

Surgery for Breast Cancer

Surgery is the most common way to treat breast cancer and there are different types of breast surgeries that will help to remove your cancer. The choice of which surgery to have is often based on the stage of the cancer, the size of the breast, and patient's wishes. Surgery options for breast cancer are equivalent in helping a patient survive cancer.

Lumpectomy (Breast Conserving Surgery)

Breast conserving surgery is often called a lumpectomy or partial mastectomy. This type of surgery removes the tumor with a rim of normal tissue (a margin) while saving the rest of the breast. This allows the woman to keep her breast while still properly treating the cancer. Our surgeons can use advanced techniques referred to as oncoplastic surgery to perform breast conserving surgery on patients that previously were not candidates. Breast conserving surgery is most often followed by radiation to the breast. **Patients undergoing breast conserving surgery will have same day surgery.**

Mastectomy

The goal of mastectomy surgery is to remove as much of the breast as possible. Although not required, many women seek breast reconstruction. If breast reconstruction is desired, our surgeons have mastered advanced techniques, including saving most of the breast skin (skin sparing mastectomy) or saving the breast skin as well as the nipple (nipple sparing mastectomy). There is a broad range of plastic surgery options for reconstruction, both immediate and delayed. **For patients receiving a mastectomy, an overnight hospital stay is often all that is required even for those who also have breast reconstruction.** Drains are usually placed after a mastectomy with or without reconstruction. You will receive teaching on the care of these drains prior to discharge. The drains often stay in place for 7-14 days.

Lymph Node Surgery

As a part of the surgical treatment to the breast, the lymph nodes under the arm (axilla) must often be removed. The advanced technique of sentinel lymph node biopsy allows for removal of only a few lymph nodes from under the arm to determine whether cancer has spread. Prior to

surgery, blue dye and/or radioactive particles are injected into the breast to help identify the first (sentinel) group of lymph nodes cancer may spread to, if at all. This is often the only surgery required on the lymph nodes. If cancer has spread to the sentinel lymph nodes, more lymph nodes may need to be removed.

Breast Surgery Team



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