

The goal of breast cancer surgery is to remove the tumor from the breast. Some lymph nodes from the underarm area called axillary lymph nodes may be removed to check for cancer cells.

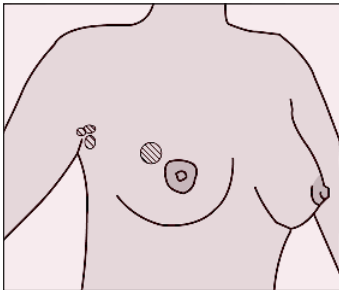
Types of breast cancer surgery

There are two types of breast cancer surgery: lumpectomy and mastectomy.

If both are an option for you, weigh the risks and benefits of each with your doctor to choose the best one for you. Studies have shown that the choice of surgery does not affect survival rates.

Your treatment plan may also include chemotherapy, hormone therapy, HER2-targeted therapy and/or other drug therapies. These drug therapies help kill cancer cells in the body after surgery. They are given based on the characteristics of the tumor, not the type of surgery you have.

Lumpectomy:



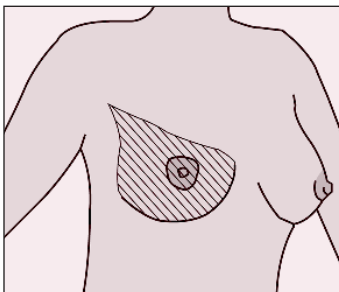
With a **lumpectomy**, the tumor and a small amount of normal tissue around it are removed. The rest of the breast remains. How the breast looks after a lumpectomy depends on the amount of tissue removed and the location of the tumor.

A lumpectomy may be called breast-conserving surgery.

Radiation therapy is usually given to the breast, and sometimes the underarm area, after a lumpectomy to get rid of any cancer cells that might be left after surgery.

Mastectomy:

With a **mastectomy**, the whole breast is removed. In some cases, radiation therapy is given after a mastectomy.



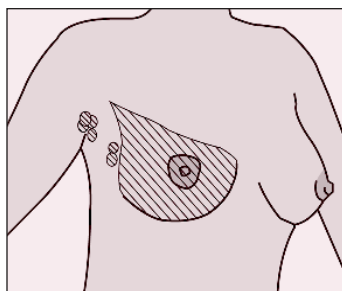
Total (simple) mastectomy:

The surgeon removes the whole breast and the lining of the chest muscle, but no other tissue.

Skin-sparing mastectomy and nipple-sparing mastectomy

If you're having breast reconstruction at the same time as a mastectomy, the surgeon may be able to use a skin-sparing or a nipple-sparing technique.

A skin-sparing mastectomy saves as much of the skin of the breast as possible. This skin can be used to help form the reconstructed breast.



Modified radical mastectomy:

The surgeon removes the entire breast, the lining of the chest muscles and the axillary lymph nodes.

A nipple-sparing mastectomy is a skin-sparing mastectomy that also preserves the nipple and areola (the darkly shaded circle of skin around the nipple).

This fact sheet is intended to be a brief overview. For more information, visit komen.org or call the Komen Patient Care Center's Breast Care Helpline at 1-877 GO KOMEN (1-877-465-6636) Monday through Thursday, 9 a.m. to 7 p.m. ET and Friday, 9 a.m. to 6 p.m. ET or email at helpline@komen.org. Se habla español.

Resources

Susan G. Komen

1-877 GO KOMEN

(1-877-465-6636)

[komen.org](https://www.komen.org)

American Society of Breast Surgeons

1-877-992-5470

[breastsurgeons.org](https://www.breastsurgeons.org)

American Society of Plastic Surgeons

1-847-228-9900

[plasticsurgery.org](https://www.plasticsurgery.org)

Related online resources:

- [Axillary Lymph Nodes](#)
- [Breast Reconstruction or Prosthesis After Mastectomy](#)
- [Treatment Overview for Breast Cancer](#)
- [Questions to Ask Your Doctor - Breast Cancer Surgery](#)

Which surgery is best for you?

Ask your surgeon (and plastic surgeon) which options are best for you and why. Your lifestyle may play a part in your decision.

- If you live far from a center that offers radiation therapy (needed with a lumpectomy), you may prefer to have a mastectomy.
- You may choose a lumpectomy because you want to keep as much of your breast as possible. Or you may feel having a mastectomy offers you better peace of mind.

Breast cancer is complex. You may want to get a second opinion to confirm your doctor's recommendation or give you a different insight into your treatment plan.

Side effects and what to expect after surgery

With a lumpectomy, you may have numbness along the surgical incision (scar) and some soreness in the chest, underarm and shoulder.

With a mastectomy, you'll be numb across your chest (from your collarbone to the top of your rib cage.) This numbness may not go away. You'll also have some soreness in the chest, underarm and shoulder.

If axillary lymph nodes are removed, you may have some numbness in your arm. There's also a risk of [lymphedema](#). Lymphedema occurs when fluid collects in the arm (or other area such as the hand, fingers, chest or back), causing swelling.

Talk with your doctor about other side effects. Get back to your normal routine when you can and as approved by your doctor.

Questions you may want to ask your doctor

- How will this surgery help guide my treatment plan?
- Will some or all of the lymph nodes in my underarm area be removed?
- How long will I be in the hospital?
- What side effects can I expect?

The [Questions to Ask Your Doctor - Breast Cancer Surgery](#) resource has more questions and a place to write notes when talking with your doctor.

You're not alone

Many people have been where you are today. Others who've gone through breast cancer surgery may be willing to share their stories.

Ask a member of your health care team (doctors, nurses or social workers) where to find a support group. There are also groups online, such as the [Komen Breast Cancer Facebook group](#). This group provides a safe place where those with a connection to breast cancer can discuss their experiences and build relationships with each other.

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