

Non-Cancer Related Bilateral Mastectomy Pre-operative Information

This leaflet explains more about non-cancer related bilateral mastectomy surgery, including the benefits, risks and any alternatives and what you can expect when you come to hospital. If you have any further questions, please speak to a doctor or nurse caring for you.

What is a non-cancer related bilateral mastectomy?

A non-cancer related bilateral mastectomy is an operation to remove breast tissue. The chest is reshaped and in some cases the nipples are repositioned to provide a flatter chest to better suit your body.

Why should I have a mastectomy?

This is not an essential operation and is offered to a person who wants to have the breasts removed to alter the shape of their body. The decision to have the operation depends on how you feel about the appearance of your chest.

What are the risks?

All operations have risks. The risks associated with this operation include:

- **Bleeding.** A small amount of bleeding is expected but should stop. Patients are routinely monitored for bleeding as continuing bleeding can result in a collection of blood under the skin known as a haematoma. Occasionally the bleeding can continue and although rare, a patient may have to return to the operating theatre for the plastic surgeon to explore the wound and stop the bleeding.
- **Pain.** This can be managed with painkillers to ensure it is reduced and controlled.
- **Wound breakdown.** Small areas of the line of stitches may open and produce fluid. This is common. If this occurs the nurse will apply a dressing to assist with the healing.
- **Infection.** Signs include redness, swelling and discharge (oozing) from the wound and a raised body temperature. This is treated with antibiotics.

- Seroma formation. This is when fluid collects underneath the skin and the surgeon often puts drains in after the operation to prevent this. However, the seroma can collect once the drains are removed. Sometimes this needs to be drained using a syringe and needle. Alternatively, it can be left to be reabsorbed by the body naturally if it is not causing discomfort. Wearing a good supportive garment may help to reduce and / or control this.
- Loss of nipple. If the nipple is repositioned and loses the blood supply, it can die. It is rare that the whole nipple is lost but parts of it can be lost. This is usually managed with dressings and it heals itself. However, it can result in altered pigmentation and more noticeable scarring.
- Nipple pigmentation. The nipple can often be hyper, or hypo pigmented following this surgery (i.e., lighter or darker in colour) than it was beforehand. This can sometimes change over time with moisturising and massaging although it may be a permanent change.
- Altered sensation. You can expect some loss of feeling in the skin around the area of the operation. This numbness usually reduces in the following weeks although sometimes this may last longer and can be permanent.
- Scars. These can become red and lumpy. Any scar takes a minimum of 12 months to settle. There is a possibility the scars will remain raised and noticeable. Once all areas have healed and the dressings are removed, you are advised to wash and dry the area normally. You should also moisturise and massage the scar twice a day with a non-perfumed cream (such as E45, 50/50 ointment, Diprobase, Vaseline Intensive Care or a product you routinely use to moisturise your skin).
- Extra skin lumps. As the swelling reduces and the scars settle, you may notice small pyramids of additional soft tissue at the scar edges. These can be reduced with surgery later under a local anaesthetic if required.
The surgeon will talk to you about this at the follow up outpatient appointment.

Are there any alternatives?

This is not an essential operation and the decision to have the operation is based on a person's desire to remove their breasts and change the appearance of their chest.

How can I prepare for this operation?

You will be sent an appointment to attend a pre-operative assessment to ensure you are safe to undergo a general anaesthetic. Following this, information concerning your admission will be sent to you by post. You will usually be given two weeks' notice of the date of the operation. This time allows you to plan for your recovery time after the surgery.

Eat a well-balanced diet. Being at an optimum (ideal) weight helps your recovery.

Stop smoking. Smoking has a poor effect on healing, so we advise you to take steps to give up smoking before the operation. Smoking has a direct effect on the blood supply to the nipple. Nicotine patches should not be used during the operative period or just after the operation.

You may require a surgical chest binder. If your surgeon decides that you require a binder, you will be expected to wear this for 24 hours a day for six weeks until the swelling and bruising subsides. It is a good idea to purchase a spare binder to enable you to alternate to a clean binder, wash your binders and ensure you have continual chest support.

Bring a pair of pyjamas with a button-up top. This will make access to the wounds easier after your operation.

We advise you to plan for help at home during your recovery. This will be for at least two weeks although some activities need to be reduced for four to six weeks including lifting and driving.

Asking for your consent

It is important that you feel involved in decisions about your care. For some treatments, you will be asked to sign a consent form to say that you agree to have the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy.

What happens during a non-cancer related bilateral mastectomy?

