

# Breast Cancer Surgery: Your Guide to Preparation and Recovery

 **PRESBYTERIAN**

The thought of surgery and recovery can be overwhelming. This guide explains what you can expect and how to care for yourself after you come home from the hospital.

[phs.org/cancer](https://phs.org/cancer)

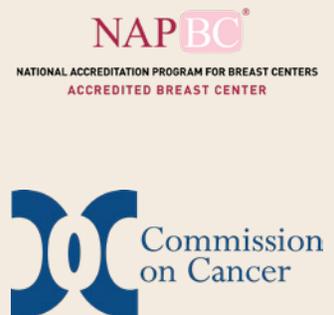
Dear Patient:

This booklet is intended as a guide to help you prepare for your breast surgery and recovery. There is a usual course of care followed for your type of surgery. However, everyone responds differently to surgery. Your progress may differ slightly. You can always ask questions of your doctor, nurse, physical/occupational therapist, or other healthcare team members. If you see things in this guide that differ in any way from what you were told by your surgeon, please ask him/her for clarity.

Using this guide will help us partner with you and work toward your best possible recovery.

Sincerely,

Your Presbyterian Cancer Care Team



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# Getting Ready for Breast Surgery

## General Information

- Make sure prior to surgery that you notify your surgeon's office if there are any changes in medication or health status since your last doctor's appointment.
- Bring a list of medications that you are currently taking. Include prescriptions, over-the-counter medications, supplements, and herbs. Be sure to include how much you take, how often, and why you are taking each medication.
- Bring a list of your drug allergies and any medications you have had difficulty taking.
- Do not use deodorant or skin lotion on the day of surgery.
- Remove colored nail polish.
- "Nothing by mouth (NPO)" instructions: Do not eat or drink anything after midnight the night before surgery unless your anesthesiologist or surgeon tells you to take specific medications. If your anesthesiologist or surgeon tells you to take specific medications, take them with a very small amount of water.

## Pre-Surgical Medication Guidelines

- For at least seven days prior to your day of surgery, stop taking:
  - Non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Motrin and Advil) or naproxen (Aleve and Midol).
  - Prescriptions with NSAIDs, such as celecoxib (Celebrex).
  - Herbal supplements.
  - Omega fatty acid, fish oil and vitamin E.
- If you are taking Plavix, aspirin or other blood thinners to prevent strokes and heart attacks, ask your prescribing doctor when you should stop these.
- You may take acetaminophen (Tylenol) the week prior to surgery.
- **If you are a diabetic: DO NOT TAKE your oral medications for diabetes the day of surgery.** If you use insulin to control your diabetes, please ask the doctor or nurse who manages your diabetes about the timing and dosage of your insulin on the day before and day of surgery. We will check your blood sugar on the day of your surgery and may give you insulin or glucose as needed to help keep your blood glucose within normal range.
- **If you take medications for high blood pressure or thyroid disease, take them early in the morning on the day of your surgery with a small sip of water.**

# courage



Give yourself  
the power of  
positive thought.

## Pre-Surgical Preparation

- Make sure you have scheduled a follow-up appointment with your surgeon.
- Consider wearing older or loose-fitting button-up shirts, pajamas, and a front-closure bra or a soft supportive sports bra/camisole.
- Consider an easy hairstyle.
- Follow your surgeon's instructions for skin cleaning prior to the procedure.
- Have a fanny pack or large safety pins ready to use for drains.

## What to Bring to the Hospital

- Insurance card, ID, and copay.
- Comfortable clothing that is easy to put on; for example, button-up shirt, sweat pants, and slip-on shoes.
- Glasses if you wear contact lenses.
- Personal hygiene items if you will be staying overnight.
- Someone to drive you home.
- Avoid bringing jewelry, money or expensive items.
- Remove colored nail polish.

## What to Expect at the Hospital

Pre-admission instructions will be given to you by your surgeon. When you arrive at the hospital, you will go to the pre-op area and the nursing staff will begin getting you ready for surgery. One person may go with you. The length of time in surgery will vary depending on the procedure.

From the operating room, you will go to the recovery room (PACU). Recovery takes about one hour. If you are staying overnight, any family/friends will meet you in your assigned room. You will receive your post-operative and post-anesthesia instructions. Please read and follow these instructions.

