

Getting Ready for Breast Surgery



BC Cancer Agency

CARE + RESEARCH

An agency of the Provincial Health Services Authority



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We welcome comments and suggestions about this booklet. Please contact the Nurse Coordinator for Breast Health and Research at the BC Cancer Agency with your comments.

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Introduction

This booklet is designed to help prepare you for breast surgery.

Bring this booklet to the hospital and when you go to see the doctor. You can write notes in this booklet.

The Breast Cancer Information Kit is free of charge and will help you to learn about the treatments offered to you. Please refer to “Surgery” – Section (5) in the Breast Cancer Companion Guide. This section covers surgical options. On the back of the page are questions that you may wish to ask the surgeon or Nurse Coordinator. The Breast Cancer Companion Guide will lead you to other resources available both in the kit and the community.

Nurse Coordinator for Breast Health and Research Vancouver Centre, BCCA

The Nurse Coordinator is a registered nurse. She is an expert in breast health and breast cancer surgery. The Nurse Coordinator works with patients, families and members of the health care team. She ensures that patients receive information and support. The Nurse Coordinator is also involved with breast cancer research.

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Calls will be returned between 1 PM and 3:30 PM – Monday to Friday

Before Surgery

Surgery time and place

The surgeon's office will phone with details.

Needed tests

The surgeon will order routine blood work and maybe an ECG (electrocardiogram). These must be completed a week before surgery.

Appointment with the anesthetist

An anesthetist cares for you during your operation. The surgeon's office will make an appointment if you need to see the anesthetist before surgery. The anesthetist will take your blood pressure and ask health questions. More tests will be arranged if needed.

Taking part in research

The surgeon or Nurse Coordinator may ask you to take part in a research project called the Tumour Tissue Repository (TTR). The TTR uses "left over" tissue from surgery for breast cancer research.

Arrange for a ride home

You must have a family member or friend accompany you home and be available to care for you at home overnight.

Arrange for help at home

You may need help with household chores for a few weeks after a mastectomy and/or axillary node dissection.

Please refer to your Breast Cancer Companion Guide – Section (3) – "Coping with Cancer" on the back for:

- Travel and transportation options
- Accommodations
- Financial Assistance

If you are not feeling well

Contact your surgeon's office at once if you have a cough, cold or fever the day before surgery.

Results from surgery

Final results will not be known for 10-14 days after surgery. The surgeon will meet with you or call you to discuss these.

Getting Ready for Surgery

Do not shave under the arms for at least two days before surgery.

You may bathe or shower with soap the night before or the morning of surgery.

Do not eat or drink anything after midnight the night before surgery.

On the Day of Surgery

Bring with you

- Your BC Care Card
- Your Postal Code
- Medications and vitamins
- A list of allergies
- Eyeglasses or contact lens storage case
- Your surgeon will tell you in advance if you will be staying in hospital overnight. A small bag with personal hygiene items may be brought to the hospital. It will be kept secure.
- Bring a front closure (front buttons) top to wear home from the hospital.

Do not bring or wear the following

- Jewelry or body piercing items
- Make-up, perfume, deodorant, talcum powder, hairpins or nail polish
- Personal items such as money, valuables, credit cards and cell phones – The hospital is not responsible for their loss.

Medications

On the morning of your surgery, **take all prescribed medications** as usual unless told otherwise by your surgeon or anesthesiologist. Medications may be taken **up to one hour before** surgery. You may take these with a sip of water (up to one ounce).

Exceptions

- Diuretics (water pills), and diabetes medications should NOT be taken on the day of surgery, unless advised by your surgeon or anesthesiologist.
- Anticoagulants (e.g. coumadin) and Plavix should be stopped 5-7 days before surgery, unless advised by your surgeon or anesthesiologist.
- Vitamins and herbal remedies, especially Ginkgo, Ginseng or Vitamin E, should be stopped 7 days before surgery. Acetaminophen (e.g. Tylenol) is safe to take for head-aches and other minor pains.

Anti-inflammatory Medications. Stop 3-5 days before surgery.

Actiprofen	Motrin-IB
Advil	Naproxen
Ibuprofen	Novo-Profen
Medipren	

Medications Containing A.S.A. Stop 7-10 days before surgery. These can affect blood clotting.

