Wide Local Excision/Mastectomy

I. Consent	
•	Discusses indications for wide local excision (WLE) vs mastectomy
•	Discusses possible risks and complications, including: need for re-excision (if WLE), haematoma, flap necrosis, seroma, lymphoedema, allergic reaction to dye.
II. Pre operation planning	
•	Reviews breast imaging or results of triple assessment
•	Arranges hook-wire localisation if indicated.
•	Arranges scintigraphy prior to SLNB
•	Aware of clinical indications
•	Aware of significant co-morbidities - obesity, renal disease etc
•	Knows relevant results
•	Has reviewed relevant imaging
•	Aware of and marks incisions for optimal cosmesis
•	Peri-tumoural or subareolar injection of blue dye (for SLNB)
•	WHO Safety check and team time out
•	Consideration of DVT prophylaxis and antibiotic prophylaxis
•	Ensures specialised equipment available as required
•	Patient is positioned appropriately (eg. positions arm to optimize access to axilla)
•	Prepares and drapes appropriately
IV. Exposure and closure	
•	Raises skin flaps (for mastectomy)
•	Appropriate wound closure – with fat sutures (if indicated) and clips or subcuticular sutures to skin
•	Inserts drains as indicated.
V. Intra operative technique: global (G) and task-specific items (T)	
•	For WLE: dissection around palpable tumour or end of hook-wire (using mammogram as reference); orientation of specimen margins with clips or sutures; obtain specimen mammogram if indicated.
•	For mastectomy: dissection to include all breast tissue, including axillary tail.
•	For SLNB: identifies blue node(s); uses gamma probe to identify sentinel node(s) and verify complete removal.
VI. Post operative management	
•	Aware of signs of haematoma/seroma
•	Gives instructions for drain care and removal if applicable.
•	Checks histology and plans follow-up