

Breast Cancer Surgery

Hearing the words “breast cancer” changes everything in an instant. Surgery is usually the first major step in treatment, and you deserve a surgeon who explains every option clearly, takes the time to answer your questions, and plans the operation around both your cancer and you as a person.

What it involves

Dr Broeze performs the full range of breast cancer operations: breast-conserving surgery (wide local excision or lumpectomy), wire- or marker-guided excision of cancers that cannot be felt, simple and skin-sparing mastectomy, sentinel lymph node biopsy and axillary lymph node surgery.

When it is recommended

Surgery is recommended once the diagnosis is confirmed with imaging and a core biopsy. For some cancers chemotherapy or hormone treatment comes first to shrink the tumour; for others surgery comes first. That order is decided together with your oncologist and radiologist.

Our approach

Every case is discussed in a multidisciplinary setting with oncology, radiology, plastic surgery, wound care and physiotherapy as needed. The goal is always two-fold: sound cancer treatment, and the best possible cosmetic result.

In more detail

For most early breast cancers, breast-conserving surgery followed by radiotherapy is as safe as mastectomy. The tumour is removed with a margin of healthy tissue, and the remaining breast is reshaped so it looks as natural as possible.

A mastectomy may be the better choice when the tumour is large relative to the breast, when there is cancer in more than one area, when radiotherapy is not possible, or when a patient with a high genetic risk prefers it. Reconstruction can often be done at the same time, in partnership with a plastic surgeon.

The lymph nodes in the armpit are checked with a sentinel lymph node biopsy: a tracer identifies the first one to three nodes that drain the breast, and only those are removed. This avoids a full axillary clearance for most women and greatly reduces the risk of arm swelling (lymphoedema).

The practice provides a written quotation with the procedure codes; you submit it to your medical aid to obtain pre-authorisation before the operation.

Recovery

A lumpectomy is usually a day case or one-night stay; a mastectomy one to two nights. Most women return to light activity within a week and desk work within two weeks. A drain may stay

in for a few days after a mastectomy. Arm exercises guided by a physiotherapist start early to protect shoulder movement.

Common questions

Will I need a mastectomy?

Not necessarily. Many women with early breast cancer are suitable for breast-conserving surgery, which has the same survival outcome as mastectomy when combined with radiotherapy. The choice depends on tumour size, position, breast size, genetics and your own preference.

Can reconstruction be done at the same time?

Often, yes. Immediate reconstruction is planned with a plastic surgeon before the operation. In some cases it is safer to delay reconstruction until after radiotherapy.

What is a sentinel lymph node biopsy?

It identifies and removes the first few lymph nodes that drain the breast. If they are clear of cancer, the rest of the armpit nodes can be left alone, which reduces arm swelling and stiffness.

How soon after diagnosis should surgery happen?

Usually within a few weeks. There is time to get a second opinion, complete staging scans and plan properly — a short, well-planned delay does not affect the outcome.

This brochure is general information and does not replace a consultation. To book, call 011 014 0414 or WhatsApp 062 415 6612.