Surgery for Breast Cancer

Breast cancer is treated with a multidisciplinary team at Emory University’s Winship Cancer Institute and Glenn Family Breast Center. The team includes fellowship trained breast surgeons. Surgery is the most common way to treat breast cancer and is often the first step.

There are several different surgeries that provide the same benefit for patients with breast cancer. Breast conservation surgery includes removal of the cancer as well as a rim of normal tissue. The surgery is often followed with postoperative radiation therapy. Another approach is complete removal of the breast with a mastectomy. The choice on which surgery to have is often based on the size of the cancer, the size of the breast, and patient preference. Both surgeries are equal in helping a patient survive her cancer.

Breast Conservation Surgery

Breast conservation surgery is often called lumpectomy or partial mastectomy. It is the removal of 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 effectively removing the cancer. Our surgeons can use advanced techniques referred to as oncoplastic surgery to perform breast conservation surgery on patients that previously were not candidates. Breast conservation surgery is most often followed by radiation to the breast.

Mastectomy

Mastectomy is the complete removal of the breast. It often includes removal of the entire breast. If breast reconstruction is desired, our surgeons have mastered advanced techniques of mastectomy, often allowing for saving most of the breast skin (skin sparing mastectomy) or saving the breast skin as well as the nipple (nipple sparing mastectomy).
Patients undergoing mastectomy often choose to have immediate reconstruction. There is a broad range of plastic surgery options for reconstruction.

**Lymph Node Surgery**

As a part of the complete treatment of breast cancer, the lymph nodes in the axilla (under the arm) must be checked for cancer in all cases of invasive cancer, and sometimes DCIS. The advanced technique of sentinel lymph node biopsy allows for removal of only a couple of lymph nodes from under the arm to make sure cancer has not spread. Prior to surgery, blue dye and/or radioactive particles are injected into the breast to help identify the lymph nodes most likely to contain any cancer cells. This is often the only surgery required on the lymph nodes. If cancer has spread to the lymph nodes, more extensive surgery to the lymph nodes may be required called an axillary lymph node dissection.

**Hospital Stay and Recovery**

Patients undergoing breast conservation surgery with a sentinel lymph node biopsy will have same day surgery. For patients receiving a mastectomy and a sentinel lymph node biopsy, typically an overnight hospital stay is all that is required even for those patients who also have reconstructive surgery.

**Request a Consult**

The Glenn Family Breast Center at Winship Cancer Institute offers different paths to care based on where you are in your diagnosis. If you or a loved one have been recently diagnosed with breast cancer or you are seeking a second opinion, please contact us at 1 (888) 946-7447 or (404) 778-1900 to request an appointment.

Operated by Emory Healthcare, our breast imaging center offers 3-D mammography, ultrasound and other imaging services. To request an appointment for a mammogram, please call (404) 778-PINK (778-7465) to speak with a scheduling coordinator.