

Breast Cancer Surgery

- Breast Lumpectomy
- Partial Mastectomy
- Simple or Total Mastectomy
- Modified Radical Mastectomy
- Axillary Lymph Node Removal
- Sentinel Node Biopsy

Contact your general surgeon the day after your surgery to make a follow-up appointment.

Date of follow-up appointment with surgeon:

This pamphlet outlines the care you will receive while in hospital. Each person is different so your treatment plan may be slightly different than the one outlined here. The nurses, doctors and health professionals caring for you will be available to review this information with you and answer any questions you may have.

Different types of breast cancer surgery

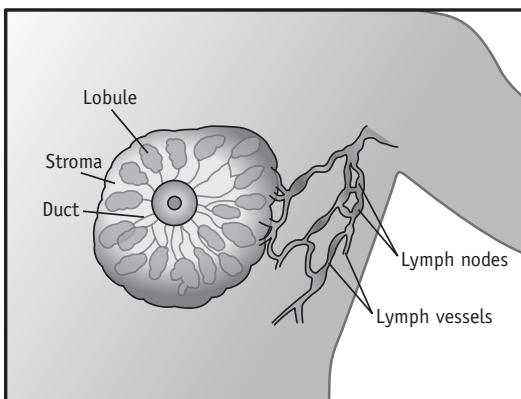
Partial mastectomy/Lumpectomy is the removal of a small amount of breast tissue containing the cancer plus some of normal breast tissue around it.

Simple or total mastectomy removes the breast, with its skin and nipple but not lymph nodes in the armpit.

Modified radical mastectomy removes the breast, nipple/areola and underarm (axillary) lymph nodes or glands.

Axillary lymph node dissection is the removal of some the lymph nodes in the armpit.

Sentinel node biopsy. When breast cancer cells escape from the tumour in the breast they travel to the lymph nodes under the arm, the first lymph node they reach is the “sentinel” node. If the sentinel nodes do not contain cancer cells, this may eliminate the need to remove additional lymph nodes.



General Information

You will be staying in the hospital for one night and will be ready to go home when:

- you are medically stable
- your pain is managed with oral pain medicine
- your nausea is treated
- your are able to walk
- we highly recommend you have someone stay with you for the first night after your surgery

Date of Surgery _____

Time of Surgery _____

Name of Surgeon _____

- UBC Hospital
- Vancouver General Hospital

What to expect after your surgery

During and after your surgery, you will be given medication to help control pain and nausea. These medicines may be given to you in your intravenous (a small tube in your arm), by injection, as suppository or in pill form.

Your nurse will regularly check your:

- Blood pressure, pulse, breathing, temperature and oxygen levels
- Bandage on your incision site
- Level of pain
- Nausea and ask you if the medication is helping to decrease the nausea

You will be encouraged to take deep breaths and move your feet.

When you are able to drink clear fluids without feeling nauseous (sick to your stomach), you may start to eat solid food.

Let the nurse know if you are nauseous and you will be given medication.

Pain Control while in hospital

The nurses will ask you to rate your pain by using a pain scale 0 to 10 (0 being no pain up to 10 being terrible pain). Pain can prevent you from moving, deep breathing and sleeping, all of which could slow your recovery. They will also show you ways to decrease and cope with the pain.

When you are ready to go home

The nurse will explain the home instructions in this pamphlet and arrange for homecare nursing if needed before you leave.

What medications do I take for pain at home?

You may have pain, numbness, swelling, or tingling along the wound site, chest area or arm (if you had axillary nodes removed) for a few days to a few weeks after surgery.

Take the pain medicine your surgeon prescribed. If the pain is mild to moderate, you may prefer to take plain or extra strength acetaminophen (Tylenol). Some pain medicines can make you drowsy, therefore, do not mix with alcohol and avoid driving.

Do not take aspirin for pain as it may cause bleeding. If your pain worsens or does not improve, call your surgeon.

What food should I eat?

Some pain medication will cause constipation. To prevent constipation eat fruit, vegetables and whole grains to help your bowels to work. You may also use a mild laxative (available from your pharmacist).

