

Four Myths About Breast Cancer Surgery



Many myths about breast cancer surgery have been passed from one generation of women to another. It's hard enough to deal with the reality of this disease, without worrying about things that aren't true. And it's important not to let those common misconceptions stand in the way of getting the best treatment available. Here are some of the most common myths about breast cancer surgery:

Myth #1: Surgery opens up the cancer to the air and makes it spread.

You're feeling just fine, and then something suspicious is discovered in your breast. Surgery is performed and the diagnosis comes back: cancer. When later tests show cancer elsewhere, you may immediately think that it was the surgery that released the cancer cells to the air, letting them jump all over the body ("after all, I couldn't feel them before"). But metastatic breast cancer (cancer that has spread outside the breast to other areas of the body) can be silent for a long time before surgery. The surgery didn't cause the cancer to go elsewhere; it was there well before the surgery.

Myth #2: Mastectomy is safer than lumpectomy with radiation therapy.

Not necessarily true. For women who have one site of breast cancer, with a tumor less than four centimeters that is removed with clear margins, lumpectomy with radiation is likely to be equally as effective as mastectomy.

Myth #3: If you have a strong history of breast cancer in your family, lumpectomy with radiation is not for you.

Having breast cancer in your family does not mean that your cancer is automatically more threatening than anyone else's. It doesn't mean that breast-conserving therapy is not an option for you. You and your doctor will weigh several factors in deciding which type of surgery is right for you, based on:

- your disease stage
- the cancer's "personality," and how aggressive you want to be to prevent a recurrence or a new cancer from ever starting in that breast.

Myth #4: If your lymph nodes are removed, your arm will be swollen for the rest of your life.

Lymph node surgery can lead to uncomfortable side effects, including lingering discomfort, numbness, and swelling called lymphedema. Usually, this happens in only 5–10% of cases. The risk of lymphedema can approach the 25% level if you have a full axillary dissection (levels I, II, and III of nodes removed), AND radiation is added to the lymph node areas after surgery, AND chemotherapy is also given. Proper use and care of the affected arm, as well as physical therapy, can help manage lymphedema and reduce its severity.