Acetylsalicylic acid (A.S.A.)	Percodan
Alka-Seltzer preparations	Doan's Pills
APO-ASA	Dodds tablets
A.C. & C (various manufacturers)	Dristan products
Anacin products	Ecotrin
Asaphen	Entrophen
Aspergum	Instantine
Aspirin products	Midol
Bufferin products	Nervine
C2 products	Norgesic products
217 tablets	Novasen
222 tablets	Pain-Aid
Coricidin products	Pepto-Bismol
Robaxial products	

Smoking

Smoking increases your risk of serious complications. Do not smoke for 12 hours before surgery. If surgery is planned in advance, stop smoking for six weeks. There is help for coping with not smoking. Talk to your family doctor.

Hospital Admission

You will be admitted to the Vancouver Centre, BC Cancer Agency or Vancouver Hospital/UBC on **the day** of surgery.

Once admitted, you will go to the Surgical Day Care Area.

In the surgical day care area

- You will change into a hospital gown and warm stockings.
- You may be asked to remove contact lenses and/or dentures. These will be kept with your belongings or secured under your stretcher.

A family member/friend's name and contact number will be noted. They will be given an approximate discharge time. One family member/friend may be allowed to stay with you until you go to the Operating Room.

- You will be asked to empty your bladder before going to the Operating Room.
- An intravenous (IV) will be started. You may be sedated.
- Your surgeon and anesthetist may visit you in the surgical day care area.
- When the Operating Room is ready, you will be brought in on a stretcher.

Fine-Wire Localization

If your surgeon cannot feel your breast lump, you may have a fine-wire placed in your breast before surgery. The fine-wire is placed with the help of an x-ray. The wire will “point” to the area that needs to be removed. The wire is made so that it will not move once it is placed.

The placement of the wire will occur at the BC Cancer Agency or a nearby diagnostic clinic or hospital. Your surgeon's office will confirm the location. The fine wire procedure takes about 30 minutes.

If you are having a fine wire placed at the BC Cancer Agency, check in at Admitting in the front lobby. You will be sent to Surgical Day Care. The Day Care Nurse will admit you and start an IV. A porter will take you to and from the x-ray department.



Surgery

Refer to section 7 in the “Intelligent Patient Guide”.

Sentinel Node Biopsy

Sentinel node biopsy is used to identify and remove the underarm (axillary) lymph nodes closest to the cancer site. This procedure is often done at the same time as the partial mastectomy.

This procedure has 2 parts

1. Injection of tracing agent
2. Injection of a blue dye during surgery
 1. On the morning of surgery, you will go to the Vancouver General Hospital Nuclear Medicine Department. Your surgeon’s office will give you the time for this procedure.

A “radioactive tracing agent” will be injected into the breast. You may feel pressure. The technician may tell you to massage the area and pump your arm up and down. This helps spread the tracing agent to the lymph nodes under the arm.

A short time later, a “scan” or picture will be taken of your body. This shows where the agent has gone.
 2. You will then be admitted for breast cancer surgery. Once you are asleep, a blue dye is injected into the breast.

Possible side effects

If you receive a blue dye injection, urine and stools may appear bright blue or green for a day or two after surgery. Your skin and the area around the incision line may appear bluish in colour for a few days. These effects are normal.

Partial Mastectomy

Partial mastectomy (also called lumpectomy) is the removal of a small amount of breast tissue containing the cancer plus some normal breast tissue around it.

Mastectomy

Mastectomy is the removal of the entire breast. Your surgeon will discuss with you, the mastectomy procedure best suited to your situation.

Axillary Node Dissection

Axillary node dissection is the removal of lymph nodes in the armpit and is often done at the same time as the partial mastectomy or mastectomy.

After Surgery

In the Recovery Room

- You will wake up in the Recovery Room after surgery. The nurses will watch you closely and give you pain and/or nausea medication as needed.
- You will still have your IV attached.
- The incision(s) will be covered with a small dressing and/or “steri-strips” (small tape-like bandages).
- You may be given a light snack.
- If you are staying overnight, you will be moved to the nursing unit. Visiting hours are not controlled on the ward. Discharge time is 9:00 am the next day.

At discharge

For day surgery, recovery room discharge will occur in one to two hours. Your family/friend will be told where to pick you up.

When you are dressing, put the arm on the same side as the surgery into the shirt sleeve first.

You may be given a prescription for pain. This can be filled at any drugstore. Pain drugs may give you constipation. Drink plenty of fluids and eat fruit, vegetables and whole grains. You may take a mild laxative if necessary.

You will not be allowed to drive home. Please arrange a driver in advance.

