### NURSING CARE OF THE WOMAN HAVING A MASTECTOMY

#### NURSING RESPONSIBILITIES

- Ensure that the woman or family member signs informed consent form.
- See Chapter 7 for preoperative preparation.

**Client and Family Teaching**

- Deep-breathing exercises are important because after general anesthesia, it is difficult for air to reach the lungs, particularly with the restrictive surgical dressing that decreases chest expansion.
- A suction apparatus will be placed in the wound to allow drainage of excess body fluids that accumulate when the lymph nodes are removed. This device is usually removed 3 to 5 days after surgery.
- An IV line may be in place for fluid replacement and antibiotics to reduce the risk of postoperative infection.
- Control pain by using the patient-controlled analgesia device or requesting analgesics before pain becomes severe. Take analgesics as needed before performing recommended exercises to facilitate full movement.
- Note any signs of bleeding on the dressing or on the bedding.
- Numbness or feelings of “pins and needles” in the axillary area are common.
- Lying on one’s back or on the side not operated on helps fluid drain from the site.
- Moving the arm on the operated side helps regain mobility; specific exercises will be prescribed for increasing mobility after the incisions have healed.
- If fluid builds up after the drains have been removed, it can be aspirated by the surgeon.
- Use caution about lifting heavy objects with the arm on the operated side.
- Be careful about injury and infection on the affected side; wear rubber gloves when washing dishes, garden gloves when working outside. Request that caregivers not perform blood pressures or venipunctures on the operative side to reduce the risk of injury and infection.
- Feelings of anxiety, sadness, and fear of looking at the incision are normal; mastectomy means abrupt change in body image. It is normal to mourn the loss of a breast and to fear the loss of one’s life after a cancer diagnosis.
- Sexual intimacy can be affected by mastectomy; it often helps to be able to discuss potential sexual problems with one’s partner, with a counselor, or with a breast cancer support group.

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![Figure 48–12](https://via.placeholder.com/150)

**Figure 48–12** Types of breast reconstruction surgeries. **A**, A breast implant is inserted under the pectoris muscle. **B**, Autogenous procedures transfer a flap of skin, muscle, and fat from the donor site on the woman’s body to the mastectomy site. The most frequently used donor muscle sites are the latissimus dorsi and the rectus abdominis (the TRAM-flap or transrectus abdominis muscle flap).

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recurrence or metastasis. If a tumor is unusually large, radiation may be used to shrink the tumor prior to surgery. Radiation therapy is most commonly used in combination with lumpectomy for early stage (I or II) breast cancer. Palliative radiation therapy is also used to treat chest wall recurrences and some bone metastases to help control pain and prevent fractures. Radiation therapy is administered by means of an external-beam or tissue implants (see Chapter 10). A new experimental radiation treatment (**intraoperative radiotherapy**) is provided by a single, concentrated dose of radiation. During surgery, a probe is inserted into the cavity created by the lumpectomy and radiation equivalent to 6 weeks of doses is emitted for about 25 minutes. If this proves successful, the treatment could make lumpectomy available to more women and prevent the woman from having 6 weeks of daily radiation treatments following surgery.