

What is a Mastectomy?

A **mastectomy** (sometimes called a “simple” or “total” mastectomy) means the removal of your breast tissue, including the nipple and areola. Axillary node surgery may also be performed during a mastectomy (see the Axillary Lymph Node Surgery information sheet).

- The procedure takes 1-3 hours.
- The incision goes across the middle of your breast.
- The incision is usually numb and will stay that way.
- Many women have some skin and subcutaneous tissue left under their arms that used to be connected to their breasts. This is a normal part of you. This can be more pronounced in overweight or obese women.
- Surgical **drains** will be placed to collect fluid for several days after surgery. Please refer to the ‘Caring for Your Drain’ guide for more information.
- Your surgeon may recommend a **modified radical mastectomy**. This refers to a mastectomy, as described above, plus an axillary lymph node dissection (see the Axillary Lymph Node Surgery information sheet).
- If you do not have reconstruction, after you heal from your mastectomy, you can be fitted for a breast **prosthesis**. This is an insert that goes into a special bra. If you have had a mastectomy on one side, this will make you appear symmetrical under clothes, and feel more balanced, too. The alternative would be reconstruction with a plastic surgeon (see the side bar on this page).

Why breast reconstruction?

Many women who undergo mastectomy choose to have their breast reconstructed by a plastic surgeon on the same day. Ask your surgeon if you would be a candidate for this procedure.

Although nothing could completely replace the loss of your breast, having a breast reconstruction can give you more confidence going forward, and can make fitting into clothes easier, including bathing suits.

***Implant** reconstruction is the simplest and most common type. It often requires temporary inflatable implants, called tissue expanders, to make room for your implant. This requires multiple visits with your plastic surgeon after surgery, and then a second surgical procedure to insert the implant.*

***Autologous tissue** reconstruction uses your own tissue from another part of your body, like your stomach, to reconstruct the breast. It is a more involved procedure with a longer recovery time, but many women prefer the long-term outcome. Not everyone is a candidate for this, depending on your body, and on your planned cancer treatment.*

*Some women choosing breast reconstruction may be candidates for a **nipple sparing approach**. Ask your surgeon if you are interested in discussing this option.*