

## **Breast Screening Service**

# **Wide Local Excision (for D.C.I.S)**

### **What is Ductal Carcinoma Insitu (DCIS)?**

DCIS is an early form of breast cancer. It is often described as pre-cancerous or non invasive cancer, which 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.

### **Breast Surgery**

It can be difficult to take in and understand all the information given to you at the time of seeing the surgeon, when you are quite naturally upset and distressed.

This booklet has been prepared by the Breast Care Nurses and it aims to try and answer some of the questions you might have and help reassure you.

### **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: the position of the DCIS, its size and the size of your breast.



## Patient Information

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 others ladies having breast surgery.

## Before Surgery

You may be asked to attend a pre-operative assessment. This may consist of a chest X-ray, blood tests, a heart tracing (ECG), blood pressure, weight and physical assessment. If this is has not been arranged, then you will have these tests on admission.

You will be asked to fast for 4 four or more hours before your operation. You will be told before your admission, from what time you need to stop eating and drinking.

## Wire Localisation

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

This 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.

## 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. At this appointment, you will be given a small injection of radioactive marker into

## Patient Information

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 approximately 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 period of 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 lump 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. The risk is approximately one in every ten operations. Should this happen, 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, should you need them. We usually recommend paracetamol and /or ibuprofen as instructed.

## Patient Information

It will not harm your wound to have a bath or shower 48 hours after surgery, but avoid soaking your wound site while the dressing is still in place. It is also advisable to avoid using scented products near or on your wound for two to four weeks after surgery.

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 two weeks.

## Discharge Advice

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

The surgeons usually use dissolvable stitches, which do not need to be removed. Your wound may be covered with steristrips (white plasters) and then protected with a clear waterproof dressing. The dressings usually stay in place for 1 week following your operation. You will be advised to make an appointment with your Practice Nurse to remove the outer dressing after a week. The steristrips should be allowed to fall off themselves.

Adjustment may not be easy at first and you will need time to rest and recover from your operation. You may find that you have a few days when you feel more 'weepy' and miserable than normal. This is very understandable and, over a period of time, these feelings will become less frequent.

You may find that, in the first few weeks, weeks, having a pillow under your arm when you are lying down will help reduce the discomfort and swelling that often occurs 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 two to four weeks, and if you have a manual or stressful job you may need longer.

## Patient Information

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, approximately 4 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 obtained after your operation.

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

## Breast Care Nurse

She is available 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 necessary. She knows that this is a very anxious time for you, so please do not hesitate to contact her 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:

024 7696 7089

University Hospital  
Breast Screening Unit  
Ground floor – West Wing  
Clifford Bridge Road  
Coventry CV2 2DX

## Patient Information

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7200 and we will do our best to meet your needs.

The Trust operates a smoke free policy

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