You will have one or two drainage tubes if you are having a mastectomy and/or lymph node dissection. These collect blood and fluids that drain when tissue is cut. You will be shown how to care for your drain(s).

After discharge

What not to do

DO NOT drive for 24 hours after surgery

DO NOT take Aspirin – It may cause bleeding

DO NOT work with machinery for 24 hours after surgery

DO NOT take tranquilizers or sleeping pills for 24 hours after surgery

DO NOT drink alcohol for 24 hours after surgery

DO NOT make major decisions or sign documents for 24 hours after surgery

What you can do

DO begin After Surgery Exercise if you have had node surgery (Chapter 33 “Intelligent Patient Guide”)

DO place your arm (surgical side) on a pillow. Raise it above the level of your heart.

DO this for 45 minutes, 2-3 times a day.

DO apply a **covered** ice pack over the incision if needed. Do this 15-20 minutes every 3-4 hours. This relieves swelling and adds comfort. **DO NOT** place ice or ice packs directly on the skin

Driving

You may drive:

- 24 hours after anesthetic if you are no longer taking narcotic pain killers (e.g. Tylenol #3)
- When your arms have near normal range of motion
- When you feel comfortable to do so

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

Fluffy cotton breast forms (“puffs”) may be worn in your bra during the first couple of weeks. Ask the nurse coordinator for more information.

The wound is healed when the pain and swelling of the mastectomy has settled (usually 4-6 weeks after surgery). You may then be fitted for permanent breast prosthesis. The Canadian Cancer Society Cancer Information Service has a list of mastectomy shops. Call 1.888.939.3333

Back at home after surgery

How do I care for my incision at home?

Small tape-like “steri-strip” bandages will cover the incision.

There may be a dressing (like plastic wrap) called “op-site”. There will be steri-strips beneath the op-site.

Effects of surgery

Bruising around the incision is normal. It will often clear up in 7 - 10 days. Pain around the incision, armpit, shoulder and down the arm is normal for a few weeks after surgery. Numbness in the arm and breast is also common. Take a painkiller when needed.

Pain in the arm may increase 7 - 14 days after surgery, as nerves heal. A burning pain may be felt near incisions or at the back of the arm. Some describe feeling “shocks”. This should pass within a week or two.

Fluid may build under the incision or in the armpit. This is called a seroma. There may be a “sloshing” sound in the breast, a feeling of fullness, or lump under the arm. Seromas are not a problem unless the area becomes heavy, tight or painful. The body may absorb small seromas. The surgeon may remove large ones using a needle and syringe. This is done in the surgeon’s office. It may have to be repeated during recovery.

Do not put vitamin E on incision/scar lines. Some surgeons believe that this may widen scars.

Use an electric shaver under the arms if you have had an axillary node dissection. This prevents cuts.

Do not use deodorants under the arm until the (axillary) wound is healed.

Bathing

If you have steri-strips: you may shower gently over the incision. Pat it dry. Do not remove the steri-strips.

If you have an op-site bandage, you may shower gently over the dressing. The op-site may be removed after 48 hours. Do not remove steri-strips which are under it.

If you have a drain, a dressing should always be worn over the drain site. This supports the tubing. **Do not shower.** Take shallow baths. Place the drain on the edge of the tub. Keep the water shallow so that the drain and dressing **stay dry** and “sponge bath” your upper body.

Your surgeon will tell you how to bathe if your incision is open and or draining.

Steri-strips often peel off on their own. Leave them until you see the surgeon. Apply a dressing (Band-Aid) to any weeping area.

How do I care for my drain at home?

If you are having an axillary node dissection or modified radical mastectomy, you may have one or two drains for a number of days. This prevents fluid build-up around the incision and under the arm.

The drain is best worn under clothing. This keeps it from being pulled apart. Pin the drain to your clothing at waist level.

A home care nurse may be arranged to check your dressing and drains and may remove them when drainage is less than 20-30 cc drainage per day. If drainage persists, the drain may be removed at the follow-up meeting with the surgeon.

The drain will be held in place by a stitch. There will be several inches of drainage tubing inside your body.