## Equipment Used During and After Surgery:

- **IV** – An IV will be started in order to give you medicines and fluid. It will be stopped after you have received all the medications that the doctor has ordered and you are able to drink.
- **Oxygen** – You may be given oxygen by nasal tubing or mask.
- **Urinary Catheter** – A catheter may be placed in your bladder, but usually will be removed before you leave surgery.
- **Drain** – A small tube may be placed in the incision with a bulb on the end outside the body to keep fluid and blood from accumulating in the wound or on the dressing.

## In the Recovery Room:

**Pain** – We use a pain scale from 0 to 10, with 0 being no pain and 10 being the worst pain possible. We try to keep your pain less than 4 on the pain scale. Be sure to ask for pain medication before your pain becomes intense. IV pain medication will be available immediately after surgery and will be used until you can tolerate some solid food, such as crackers. You will then be given oral pain medication. IV medication works quickly but does not last long. Oral medication takes longer to become effective and may cause some nausea if taken on an empty stomach; however, the effect of the medication will last longer.

**Food/Fluids** – Usually you will begin with ice chips, then water, and then will advance to solid food as tolerated.

**Nausea** – Anti-nausea medications can be given if needed.



*Listen to the wisdom of your body.*

# Post-Operative Instructions

## Drain Care

If you have a mastectomy, axillary node dissection, or reconstruction, you will probably have drains placed. Drains are placed to decrease the chances of developing a buildup of fluid called a *seroma*. They will stay in place until there is less than 30cc output for two days in a row.

- You will be instructed on how to use safety pins to secure your drains to your clothes in a discreet fashion. You will also be provided information about drain accessories that also can be used to secure your drains.
- Drain should be emptied two to three times a day. Do not allow the bulb to fill more than halfway.
- Wash hands prior to emptying drain.
- Remove cap from the bulb and empty contents into a medicine cup to measure. Do not allow the top of the drain to touch the cup.
- Compress the plastic bulb and recap it to restore suction.
- Measure the amount of liquid in the cup, record it along with the date and time and discard contents. (Form is on the next page.)
- Bring form on next page with you to your surgeon's appointments so your progress can be determined.
- Do **NOT** disconnect the suction bulb from drain.
- Do **NOT** rinse out the bulb.
- Do **NOT** remove drains.

self-care





## Wound Care

Always follow your doctor's instructions if they are different from the following:

- Take the outer dressing off two days after surgery. (This may be a bandage, gauze, or something that looks like plastic wrap.)
- You will be provided with gauze that you may use in your bra for extra comfort. You should never use any bandage that seals the wound and prevents air flow or retains moisture.
- If you have steri-strips (white tape) or Dermabond (purple skin glue) under the dressing, these should stay on until your post-op visit.
- You will have small "tails" of suture on either end of your incision. These will be removed at your post-op visit.
- You should shower 48 hours after surgery; clean the incisions with gentle soap and water and pat dry. Clean the drain sites and replace drain gauze covering if you would like. You may also leave it open to the air.
- Do not use any ointments unless instructed by your surgeon.
- Do not soak in a bath, hot tub or swimming pool until your surgeon allows.
- Moderate bruising, swelling and tenderness are normal.

## Sleeping Positions

- Lying flat on your back may be quite uncomfortable.
- Propping up on pillows or sleeping in a recliner may be more comfortable.
- Small pillows may be used for comfortable positioning while sitting/lying down.

## Pain Management

The goal of pain medication is to decrease your pain, not to completely remove all pain.

- Take your pain medication as prescribed.
- **Do not drive** when using prescription pain medication.
- If you have a Pain Ball, leave it in until empty and then remove it as instructed by your surgeon.
- If you have burning or tingling, call the surgeon's office. There is medication that may help with these symptoms.
- Use an ice pack to relieve pain.

## Constipation

- Constipation is very common after surgery and with the use of pain medications.
- To avoid constipation, drink 8 to 10 glasses of water per day and eat fruits, vegetables, and whole-grain foods as tolerated.
- If you do become constipated, take a mild laxative, such as two tablespoons of Milk of Magnesia (magnesium hydroxide), once or twice per day with a glass of hot liquid (tea, coffee, etc.).

## Swelling

- You may have some swelling in the arm on the side that you had surgery. To relieve swelling, lie down and put your arm on pillows so that your hand is higher than your wrist and your elbow is a little higher than your shoulder for 30 minutes per day.
- Do not use ice/cold packs to relieve swelling unless instructed. You can, however, use ice/cold packs to relieve pain. (See Pain Management section on page 10.)

