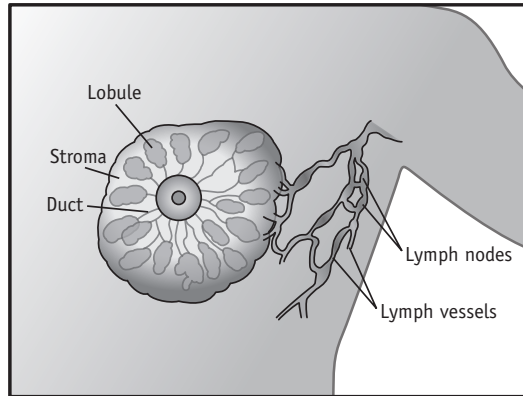


# Breast Surgery for Surgical Daycare

- Breast Lumpectomy
- Partial Mastectomy
- Sentinel node biopsy
- Axillary lymph node removal

## Types of breast cancer surgery

- ❑ **Lumpectomy /Partial mastectomy** removes the breast cancer tumour and a margin of normal breast tissue.



- ❑ **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, it may not be necessary to take out more lymph nodes.
- ❑ **Axillary lymph node dissection** is the removal of some the lymph nodes in the armpit.

**Mastectomy** removes the breast, but not axillary lymph nodes. Sometimes this surgery is done to lower the risk of breast cancer in high-risk people.

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

### General Information

This pamphlet outlines the general care after this surgery. Your treatment plan may be slightly different than the one outlined here. **If these instructions are different than those given by your surgeon, follow your surgeon’s information.**

## After Surgery

### Clothing

Wear a comfortable bra. Bring loose-fitting clothing to wear home from the hospital.

### Pain

- You may have pain, numbness, or tingling along the wound site, chest area or under your arm (if you had underarm 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 Tylenol. Some pain medicines can make you drowsy, therefore, do not drink 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.

### Diet

- Pain medications often cause constipation. To prevent constipation, eat fruit, vegetables and whole grains. You may also use a mild laxative (ask 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.

## Care of the Incision

- Avoid soaking the wound, (eg. tub baths, hot tub, swimming), until your wound is fully healed, about 2 weeks, as this may increase the risk of infection.
- There may be some bruising, tenderness and slight bleeding around the wound site. This is normal and will improve over time.
- If you had an **axillary node removal**, use an electric razor to shave under your arm to prevent cuts. Do not use deodorant under your arm until the wound is healed.
- Your wound may be open to air and held together with small tapes (steri-strips). Do not remove them; they will eventually fall off. There is no need to replace them once they have fallen off. You may shower after 24 hours.
- If you have a dressing but **NO DRAIN**, remove the dressing in 2 days and shower.
- If you have stitches or staples, they should be removed 5-7 days after surgery.

## Follow Up Appointment

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

### Drain care

- After surgery, it is usual for the body to make extra fluid in the area where the surgery took place. The surgeon may place a drain (small plastic tube) to remove the fluid.
- Your surgeon may refer you to home care nursing if you go home with a drain(s). The nurse will arrange this while you are in the hospital.
- Before you go home, the nurse will teach you how to empty the drain, keep the drain from blocking (stripping the tubing), and maintain the suction.
- It is important to make sure the drain is not blocked or kinked. If you think the drain is blocked, call the home care nurse or your surgeon.
- You will receive a pamphlet about drain emptying, stripping and keeping track of the amount of drainage.
- Your surgeon or home care nurse will remove the drain when drainage has decreased.
- **You may shower 24 hours AFTER the drains are removed.** Gently pat the wound dry with a clean towel; do not rub the area

### Seroma

- Sometimes fluid continues to build up after the drain is removed 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 is done in the surgeon's office and may have to be repeated several times.

## Call your surgeon if any of the following occurs:

- Wound drainage has stopped, then started again.
- There is a noticeable change in the type of drainage from the wound or drain site (bright bleeding, green/yellow colour or foul-smelling).
- Increased redness and/or heat around the wound, or change of colour over the breast.
- Increased or constant pain that is not relieved by the pain medication.
- New swelling of your breast or your armpit.
- Chills, fever, a temperature more than 38.5°C (101.3°F)
- A seroma has formed after the drain is removed.
- You cannot stop being sick (vomiting).
- You have redness or aching in your calves and/or swelling of your leg.

If you cannot reach your surgeon, contact another doctor (family doctor, walk-in clinic or Emergency Department).

**If you have sudden, severe chest pain or shortness of breath, call 911 or other emergency services.**

## What activities can I do?

- Walking is a great way to get active after your surgery. It helps you keep your lungs and heart healthy. It is also a great way to relieve stress, control weight gain and combat fatigue.

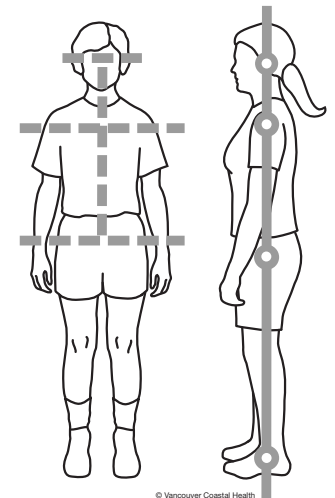
Remember it takes time to recover. Start slowly. Gradually increase your speed and the length of time you walk.

During your walks, you should be able to carry on a conversation. If you cannot, you should slow down.