Drink plenty of fluids (unless you have kidney failure or heart disease—discuss this with your doctor).

A well-balanced diet is important for wound healing.

How do I care for my wound?

Your wound may be open to air and held together with small tapes (steri-strips), stitches (sutures) that dissolve or staples. It takes about three weeks for the stitches to dissolve and the wound to heal.

- If you have stitches that do not dissolve or staples, these should be removed in 5-7 days after your surgery.
- If you have steri-strips **do not** remove them, they will eventually fall off. There is no need to replace the steri-strips once they have fallen off.

There may be some bruising, tenderness and perhaps some slight bleeding around the wound site. Numbness in the arm is also common. This is normal and will improve over time.

You may shower 24 hours after the drains are removed.

Once the drains are removed, keep the wound clean by showering every day. Gently pat the wound dry with a clean towel; do not rub the area.

Avoid tub baths until your wound is fully healed. Soaking in the tub may increase the risk of infection.

If you have had an axillary node dissection, your wound has healed and you wish to shave your underarm- we recommend you use an electric razor rather than a straight razor. This will prevent cuts while shaving.

Do not use deodorant or antiperspirants under your arm until the wound is healed.

Some surgeons believe that the scars may be improved by applying tape to them for about three months after the surgery. If this is something you would like to do, put 3M Micropore (available in drug stores) one-inch paper tape along the length of the scar.

It is recommended that you **do not put Vitamin E on the wound lines**. Some surgeons believe this may widen the scars.

How do I care for my drain at home?

After surgery it is normal for your body to make extra fluid in the area where the surgery took place. A drain (small plastic tube) is sometimes put in by the surgeon to remove the fluid.

Your surgeon may refer you to homecare nursing if you go home with drains. They will help you manage the drains and/or dressings and any other health problems you may have once you are home. You will need to record the amount of drainage from each drain.

Before you go home, the nurse will teach you how to empty the drain and stop the tubing from being blocked (stripping the tubing). You can wear the drain under your clothing pinned at the waist level.

You will be given written instructions about drain emptying and stripping. It is important to make sure the drain is not blocked to prevent the collection of fluid inside the wound area. If fluid is not coming out of the drain, tell the homecare nurse or your surgeon if you do not have a homecare nurse.

Your surgeon or homecare nurse will remove the drain when drainage has decreased usually less than 20-30 cc's drainage per day for each drain. This can be a slow process varying from person to person. Some fluid may leak from the opening after the drain is removed. If that occurs, cover the area with sterile gauze.

How do I keep the Drain clean?

- Rinse the measuring container with hot water after each use.
- Empty the drain when it is half full.
- Drainage is often pink- then becomes yellow to clear.
- If the chamber falls off, rejoin it to the tubing. Recompress the drain to activate it.
- If the drain does not remain compressed, take it apart and rejoin it a number of times. Use tape if necessary.

What is a seroma?

After the drain is removed, fluid may build up and you may develop a pocket of fluid called a seroma.

The body may absorb seromas if they are small, but if they are large, the surgeon may need to remove the fluid. This procedure is done in the surgeon's office and may have to be repeated several times.

What should I wear after surgery?

After Partial mastectomy (lumpectomy)

It may help to wear a support bra after surgery. This can also be worn while sleeping. Cotton "sport bras" offer comfort. Look for a front closure. The less elastic, the better! Armholes should be cut low under the arm. Some women prefer a simple cotton undershirt, camisole or tank top. These may come with a built in "Shelf" bra. Some women prefer not to wear a bra. It is a matter of choice and comfort.

After Mastectomy

The wound is healed when the pain and swelling of the mastectomy has settled (usually 4-6 weeks after surgery). Cotton breast forms ("temporary puffs") may be worn in your bra during the first couple of weeks. The Canadian Cancer Society Cancer Information Service provide "temporary puffs" for free. You may then be fitted with a permanent prosthesis. They also have a list of mastectomy shops in your area.

Call 1-888-939-3333 for more information.

What activities can I do?

Light exercises such as walking will help you recover.

As you feel stronger, you will be able to take longer walks and increase your activity level.

