

Breast Screening Service

Wide local excision (for DCIS)

What is ductal carcinoma insitu (DCIS)?

DCIS is an early form of breast cancer. It is often described as pre-cancerous or a non-invasive cancer. This means the cancer cells are inside the milk ducts or “insitu” and have not developed the ability to spread either within or outside the breast.

If DCIS is left untreated, the cells may eventually develop the ability to spread from the ducts into the surrounding tissue and become an invasive cancer.

Why wide local excision?

Once DCIS has been diagnosed, it is then necessary to make a decision about treatment.

The operation you have will depend on many factors, including the position of the DCIS, its size and the size of your breast.

Your surgeon will discuss this with you and explain that it is possible to take just a part of the breast tissue away. If you feel you would like to discuss this information further, please do not hesitate to contact your Breast Care Nurse.

It is important to remember that every patient is different, so try not to compare yourself with other ladies having breast surgery.



Patient Information

Before surgery

You will be asked to attend a pre-operative assessment. This may include a blood tests, a heart tracing (ECG), blood pressure, weight and physical assessment.

You will be asked to fast before your operation. You will be informed before your admission the time you need to stop eating and drinking.

Wire localisation

For DCIS that can't be felt, you may need to have a procedure called a wire localisation or Magseed insertion. This helps the surgeon pinpoint the exact area to be removed during surgery.

The wire localisation procedure is performed in the Breast Screening Unit on the day of your operation under **local anaesthetic**. It involves inserting a fine wire into the area of breast tissue to be removed, by using either the ultrasound scan or mammogram as a guide. Once the wire is in place, a dressing is applied and you will then have your operation later that day, where the affected tissue and wire are removed by the surgeon. If you are having a Magseed insertion, this is usually be performed before the date of your operation in the Breast Screening Unit under local anaesthetic.

Sentinel lymph node biopsy

If your surgeon has discussed with you the need to remove some lymph nodes in your armpit, you will receive an appointment to attend the Nuclear Medicine Department, either on the morning of your surgery or the afternoon before your admission date. At this appointment, you will be given a small injection of radioactive marker into the breast. An information leaflet will be posted to you with the appointment letter from the Nuclear Medicine department.

Your surgery will then be performed as planned, under a general anaesthetic, taking about one hour.

Lymph node removal

During surgery, a coloured dye may also be injected into your breast. A small incision is made over the skin mark, and using both a special probe and by seeing the coloured dye, the identified sentinel lymph node/s are removed.

The coloured dye will cause a discolouration of your skin that will fade within a few months. For a short time after your operation your urine may be blue.

You will also appear grey in colour due to the dye, but this will fade within 24 hours.

Wide local excision

This is the removal of the lump or area of abnormality in the breast and some of the surrounding breast tissue. The amount of breast tissue removed will be determined by the size of the area of DCIS and its position in your breast. Therefore, the appearance and size of your breast may be altered.

Occasionally the area of DCIS may not have been adequately removed. This happens in about 1 in 10 operations. If this happens, the surgeon may advise a second operation to remove further tissue or, in some cases, a mastectomy. This will be discussed with you at your post operative outpatient appointment.

After your operation

You may have some soreness and discomfort, so please take painkillers if you need them. We usually recommend taking paracetamol and/or ibuprofen as instructed.

It will not harm your wound to have a shower 48 hours after surgery, but avoid soaking your wound site for the 2 weeks after surgery. Avoid using scented products near or on your wound for up to 4 weeks after surgery.

Patient Information

You are advised to wear a comfortable non-wired bra as soon as possible after surgery. This will give your breast some support and help minimise the discomfort from any bruising and swelling. A bra should be worn both night and day for about 2 weeks.

Discharge advice

Generally, you can expect to be discharged home the same day as your surgery, or possibly the next day.

Your wound will have dissolvable stitches which do not need to be removed, surgical glue, and then be covered with Steri-Strips, or white plasters. The Steri-Strips will stay in place for at least 2 weeks after your operation. The Steri-Strips should be allowed to fall off themselves.

You may find that, in the first few weeks, having a pillow under your arm when you are lying down will help reduce the discomfort and swelling that can happen after this operation.

You will need some time off work to get over the emotional and physical strain of having a wide local excision. Most women need 4 to 6 weeks, and if you have a manual or stressful job you may need longer.

If you require a sick note, please contact the ward clerk before your discharge or speak to your GP.

Follow-up treatment

An appointment will be made for you to be seen in the Breast Clinic. This may be face to face or a telephone appointment 4 – 6 weeks after your surgery to discuss the results of your operation and for your wound to be checked.

If any further surgery or treatment is required, it will be discussed with you fully. This can only be decided when further information has been gathered after your operation.

Patient Information

It often helps to have a partner or close friend to accompany with you when you attend your appointments.

Breast care nurse

The Breast Care Team are here to help and support you, your partner and family, both before and after surgery, and throughout the course of any further treatment that may be needed. They understand that this is a very anxious time for you, so please do not hesitate to contact them about anything that is worrying you. Appointments can be arranged on request, either prior to or following surgery.

If you require any further information or advice after reading this leaflet, do not hesitate to contact the Surgical Breast Care Nurses:

Laurel Unit

Hospital of St Cross

Barby Road

Rugby

CV22 5PX

01788 663412

breastcarenurse@uhcw.nhs.uk

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Patient Information

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