

Informed Consent

Mastectomy (Mammary Gland Removal)

You have elected to have your pet undergo a surgical procedure called mastectomy. Mastectomy is the removal of one or more mammary glands, most often for the removal of masses or tumors present within the gland(s). There are different levels of mastectomy, with their own risks and benefits. We could perform a simple mastectomy, where just the mass or affected gland are removed. The advantage is a less invasive surgery but the downside is that the tumor may recur or the cancer could develop in a different mammary gland. We could also remove the entire chain (left or right) to remove all the glands on one side. We could also remove all the mammary tissue on both sides (bilateral radical mastectomy). This can happen at the same time, depending on the local anatomy and tumor size/involvement. Some times we have to stage the procedure (perform several surgeries to remove all of the mammary tissue). The advantages with a more aggressive surgery is to try to stay ahead of the tumor and remove as much tissue as possible to prevent or reduce risk of spread. Obviously, the more aggressive surgery increases invasiveness (and increases the types and rate of complications), post operative pain, speed of clinical recovery, time required for surgery, and cost. Prognosis is generally good after surgery (though this may depend, in part, on the underlying diagnosis), We need to make you aware of the risks and complications associated with this surgery. If you have any questions or concerns, please let us know.

The risk of complications after mastectomy surgery is low, about 10% of cases. Here are some potential risks:

Infection- this is a risk with any surgery and is usually treatable with oral antibiotic therapy

Wound dehiscence (incision break-down) — sometimes a lot of skin is removed and the remaining skin must be stretched across the defect to close. This may lead to tension, and increased tension may increase the risk of dehiscence, or suture line failure. Additional surgeries may or may not be recommended.

Recurrence of tumor (local)- It is possible that if tumor cells remain in the surgical site, the tumor could regrow. We can see and feel tumors, but cannot see or feel the microscopic cells. If cells are left in the wound bed, this could result in tumor regrowth.

Tumor recurrence (systemic or metastatic)- depending on the type of mammary cancer , it may spread. Depending on tumor type, mastectomy may not always be curative. Local recurrence or spread of the tumor beyond the primary site are possible.

New tumors- some animals have a propensity to develop tumors and if you remove one (even if it's completely removed and does not recur), there could be new and or different tumors that form.

Hemorrhage (bleeding)- is common and can be profuse, but is rarely life threatening

Tissue ischemia (reduced blood supply) and necrosis (death)- these procedure often require a lot of tissue dissection and reconstruction of a large wound defect. If the skin that remains has a compromised blood supply due to dissection or tension at the closure site, it could become ischemic (devitalized). That may lead to necrosis (death) of the area with reduced blood supply. This may lead to wound dehiscence (incision break-down)) and additional therapies may be required.

Swelling of the limbs- a large amount of tension at the closure site could temporarily compromise blood flow and lymphatic drainage, resulting in limb edema or swelling. This usually resolves over time.

Seroma- this is a collection of fluid under the skin. This is very common and does not usually require any medical or surgical therapy, but it's possible that if very large, cumbersome, or concerning they may require additional therapies