You may lift objects that you can manage easily. For 4 weeks after lymph node removal, lift no more than 5 pounds on the side of the surgery.

Each person recovers differently so check with your surgeon about your activity level. In most cases, you can return to normal activity as soon as you feel ready.

What exercises should I do at home?

Your exercises are on page 15.

Exercising your arm may be painful at first but it will become less so as time goes on.

Use your arm for normal daily activities such as gently brushing your hair/teeth and washing yourself.

Avoid activities that strain your arms, shoulders, or chest area such as vacuuming, heavy lifting (including children), ironing, carrying things over the shoulder on the side you had your surgery and push-ups.

Your surgeon will discuss any further limits to your activities. Each person responds differently.

When can I return to work?

The time it takes to recovery depends on your health and the type of surgery you had. Most women are able to return to work within two to four weeks. However, some women have fatigue for a number of months.

Call your surgeon if any of the following occurs

- Wound drainage has stopped, then started again or a noticeable change in the type of drainage (bright bleeding or foul-smelling).
- Green/yellow drainage from the wound or drain site.
- Increased redness and/or heat around the wound, or change of colour over the breast
- Increased or constant pain that is not relieved by prescribed pain medication.
- New swelling of your breast or your armpit.
- Chills, fever, a temperature more than 38.5°C (101.3°F) when measured by mouth.
- A seroma has formed after the drain is removed.
- You cannot stop being sick to your stomach (vomiting).
- You are not able to drink **anything** for 24 hours because you feel too sick.
- You have redness or aching in your calves and/or swelling of your leg.

If you cannot reach your surgeon, you need to contact another doctor (family doctor, walk-in clinic, urgent care centre or emergency department).

Call 911 or other emergency services if you have sudden, severe chest pain or shortness of breath.

Coping with your emotions

Women with breast cancer may experience many emotions ranging from anger, anxiety, fear, despair or hope, sadness, depression or acceptance.

Each person's recovery is individual, and there is no right or wrong way to cope with it. Many women with breast cancer cope by sharing their worries and feelings with family and/or friends. Other women cope by attending support groups. Allow friends and family to help with practical things like meals, laundry, shopping.

If you would like to know about patient and family counseling services contact the **BC Cancer Agency** Counseling Service 604-877-6000 local 2194

Call the **Canadian Cancer Society** information line at 1-888-939-3333 if you feel that:

- learning about your condition will help relieve your anxiety and fear of the unknown or
- you would like information about support groups or
- you would like to be connected with someone who has gone through something similar to you (Cancer Connection Program)

Do I need to have a mammogram or do breast self-examination?

We encourage you to continue with screening mammography after age 40 (annual/biannual) and annual clinical breast examinations.

Monthly breast self examination (BSE) is no longer recommended.

What is lymph edema?

Lymph nodes (glands) in the armpit are sometimes removed during breast cancer surgery (axillary dissection). These nodes can give important information about how far the cancer has spread.

Some swelling in the breast and arm area is normal during the first few weeks after axillary node dissection.

If you have ongoing tightness, aching/pain, heaviness, swelling, redness, less movement/flexibility of your arm, hand or wrist you may be developing a condition called lymphedema and should report these symptoms to your doctor.

For further information about lymphedema call the Cancer Society information line at 1-888-939-3333.

The following recommendations may help to reduce your chances of getting lymphedema:

- After surgery, position your arm on a pillow. Keep the arm raised above the level of the heart for 45 minutes two to three times a day while lying down.
- It is important to prevent infection as this could lead to lymphedema. Wash cuts, scratches or burns promptly, treat them with antibacterial medication and cover them with a bandaid.
- Use insect repellent or wear long sleeves when possible to avoid insect bites.
- If signs of infection occur after injury or insect bite (redness, pain or swelling) see your doctor for treatment as soon as possible.
- Avoid getting sunburn on the arm, use sunscreen or protective clothing.
- Wear gloves when gardening or oven mitts when reaching into the oven or barbecuing.

- Have blood drawn, intravenous lines, injections or blood pressure measurement on the opposite arm if possible.
- Use an electric razor with a narrow head for underarm shaving.
- Maintain a balanced diet and ideal weight.
- It is important to use your arm in the activities of daily living.
- Talk to your Doctor about the need to use compression stockings when going on a plane.

