

Rethinking breast cancer surgery

During Breast Cancer Awareness Month in October, experts are reframing the thinking about treatment of the disease: it doesn't have to mean loss of your breasts.

[Greg Ward, MD](#), is an OSF HealthCare surgeon with decades of experience in breast health. He says mastectomy – the removal of one or both breasts – used to be the expected treatment.

But doctors now know that breast conserving therapy (also called a lumpectomy) is just as effective. There, a doctor removes the tumor but preserves the breast. Breast preservation can help a woman's mental health as she fights cancer. She doesn't feel different by not having breasts.

Dr. Ward says on the day of a lumpectomy, a radiologist may insert a needle into the breast so the surgeon knows what part to remove. This can happen when a tumor is found on imaging, not by physical touch.

Dr. Ward says the surgeon makes a small incision in the breast and removes the "bad tissue," plus typically some lymph nodes, which can reduce complications. The person usually goes home the same day.

Although treatments are based in science, Dr. Ward understands that it can be scary. After all, any cancer diagnosis can turn someone's world upside down.

"We take a slow, detailed approach in explaining what to expect," Dr. Ward says. He adds that when you get this treatment early, the person usually does very well.

Radiation or other therapy after the lumpectomy procedure should be discussed with your medical oncologist, Dr. Ward stresses, so a new tumor can't develop.

"For a long time, some women were afraid of leaving the breast in place or worried about exposure to radiation," Dr. Ward says. "Over the last 15 years, it's become understood that radiation has minimal side effects."

Prevention goes a long way

Dr. Ward says breast cancer is over 99% curable when caught early.

Some must-dos:

- Know your risk factors, like a family history of breast cancer. If you are at a higher risk, you may need have a different screening schedule.
- Get a mammogram on a schedule as suggested by your primary care provider or OB/GYN. Start this conversation around the time you turn 40.
- Perform a monthly self-check for lumps or other irregularities. Dr. Ward says that's important because 20% of tumors don't show up on a mammogram. He adds that the regular self-check will allow you to learn what your breast normally feels like, making it easier to feel something abnormal.

"There's a natural tendency to avoid the screening because people just don't want to get bad news," Dr. Ward says.

"Sticking your head in the sand is not a good approach given how effective our treatments are," he adds.

Learn more

Read more about breast health and breast cancer care on the [OSF HealthCare website](#).