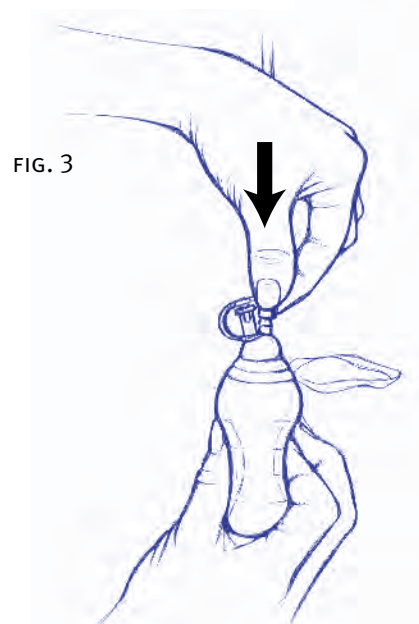
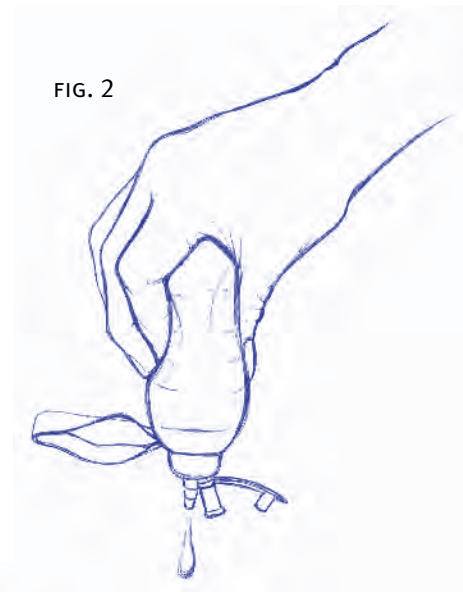
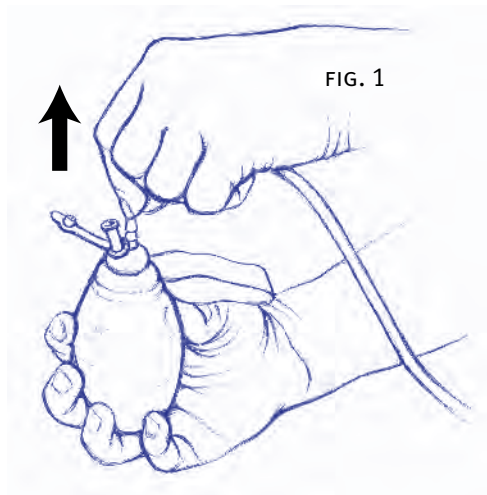
You will have a small dressing over the drain site. A small amount of fluid may leak from the drainage site. Change the dressing when needed.

Your nurse will give you some dressings to take home. A small container is given to measure drainage.

The ward nurse will show you how to empty the drain.

Empty and measure your drain

- Wash your hands.
- Hold the chamber up with the tubes on top.
- Pull the drainage plug out. (fig. 1)
- Turn over the chamber. Empty the chamber into the container. Measure and record output. (fig. 2)
- Push the plug back in while squeezing, then release the chamber. This resets the drain's suction action. (fig. 3)



If the drain gets clogged

It is normal for small clots, fluid or air bubbles to sit in drainage tubing. Drains may become clogged with clots. When this happens, you will notice an abrupt decrease in drainage. Fluid may leak where the tube enters the body. To release these clots:

- Support the drain site with one hand. (fig. 4)
- Gently squeeze the tubing between the fingers of the other hand. Start close to the drain site. Gently move your fingers down the tubing. Move towards the chamber for about 6 inches. (fig. 5)
- Repeat 2 - 3 times.
- Contact your surgeon if this does not clear the blockage.