When your surgeon says you are ready, you can include swimming and other activities to stimulate lymph drainage.

What is axillary web syndrome (lymphatic vessel cording)?

After axillary node dissection and/or radiation treatment to the axilla, a condition known as “axillary web syndrome”, hardening of the lymphatic vessels may occur. This condition is described as a stiffness or tightness in the underarm, forearm and wrist.

Fine cords (like violin strings) running down the inside of the arm and sometimes into the forearm may be noticed. Previously gained range of motion may be lost.

Axillary web syndrome usually resolves without treatment within weeks or months.

It is not recommended that the cords be snapped but rather slow prolonged stretching to maintain shoulder and elbow range is important.

Physiotherapists who provide breast cancer rehabilitation maybe consulted. Call the Cancer Society’s information line at 1-888-939-3333.

Summary

The information in this booklet comes from the voices of many women who have shared with us their experience of breast cancer surgery. The nurses, doctors and physiotherapists who care for these women compiled this booklet.

We welcome comments about the content and format of this booklet. If you would like to contribute to the booklet or have suggestions for improving the content or format, please speak to your nurse, doctor or call the Centre for Patient's and Families at 604-875-5887 or email: centreforpatients@vch.ca

Besides the information in this pamphlet, also remember:

Exercises after Mastectomy and Axillary Node Dissection

Stiffness of the back, shoulder and arm may be felt after breast surgery. To get back full movement it is very important to **exercise**.

Start your exercises the day after your surgery and continue until you are using your arm normally in household duties and other activities.

Goals of Exercise

- to get back full use of your arm and shoulder
- to keep swelling down
- to have good posture
- to relieve stress and anxiety that sometimes come with surgery
- to help you in getting back to normal activities as soon as possible

Exercises

- Each exercise is to be done 3–5 times daily.
Repeat each exercise 10 times, unless instructed to do otherwise.
- Do the exercise until you feel a gentle stretch.
- Do your exercises in front of a mirror, if possible and check for equal arm movements.
- Do not make any quick, jerky movements or push into pain.
- Abdominal exercises will be started when your plastic surgeon feels you are ready (approximately two months after surgery).
- It is normal to have some discomfort with exercise but if you have significant increase in pain or swelling contact your doctor.

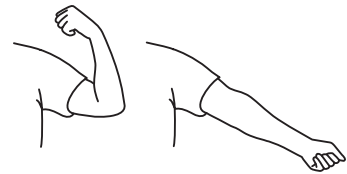
Exercises to begin the day after surgery

1. Hand pumps and elbow bends

a) Make a fist and then stretch fingers straight.

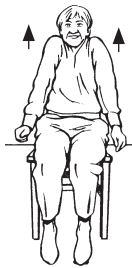


b) Bend and straighten your elbow.



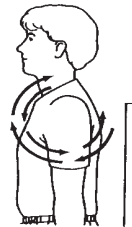
2. Shoulder shrugs

Shrug shoulders up to your ears.
Relax and let them down.
Breathe in when you lift and breathe out when you lower.



3. Shoulder circles

Roll shoulders backwards.
Repeat, rolling shoulders forward.



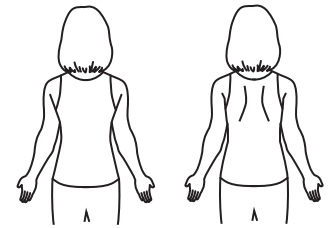
4. Neck stretch

Tilt head to one shoulder to stretch opposite side of neck and hold for 5-10 seconds. Repeat to opposite side.



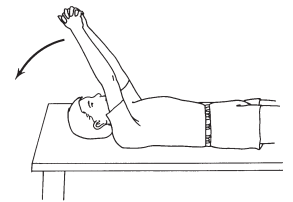
5. Shoulder blade squeeze

Sit or stand with your arms by your sides and your palms facing your sides.
Gently squeeze your shoulder blades together and down.
Hold for 5–10 seconds then relax and return to the start position.



