

Total Mastectomy

When a lot of breast tissue must be removed to get rid of the tumor(s), a mastectomy may be a better option.

This may be the case when:

- There are two or more tumors in different areas of the breast (multi-centric tumors).
- The tumor is large (relative to breast size).
- The tumor has spread throughout the breast (diffuse tumor).
- The mammogram showed large areas of calcifications in the breast.
- The tumor is located just beneath the nipple (such that the cosmetic look after lumpectomy will not be good).
- The surgeon cannot get negative margins with multiple attempts by lumpectomy

Some patients simply prefer this option. Because the breast tissue is totally removed with this option, most patients with a small, early stage cancer do not require radiation therapy afterwards, although there are exceptions. The potential for radiation therapy will be an important consideration in discussing the optimal timing and type of breast reconstruction for you.

Breast cancer surgery does not have to be disfiguring or deforming. Advances in surgical techniques for breast cancer have allowed women to complete their cancer treatment without sacrificing their body image or self-esteem. Balancing your cancer treatment with the cosmetic outcome can be an important consideration when determining the best choice for you.

Types of Mastectomies

1. **Simple mastectomy** – removal of the entire breast. The option of immediate breast reconstruction should be discussed.
2. **Modified radical mastectomy** (*simple total mastectomy with axillary node dissection*) – removal of the entire breast and the surrounding lymph nodes in the armpit, but leaving the chest wall muscle intact.
3. **Radical mastectomy** – removal of the entire breast, along with the underlying chest wall muscle and the surrounding lymph nodes in the armpit. This is much less commonly done today.

Mastectomy Incisions

- **Standard** – removal of the entire breast and nipple/areola along with enough overlying skin to allow for closure of the incision. Most commonly performed when reconstruction is not planned. A breast prosthesis and post-mastectomy bra are prescribed after recovery.
- **Skin-sparing total (simple) mastectomy** – removal of the entire breast and nipple/areola while keeping the overlying skin, thus maintaining the natural shape and contour of the breast. Studies have demonstrated that this is a safe approach, and does not increase the risk of cancer recurrence. This technique is typically used when immediate breast reconstruction is planned.
- **Nipple-sparing total (simple) mastectomy** – removal of the entire breast, while keeping the nipple/areolar and overlying skin. Some breast tissue is left behind the nipple with this approach. The nipple sensitivity is not preserved. Sometimes, the nipple does not heal well after surgery. While not as commonly performed, studies have demonstrated that this is a safe approach in carefully selected patients. Your surgeon and plastic reconstructive surgeon will help you decide if this is the right approach for you.