PROCEDURE

Breast lump removal

Breast lump removal is surgery to take out a breast lump for testing, treatment, or both.

PURPOSE
Diagnose or treat a breast lump

PROCEDURE TYPE
Both; surgical removal through a breast incision

WHERE IT IS DONE
Operating theatre or outpatient surgical centre

ANAESTHESIA
Local, moderate sedation, or general

HOW LONG IT TAKES
About 30 to 90 minutes

PREPARATION
Fasting if instructed; medication review; arrange transport

RECOVERY
Usually same day; no driving after sedation or general anaesthesia

MAIN RISKS
Bleeding, infection, fluid collection, breast shape change

RESULTS
Several days to two weeks for pathology

Overview

Breast lump removal is an operation to remove an abnormal area from the breast. It may be called an excision biopsy , surgical biopsy , or lumpectomy , depending on its purpose and how much tissue is removed.

An excision biopsy usually removes the whole lump for examination under a microscope. A lumpectomy removes breast cancer with a border of surrounding healthy-looking tissue, called a margin.

If the lump cannot be felt, a radiologist may mark it before surgery using imaging and a wire, seed, or another localization device. Most people go home the same day, and the removed tissue is sent to a laboratory.

Why the procedure is performed

Breast lump removal may be offered when imaging or a needle biopsy has not provided enough information. Reasons include:

Removal does not mean a lump is cancerous. Many lumps are non-cancerous, but laboratory examination is needed to identify the tissue and guide any further treatment.

- A needle biopsy did not give a clear answer
- Imaging and biopsy results do not agree
- The area cannot be sampled reliably with a needle
- A non-cancerous lump is painful, growing, or bothersome
- The lump is cancerous and breast-conserving surgery is suitable
- A previously tested area needs complete removal

Who should and should not have it

The procedure may be appropriate when complete removal is needed for diagnosis, symptom relief, or cancer treatment. Your team should explain the goal and whether another procedure may be needed.

Surgery may not be the best first option if imaging follow-up or needle biopsy can provide the information with less scarring and a shorter recovery. Some non-cancerous lumps can safely remain if they are stable and cause no problems.

Surgery may be delayed if you have an active infection, uncontrolled bleeding problem, or condition that makes anaesthesia unsafe. Blood-thinning medicines require an individual plan but do not always prevent surgery.

For some cancers, removing only the lump may not achieve a clear margin or acceptable breast shape. Treatment before surgery or a mastectomy, which removes most breast tissue, may then be discussed.

How to prepare

Follow your facility's instructions because anaesthesia, localization, fasting, and arrival arrangements vary.

Tell the team about all prescription medicines, over-the-counter products, vitamins, and

supplements. This is especially important for anticoagulants like warfarin or apixaban , antiplatelet medicines, and other products that affect bleeding. Do not stop them unless the team responsible for your procedure gives you a specific plan.

If you are having sedation or general anaesthesia, follow the exact instructions about when to stop eating and drinking.

Ask whether you need a separate appointment for wire, seed, or other localization. Arrange for an adult to take you home after sedation or general anaesthesia; someone may also need to stay with you overnight.

Wear loose, front-opening clothing. Bring a soft, supportive bra if your surgeon recommends one.

What happens during the procedure

The team confirms your identity, procedure, and which breast will be treated. The surgeon may mark your skin.

If the lump cannot be felt, a radiologist usually places a marker using mammography or ultrasound. Local anaesthetic numbs the skin. The marker may be placed on the day of surgery or earlier.

You receive local anaesthetic with sedation or general anaesthesia. The surgeon makes an incision over or near the area and removes the lump. If cancer is known or suspected, surrounding tissue may also be removed. The specimen may be X-rayed to confirm that it contains the target or marker.

The surgeon controls bleeding and closes the incision with stitches, adhesive, or tape. A drain is uncommon after a small excision but may be used after a larger operation.

