

A Patient's Guide to
Breast Surgery

**What to expect before, during and after
Day/Inpatient Surgery**

**Providence Breast Centre
Mount Saint Joseph Hospital**
3080 Prince Edward Street
Vancouver, BC, V5T 3N4

Phone: 604-877-8511
Fax: 604-877-8506

Monday to Friday from 8:00 AM to 5:00 PM

Please bring this booklet to all your appointments

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Disclaimer:

This material is for informational purposes only. It does not replace the advice or counsel of a doctor or health care professional. Providence Health Care makes every effort to provide information that is accurate and timely, but makes no guarantee in this regard. Each individual responds differently and your course may not be exactly as described. You should consult with, and rely only on the advice of, your physician or health care professional.

The information in this document is intended solely for the person to whom it was given by the health care team. If you have questions, please talk to a member of your team.

IMPORTANT

**If you have a medical emergency,
please call 911**

**For non-emergency information please call 811 for Health Link BC
Both services are available 24 hours a day, 7 days a week**

Breast Surgery: What to expect before, during and after inpatient surgery

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We would like to acknowledge all members of the Providence Breast Centre

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reviewed and approved by
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INTRODUCTION

This booklet outlines the care you will receive while in the hospital. Each person is different and 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 questions you may have.

Having an operation is stressful. We hope this booklet will help you understand your surgery, decrease your stress and give you information to help with your recovery.

Please bring this booklet to all your appointments.

This booklet is yours to keep. We recommend that you use the checklists, forms and sections for notes throughout this booklet to help you stay organized and keep track of your appointments. You can also write down instructions that are specific to you along with any question and their answers. In the hospital, you may hear words that you are not familiar with.

If you hear any words you do not understand, please write them down and ask us to explain them.

You are a very important member of your own care team. You will greatly benefit from taking an active part in preparing for your surgery and your recovery. Your care team is here to help you and your family through your surgery. If you have any questions or concerns, please discuss them with any of us.



***Our motto for your care is:
"How you want to be treated"***

IMPORTANT

If you have any of the following symptoms related to your breast surgery:

- Increased redness, warm to touch and swelling around the wound and drain site.
- Wound drainage stops, then starts again.
- Increased pain which is not controlled by pain medications.
- Increased drainage around the wound and drain site.
- Liquid coming from your incision which looks like “pus” (yellow or green) and smells foul.
- Increased bleeding from the wound (bright red blood).
- Chills with temperature above 38 °C for more than four hours.
- If your drain pulls out or comes loose.

Call the Breast Centre at 604 877 8511
(Monday to Friday 8:00 AM to 5:00 PM)

OR

Go to Mount St. Joseph Hospital Emergency Department
(open every day from 08:00 AM to 8:00 PM Daily)

Call 911 right away if you have:

- Sudden or severe chest pain
- Shortness of breath
- Severe bleeding

**For non-emergency information please call 811 for
Health Link BC**

Both services are available 24 hours a day, 7 days a week

Your Appointments at a Glance

Your surgery is an “inpatient surgery”. You will stay in the hospital after your surgery. Some surgeries may not require a stay overnight in the hospital.

Your surgeon is: _____

Your plastic surgeon is: _____

Your surgery is: _____

Your surgery date is: _____ Time: _____

Needed tests

Your surgeon may order routine blood work and an ECG (electrocardiogram). Make sure you have all the tests done at least a week before surgery.

☐ Bloodwork ☐ ECG ☐ Other

Appointment at the Surgical Pre-Admission Clinic

Depending on type of your surgery and your medical condition, you may have an appointment at the Pre-Admission Clinic before your surgery.

Date: _____ Time: _____

Clinic Location: _____

Special Procedures

Depending on your surgery you may need the following procedures before your surgery:

- ☐ Sentinel Lymph Node Injection at St. Paul’s Hospital Nuclear Medicine Department.
Go to St. Paul’s Hospital first and then to Mount Saint Joseph Hospital, Surgery Day Care Unit.
(See pages 14 and 15 for maps and addresses)

Time: _____

- ☐ Fine Wire Placement at Mount Saint Joseph Hospital. Come to the Surgical Day Care Unit to check in first. You will then be taken to the Medical Imaging Department for the placement.
(See pages 14 and 15 for maps and addresses)

Time: _____

Check-in for your main surgery

Mount Saint Joseph Hospital - Surgical Day Care Unit
(See pages 14 and 15 for maps and addresses)

Time: _____

One business day before your surgery date at around 1:00 PM, we will call you to confirm your appointment and time to check into the hospital. We also give you a follow up appointment date and time during this call. We recommend you write the date and time in this booklet for your reference.

TIMELINE



There are many different parts to get ready for surgery. We hope this timeline will help you prepare. This is a summary. Please read the whole booklet so you are aware of all the details. For Breast Reconstruction surgery, please read the information booklet given to you by your plastic surgeon for additional instructions.

As soon as you find out you are having surgery

- If you are not exercising, talk to your doctor and start an exercise program.
- If you are overweight or underweight, talk to your family doctor or a dietitian about choosing healthy foods.
- You may wish to let your employer know and arrange for medical leave from work. Talk to your surgeon when to go back to work after surgery.

Two weeks (or more) before surgery

- Make sure you have done all the tests your surgeon ordered (blood work, chest x-ray, etc.).
- Avoid smoking or using nicotine including patches, gum, etc.
- Make arrangements for someone to drive you to your surgery appointments and bring you home.
- Make arrangements for help at home for a few days while you recover.
- Prepare and freeze meals for a few days.
- Get a comfortable and supportive bra to wear after your surgery.
- Make sure you have acetaminophen (Tylenol) and ibuprofen (Advil) for pain after surgery.
- Depending on your surgery and your medical condition, you may have an appointment at the Surgical Pre-Admission Clinic a few weeks or a few days before your surgery.

One week before your surgery

These instructions are detailed on **page 10**.

- Stop shaving your armpits and the area for the surgery. Shaving can cause little cuts on your skin and increases your risk of infection.
- Stop taking anti-inflammatories, vitamins and supplements.
- Follow any instructions about taking your medications before and after surgery.

One business day before your surgery

- We call you to confirm the time of your surgery and give you the follow-up appointment after surgery.

The night before surgery

These instructions are detailed on **page 11**.

- Drink clear fluids high in sugar (carbohydrate) such as apple juice, cranberry juice or iced tea. Do not use diet or sugar-free drinks.
- After midnight, no alcohol, no solid food, no milk or dairy products, and no orange juice or any juice with pulp.
- You may bathe or shower if you wish. Wear freshly-washed clothes to bed.
- Take off all your jewellery, body piercings and nail polish.

The morning of your surgery

These instructions are detailed on **page 12**.

- Follow the medication instructions given to you.
- **DO NOT** eat anything. You can drink clear fluids like water, apple juice and cranberry juice. **Stop drinking 2 hours before you arrive at the hospital.**
- You may bathe or shower if you wish.
- You must have someone to bring you to the hospital and take you home.
- If you are having a sentinel node injection, go to St. Paul's Hospital Nuclear Medicine Department for 6:45 am. After this you go to the Surgical Day Care at Mount Saint Joseph Hospital. You may be instructed to go for your injection the day **before** your surgery.
- If you are having Fine Wire Placement, go to the Surgical Day Care at Mount Saint Joseph Hospital.

The day after you go home

- Continue your arm exercises started the day after your surgery. This is very important to help your muscles heal and be able to move properly.
- You will have some limitations on your activities, no strenuous exercises, no jogging, no heavy lifting, no swimming, for at least 4 weeks, or until your wound is fully healed.
- If you had breast reconstruction, do not lift, pull or push anything more than 5 pounds (2.25 kg) for at least 4 weeks. This includes carrying children, and heavy cooking pots.
- If you had mastectomy (with or without implant), or partial mastectomy with axillary node dissection, do not lift, pull or push anything more than 10 pounds (5 kg) for at least 4 weeks. This includes carrying children, and heavy cooking pots.

