

## Random Pimp Notes for Breast Surgery

Modified radical mastectomy = removing entire breast + full-thickness section of pec major below cancer

Injury to thoracodorsal nerve = lat weakness; potentially transient  
-adjacent to deep subscapular vein & artery

Injury to Long Thoracic nerve = winged scapula; serratus anterior weakness  
-takes weeks to develop (trap must stretch)

Injury to intercostobrachial nn (sensory!) = cutaneous sensation lost over posteromedial (inferior) arm  
-running parallel to axillary vein

Lateral → medial, the 3 zones of lymph nodes  
-based on relation to pec minor  
-level 3 (most medial) includes subscapular and suprascapular nodes  
-level 2 nodes are "central axillary nodes" = behind pec minor  
-level 1 (Rotter's nodes) includes lateral axillary & external mammary

\*Majority (75%) lymph drains to axillary node basin  
-small amounts to contralateral breast and abdominal nodes

The axillary vein is the major structure defining the superior border of the surgical dissection  
-axillary a. (posterior to vein & pulsatile) + the brachial plexus (superior and solid) are palpable but not exposed

\*Mechanical stimulation confirms w/ muscle contraction

### Post-op care:

- sutures and drains removed in 3-5d
- normal use of arm 1st week; active shoulder exercise in next 2 weeks
- \*minimize cuts & possible infection to arm to prevent lymphangitis
  - NO IV's IN IPSILATERAL ARM POST-OP!
  - long-term lymphedema is risk factor for lymphangiosarcoma

Thoracodorsal n. runs posterior to the axillary vein

\*Specimen sent for hormone binding & immunoassays

\*Beginning superiorly, subfascial (Scarpa's fascia) dissection of breast off pec major  
-perforating branches of internal mammary electrocauterized or ligated

\*\*Hormonal therapy: aromatase inhibitors 1st line for post-menopausal women (reason: DHEA

primary source of estrogen; risk osteoporosis); tamoxifen before (risk endometrial hypertrophy → cancer)

<http://AbnormalFacies.wordpress.com>