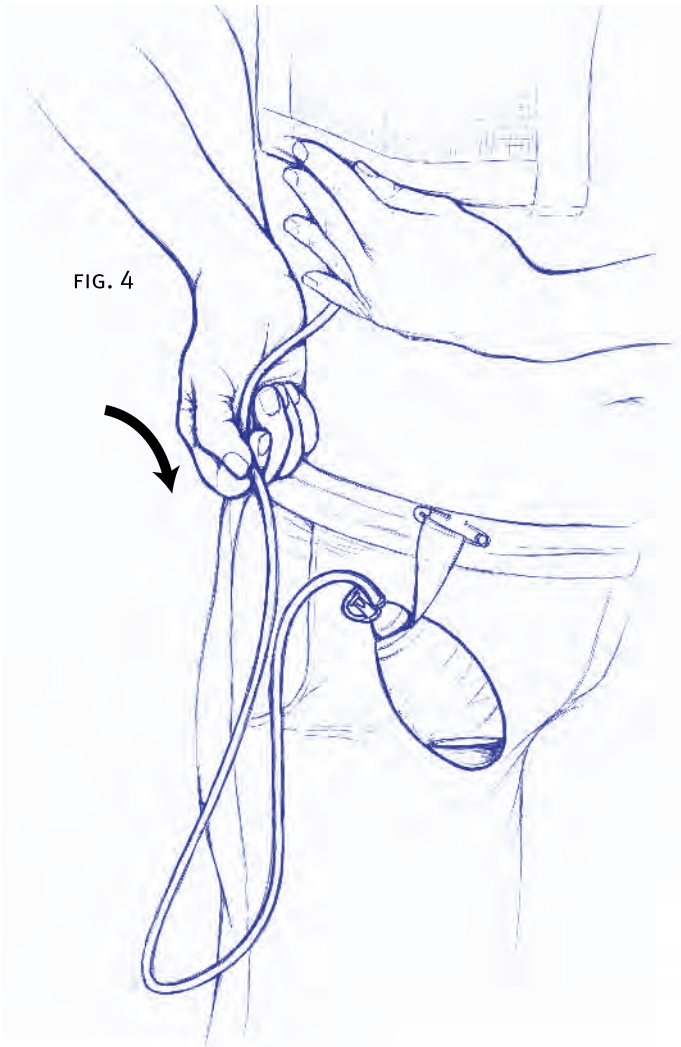
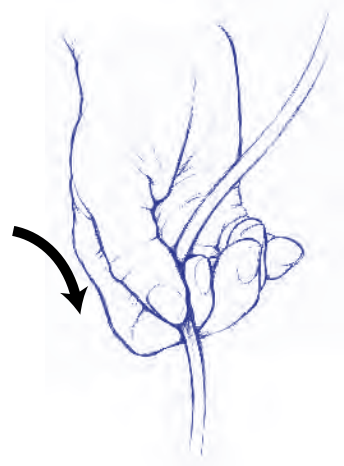


FIG. 4

FIG. 5



Call your surgeon if

- The drain falls off and cannot be rejoined with tape
- The drain does not remain compressed
- Drainage increases or is foul smelling
- Drainage from the incision or drain site is green/ yellow
- Skin becomes more red, tender or warm to the touch
- You have a fever above 38.5° C (101.3° F)
- Increased swelling in the underarm or breast causes tightness or pain
- Your leg swells or you have redness or aching in the calves

If you cannot reach your surgeon

- Call your family doctor
- Visit a medical clinic
- Go to hospital emergency.

Follow-up after your surgery

Follow-up with your surgeon

The day after you get home, call your surgeon's office to schedule an appointment. It is usually booked for 10 - 14 days after surgery. Your surgeon will explain your pathology results, check your incision and remove drains if they are ready.

Refer to the Breast Cancer Companion Guide (Section 5 on the back) in your Information Kit for questions to ask at this meeting.

When further treatment is needed...

After breast cancer surgery (and sometimes before), you will consult with an oncologist (cancer doctor).

The BCCA or your surgeon's office will phone you with the date and time for your oncology appointment at the BC Cancer Agency. You will be seen 2 - 3 weeks after your post surgical follow-up visit.

If "Adjuvant Therapies" (chemotherapy, radiation, and/or hormone therapy) are recommended, they will be discussed at this appointment.

Refer to the Breast Cancer Companion Guide (Section 6) in your Information Kit for questions to ask about adjuvant treatments.

Going back to work

You may return to work when:

- You no longer have a drain (about one to three weeks)
- You are comfortable with arm movements used in your job (Note: for 4 weeks, you should not lift more than 5 lbs. on the side where lymph nodes have been removed)
- You do not have complications (e.g. seroma, infection etc.)
- You have the energy
- You feel ready

Activity

After partial mastectomy

No vigorous exercise for one week.

You may drive 24 hours after anesthetic if you are no longer taking narcotic pain medication (i.e. Tylenol #3).

After mastectomy/lymph node dissection

Exercises to regain range of motion

The day after surgery, begin the range of motion exercise regime. Refer to the “Intelligent Patient Guide” – Chapter 33 in your Information Kit. These exercises restore your range of motion.

Contact your surgeon if you have not regained full motion after two weeks. You will be referred to a physiotherapist.

- Use your arms for normal tasks such as brushing hair/teeth, washing, or cleaning dishes.
- Avoid straining your arms, shoulders or chest.
- For 4 weeks after lymph node surgery, do not lift more than 5 pounds on the side of the surgery

Physiotherapy

At the follow-up, your surgeon will refer you to a physiotherapist if needed.