Two to three days after surgery

- You may remove your dressing only if directed by your surgeon or nurse.
- Once your dressing is removed, you may shower carefully.

Several weeks after surgery

- You have your follow-up appointment with the surgeon approximately 2 weeks after surgery.
- Check with your family doctor or your surgeon before you go back to work. You need to be comfortable with the movements in your job first, and you need to feel ready.

BEFORE YOUR SURGERY

Pre-Admission Clinic

Your surgeon may ask you to visit the Surgical Pre-Admission Clinic before your surgery. Not every patient needs to go to the Pre-Admission Clinic; this visit depends on the type of surgery and your current health condition before surgery. There is no special preparation needed for this visit.



In the Pre-Admission Clinic, you meet with an anaesthesiologist and a nurse. Together they guide you through the process of your surgery and answer any questions you might have.

Since we give you a lot of information during this visit, we encourage you to bring a family member or friend along with you. If English is not your first language, bring someone with you who can speak both English and your language fluently.

During this visit

- Your appointment lasts about 2 to 3 hours.
- You meet the doctor who gives you the medicine you need to sleep through the surgery. The medicine is called anesthetic and the doctor is an anesthesiologist.
- The nurses and anesthesiologists review:
 - Your health history.
 - Your current medications. They tell you which medicines you should take or stop taking before surgery. If you are not sure, ask us.
 - What you need to do to prepare for the surgery.

Please bring to Pre-Admission Clinic appointment:

- ☐ This booklet.
- ☐ Your BC Services Card or Care Card.
- ☐ Your Driver's License or other government photo ID.
- ☐ If you do not speak English, bring someone to assist you.
- ☐ The name and telephone number of your family doctor.
- ☐ The names and telephone numbers of any specialists who treat your medical conditions.
- ☐ All your medicine you are currently taking, in the original containers. This includes prescription medications, inhalers, medicines you buy over the counter in the pharmacy or over the internet, vitamins, and herbal supplements in the containers they came in.
- ☐ A list of allergies including the type of reaction.
- ☐ Your glasses and hearing aid(s).



Getting yourself ready

It is important for you to be in the best possible condition for your surgery. Being in good condition helps you recover faster and decreases the chances of any problems. The recommendations below are things you can do to get ready for surgery.

Exercise

Exercise helps you be in the best shape possible before your surgery and helps you get better faster. If you are already exercising, keep up the good work. If you are not, start slowly adding exercise into your day. You do not need to join a gym. Just going for a walk for 30 minutes each day is good exercise. Talk to your doctor before starting an exercise program.

Smoking

Use of tobacco may cause complications in the healing process. Therefore, it is important to stop smoking at least two weeks before and after surgery. Contact your family doctor if you need help to stop smoking. If you use Nicotine patches to stop smoking, stop using these two months before surgery. Nicotine patches have negative health effects similar to smoking.



For free nicotine patches or gum to help you quit, call 8-1-1 and register for the BC Smoking Cessation Program. You can also visit the QuitNow website for more help: www.quitnow.ca

Nutrition

Your body will need extra energy, nutrients and calories to heal. It is important that you be in the best nutritional shape possible. If you are overweight or underweight, it may be helpful to speak with your family doctor or a dietitian who can help you choose healthy foods. If you need help with diet information, call 8-1-1 and ask to speak with a dietitian. For more information on diet and nutrition see page 30 for website.

Alcohol

Alcohol may influence the effects of the anesthetic and other medications you receive during and after surgery. **DO NOT** drink any alcohol the evening before your surgery.



Taking part in research

The doctors at Providence Breast Centre perform collaborative, ongoing research to find causes of cancer and develop better treatments. This is in collaboration with BC Cancer or other universities. In the Breast Centre, the research coordinator may ask you to take part in a research project. Participation is entirely your choice and will be respected by all staff.

Planning for when you go home

You will be admitted to hospital on the morning of your surgery. You will be admitted in the surgical unit after your surgery. The following are important arrangements you should make before the day of your surgery.

Arrange for a ride

Arrange for someone to take you to the hospital and to bring you home. You will be discharged from the hospital at 10:00AM.

If you are having a sentinel node injection, you need someone to drive you or go with you to St. Paul's Hospital, Nuclear Medicine Department. After the injection, let this person take you to Mount Saint Joseph Hospital for your breast surgery.

Remember, you are not allowed to drive for 24 hours after your surgery if you have received anesthetic.

Arrange for help at home

Before you come to the hospital, think about what you will need when you go home (or wherever you will stay after surgery). Get things ready in advance so they are ready when you leave the hospital. Try to arrange for family or friends to help you.

You may need help at home for the first few days. After your breast surgery, you should not do household activities such as vacuuming, washing floors, gardening and laundry for at least 2 to 3 weeks after you leave the hospital. You may start doing these activities again depending on how you feel.

Some things to arrange for when you go home:

- ☐ Arrange for someone to take you to the hospital and to bring you home.
- ☐ Will you go home or will you stay with family or friends for a while?
- ☐ Prepare and freeze meals ahead of time so all you have to do is microwave or reheat.
- ☐ Shop for extra food that is easy to prepare.
- ☐ Make sure you have acetaminophen (Tylenol), and ibuprofen (Advil) in the house in case you need them for pain after surgery.
- ☐ Make sure you have a comfortable supportive bra to wear after your surgery. See page 23 for more information on what kind of bra you need after surgery.



What to bring to the hospital



- ☐ This booklet (you healthcare team will refer to it throughout your stay).
- ☐ Your BC Services Card or Care Card.
- ☐ Your Driver's License or other government issued photo ID.
- ☐ If you do not speak English, bring someone to assist you. If you need an interpreter, please tell your surgeon before your hospital admission
- ☐ The name and telephone number of your family doctor.
- ☐ The names and telephone numbers of any specialists who treat your medical conditions.
- ☐ All your medicine you are currently taking in their original container. This includes prescription medications, inhalers, medicines you buy over the counter in the pharmacy or over the internet, vitamins, and herbal supplements in the containers they came in.
- ☐ A list of allergies including the type of reaction.
- ☐ Your glasses and hearing aid(s) if required.
- ☐ Dentures and container (put your name on it).
- ☐ Mobility aids you normally use (cane or walker).
- ☐ If you have sleep apnea, your CPAP machine or dental device.
- ☐ Comfortable clothes to wear to go home.
- ☐ A comfortable, supportive bra as mentioned on the previous page.

DO NOT bring or wear the following:

- Make-up, perfume, deodorant, talcum powder, hairpins, nail polish or gel polish, false eyelashes or lash extension and wigs or other hairpieces.
- Personal items such as money, jewelry (including rings), credit cards, watch, computer device or other valuables.
- Body piercing items (earrings, nose piercings, tongue studs, etc.).

***Please leave anything valuable at home.
The hospital is not responsible for lost or stolen valuables.***

One week before your surgery

- Stop shaving your armpits and the area of your surgery. We will do hair removal in the operating room if needed.

STOP TAKING the following medications:

- Anti-inflammatory medicines (for example, Advil, Motrin, Aleve, Voltaren, Celebrex)
- Vitamin and natural/herbal supplements (over the counter)

IMPORTANT:

If you are on blood thinners, heart, blood pressure, inhalers and diabetes medication, please follow the specific instructions for these medications before and after surgery as given to you by the doctor in the Pre-Admission Clinic.

If you have not been to the Pre-Admission Clinic, please follow the instructions given to you by your physician.