You will be admitted on the day of surgery via the surgical admission lounge (SAL). You will not know the ward to which you will return after the operation as beds on wards are allocated as they become available. You will be an inpatient for this operation. For more information go to "your hospital stay – our inpatient services" via <https://www.stgeorges.nhs.uk/patients-and-visitors/patient-information/>

Staff in SAL will note down a contact name and number of a person to contact after your operation to provide them with information about which ward you are on in the hospital.

Any patient with more complex health needs such as certain types of medication or diabetes may be admitted the day before the operation. All information is sent to you beforehand.

You will be fitted with below knee stockings to reduce the risk of developing a blood clot in your legs during surgery.

You will have a general anaesthetic which means you will be “asleep” throughout the operation which usually takes between two to four hours. You will return to a ward to recover.

The types of incisions (cuts) vary from patient to patient and your surgeon will discuss with you what is best for you.

The cuts are sealed with stitches and covered with dressings. These stitches are usually dissolvable but occasionally some stitches will require removal at some time after the operation.

The usual length of stay for this surgery is two to three days but this varies for everyone.

You may leave the operating theatre with:

- A drain - one or more small tubes that allow excess fluid and blood to drain away from the operation site into plastic bottles.
- A drip - a small tube (cannula) inserted into a vein in your arm or hand to provide you with fluid until you feel comfortable to drink on your own. Medication can also be given this way as necessary.

Will I feel any pain?

Your chest may feel bruised, swollen and uncomfortable after the surgery. Make sure that you let the nursing staff on the ward know if you are in pain so that they can give you pain killers.

When you go home you may need to take regular pain killers such as paracetamol and ibuprofen for the first couple of weeks until you feel more comfortable.

What happens after a non-cancer related bilateral mastectomy?

You will return to a ward to recover and will be offered something to eat and drink when you feel up to it.

If you have a drip it will be removed when you are drinking enough fluid.

If you have a drain it will be removed when the fluid draining reduces. This is usually between 24 – 48 hours.

You may have dressings over the wounds and it is normally requested that these remain dry and intact for a week until your follow-up appointment at the plastic dressings clinic (PDC) based at St George's Hospital.

You will usually be advised to wear a chest binder for the first six weeks post-operatively. This helps to reduce swelling and prevent fluid collections under the skin.

When you are fit to be discharged make sure that you have someone who can drive you home. **You must not drive.** Make sure that you have a copy of your discharge summary, a contact number of the ward on which you were and any medications you have been given.

What do I need to do after I go home?

Make sure that you are wearing a well-fitting binder if your surgeon has told you this is required. This helps to control any swelling and prevent seromas.

Remember you need rest for at least two weeks following this operation. Do not expect to be able to manage on your own as normal. You may need to arrange a relative or friend to help around the house.

Do not carry out any heavy lifting for six weeks. This means children, vacuum cleaners, pots, pans, kettles, laundry and shopping bags.

Avoid any sports / exercise for at least six weeks.

Do not drive for four to six weeks or until the wounds have healed and you have no pain.

Do not return to work for at least four weeks. This will vary according to the type of job you do and your recovery.

Keep moving around and take gentle exercise.

Will I have a follow-up appointment?

You will usually require a follow up appointment approximately seven to ten days after discharge with one of the nurses in the plastic dressing clinic (PDC) to check your wound progress.

A follow up appointment with your consultant will be arranged and can be up to three months after the operation. The timing of this varies between surgeons.

These appointments will either be made before you leave the hospital or given to you by post or by phone. Please note that the indication at the bottom of the discharge summary is a request for an appointment and not the scheduled appointment. If you have not received notification of your appointments within three to four days of your discharge, please contact the ward on which you were an inpatient. Alternatively, plastic surgery appointments are on 020 8725 5855 and they can book this for you. Please note that you may require further follow ups in PDC, but these will be arranged at your first PDC review.

Useful sources of information

Gender dysphoria

<https://www.nhs.uk/conditions/gender-dysphoria/treatment/>

Gynaecomastia

<https://www.breastcancercare.org.uk/information-support/have-i-got-breast-cancer/benign-breast-conditions/gynaecomastia>

Contact us

If you have any questions or concerns about your non-cancer related mastectomy, please contact the plastic surgery dressing clinic nurses on 020 8725 0473 or the lead clinical nurse in plastic surgery on 020 8672 1071 and ask the operator to bleep number 6332 (Monday to Friday, 9am to 4pm). **Alternatively, you can email the team on stgh-tr.plasticdressingclinic@nhs.net – responses can take up to 48 hours and only occur within office hours.**

There is no out of hours contact.

For plastic surgery appointments, contact 020 8725 5855.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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