (Plavix), warfarin (Coumadin), and any other medicines that make it hard for your blood to clot. Be sure to ask your surgeon which medicines should be stopped, and for how long before your procedure.
- Ask your provider which medicines you should still take on the day of your surgery.
- If you smoke, try to stop for at least 2 weeks prior to the surgery. Your provider can help.

On the day of surgery:

- Follow your provider's instructions about eating or drinking before surgery.
- Take the medicines your provider told you to take with a small sip of water.
- Your provider will tell you when to arrive for the procedure.

## **After the Procedure**

The recovery period is very short for a simple lumpectomy. Many women have little pain, but if you do feel pain, you can take pain medicine, such as acetaminophen.

Your skin should heal in about a month. You will need to take care of the surgical cut area. Change dressings as your provider tells you to. Watch for signs of infection when you get home (such as redness, swelling, or drainage from the incision). Wear a comfortable bra that provides good support, such as a sports bra. You may need to put some gauze over the incision so that the bra does not irritate it.

You may need to empty a fluid drain a few times a day for 1 to 2 weeks. You may be asked to measure and record the amount of fluid drained. Your provider will remove the drain later.

Most women can go back to their usual activities in a week or so. Avoid heavy lifting, jogging, or activities that cause pain in the surgical area for 1 to 2 weeks. Check with your surgeon prior to driving, or going back to work.

## **Outlook (Prognosis)**

The outcome of a lumpectomy for breast cancer depends mostly on the size of the cancer, as well as the make up of the tumor. It also depends on its spread to lymph nodes underneath your arm.

A lumpectomy for breast cancer is most often followed by radiation therapy and other treatments such as chemotherapy, hormonal therapy, or both.

In most cases, you do not need a breast reconstruction after lumpectomy.

## Alternative Names

Lumpectomy; Wide local excision; Breast conservation surgery; Breast-sparing surgery; Partial mastectomy; Segmental resection; Tylectomy

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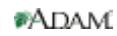


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