The day before surgery

The Breast Centre will call you about 1:00 PM to confirm your surgery date and time and what time you need to arrive at the hospital. Write the date and times on **page 3** of this booklet.

Also, we will give you a follow up appointment during this call. Write this time on **page 31** of this booklet.

You may eat or drink as you normally would but try to have lighter easy-to-digest meals. Avoid eating fatty or fried foods.

Please contact the Breast Centre at 604-877-8511 if:

- You feel sick (cough, fever, cold)
- You have become pregnant
- If for any reason you feel you need to cancel your surgery
- You have any questions about your surgery

The night before surgery

☐ Carbohydrate loading and fasting

The evening before surgery prior to midnight:

Drink clear fluids high in sugar (carbohydrate). This helps to keep you hydrated and helps keep your blood sugar normalized during surgery. Do not use diet or sugar-free drinks.



Examples of drinks:

- Apple juice 500 mL or 2 cups.
- Cranberry juice 500 mL or 2 cups.
- Iced Tea (sweetened) 500 mL or 2 cups.

DO NOT drink the following:

- Alcohol of any kind.
- Milk or any dairy products.
- Orange juice (or any juice with pulp).

Drink at least the amount shown. Drinking more is okay.

If you are **diabetic** and on insulin you are not required to drink a clear juice unless you feel hypoglycemic. You may continue to drink water to remain hydrated.

At midnight the night before your surgery **STOP** eating all solid foods. All surgeries have a period of time when you cannot eat or drink. We call this “**fasting**” before surgery.

You may drink clear fluids including water up to 2 hours before arriving at the hospital.

☐ Get your skin ready

The night before or on the morning of your surgery you may bathe or shower. You can use a mild soap or choose to use a special soap called **4% Chlorhexidine** that can be purchased from your pharmacy. This can help to limit the risk of infection. Follow the instructions on the package, or:



- Wash from your neck down.
- Allow the suds to stay on your skin for 2 minutes, then rinse well.
- Dry your skin gently with a clean towel.

DO NOT shave or wax your surgical area. For example, avoid shaving or waxing your armpits. Your surgical team will remove hair in the operating room if needed.

DO NOT use any creams, lotions or make up including nail polish.

Be sure to remove and leave at home the following:

- Make-up, perfume, deodorant, talcum powder, hairpins, nail polish or gel polish, false eyelashes or lash extension and wigs or other hairpieces.
- All jewelry and body piercings including tongue studs.

The day of your surgery

Medications

The morning of your surgery, take the following medications given to you by your physician or the Pre-Admission Clinic doctor. Carefully follow all instructions for these medicines before taking them.

1.	5.
2.	6.
3.	7.
4.	8.

REMEMBER, DO NOT eat anything this day and stop all drinking (including water) **2 hours** before arriving at the hospital.

Arriving at the hospital

If you are booked for a **sentinel node injection**, go to **St. Paul's Hospital - Nuclear Medicine Department** first. After your injection, go to **Mount Saint Joseph Hospital - Surgical Day Care**.

If you are booked for **fine wire placement**, go to **Surgical Day Care at Mount Saint Joseph Hospital**. (See Maps on page 14 and 15)

Friends & Family

Your family member or friend can stay with you before you go into the operating room. While you are in surgery, they can wait in the Surgical Day Care waiting room. If anyone would like an area for quiet, private reflection, there is a chapel you can go to. Please ask for directions.

At the Surgical Day Care (SDC) Unit

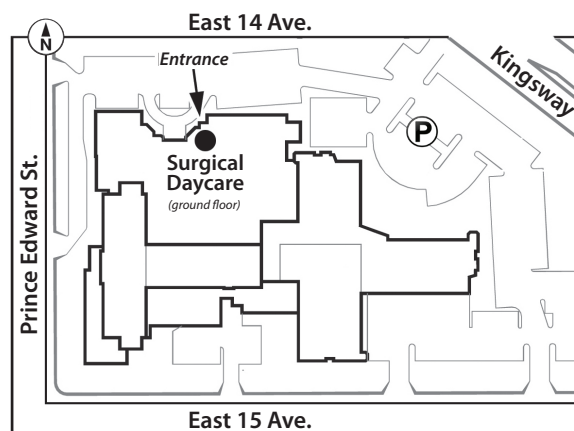
- You will be admitted in the Surgical Day Care and we prepare you for surgery.
- You change into a hospital gown.
- The nurse checks you in, asks you questions about your health, checks your blood pressure, pulse and temperature and makes sure all your preparations are complete.
- We give you wipes to clean the areas of your body that be operated on.
- Your surgeon and anesthesiologist visit you before surgery.
- The surgeon marks the breast being operated on using a special pen.
- If you need your glasses, leave them on until we ask you to take them off.
- Keep your hearing aids or cochlear implant in place until we ask you to take it off.
- We insert an intravenous (IV) in your arm. This is a needle that goes into a vein. We use it to give you medicine and fluids during and after your operation.
- You may be given medication to help prepare you for surgery.

MAPS



Mount St. Joseph Hospital

3080 Prince Edward St
Telephone: 604-877-1141



Location Information

Mount St. Joseph Hospital

Surgical Day Care

Ground Floor of Mount St. Joseph, entrance through Kingsway parking by Emergency Department
Telephone: 604-877-1141 extension 78318

Radiology Imaging Department

Ground Floor of Mount St. Joseph, Prince Edward Street main entrance
Telephone: 604-877-8323
W

St. Paul's Hospital

Surgical Day Care

3rd Floor on Providence Building
Telephone: 604- 682-2344 extension 62275

Nuclear Medicine Department

Main Floor on Providence Building, Radiology Department
Telephone: 604- 682-2344 extension 68008

