



SARATH PALAKODETI

DO · FACS · FAACS

Comprehensive Breast & Aesthetic Surgery

Elegant · Elevated · Experience

PATIENT DECISION GUIDE

Lumpectomy vs. Mastectomy

A guide to help you understand your options, prepare for your surgical consultation, and ask the right questions.

LUMPECTOMY

Breast-Conserving Surgery

- Removes tumor + margin of healthy tissue
- Breast is preserved
- Usually followed by radiation
- Equivalent survival to mastectomy for most early-stage cancers
- Oncoplastic techniques can improve cosmetic outcome
- Shorter initial recovery

MASTECTOMY

Complete Breast Removal

- Removes all breast tissue
- Skin/nipple may be preserved depending on type
- May or may not require radiation
- Reconstruction can be performed immediately
- May be preferred for genetic risk, multifocal disease, or personal choice
- Longer recovery when combined with reconstruction

WHAT THE EVIDENCE SAYS

The most important thing most patients don't know

For most early-stage breast cancers, lumpectomy followed by radiation produces equivalent long-term survival rates to mastectomy. This finding is supported by multiple large randomized controlled trials over more than 30 years and forms the basis of national treatment guidelines. More surgery does not automatically mean better survival. The right choice is driven by your clinical situation and your personal goals.

FACTORS THAT INFLUENCE THE DECISION

FAVORS LUMPECTOMY

- Early-stage disease with tumor removable with clear margins
- Adequate breast volume for reshaping after resection
- No prior chest wall radiation
- No BRCA1/2 mutation or other high-risk genetic finding
- Patient preference for breast conservation

FAVORS MASTECTOMY

- Large tumor relative to breast size
- Multiple tumors in different quadrants (multifocal disease)
- Prior radiation making further radiation unsafe
- BRCA1/2 mutation significantly elevating lifetime risk
- Inability to commit to radiation schedule
- Strong personal preference after understanding oncologic equivalence

QUESTIONS TO ASK YOUR SURGEON

Bring this list to your surgical consultation. Check off the ones you've discussed.

ABOUT YOUR DIAGNOSIS

- Am I a candidate for lumpectomy based on my tumor size, location, and type?
- What are my expected margin outcomes with each approach?
- Do I have features that make mastectomy the clinically stronger recommendation?
- What is my estimated recurrence risk with lumpectomy and radiation vs. mastectomy?

ABOUT THE SURGERY

- Are oncoplastic techniques available for my lumpectomy?
- If I choose mastectomy, am I a candidate for nipple-sparing mastectomy?
- What reconstructive options are available to me?
- Can reconstruction be performed at the same time as mastectomy?

ABOUT RADIATION

- Will I need radiation after lumpectomy?
- Will I need radiation after mastectomy given my tumor characteristics?
- What does the radiation schedule look like — how many sessions, over how many weeks?

ABOUT RECOVERY & NEXT STEPS

- What is the recovery difference between the two approaches for my situation?
- How will each option affect my appearance and how I feel about my body?
- If lumpectomy margins are not clear, what happens next?
- What would you recommend for a patient in my exact situation — and why?

MY QUESTIONS & NOTES

Write your own questions and notes below. Bring this page to your appointment.

Sarath Palakodeti, DO, FACS, FAACS
Comprehensive Breast & Aesthetic Surgery

Phone: (270) 780-0579
Address: 484 Golden Autumn Way, Ste 201
Bowling Green, KY 42103

Web: drpalakodeti.com
Hours: Mon–Fri, 8AM–5PM