Ambulatory Breast Surgery

Palep Reshma J*, Begani MM**

Benign Breast Diseases

The most common presentation is a breast lump which is commonly caused by
- Fibrocystic changes,
- Fibroadenomas, and cysts.
- Breast abscess and infections (mastitis), lipoma.
- Intraductal papilloma

Most of these conditions can be managed conservatively once a diagnosis is achieved. In case of doubt if a biopsy or lumpectomy is indicated, it can be done on an outpatient basis which would reduce the need for operating room time and bed occupancy. 1,2

At our Day Care Centre we have successfully treated 58 patients of benign breast lumps and 22 patients of breast abscess on an outpatient basis without any complications.

Breast Cancer

Although ultra-short stay (day care or 24 hour hospitalisation) following breast cancer surgery has been practiced in the Western World, it is not yet a common practice in India. In this article we wish to further discuss the advantages of implementation of ambulatory surgery for breast cancer and cosmetic breast surgeries and endeavour to be able to offer the same services to our Indian patients in the new millennium.

Nonpalpable, mammographically detectable breast lesions

Increasing numbers of women undergoing screening mammography and the improvement in mammographic technique have led to an increasing number of nonpalpable breast lesions being detected.4 Excising such a lesion without a localizing procedure could lead to resection of an excessive amount of breast tissue or to an unsuccessful intraoperative localization and excision. Preoperative needle localization offers an opportunity to make a quick, accurate excision with minimal trauma and less tissue disruption.5,6,7

Good accuracy of such localizations is required to ensure correct and adequate removal of the lesions and to minimize the degree of cosmetic disfigurement.8

Localisation can be done using
- Ultrasonography
- Magnetic Resonance Imaging (MRI)
- Mammography
- injection of methylene blue or charcoal suspension
- Radioisotopes.

The amount of tissue that is excised is dependent on the nature of the surgical procedure. If a diagnostic procedure is performed, a small volume of tissue is...
removed so that histologic diagnosis can be achieved with minimal scarring. When surgery is performed to treat malignant disease, the aim is to excise the lesion with a clear margin in order to minimize the risk of local recurrence. These procedures are also routinely done on an ambulatory basis under local anaesthesia. The specimen is not sent for a frozen section examination and the definitive surgery is postponed until the pathologic report on the permanent sections is available.

**Breast cancer**

Various centres all over the world have been performing breast cancer surgery routinely and with very low morbidity on outpatients. Furthermore, when patients have good pain control and minimal postoperative nausea and vomiting, the outpatient experience results in faster recovery and more effective and complete psychological adjustment to their new state as a breast cancer survivor.

Shortened hospital stay has progressed in a stepwise fashion. Initial studies had shown that discharging patients on the day after surgery, with the drain in place, reduced the number of days spent in the hospital and accelerated the return to work. There have subsequently been a series of reports about early or same-day discharge in which there were no differences in terms of deaths, serious complications, wound or drain site infections, range-of-motion problems, or rehospitalization rates.

Margolese and Lasry have presented a careful review of a small group of patients who underwent breast cancer surgery either as an inpatient or as an outpatient. Their study confirms the experience of several large hospitals that have been active in the “outpatient breast cancer surgery” movement. Their objective was to systematically assess, with a questionnaire, pain, anxiety, quality of life, emotional adjustment, distress symptoms, social relations, and recovery. The study clearly demonstrates that same-day discharge patients are not at a disadvantage compared to hospitalized patients; i.e., they report faster recovery and better psychological adjustment. Outpatient surgery may thus foster better patient emotional well-being than routine hospitalization.

There have been two main differences which point to a clear advantage for outpatient surgery, i.e., recovery and psychological adjustment. Recovery from surgery, and the more concrete end point of a return to a normal life and the usual activities, including work, occur about a week and a half sooner for patients who were not hospitalized. Patients have indicated a high level of satisfaction with ambulatory surgery and experienced faster healing and recovery at home within the family milieu.

Inpatients, who spent their first night after surgery in the hospital, report a worse emotional adjustment and more psychological symptoms at the time of the interview, despite that they had more time to adjust to surgery. Pedersen et al. did show that, with regard to mental well-being, patients scored themselves better after discharge than when compared with preadmission.

People fear breast cancer. To be able to treat it on an outpatient basis sounds as though it is treated as dental caries and not the most dreaded disease by women. Hence there is always reluctance on the part of the patients and relatives to undergo an outpatient mastectomy. Development of successful outpatient mastectomy programme is important in order to educate the patients and to and minimize the side effects and complications of breast surgery, as well as the ability to empower women and
give them back some sense of control.\textsuperscript{11}

Goodman and Mendez\textsuperscript{15} have emphasized the psychological advantages of early discharge. It tends to bring together patients and their families, to “downgrade the seriousness of the operation” and, thus, to have a better mental attitude toward recovery. In a similar manner McManus and colleagues\textsuperscript{16} state that surgery is only the beginning of a long and involved treatment process, and the surgeon’s goal should be to make the surgical part of breast cancer treatment as atraumatic as possible. Outpatient surgery may foster patient emotional well-being better than routine hospitalization; i.e., by giving a sense of personal control, and thus contributes to a more rapid recovery.

McManus et al\textsuperscript{21} have also outlined financial advantages of outpatient, definitive breast cancer surgery. The analysis of 118 patients who underwent outpatient breast cancer. Outpatient cost was $1572 compared with an average 3-day inpatient cost of $6282, for a potential savings of $4710, or 75\%, per patient for modified radical mastectomy. Outpatient cost was $1080 compared with an average 2-day inpatient cost of $4907, for a potential savings of $3827, or 78\%, per patient for lumpectomy with axillary node dissection.

\textbf{Sentinel lymph node (SLN) biopsy}

A sentinel lymph node (SLN) biopsy in breast cancer patients, performed under local anaesthesia (LA), has the advantages such as more efficient use of operating room time and pathologist time. It also provides a histologic diagnosis before definitive breast surgery is undertaken. SLN biopsy can be safely and adequately performed with the patient under LA. It allows early diagnosis of the lymph node status, acquired on an outpatient basis, with minimal discomfort to the patient. The learning curve demonstrated that the LA procedure can quickly be mastered if the surgeon is experienced in performing SLN biopsies.\textsuperscript{22}

\textbf{Cosmetic Breast Surgery}

Day Surgery for cosmetic breast surgery is a system of care which combines the best aftercare with the ability to rest and recover at home.

Mottura has reported his experience of performing breast reduction under local anaesthesia which includes 94 reduction mastoplasties with local anaesthesia, and also 74 other mastoplasties with equally good results. There were no patient complaints and, in general, they felt very comfortable, awakening without pain or side effects.\textsuperscript{23} Bilateral breast reductions have also been performed under local anaesthesia with intravenous sedation by the inferior pedicle technique of which more than 50\% patients were discharged on the same day as admission.\textsuperscript{24}

Similarly breast augmentation cases have also been successfully done on a day care basis.\textsuperscript{25,26}

\textbf{Key messages}

- Patients recovering from surgery for breast cancer need not spend days in hospital provided that they are in good physical condition and there is adequate nursing support available in the community.
- Early return to the patient’s return home with good family support, is acceptable to patients
- Psychosocial rehabilitation is not influenced by early discharge
- Recovery in the family environment may facilitate discussion of the illness
- Early discharge from hospital after breast cancer surgery does not lead to an
increase in the complication rate and helps to significantly reduce the hospital
cost to the patient.

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