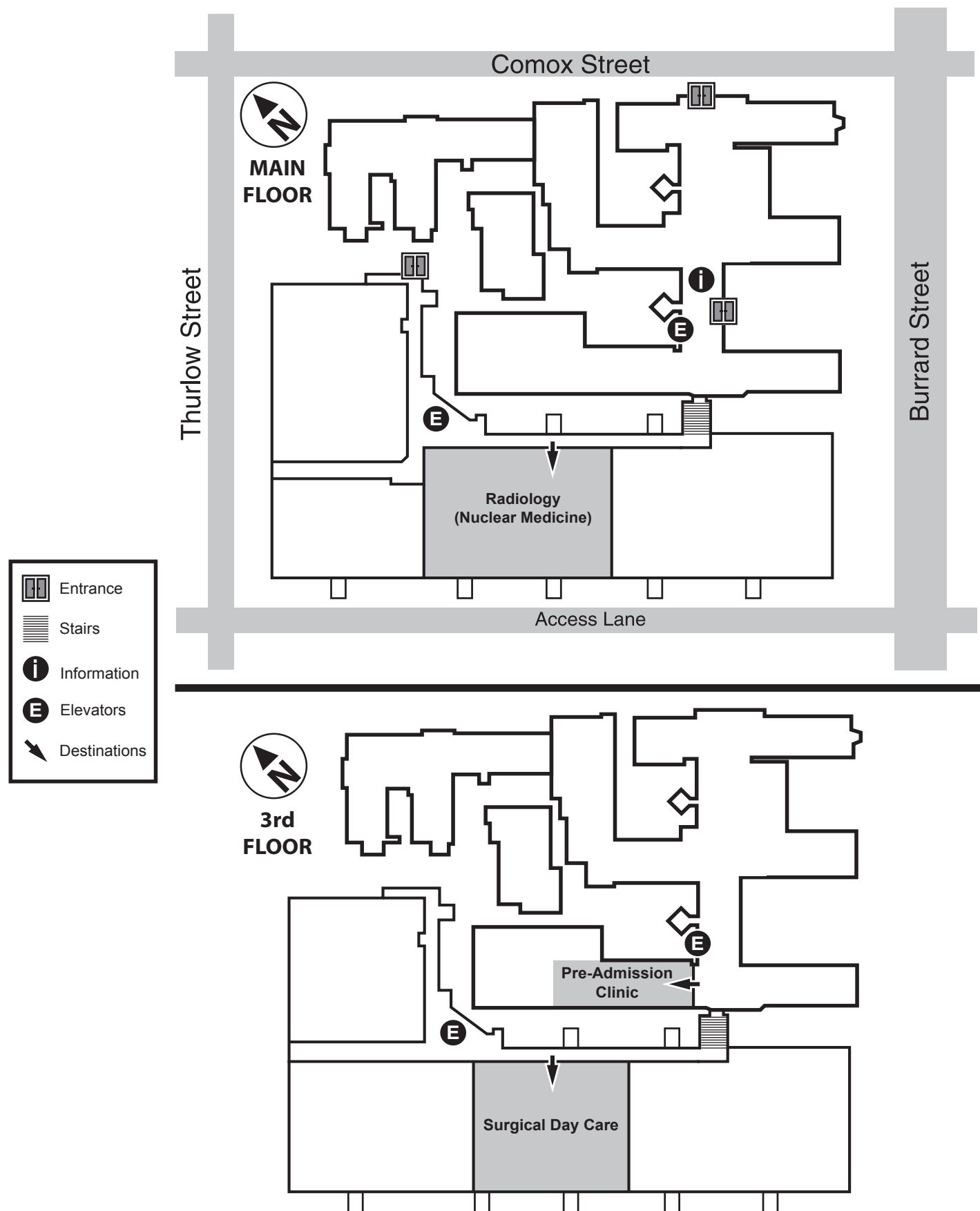
Pre-Admission Clinic

3rd Floor on Burrard Building
Telephone: 604- 682-2344 extension 68622

St. Paul's Hospital

1081 Burrard Street, Vancouver, BC V6Z1Y6

Telephone: 604- 682-2344



DURING YOUR SURGERY

In the operating room

You will be taken to the operating room for your scheduled surgery. You meet with the anesthesiologist and OR staff who will take care of you during your surgery. We insert an intravenous (IV) into your arm if you do not already have one.

Before your surgery begins, an antiseptic solution called chlorhexidine is used to clean the skin around the surgical area. The solution is a dark pinkish colour, which will leave a temporary mark on your skin.

We do not use chlorhexidine solution if you are allergic to chlorhexidine.

About your anesthesia

The anesthesiologist gives you the anesthetic and looks after you while you sleep through the surgery. The type of anesthetic depends on the type of your surgery.

General Anesthesia

The anesthesiologist gives you medicine through your intravenous catheter to help you sleep and manage pain during surgery. Your breathing is controlled by the anesthesiologist with help from a breathing tube.

Procedural Sedation

This is a combination of medications that produce a “sleep-like”, pain-free state. It makes you physically and mentally relaxed, but not unconscious. You may feel sleepy or dizzy for up to 24 hours. You control your own breathing and a breathing tube is not required.

Local Anesthesia

A medication used to “freeze” or numb the feelings in a specific part of the body. This prevents pain during surgical procedures. An anesthetic drug is applied to the part of the body that is to undergo surgery. It may be used with sedation, which calms the patient and reduces stress levels.

Regional Anesthesia

The Anesthesiologist will discuss your options for different ways to manage the anesthesia you receive for the surgery. You will have the opportunity to ask questions and review any concerns you may have.

What is Regional Anesthesia (Nerve Block)?

Regional anesthesia is also called a nerve block. Regional anesthesia is the administration of medication to “numb” and reduce pain in the specific region where you will have surgery. Regional anesthesia medications are given by a needle through the skin to inject local anesthetics (freezing or numbing medication) next to specific nerves.

The Anesthesiologist will mark the side and site of the nerve block and may inject local anesthesia to numb the nerve block injection site. You will be awake for this procedure. You may receive sedation before the regional block to help you relax. The nerve blocks procedure typically takes 20 minutes. The numbing can last up to 8 hours after surgery.

Types of Nerve Blocks:

The nerve blocks used in breast surgery are:

Pectoralis Nerve Block

The pectoralis nerve block is local anesthetic placed underneath the pectoralis (chest) muscle to block the lateral and medial pectoral nerves (nerves that supply the chest muscles). This block is used to reduce pain associated with the pectoralis muscle. A needle is placed just under collarbone beside your shoulder to numb the skin and muscles.



Pectoralis Nerve Block

Thoracic Paravertebral Nerve Block

The thoracic paravertebral nerve block is local anesthetic placed near the spinal nerves to block the nerves supplying sensation to the chest. This block is used to numb and reduce the pain to areas of the chest (side and front) and the underarm. The needle is placed in your back by your shoulder blades.



Thoracic Paravertebral Nerve Block

What Are the Benefits of the Nerve Block?

Having a nerve block improves comfort after surgery by **reducing**:

- pain after surgery.
- nausea and vomiting after surgery.
- the risk of chronic (long-term) pain after surgery.
- the need for opioids (narcotics) to control pain.

There are risks associated with all types of anaesthesia. Your Anesthesiologist will discuss this with you.

Patients Having Breast Reconstruction Surgery

If you are having breast reconstruction surgery, you will have general anesthesia. You may be asked to have regional anesthesia in addition to the general anesthesia.

About your surgery

There are several different types of breast surgery. Here is more information about the most common types. If you have questions, ask your nurse or your surgeon.

☐ **Breast Biopsy**

The surgeon makes a small cut (incision) and takes out a small piece of breast tissue. This may be the whole lump or part of the lump. We send this tissue to a pathologist for diagnosis. A biopsy can be done with either a local or general anaesthetic.

☐ **Fine Wire Insertion**

Fine wire insertion is a way to mark a breast abnormality that can be seen with medical imaging, but cannot be felt. Before your surgery, the radiologist uses an x-ray to put a fine thread-like wire as close as possible to the area of concern. With the wire in place, your surgeon knows exactly where to operate.

☐ **Lumpectomy**

Also called “partial mastectomy”, this is surgery to remove the part of the breast with cancer, and some breast tissue around it. A lumpectomy is done to remove, or prevent, cancer growth.

☐ **Mastectomy**

Also called a “total mastectomy”, or “simple mastectomy” A mastectomy is surgery to remove the whole breast with cancer in it. A mastectomy can also be done to prevent the growth of cancer.

☐ **Sentinel Lymph Node Biopsy**

A “sentinel” lymph node is the first lymph node that cancer is likely to spread to. A sentinel lymph node biopsy is surgery to find, remove and test some sentinel lymph nodes. This helps find out if cancer has spread to lymph nodes under your arm.

Before this procedure, you will go to St. Paul’s Hospital where we inject a tracing agent into the breast. A short time later, we will scan your body. This shows us where the agent has gone.

After the injection, you go to Mount St. Joseph Hospital Surgical Day Care for your breast surgery. In the operating room, once you are asleep, we may inject blue dye into the breast. This helps the surgeon find the sentinel nodes during surgery.

If you have the blue dye injection, your urine may turn bright green for a day or two after surgery. Your skin and the area around the incision line may also look blue. These effects are normal and they go away in a few days.

☐ **Axillary Lymph Node Dissection**

Lymph nodes are small, bean-shaped organs that act as filters along the lymph fluid channels. As lymph fluid leaves the breast and eventually goes back into the bloodstream, the lymph nodes try to catch and trap cancer cells before they reach other parts of the body. Having cancer cells in the lymph nodes under your arm suggests an increased risk of the cancer spreading.

