Breast Surgery

Fortunately with regards to breast cancer, early detection and modern treatment protocols has increased long term survival rates. It is the most common cancer in women next to skin cancer. **All women over 40 should have a yearly mammogram and breast examination**. Women with a mother or sister with breast cancer should have should have mammograms earlier. Women with dense breasts should have digital mammography. I always review the proper three techniques for **breast self- examination.** Otherwise, diagnostic studies are prompted when a woman presents with a lump or thickening or swelling or skin dimpling of the breast, new breast pain or breast rash, nipple bleeding, discharge or inversion, or masses in the axilla. Only 10% of breast cancers are associated with pain. Pain is common during lactation, in the menstrual cycle, during hormone replacement, and often due to an improper sized bra, to name a few situations.

Pre-operative diagnostic imaging is essential in breast surgery and other soft tissue tumors. Treatment pathways differ based on **subtle findings which I review in person with the radiologist**, before every operation. I also review biopsy reports and slides with the pathologist to compulsively decide the most efficacious course or operation for each specific patient.

Decisions for treatment in breast cancer are driven by multiple factors. The size of the tumor relative to the breast, stage of the tumor, age, general health, prior breast cancer, and genetic predisposition are key factors and integrated with personal choices.

Extensive surgery is conducted under general anesthesia. One of the key skills essential in soft tissue surgery is the use of local anesthesia. Patients have no pain during surgery and are heavily sedated in the operating room. An anesthesiologist sedates the patient so that local anesthesia supplement has allowed complete pain control during surgery as well as after surgery. I have had extensive experience with tumescent anesthesia where the local anesthetic is diluted such that a wide area can be numbed and extensive surgery can be accomplished. That type of pain control is used rarely, in patients who cannot have general anesthesia because of airway problems or inability to remain flat on the operating table. Recently I have utilized a paravertebral block with **Exparel**, in addition to general anesthesia, so that patients have had 72 hours of almost pain free recovery after extensive breast surgery with reconstruction.