Recovery and what to expect afterward

The breast may be sore, bruised, swollen, or firm. Use pain relief as directed. A supportive bra and wrapped cold pack may help if approved by your team.

You can usually eat and drink when awake and not feeling sick. Gentle walking is encouraged. Avoid strenuous exercise, heavy lifting, and movements that pull on the wound until your team says they are safe. Follow all dressing, bathing, and wound-care instructions.

Do not drive home after sedation or general anaesthesia. Drive again only after the anaesthetic restriction has passed, you have stopped medicines that cause drowsiness, and you can steer

and make an emergency stop without pain.

Desk-based work may be possible within a few days. Jobs involving lifting or repeated arm movement may require more recovery time.

Risks and possible complications

Risks include bleeding, bruising, infection, and a collection of clear fluid called a seroma. A firm area may develop during healing and take time to soften.

The operation leaves a scar and may cause a dent, altered nipple position, or a difference between the breasts, particularly after a larger excision. Temporary or lasting numbness, sensitivity, or nerve-like pain can occur near the scar. Anaesthesia also has risks.

The target may not be fully removed, or cancer cells may reach the specimen edge. If the pathology report shows an involved margin, another operation may be recommended.

Results and follow up

Laboratory examination determines whether the lump is non-cancerous, contains abnormal cells, or is cancerous. For cancer, the report may describe its type, size, grade, and whether it reaches the margins.

Results often take several days to two weeks, although specialized tests may take longer. Before leaving, ask how and when you will receive them.

Follow-up may include a wound check and pathology review. Depending on the result, you may need imaging, further surgery, radiotherapy, medicines, or no additional treatment.

Alternatives

An image-guided core needle biopsy removes small samples through a hollow needle. It usually causes less scarring and has a faster recovery, but may not settle every diagnosis.

Vacuum-assisted biopsy or excision removes more tissue through a small opening and may completely remove some small abnormalities. It is not suitable for every lump or location.

Imaging follow-up may be reasonable for an abnormality that appears likely to be non-cancerous, although repeat appointments and a later biopsy may be needed. A confirmed non-cancerous lump can sometimes be left alone, but symptoms or uncertainty may remain.

For cancer, alternatives may include mastectomy or, in selected cases, drug treatment before

surgery. Mastectomy is a larger procedure but may reduce the chance of another operation to clear margins.

When to call your healthcare team

Contact your surgical team promptly for increasing redness, warmth, swelling, or pain; pus or bad-smelling drainage; fever; wound edges that open; a tense or uncomfortable fluid collection; or a rapidly enlarging breast.

Seek emergency help for difficulty breathing, chest pain, fainting, confusion, or bleeding that is heavy or does not stop with firm pressure. These are not routine recovery symptoms.

Mild bruising, tenderness, and slight staining on the dressing can occur. Mention symptoms that are not improving at follow-up, even if they are not urgent.

Common questions

Will I be asleep?

You may have general anaesthesia and be unconscious. Some smaller excisions use local anaesthetic with sedation. Your team will explain what is planned.

Can I drive home?

No, not after sedation or general anaesthesia. Arrange for an adult to take you home and follow instructions about when driving can resume.

How painful is breast lump removal?

Most people have soreness, bruising, or pulling rather than severe pain. Discomfort depends partly on the size and location of the removed area.

When will I know the result?

A diagnosis requires laboratory testing. Results commonly take several days to two weeks.

Will removing the lump change my breast shape?

It can. A small removal may cause little visible change, while a larger excision can leave a dent or alter the breast outline.

Could I need another operation?

Yes. Another operation may be advised if the result is unexpected, the target was not fully removed, or cancer reaches the specimen margin.

Sources

- American Cancer Society. Breast Biopsy
- Mayo Clinic. Breast biopsy
- National Cancer Institute. Breast Cancer Treatment-Patient Version
- NHS. General anaesthesia
- Johns Hopkins Medicine. Breast Biopsy