6. Arm lifts

Clasp hands and raise arms overhead, keeping elbows straight. Lower slowly.
Begin in lying position and progress to sitting.



Exercises to add in at Week 2

7. Winging it

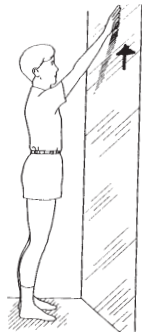
Lie on your back and touch your fingertips to your ears with your elbows pointed to the ceiling.

Move elbows apart and down to the bed, hold 2 seconds and then bring them back up to starting position.



8. Wall walking

- Facing a wall, “walk” fingers up the wall as far as you can. “Walk” back down. (Both arms)
- Stand sideways to a wall, and “walk” fingers up as far as you. “Walk” back down. (Affected arm)



9. Snow angels

Lie on your back with your arms at your sides and elbows straight.

Move your arms out and over your head and then back to your sides.



How long do I need to do these exercises for?

Continue these exercises until both arms are moving equally easily. This may take 2–3 months.

From 6 weeks onwards

As you feel stronger you can gradually start increasing your physical activity and strengthening exercises. It is important to build up slowly. You may want to consult your doctor or physiotherapists to help you plan a suitable program

Physical activity (eg walk, bike, swim, aerobics and yoga)

There isn't one activity or sport that is better than another. What is important is keeping active. Find what you enjoy and make a plan to allow you to gradually get into or go back to the activity.

Aim for 150 minutes of aerobic activity a week.

Physical activity will help you maintain a healthy body weight and prevents many chronic diseases. It will also keep your arm strong and moving well and will help you control swelling in the arm.

Strengthening

Some ways to keep building strength:

- Slowly getting back to household chores, gardening or yard work.
- Exercises with light weights (1-2 lbs), if you don't have weights you can use unopened soup cans or filled water bottles.

Posture

It is important to maintain good posture after your surgery. In front of a mirror, check that your chin is tucked in, your shoulders are level and pulled back, and your spine is straight.

Hand and Arm Care

- Keep swelling down by elevating your arm above your heart for 20–30 minutes (on pillows, the back of a couch, etc.) and pump your hand intermittently.
- Alternate arm activity with rest and elevation for the first few days after surgery.
- Carry heavy objects such as shopping bags, briefcases and luggage on the side you did not have surgery.
- Do not use heating pads, hot water bottles or ice packs over your incision as your skin sensation is less in this area and you won't feel if it is too hot or cold. (Ice packs can be used if you did not have a mastectomy.)
- Daily activities are good arm exercises. Use your affected arm for grooming, eating, light housework and hobbies. But don't force it.

Swelling, Injury, Excessive Pain

Report these to your doctor or Emergency Department immediately.

Please contact your doctor if you do not understand these instructions.

Appendix

HealthlinkBC- Dial 8-1-1 24 hours per day
www.healthlinkbc.ca

Counselling Services

BC Cancer Agency Patient & Family Counselling Services (free)
604-877-6000 local 2194 or 1-800-663-3333

Cantonese/Mandarin speaking counselling (free)
Call Sandy Kwong MSW: 604-877-6098 local 2375
at the BC Cancer Agency

Breast Cancer Information

Cancer Information Service
604-675-7148 or 1-888-329-3333

B.C. Cancer Agency Library Services
604-877-6000 local 2688 or 1-800-663-3333

Internet Sites

BC Cancer Agency	www.bccancer.bc.ca
Abreast in the West	www.abreastinthewest.ca
BC HealthGuide Online	www.healthlinkbc.ca/healthguide.stm
Breast Reconstruction	www.vch.ca/breastreconstruction

Reference Materials

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- Olivotto, I., Gelmon, K. & Prithchard, K., 5th Ed. (2006).
The Intelligent Patient Guide to Breast Cancer: All you need to know to take an active part in your treatment.
- BC Cancer Agency Patient Teaching Pamphlet Getting Ready for Breast Cancer Surgery (2010)

Questions I have:

For more copies, go online at <http://vch.eduhealth.ca> or email pchem@vch.ca and quote Catalogue No. **FE.323.B741**
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