If there are cancer cells in the lymph nodes, a surgeon removes most of the lymph nodes under the arm. This is called an axillary lymph node dissection. They might do this during the same operation as your breast surgery or as a second operation. Some people will have radiotherapy to the lymph nodes instead of surgery.

Breast Reconstruction Surgery

Breast reconstruction surgery is the creation of a new breast. This is surgery for women who had all, or a large part of their breast(s) removed. It may be done after removal of a whole breast (mastectomy) or part of the breast (breast-conserving surgery). Not all women will have breast reconstructive surgery.

Breast reconstruction often involves several operations to give you the best outcome possible. Depending on your treatment plan, breast reconstruction can be done immediately or delayed.

Immediate Reconstruction - done at the same time as the surgery.

Delayed Reconstruction - done after other treatments for breast cancer are complete.

There are usually different options available for breast reconstruction. Your breast surgeon and plastic surgeon will talk to you about which one is likely to suit your condition best.

There are two kinds of breast reconstruction:

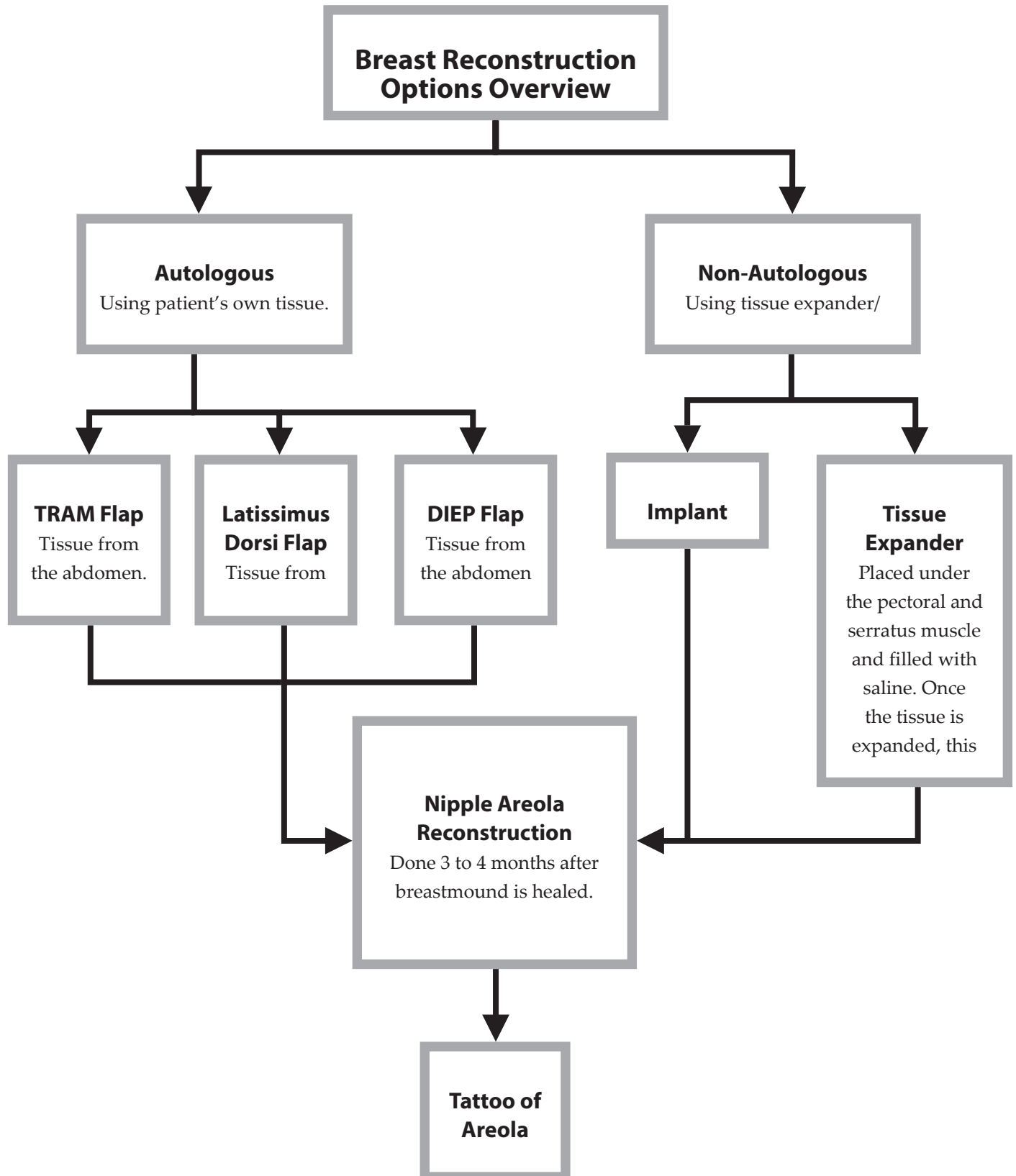
- Using breast implants (silicone or saline breast inserts).
- Using your own body tissues (known as tissue flap procedures).

A combination of both techniques is also an option.

IMPORTANT:

If you are having breast reconstruction surgery, your plastic surgeon will give you more instructions.

Make sure you follow both sets of instructions. These will help you get ready for your surgery and get better afterwards.



AFTER YOUR SURGERY

Post-Anesthetic Care Unit

When your surgery is finished, we move you to the Post-Anesthetic Care Unit (PACU), often called the “recovery room”. This room is where we monitor you while you wake up after your operation.

You will probably still feel sleepy. You may be wearing oxygen and an intravenous line attached in your arm.

The nurses assess your comfort level and nausea. You will be given medicine for your pain and nausea if needed. These medicines may be given to you in your intravenous or in pill form.

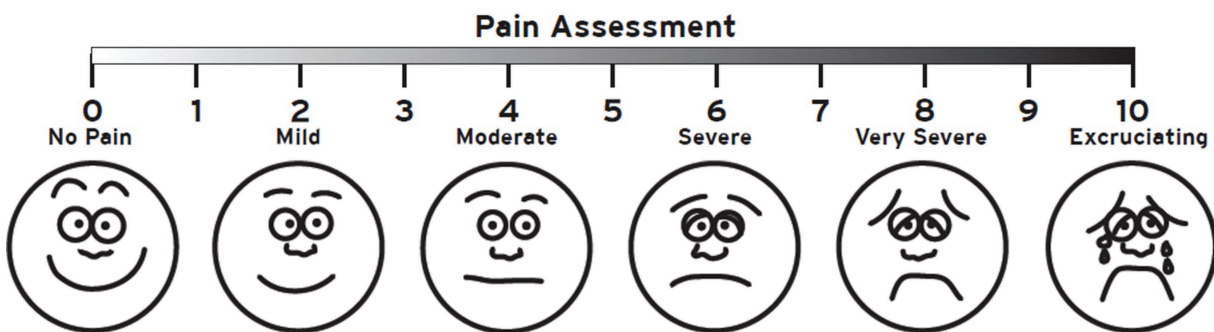
The nurses check your blood pressure, pulse, breathing rate and look at the dressing covering the site of your surgery regularly. The incision is covered with “Steri- Strips” (tape strips on the wound) and a dressing (or bandage). You may have a drain (small plastic tube) in place.

When you are awake and feeling more comfortable, we move you to Surgical Day Care to get you ready to go home.

Pain after surgery

Some pain after surgery can be expected. Our goal is to help manage your pain to an acceptable level that allows you to participate in activities that will help you recover. Uncontrolled pain can delay healing, increase your stress, disrupt your sleep, cause you anxiety, decrease your appetite and slow your recovery.

