

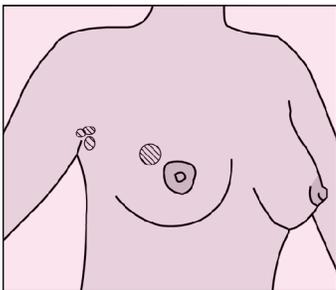
The goal of **breast cancer surgery** is to remove the tumor from the breast. Some **axillary lymph nodes** (lymph nodes in the underarm area) may be removed to check for cancer cells.

Types of breast cancer surgery

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

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

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



Lumpectomy (plus radiation therapy):

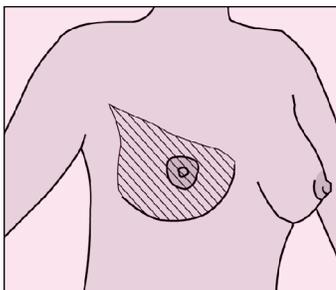
With a lumpectomy, the tumor and a small amount of normal tissue around it are removed. Most of the breast skin and tissue remain in place. How the breast looks after a lumpectomy depends on the amount of tissue removed and the location of the tumor.

A lumpectomy may be called breast-conserving surgery.

Radiation therapy to the breast is usually given 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. Most times **radiation therapy** isn't needed, but in some cases, it's given after a mastectomy.

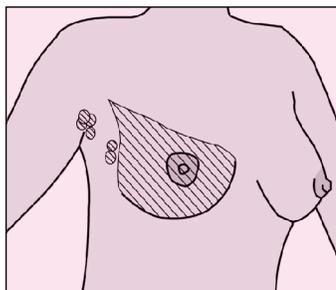


Total (simple) mastectomy:

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



Modified radical mastectomy:

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

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

American Society of Breast Surgeons

1-877-992-5470
breastsurgeons.org

American Society of Plastic Surgeons

1-847-228-9900
plasticsurgery.org

Related online resources:

- [Axillary Lymph Nodes](#)
- [Breast Reconstruction or Prosthesis After Mastectomy](#)
- [Treatment Overview for Breast Cancer](#)
- [Support After a Breast Cancer Diagnosis](#)
- [What's Happening to Me](#)

Which surgery is best for you?

Ask your surgeon which option is best for you and why. Your lifestyle may play a part in your decision. Other things to consider include:

- 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 lumpectomy because you want to keep as much of your breast as possible. Or you may feel that 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 to gain 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 soreness in the chest, underarm and shoulder.

With a mastectomy, you'll be numb across your chest. This numbness may not go away. You'll also have soreness in the chest, underarms and shoulders.

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 areas 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 recommended by your doctor.

Questions you may want to ask your doctor

- How will this surgery help guide my treatment plan?
- Will some axillary lymph nodes be removed?
- What side effects can I expect?

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

You're not alone

If you're facing breast cancer surgery, it's normal to worry or be scared. Many people have been where you are today. It may help to talk. 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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