## Sentinel Lymph Node Biopsy and Axillary Node Dissection

- The skin of your breast and your urine may be blue from dye for several days.
- Your breast and skin may have a green tint for several weeks.
- You may experience numbness under your surgery arm.
- You may experience a burning sensation down the inside of your arm because the nerves have been irritated by the surgery. You may use an ice pack to relieve pain.
- You are at increased risk for lymphedema or swelling in the affected arm and hand.

healing

## Nutrition

- Good nutrition is needed to heal your incision. Eat a well-balanced diet that includes breads, cereals, grains, fruits and vegetables of various colors, and protein. Limit fatty foods and sweets.
- Do not diet or try to lose weight until your incision has healed.
- You may not feel like eating; this is normal. Try to eat a small amount every two to three hours.
- Eat high-protein foods throughout the day to promote healing. Examples of high-protein foods include lean meat; low-fat dairy products such as milk, yogurt and cottage cheese; eggs, peanut butter and almond milk.
- Drink enough water. You need eight glasses to equal 64 ounces of fluid daily. Avoid carbonated drinks and caffeine.
- Consider taking a multivitamin/mineral supplement that meets 100 percent of the daily requirements. If you have any questions about this, consult your primary care provider or pharmacy to ensure it does not interact with any prescription medications taken currently.

## When to Call the Surgeon's Office

- Fever higher than 101.5 degrees.
- Drainage of pus or foul-smelling liquid from the incision.
- Trouble urinating (unable to urinate, pain or burning while urinating).
- Excessive or sudden changes in swelling, bruising, redness, or pain.



# Post-Operative Exercises and Cancer Rehabilitation

No matter what type of breast surgery you had, it is important to exercise during your recovery. Exercising can help you to get back to your normal daily activities and keep you from having shoulder or arm problems later on. Start your exercises and normal activities the day of surgery.

If you have radiation therapy, exercise is important to help keep your arm and shoulder flexible. Radiation therapy can affect your arm and shoulder for up to nine months after it is finished.

You may be scheduled for an appointment two weeks after your surgery with the Cancer Rehabilitation Program. You may see a physical/occupational therapist who has special training to help design an exercise program for your individual needs.

If you have plastic surgery breast reconstruction, your plastic surgeon will provide prescriptions for pain control, instructions for post-operative exercises, drain care, wound care and activity level. You will contact the plastic surgeon with all related questions.

## General Guidelines

- Use your affected arm as you normally would when you comb your hair, bathe, get dressed, etc.
- Walk 5 to 10 minutes every hour that you are awake.
- Take deep breaths frequently to prevent pneumonia.
- Avoid heavy lifting and strenuous activities until cleared by your surgeon.
- Avoid strenuous repetitive motion such as scrubbing or vacuuming for 4 weeks.
- You will feel some tightness in your chest and armpit. This is normal and will decrease as you exercise.
- It may help to exercise after a warm shower when your muscles are more relaxed.
- Do the exercises slowly. It is normal to feel some pulling as you stretch your skin and muscles. Do not bounce or make any jerky movements while doing any of the exercises. You should not feel any increase in pain, only gentle stretching.

determination

Do each of the following exercises three times per day.

## Deep Breathing

Sit comfortably and relax. Place your hands on your belly. Inhale slowly through your nose for five seconds, letting the belly expand and the hands move out. Then exhale through your mouth for seven seconds, pulling the belly and the hands in toward the spine. Repeat this frequently throughout the day.



## Shrugs

Sit with your back straight and your shoulders relaxed. Lift your shoulders toward your ears and then roll them back, squeezing your shoulder blades together. Return to original position. Repeat 10 times.



## Pendulum

While standing, bend at the hips. Hold on to a table or chair with the uninvolved arm to keep your balance. Move your other arm in a circle clockwise 20 times, then move it counterclockwise 20 times.



## Hand pump with arm elevated

Lie down and place your affected arm on pillows so that it is above the level of your heart. Open and close your hand 15 to 25 times.



## Elbow flexion and extension with arm elevated

Lie down and place your affected arm on pillows so that it is above the level of your heart. Bend your elbow toward your shoulder and then straighten it. Repeat 10 to 15 times.



## Rotator cuff

While standing or sitting, relax your arms at your sides and bend your elbows 90 degrees. Keep your elbows pressed against your sides and open your hands out to the side, then return to center. Repeat 10 to 15 times.