A pain scale will help you describe and monitor your pain. A zero (0) on the scale means no pain and ten (10) means the worst pain imaginable. Please look at the pain scale below:



Comfort goal

Once you have looked at the pain scales, decide what a comfortable pain level is for you. This is a number that allows you to take deep breaths and move about freely. If you have chronic pain, your goal may be what you rate your pain on your best day. Check in with yourself frequently. In hospital, if you are uncomfortable, call your nurse or member of the health care team and tell them about your pain. You will recover more slowly if you wait until your pain is out of control.

Nausea and vomiting prevention

You might feel sick to your stomach (nauseated) or throw up (vomit) after surgery. You will get medicine to prevent nausea as needed. These medicines work best if you take them as soon as you start feeling sick to your stomach and before the nausea gets too bad.

Other ways to help to settle your stomach:

- Place a cool damp cloth on your face.
- Take some slow deep breaths.
- Take small sips of cold water or suck on ice chips.
- Try distracting yourself with music or watch TV.

Tell your nurse as soon as you feel sick to your stomach so we can give you medicine right away and prevent it from getting worse.

Inpatient Surgical Unit

When you are ready, we will move you to the Inpatient Surgical Unit while you recover from your surgery. Every patient's recovery is different. How long you stay in the hospital depends on your current health, the type of surgery and how you recover from surgery.

Most patients who had a mastectomy, axillary node dissection and breast reconstruction with breast implant surgery will stay overnight and go home the next morning.

Patients who have had breast reconstruction with tissue flap will stay in the hospital for 4 to 5 days. Your plastic surgeon gives you more instructions for after surgery. It is important to follow these instructions as a guide to your recovery.

When you arrive, your nurse will assess your:

- Blood pressure, pulse, breathing, temperature and oxygen levels.
- Comfort level. You will receive pain relievers or other medications depending on what you need.
- Nausea. We can give you medication if you are nauseous.
- Dressing (bandage) on your incision site. You can expect to have a little fluid coming from your surgery site or incision.
- Drain tube in your breast and/or axilla, abdomen area. Your nurse will measure and empty any fluid.

Your nurse teaches you how to care for your dressing and drain.

You will have an IV. It will be removed before you go home. You can start eating your regular diet.

We will encourage you start moving soon after surgery. The nursing staff will be able to advise you on whether you should call for help if you need to get out of bed and how far you should walk.

GOING BACK HOME

Leaving the hospital

Before you go home, your nurse will review the home instructions with you and your family member or friend.

A physiotherapist will also visit you to go through exercises after breast surgery.

If you are going home with a drain (or drains), you will be given information to health centres in your community where you can have your drain and dressings looked after. See page 28 for more information.

Your surgeon may give a prescription for pain. This can be filled at any drugstore.

You are ready to go home when:

- You are medically stable.
- Your pain and nausea are controlled.
- You received discharge instructions from the nurse.

IMPORTANT:

If you have received anesthetic **DO NOT:**

- Drive for 24 hours after surgery.
- Take ASA (Aspirin). This may cause bleeding.
- Work or operate any machinery for 24 hours after surgery.
- Make major decisions or sign documents for 24 hours after surgery.
- Take tranquilizers or sleeping pills for 24 hours after surgery.
- Drink alcohol 24 hours after surgery.

Managing pain

There are different ways to manage your pain. Generally, when you are able to drink fluids, we will start you on medication you take by mouth. You may be given a prescription for pain medications for home.

Pain medication taken by mouth (pills or liquids)

Opioid medicines (also called 'narcotics') such as Tylenol #3. These are given in pill or liquid form. After surgery, you may require pain management with opioid analgesics for a short time. If you can eat and drink, you will receive these in pill or liquid form that you take by mouth.

Non-opioid medicines for pain relief such as acetaminophen (Tylenol®), naproxen and ibuprofen. After surgery, you will typically receive acetaminophen every 6 hours. This may be used in combination with other pain medications.

Managing pain without medicine

In addition to medication, these are things you can do to help ease pain:

- Relax to help reduce pain.
- Position yourself, with help if needed, so you can breathe freely and easily.
- Do slow and relaxed breathing.
- Use pillows to support yourself.
- Listen to music.
- Imagine peaceful situations.
- Get enough sleep. Tell your nurse or doctor if you have difficulty sleeping.

Ask your nurse or call the **Breast Centre** at 604 877-8511 to talk about these ways of managing pain.

What bra should I wear after breast surgery?

Depending on your surgery, you may want to wear a supportive bra day and night for a while to minimize any movement that could hurt.

Talk to your surgeon or your nurse about what bras will best meet your needs. After your surgery, wearing a normal bra will cause you pain, or bother the area where you had surgery. Normal sports bras and yoga bras are often too tight to use right after surgery. You will not be able to pull clothing over your head right after surgery which makes them difficult to put on.

If you want to wear a bra right after your surgery, look for a comfortable supportive bra that you can put on without lifting your arms. This includes bras that you can close in the front with zippers, hooks or Velcro. This kind of bra is often called a “surgical bra.” Make sure the bra does not put pressure on your drain or incision area.

If you had a mastectomy on both sides, you may prefer not to wear a bra. If you had a mastectomy without reconstruction, you may want to wear a fluffy cotton breast form. The Breast Centre nurse will give you information on where to buy this.

If you decide you want a bra and breast prosthesis, the Canadian Cancer Society has a list of stores. Call 1-888-939-3333 or visit www.bccancer.bc.ca.

Comfort after surgery

If you have larger breasts, you may find it more comfortable to sleep on the side that has not been operated on, with your healing breast supported by a pillow in front of you.

When you are putting on clothes, put the arm on the surgery side into the shirt sleeve first. You will not be able to pull clothing over your head, so look for shirts that open in the front.

Activity after your surgery

Each person recovers differently. The sooner you get up and move around, the better it is for your recovery. Allow yourself to get enough rest so that you can return to your normal routine in a few days. In most cases, you can return to normal activity as soon as you feel ready.

It is very important to start using your arms right away after surgery. Moving your arms will help your muscles heal and move properly.

Use your arms and shoulders for normal tasks such as eating, bathing and dressing, brushing teeth, brushing hair, or cleaning dishes.

It is safe to do light work housework after surgery. **Avoid** activities that pull on your incision, for example, no vacuuming, sweeping, or reaching things in high places.

DO NOT lift, pull or push heavy objects. You may lift objects that you can manage easily.

DO NOT hold your shoulder forward on the side of your surgery. This can cause the shoulder muscle to tighten.

IMPORTANT:

If you think you have not regained full motion after two weeks, call the Breast Centre nurse at 604-877-8511.

We will refer you to a physiotherapist if needed.

Exercises

Exercise is important in your recovery. No matter what type of surgery you have, it is important to do exercises afterward to get the arm and shoulder moving again and get back to the normal activities you do every day as soon as possible.

Walking every day is ideal exercise after your surgery. It helps keep your lungs and heart healthy. It is also a great way to relieve stress, control weight gain and have more energy.

You start doing your arm and shoulder exercises the day after surgery. Once you are home, continue exercising by following “**Physiotherapy After Breast Your Breast Surgery**”. It is important to start these exercises to regain movement in your arms, back and shoulders.

Take your pain medication 20 to 30 minutes before doing your exercises. You can exercise daily, 3 times a day, every day, until you have regained full range of motion in your arm(s). Breathe deeply and often as you do each exercise.

While exercising **DO NOT:**

- Over exercise or use a workout plan for 4 weeks.
- Perform high-impact aerobics, such as jogging and running
- Swim until your wound has completely healed
- Lift anything heavy.

If you had **breast reconstruction with flap (with or without implant), do not lift, pull or push anything over 2.25 kg (5 lb) for at least 4 weeks.** This includes carrying children, and heavy cooking pots.

