
MEDICAL FACULTY ASSOCIATES

T H E G E O R G E W A S H I N G T O N U N I V E R S I T Y

BREAST CARE CENTER

2150 PENNSYLVANIA AVENUE, N.W. SUITE DC-110 , WASHINGTON, DC 20037

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Breast Excision

This procedure is performed in the operating room using local anesthesia and monitored anesthesia care. An anesthesiologist will place an intravenous catheter, through which they will give you medications to make you drowsy. The planned incision will be drawn on your breast over the mass. After you are prepped, the area will be numbed with local anesthesia (lidocaine), which may burn initially, but will cause numbness immediately. The lump will then be removed and sent to pathology. Often it will be initially evaluated by frozen section, which will give a preliminary diagnosis. The skin will be closed with a dissolvable suture, and paper strips will hold the suture in place. The incision will then be covered with a larger dressing. The final pathology results will be available in 3-5 working days.

Risks and potential complications include but are not limited to bleeding, hematoma (collection of blood), infection, seroma (fluid collection), pain, reaction to medications, and scar formation.

Do not take aspirin for 7 days or motrin for 3 days prior to the procedure. On the day of the procedure wear a loose fitting top that buttons down the front and a supportive bra (no underwire). Do not wear any jewelry, antiperspirant/deodorant, or talcum powder on the day of the procedure. You will go home following the procedure. Wear a bra and use an icepack for the first 24 hours as tolerated. Tylenol with codeine will be prescribed for pain, but you may take 400-600mg of motrin or ibuprofen 24 hours after the procedure as well. Keep the dressing dry, and remove it 24-48 hrs following the procedure. Leave the paperstrips in place. You may shower (no baths) 24-48 hours after the procedure. Bruising can be expected, but if you notice fevers, redness, swelling, or increasing pain, please call the Breast Care Center at 202-741-3187.

Follow-up Appointment: