unwell), you should contact your GP or Clinical Specialist as soon as possible.

Pain
You may also experience pain/discomfort/bruising/swelling around the wound site. You will be given a supply of painkillers to take home with you. If you need a repeat prescription then see your G.P.

Seroma- A seroma is a collection of fluid beneath the wound. This fluid is usually re-absorbed by the body over time. However, if it causes discomfort then please call your Clinical Nurse Specialist, as it may be necessary to draw off the fluid with a needle and syringe. This procedure is usually quite painless because the surrounding tissue feels numb.

RARE COMPLICATIONS
Long-standing breast/arm pain due to nerve damage.
As with any operation there is a very small risk of developing a chest infection or blood clots in your legs, arms or lungs.

WHO TO CONTACT IF YOU NEED ADVICE

WITHIN WORKING HOURS: (mon-fri 9-3pm)
Clinical Nurse Specialists 01895 279794/ 279738 or 01895 279711

OUT OF WORKING HOURS (evenings, weekends)
Please telephone the main hospital switchboard on 01895 238282 and ask to speak to staff on the ward where you stayed.
Further information is also available on the following websites:

www.cancerbacup.org.uk
www.breastcancercare.org.uk
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MASTECTOMY

This leaflet contains information for patients that are to have a mastectomy. Sometimes, if your cancer is near your nipple, or is in several areas, or because of the size of your lump/nipple your Surgeon may recommend that you have a mastectomy. This does not mean that your cancer is worse than others who only have the lump removed.

A simple mastectomy removes only the breast tissue. A radical mastectomy removes the muscles on the chest wall as well (this operation is now rarely performed). A modified radical mastectomy removes the breast tissue and lymph glands leaving the muscles in place. (If you are having your lymph glands removed you will receive another information sheet).

The size of your scar and its position will vary your surgeon will discuss this with you.

PRE-OPERATIVE ASSESSMENT
You will receive a letter from the admissions department inviting you to attend a pre-operative assessment with the Pre- op Nurse. The purpose of this visit is to complete any relevant paperwork, to weigh you, take your Blood pressure, a blood test and any other necessary tests such as E.C.G and/or Chest x-ray. There will also be opportunities for you to ask questions and raise any concerns you may have.

IMPORTANT Please bring any tablets that you have been or are taking with you.

COMING INTO HOSPITAL
You will receive a letter from the Admissions Department with a date and details where you will be admitted. You will come into hospital on the day of surgery and your length of stay will discussed with you by your Consultant prior to admission.
Visiting hours are from 2pm until 8pm

WHAT TO BRING WITH YOU
Please bring nightclothes, (pyjamas may be more comfortable) dressing gown, slippers, and wash bag. Please do not bring jewellery, credit cards or large amounts of money. Some loose change may be useful for the telephone and magazines and patient-line service etc.

WHAT TO EXPECT BEFORE YOUR OPERATION
On the day of surgery you will be visited by a member of the Breast Team who will complete your consent form with you and also mark the operation site with a pen. You will also meet an Anaesthetist who will explain the risks of anaesthesia.

CONSENT
By law we must obtain your consent before any operation. Staff will explain what the procedure is likely to involve together with the risks and benefits before they ask you to sign a consent form. Do not hesitate to ask if you have any questions.

THE OPERATION
You will be taken to theatre (accompanied by a nurse) on a bed or trolley to the Anaesthetic Room. A small needle will be placed into your hand/arm and once the anaesthetic has been given you will fall asleep very quickly. You will wake in the recovery room where you may given some oxygen via a mask and painkillers if necessary. You will be monitored closely until you are ready to be returned to the Ward.

WHAT TO EXPECT AFTER YOUR OPERATION
You may have a large padded dressing over your chest following your operation. You may also have one or two 'drains' in your wound. This is a small plastic tube attached to a plastic bottle. It is inserted during surgery and will collect any excess fluid or blood. The drain will usually be removed within 1-2 days depending on how much fluid has collected.

Your dressing will be changed before you go home which should be left in place and kept dry until your clinic appointment. Please bring a bra or crop top with you, as your Clinical Nurse Specialist will supply you with a soft temporary prosthesis. If you have had the glands under your arm removed a physiotherapist will visit you on the ward to demonstrate some exercises to help regain your arm movement.

BATHING.
You may bath or shower but try to keep your dressing dry. Depending where your wound is you may not be able to use a deodorant on the affected side, your Surgeon or Breast Care Nurse will advise you.

DRIVING
It is advised that you do not drive until you have been seen in outpatients, as this can 'pull' the wound. If you have undergone axillary surgery you may be unable to drive for 4 weeks.

FOLLOW UP
You will be given an outpatient appointment for 7 - 10 days after your operation. Please bring a friend or relative with you. Your results will be given to you at this appointment. Your stitches will usually be dissolvable or will be taken out in clinic.

RETURN TO WORK.
The amount of time you will require off work will vary depending on how physical your job is. Most people will require a minimum of 4 weeks off work however your Surgeon/Clinical Nurse Specialist will be able to give you further advice. The ward or your GP will be able to supply you with a sick certificate should you need.

POSSIBLE COMPLICATIONS
Infection- As with any surgical procedure, there is a small risk of infection. Should your wound become red/hot and feel more painful (which may be accompanied by you feeling generally