If you had **mastectomy (with or without implant) or partial mastectomy with axillary node dissection, do not lift, pull or push anything over 5 kg (10 lb) for at least 4 weeks.** This includes carrying children, and heavy cooking pots.

Sexual activity

You may return to sexual activity when you feel ready and comfortable. It may take time for you to feel physically well enough or able to cope emotionally with any form of sexual activity. This will be different for everyone and it's important to do what feels right for you. Talk to your partner about other ways you can give each other pleasure, like touching, cuddling or kissing.

Also, you can talk with your doctor about any concerns you may have about resuming sexual activity.

Blood pressure readings, blood draws and injections in the affected arm

There is no need to avoid medical procedures in the affected arm after breast cancer or axillary surgery. Recent research shows that taking blood pressure readings, blood draws or injection in the affected arm does not increase the risk of arm swelling or lymphedema.

Driving

You may drive if you can move your arms and shoulder without pain and only when you feel comfortable to do so. **DO NOT** drive for 24 hours after anesthetic or while you are taking narcotics or prescription pain medication.

Shower/Bathing

After surgery, you may notice a pinkish coloured stain on your skin around the surgical area. This is from the antiseptic (chlorhexidine) we use to clean the skin before surgery. When you get home, use a damp cloth to gently wash off the colour. We do recommend washing it off because it can irritate your skin.



DO NOT swim, soak in a bathtub, use a hot tub or sauna until your wound is completely healed. Instead take a sponge bath or a shallow bath. **DO NOT** soak your incision or drain site.

You may take off your dressing 2 or 3 days after your surgery. Once you remove the dressing may shower gently over the incision with the Steri-Strips. **DO NOT** remove your Steri-Strips.

When you are finished bathing, pat the incision dry very gently with a clean towel. **DO NOT** rub the area. Keep the area dry at all times. The wound heals faster when it is kept dry and clean. **DO NOT** use any lotion, vitamin E, etc. on the wound.

If the incision is clean and nothing is draining from the incision, you do not need to put on another dressing. Some people find it more comfortable to keep a dressing over the incision but the incision can stay uncovered. If you do notice some drainage from the incision, put a small clean dressing on.

Emotional adjustment

After breast surgery, every woman recovers differently. Many women with breast cancer cope by sharing their worries and feelings with family and or friends. Other women attend support groups.

If you would like to know about patient and family counselling services, your surgeon or the Breast Centre nurses can give you a referral to the BC Breast Cancer Agency.

If you want to learn more about your condition, or you would like information about support options, the BC Cancer Society has a telephone information line. Their volunteers will provide you with excellent information. You can call them at 1-888-939-3333.

Diet and nutrition

After surgery, your body needs healthy food with extra calories and protein to help you heal. Include food high in protein such as meat, fish, chicken, eggs, beans and nuts.

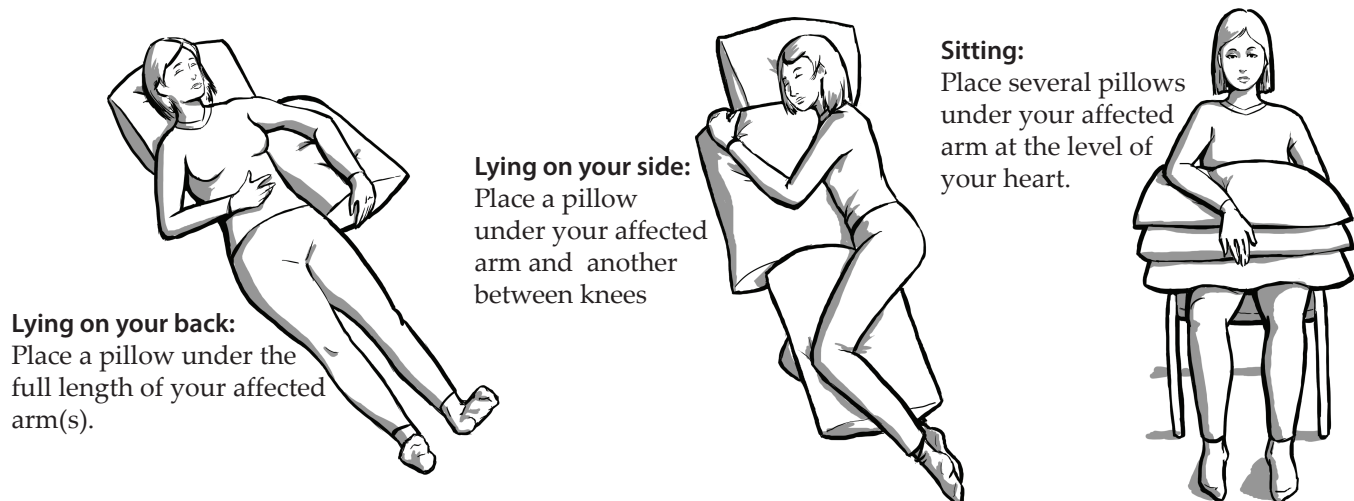
Ensure you get enough water (6 to 8 glasses per day). Aim for fresh foods and foods high in fibre to minimize constipation, especially if you are taking pain medications.

For more information on diet and nutrition see page 30 for website.

Caring for your wound

Swelling

You may notice swelling right after surgery. This is normal and should get better with time. For a few days after surgery it is helpful to comfortably elevate your arm by using 2 to 3 pillows for support. Do this for 45 minutes, 2 to 3 times a day.



Apply a covered ice pack over the incision for added comfort and relieves swelling.

REMEMBER, If you had breast reconstruction DO NOT apply an ice pack over your incision.

If you had mastectomy (with or without implant) or partial mastectomy with axillary node dissection, you may apply a covered ice pack over the incision for 15 to 20 minutes every 3 to 4 hours. This adds comfort and relieves swelling. Wrap the ice with a towel then place it on the incision area. Do not place ice or ice packs directly on your skin

Dressing Care

Always follow your surgeon's instructions for your incision care. If you did not receive instructions from your surgeon, use this information as a general guideline.

You may notice some bruising, tenderness and slight bleeding around the wound site. Numbness in the arm is also common. This will get better with time as the wound heals. It takes about 4 to 6 weeks for the wound to heal.

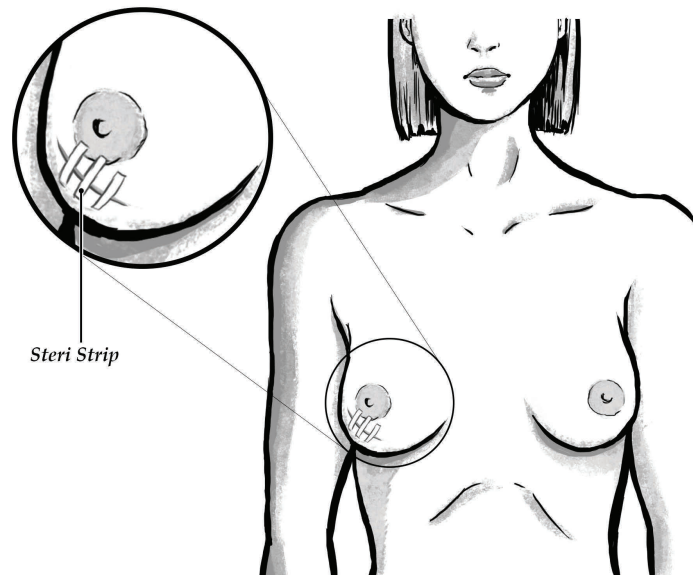
REMEMBER, If you had breast reconstruction surgery, DO NOT remove dressing. Your plastic surgeon will remove the dressing during your follow-up appointment.

You will have a dressing over your incision. The incision is held together with stitches that dissolve and paper tape called "Steri-Strips".