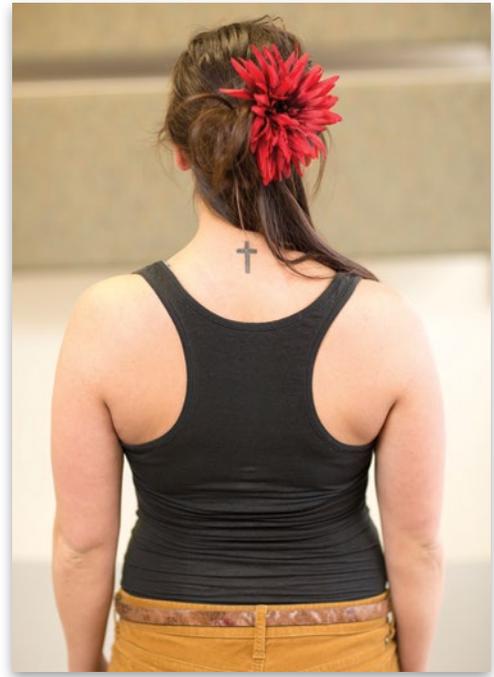
## Shoulder blade stretch

Sit in a chair very close to a table with your back against the back of the chair. Place the affected arm on the table, palm down, with your arm bent. Without moving your trunk, slide the affected arm forward toward the opposite side of the table, straightening your arm. You should feel your shoulder blade move forward as you do this. Repeat 10 to 15 times.



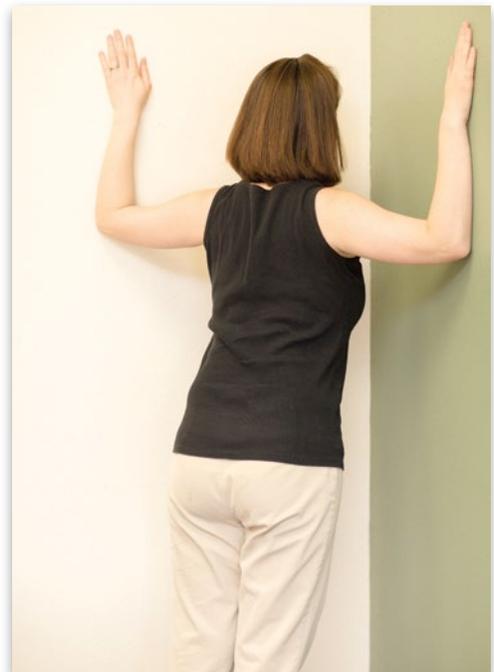
## Shoulder blade squeeze

Sit in a chair or stand in front of a mirror with your arms relaxed at your sides. With your shoulders level, squeeze your shoulder blades down and back, bringing your elbows behind you. Repeat 10 to 15 times.



## Chest wall stretch

Stand facing a corner with your toes about 8 to 10 inches from the corner. Bend your elbows and put your forearms on the wall, one on each side of the corner. Your elbows should be as close to shoulder height as possible. Keep your arms and feet in place and move your chest toward the corner. You will feel a stretch across your chest and shoulders. Return to the starting position and repeat 8 to 10 times.



## Shoulder stretch

Stand facing a wall with your toes about 8 to 10 inches from the wall. Place your hands on the wall. Use your fingers to “climb” the wall, reaching as high as you can until you feel a stretch. Return to the starting position and repeat 8 to 10 times.



## “Wand” exercises

You will need a broom handle, yard stick or other stick-like object to use as the wand. Lying on your back, hold the wand in both hands. Lift the wand up over your head as far as you can. Use your unaffected arm to help lift the wand until you feel a stretch in your affected arm. Hold for five seconds, then lower your arms slowly. Repeat 8 to 10 times.



## Elbow winging

Lying flat with your knees bent, clasp your hands behind your neck with your elbows pointing toward the ceiling. Move your elbows apart and down toward the bed or floor. Repeat 8 to 10 times. It may take several weeks of regular exercise before your elbows will get close to the bed or floor.



### Stop exercising and talk to your doctor if you:

- Get weaker, start losing your balance, or start falling.
- Have pain that gets worse.
- Feel a new heaviness in your arm.
- Have unusual swelling or if your existing swelling gets worse.
- Have headaches, dizziness, blurred vision, new numbness or tingling in your arms or chest.

While it is important to exercise to keep your muscles working as well as possible, it is also important to be safe.

strength

