

Breast Lumpectomy/ Partial Mastectomy

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 removes the breast cancer tumour and a margin of normal breast tissue.

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

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

Axillary lymph node dissection is the removal of some the axillary lymph nodes.

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 approximately 2 to 6 hours and will be ready to go home when:

- you are medically stable
- your pain is managed with oral pain medicine
- your nausea is treated
- you 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 _____

Surgeon's phone # _____

Ask for the *Preparing for Your Procedure in Surgical Day Care Centre (ED.150.P9192)* pamphlet from your surgeon's office which outlines what you need to do before surgery.

Before your surgery

You may be given medication before your surgery.

An intravenous (IV) will be put in your arm before your surgery.

After your surgery

During and after your surgery, you will be given medication to help control pain and nausea if needed. These medicines may be given to you in your IV, by injection, as suppository or in pill form.

Your nurse will regularly check your:

- blood pressure, pulse and breathing
- bandage on your wound site
- pain and nausea

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

The nurse will take out your IV before you go home.

When you are ready to go home

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

Clothing

You may wear a bra that feels comfortable. Bring loose-fitting clothing to wear home from the hospital.

What medications do I take for pain at home?

You may have pain, numbness, 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 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.

Drain care

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 will refer you to home care nursing if you go home with a drain(s). This will be arranged while you are in the hospital.

Before you go home, the nurse will teach you how to empty the drain, stop the tubing from being blocked (stripping the tubing) and how to maintain the suction.

It is important to make sure the drain is not blocked or kinked. If you think the drain is blocked, tell the home care nurse, or your surgeon if you do not have a home care nurse.

You will be given written instructions 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.

What is a seroma?

After the drain is removed, sometimes fluid continues to 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.

Wound care

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. This is normal and will improve over time.

You may shower 24 hours after the drains are removed.

Keep the wounds clean by showering every day after the drains are removed. 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.

Use an electric razor to shave under your arm if you had an axillary node dissection to prevent cuts while shaving. Do not use deodorant 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.

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 (less than 5 kg/10 lb).

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 16.

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

Use your arm for normal 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

Breast cancer can be an overwhelming experience. Some of the emotions you may feel are 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.

If you would like to know about patient and family counselling services contact the BC Cancer Agency Counselling Service (see contact number in Appendix)

If you feel that learning about your condition will help relieve your anxiety and fear of the unknown or if you would like information about support groups, call the Cancer Society information line at 1-888-939-3333.

Breast self-examination/mammogram

It is important to continue to check your breast(s)

Recommendations:

- Monthly breast self examination (BSE)
- Mammograms after age 40
- Annual clinical breast examination

If you would like to learn more about BSE, call the Cancer Society information line at 1-888-939-3333.

What is lymphedema?

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.

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 Patients & Families at 604-875-5887, fax: 604-875-5890 or email: centreforpatients@vch.ca

Besides the information in this pamphlet, also remember:

Appendix

BC NurseLine

Lower Mainland (604) 215-4700

Toll free elsewhere in B.C. 1-866-889-4700

Deaf and Hearing Impaired 1-866-889-4700

Translation services in 130 languages.

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.bccancer.bc.ca

Breast Reconstruction www.vch.ca/breastreconstruction

References

1. British Columbia Cancer Agency Breast Cancer Tumour Task Force. Management of breast cancer related lymphedema. A guide for women with lymphedema. Vancouver: B.C. Cancer Agency
2. Canadian Medical Association. (1988). Canadian Breast Cancer Initiative. Questions and answers on breast cancer. A guide for women and their physicians. Based on The Canadian Clinical Practice Guidelines for the Care and Treatment of Breast Cancer. Ont. Ottawa: Canadian Medical Association.
3. Harris, S. (1999). :Physio CORNBC. Abreast in the nineties. Breast Cancer Information Project. Spring Volume 5, No. 1.
4. Harris, S., (2000). Personal communication related to lymphatic cording. UBC School of Rehabilitation.
5. Keitel, M. & Kopala, M. (2000). Counselling women with breast cancer. A guide for professionals. London: Sage publications.
6. Love, S. & Lindsey, K. (1991). Dr. Susan Love's breast book. Reading, Massachusetts: Addison-Wesley Publishing Company.
7. Olivotto, I., Gelmon, K. & Kuusk, U., 3rd Ed. (2001). Breast Cancer: All you need to know to take an active part in your treatment. Vancouver: Intelligent Patient Guide.

Exercises after Lumpectomy/Partial Mastectomy with 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

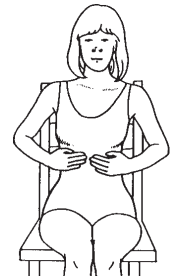
- to get back full use of your arm
- to keep swelling down
- to have good posture
- to relieve stress and anxiety that sometimes come with surgery
- to help you in getting back to normal activities as soon as possible.

Exercises

- are done 3-5 times daily
- do each exercises 10 times, unless otherwise marked
- do in front of a mirror, if possible
- do NOT force any movements
- it is normal to have some discomfort with exercise

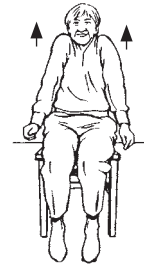
Deep Breathing

Keep shoulders relaxed. Breathe in deeply through nose filling out lower rib cage. Hold for 3 seconds. Breathe out slowly through mouth. Start as soon as you wake up from surgery.



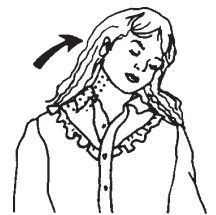
Shoulder Shrugs

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



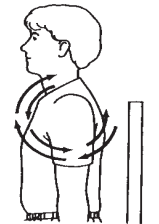
Neck Stretch

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



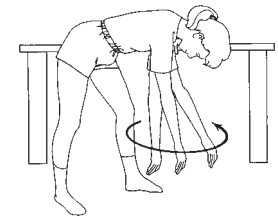
Shoulder Circles

Roll shoulders backwards. Repeat, rolling shoulders forward.



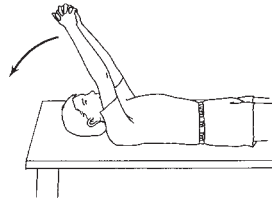
Pendular Exercises

Bend at waist with affected arm hanging parallel to legs. Support yourself with your other arm on a table. Swing arm in a circle in one direction. Repeat in opposite direction.



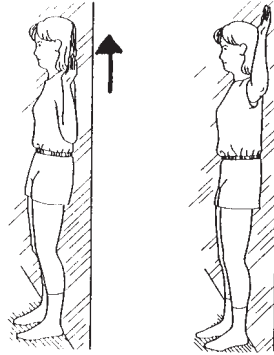
Arm Lifts

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



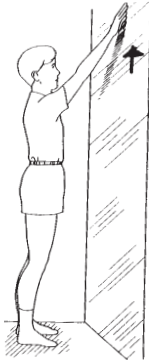
Wall Slides

Stand with your back against a wall with your feet 4-6 inches away and shoulder width apart. Keep your knees relaxed and with the backs of your hands against the wall, slide your arms up, then down the wall, making sure your upper back doesn't arch away from the wall.



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)



Arm Reach

In sitting position, try to touch hands behind your back. Repeat the opposite way.



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.

Questions I have:

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email pchem@vch.ca and quote Catalogue No. **FE.323.B74**
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