- Use your surgical side arm for normal daily activities such as brushing your teeth/hair and washing yourself.
- It is safe to do light housework after surgery, but don't lift anything heavier than about 5kg (10lbs) for the first 4 weeks. Do short periods at a time and rest in between. Let pain be your guide, a little discomfort is okay but more pain means you are doing too much.

## Posture

- Try to focus on standing and sitting tall with your shoulders back.
- Try not to slouch, roll your shoulders forward or poke your chin outward.



## What exercises should I do?

If you have had a partial mastectomy or lymph node removal, arm exercises are an important part of recovery after surgery.

If you have had a lumpectomy or sentinel node biopsy there arm exercises are not necessary.

These exercises help you to:

- Get back full movement in your arms and shoulders.
- Reduce stiffness, swelling and pain.
- Improve your overall wellbeing.
- Get back to the normal activities you do every day as soon as possible.

## General guidelines for arm exercises

**Do 10 repetitions of each exercise, 3–5 times a day**

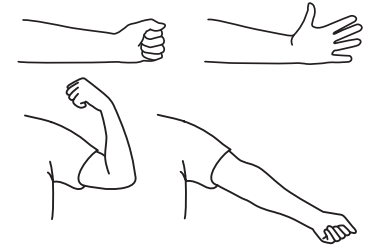
- Do the exercises until you feel a gentle stretch.
- Do not make any quick jerky moves or push into pain.
- Breathe deeply and often as you do each exercise.
- It is normal to have some discomfort with exercise but if you have a significant increase in pain or swelling contact your doctor.

Some people feel some numbness and tingling around their surgery site(s). The exercises we give you should help with this. Sometimes gentle rubbing or stroking the area with your hand or a soft cloth after it has fully healed can also help make it feel better.

## Exercises to begin the day after surgery:

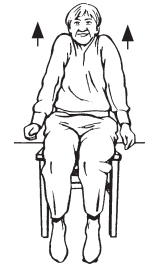
### 1. Hand pumps and elbow bends

- a) Make a fist and then stretch fingers straight.
- b) Bend and straighten your elbow.



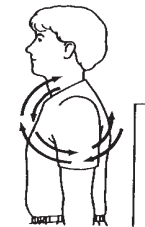
### 2. Shoulder shrugs

- 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.



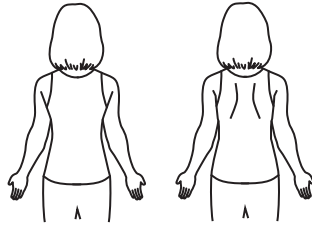
### 4. Neck stretch

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



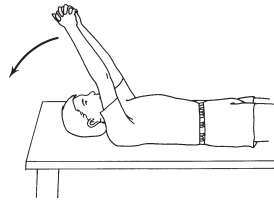
### 5. Shoulder blade squeeze

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:

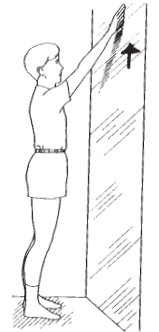
### 7. Winging it

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.



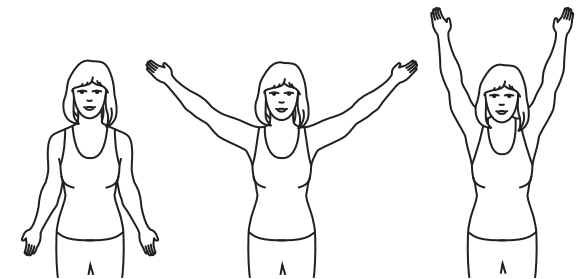
### 8. Wall walking

- 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.

## Resources to help with ongoing activity and strengthening

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### Vancouver Post Breast Surgery Physiotherapy Group Program

- A 1 hour group education session is offered at four different Community Health Centers in Vancouver. You are encouraged to bring a support person along when you attend.
- You should be given information about this session when you leave hospital. Call the Vancouver Community Health Central Intake at 604-263-7377 if you live in Vancouver and do not have information about this program.

### “Exercise for Health”

#### An Exercise Guide for Breast Cancer Survivors

<http://www.behaviouralmedlab.ualberta.ca/en/~media/behaviouralmedlab/Documents/AnExerciseGuideforBreast-CancerSurvivors.pdf>

### Find a physio

<http://www.bcphysio.org/>

## Breast Cancer Information

Learning about your condition often helps relieve your anxiety and fear of the unknown. If you would like information about support groups, the Cancer Society has a telephone information line and volunteers who will provide you with information (1-888-939-3333).

- Cancer Connection in Vancouver 604-675-7148
- **Book:** Ivo Olivotto MD, Karen Gelmon MD, David McCready MD, Kathleen Pritchard MD, Urve Kuusk MD.  
**The Intelligent Patient Guide to Breast Cancer:** Information about risk, prevention, symptoms, signs, diagnosis, stage, surgery, radiation, chemotherapy, prognosis, treatment of/for breast cancer. 4th Ed.

## Websites

- **BC Cancer Agency:** [www.bccancer.bc.ca](http://www.bccancer.bc.ca)
- **Abreast in the West:** [www.abreastinthewest.ca](http://www.abreastinthewest.ca)
- **Breastcancer.org:**  
<http://www.breastcancer.org/treatment/surgery/>



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