



Breast Cancer in Austin, Texas

I remember when my own mom was told that she had breast cancer, I was a teenager at the time, My father and I and our entire family were scared and anxious. Fortunately she had an excellent surgeon who took good care of her and she lived for many, many years after her treatment and enjoyed her life immensely.

In the decades that have passed much has changed for the better in the treatment of Breast Cancer. I have been treating patients with the disease for over thirty years and with each patient my first job is to allay the anxiety that you and your family are feeling.

Remember that much research and study have been devoted to the treatment of breast cancer over the years. The treatment for Cancer of the Breast is standardized across the western world, what I recommend to you should be the same that a physician in New York or even Europe would recommend.

Having said that it is important to remember that all patients are unique and the treatment is tailored to you, the individual taking into account your age, family history, tumor characteristics, and other factors.

Also you will find that there are many women in Austin who have had Breast Cancer and each of these women have a different story. Many of these patients presented with early cancer and were treated and went on with their lives, a few presented late and have a different story. You will hear all of these different stories and some will concern you, but be reassured. Now days because of advances in detection the overwhelming majority of women present with early disease, are treated and do very well.

When I see you for evaluation I will ask you to divide your thoughts into 3 steps, the first is the diagnosis, the second the choice of surgical options, and the third is medical oncology consultation.

Taking these in turn and discussing the diagnostic phase, first of all many women are referred to me for evaluation of a breast mass or abnormal mammogram that I ultimately determine is benign. My evaluation includes asking you questions about your family history, a physical examination and review of your mammogram. Many breast problems can be taken care of in my office such as benign cyst aspiration. If it is warranted some breast problems are evaluated with a simple needle biopsy in my

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office with the result available in 2 to 3 days. Some abnormalities in the breast are best sampled using techniques performed by my radiologist colleagues and some areas may need excision for complete diagnosis. When I see you I will discuss options needed to establish whether we are dealing with a breast cancer or just a benign lump.

If we have made the diagnosis of Breast Cancer then we begin to talk about the second step which is choosing your surgical option. Many women present with early Breast Cancer seen only on a mammogram or as a small lump in the breast. These women depending on personal preference may choose to have a surgical lumpectomy to remove the tumor with a small amount of surrounding normal breast tissue. Lumpectomy requires radiation therapy which is delivered after the lumpectomy and is usually well tolerated.

Some patients because of family history, tumor size, or personal preference may want to undergo removal of the breast or simple mastectomy. This does not mean a radical mastectomy which is an operation of the past. A simple mastectomy removes only the breast. If you choose to undergo mastectomy I will discuss reconstruction of the breast with you. This is done at the same time as the mastectomy. If you think you are interested in reconstruction I will arrange for you to consult with an experienced plastic surgeon.

Regardless or whether you choose lumpectomy and radiation or mastectomy with or without reconstruction we will want to sample a lymph node from under your arm. This is another of the recent improvements in the care of breast cancer patients. Instead of removing all of the lymph nodes we now remove the Sentinel Node which is the first lymph node that drains the breast, this gives us vital information that we need to determine further treatment.

The third step involves consulting with a medical oncologist. The medical oncologist uses information derived from the surgical pathology report such as the sentinel lymph node status to determine if you will need chemotherapy or not. Some women will benefit from chemotherapy which may be given after surgery or in some cases before surgery depending on circumstances. Some women will not need chemotherapy. Some women will need hormonal therapy. After discussing your preference with you I will arrange for you to see an experienced oncologist.

I know this is a hard time for you and your family. It can be an anxious time, but the more you know the better you will be able to see your way through this and the better you will feel. The vast majority of women with Breast Cancer go through treatment and go on to live long normal lives.

I will be happy to discuss this with you in my office. I ask my staff to arrange office visits for breast patients on a priority basis so that your questions can be addressed in a timely manner. When you come for your visit, if it is your desire, be sure to bring your spouse, family or friends. They are welcome to hear the discussion.

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