Modified Radical Mastectomy

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Key words: Modified radical mastectomy, breast cancer, lymph node dissection

Surgical treatment for breast cancer is the most essential procedure during the healing effort. Historically, radical surgical procedures have been applied in the past, most important of which is the modified radical mastectomy (MRM). Although less aggressive procedures are proposed in cases of early breast cancer – maintaining the idea of at least tumor removal and lymph node dissection for reasons of staging and prognosis – , it is well understood that in cases of more advanced breast cancer i.e. in stages II, IIIA and operable IIIC, MRM is one of the methods of choice for locoregional treatment. Other indications for MRM involve large or multiple breast tumors as well as the personal preference of the patient. During MRM the breast tissue as well as the fatty tissue of the axillary cavity (containing the lymph nodes) are removed, leaving intact the pectoralis muscles. There is still a debate whether it is of benefit to remove or not level III lymph nodes at the time of the operation. Since it has been proven that the level of axillary lymph node dissection is not an independent prognostic factor, it is widely accepted for the MRM to involve only the first two lymph node levels. The surgical technique of MRM will be extensively presented during this lecture. Complications of MRM involve firstly the breast area (bleeding, infection, injury to nearby tissues) and secondary the axillary cavity (numbness on the inside surface of the arm, shoulder stiffness, seroma and lymphedema). Drainage tubes are usually to be removed 5 to 7 days, and non absorbable skin sutures or clips are to be removed 7 to 10 days postoperatively. Full recovery is expected to happen after 3 to 6 weeks.