2 to 3 days after surgery, you may remove the dressing. Your incision can stay open to the air, or you can keep a dressing over it if you prefer, but **DO NOT** remove the Steri-Strips.

Apply a small clean dressing, like gauze or a Band-Aid to any area that is giving off moisture.

Once the Steri-Strips begin to fall off you can gently remove them if they irritate your skin. They do not need to be removed by a nurse or doctor. If you still have them on the day of your follow-up appointment, you can gently take them off then.



It takes about 3 to 4 weeks for the stitches to dissolve as the wound heals.

If you have had axillary node biopsy or surgery, **DO NOT** use deodorant, talcum powder or shave under your arm until the incision is completely healed. Use an electric shaver only if you need to remove hair on your armpit.

Bleeding

After surgery, it is common to have a little bleeding from the incision. But problems may occur that cause you to bleed too much.

Signs of bleeding include:

- Bleeding that starts again or gets worse, such as soaking a bandage in 2 to 4 hours.
- You are dizzy or light-headed, or you feel like you may faint.

Caring for your drain

During your breast surgery, you will have breast drains put in. These are tubes in the area where the tissue was removed. These tubes attach to a hollow rubber ball which collects fluid.

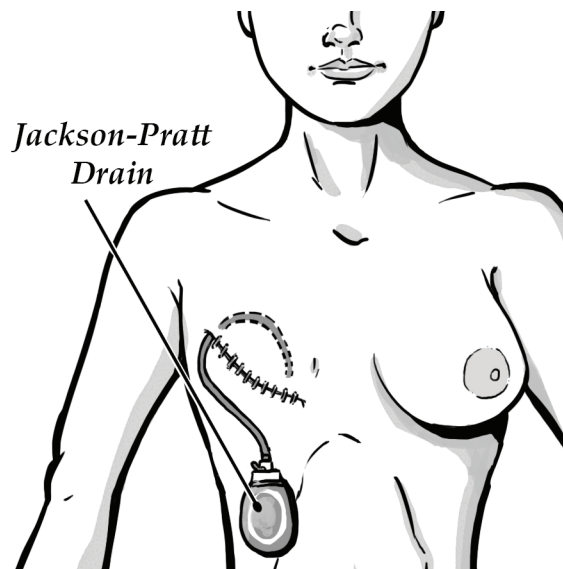
Below are images of the Jackson-Pratt Drain (also called a “JP drain”). This is the type of drain we use most often after breast surgery.

Refer to “**Jackson Pratt Wound Drainage System**” patient instructions guide on how to care for your drain.

Some people go home with their drain (or drains) still in place. Here is what you can expect:

The drain tube is held to your skin with a few stitches. You will have a small bandage over the drain site. A small amount of fluid may leak from the drainage site. Change the bandage when needed.

If you are going home with a drain, you will be given information to health centres in your community where you can have your drain and dressings assessed.



We will teach you how to empty drainage before you leave the hospital and how to care for your drain at home.

You may take a shower or shallow bath after the dressing is removed. Your nurse can show you how to attach the bulb while showering. This keeps the bulb from pulling on the skin or pulling out.

The drain will be removed if the total volume of drainage is less than 30 ml (2 tablespoons) for 2 consecutive days or 14 days after your surgery.

When the drain is removed, keep a small bandage over the drain entry site until it is closed and dry.

Warning Signs of infection

A wound infection can happen any time until the wound is completely healed.

Any of the following symptoms could mean you have a wound infection:

- The wound feels tender, swollen or warm to touch.
- Redness in the area.
- Increasing pain at the incision or drain site.
- Pus looking discharge from the wound or drain site.
- Feeling generally unwell with a raised temperature, fever of 38 degrees Celsius or higher.

Possible Complications

Seroma

Sometimes fluid builds up under the incision or in the armpit after the drain is removed. You may develop a pocket of fluid called a “seroma”. This can cause a “sloshing” sound in the breast, a feeling of fullness, feels like there is liquid under the skin or lump under the arm. Seromas are not a problem unless the area becomes heavy, tight or painful.

The seroma may go away on its own within a few weeks or months. Your body will slowly absorb a small seroma. No medicine will make it go away faster. If you have large seroma and it is causing pain, your surgeon may remove it with a needle and syringe.

Lymphedema

If you are experiencing swelling, tightness, aching/pain, heaviness, redness, less movement/flexibility of your arm, hand or wrist you may be developing a condition called ‘lymphedema’.

Lymphedema occurs when fluid builds up under the skin. Lymphedema can develop very soon after surgery or radiation or it can develop months or even years after these treatments. Depending on the type of surgery and other treatments a person has, it is possible for lymphedema to occur in the arm, hand, breast, trunk, or abdomen. The swelling can be accompanied by pain, tightness, numbness, and sometimes infection. Inform your surgeon if you are experiencing any of these symptoms to discuss managing and treatment of lymphedema.

Axillary web syndrome

After axillary node surgery and/or radiation treatment to the axilla, some people develop a condition known as “axillary web syndrome” (or lymphatic vessel cording), a hardening of the lymphatic vessels. This condition is described as a stiffness or tightness in the underarm, forearm and wrist.

You may notice fine cords (like violin strings) running down the inside of the arm and sometimes into the forearm. You may not be able to move your arm as well as before.

Axillary web syndrome usually goes away without treatment after a few weeks or months. If you notice these cords, **DO NOT** snap them. We recommend slow stretching over time. This will make it easier to move your shoulder and elbow.

A physiotherapist specializing in breast cancer rehabilitation may be able to help. Call the Physiotherapy Association of BC at 604-736-5130 or go to www.bcphysio.org.

REFERENCES AND ADDITIONAL RESOURCES

Breast Cancer Information and Support Group

Learning about your condition can help relieve your anxiety and fear of the unknown.

If you would like information about Support Groups, call the Canadian Cancer Society at:

1-888-939-3333.

Local Canadian Cancer Society 604-872-4400 or 1-800-263-6750.

Resource Book

The Intelligent Patient Guide to Breast Cancer (5th Edition) by Ivo Olivotto MD, Karen Gelmon MD, David McCready MD, Kathleen Pritchard MD, Urve Kuusk MD. (2017). Information about risk, prevention, symptoms, signs, diagnosis, stage, surgery, radiation, chemotherapy, prognosis, treatment of/for breast cancer:

Websites

Diet and Nutrition Guide: www.bccancer.bc.ca/nutrition-site/Documents/Patient%20Education/a_nutrition_guide_for_women_with_breast_cancer.pdf

BC Cancer Agency: www.bccancer.bc.ca

Canadian Cancer Society: <http://www.cancer.ca/en/cancer-information/cancer-type/breast/breast-cancer/?region=on>

Breast360.org: <http://www.breast360.org/>

Breastcancer.org: <http://www.breastcancer.org/treatment/surgery/>

HealthLink B: <https://www.healthlinkbc.ca/health-topics/hw3791>

Physiotherapy: www.bcphysio.org

Lymphedema, Blood pressure measurement: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4872021/>

Lymphedema, Blood pressure measurement (continued): <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5260339/>

MSJ Breast Clinic: <http://www.msjbreastclinic.com/>

Discharge Information at Glance

Before you leave, do you:

- ☐ Know what to do or who to call if you have a problem?
- ☐ Have a prescription for your medications (if needed)?
- ☐ Know how to care for your incision or drain (instruction booklet, if any)?
- ☐ Know how to manage your pain?
- ☐ Know about activity and exercises level at home?
- ☐ Have all your follow up appointments for the surgeon and family doctor?
- ☐ Have all your personal belongings?

Follow-up appointment

Your follow up appointment with the breast surgeon is booked approximately two weeks after your surgery. The Breast Centre will arrange this appointment ahead of time. At the appointment your surgeon will review how are you doing and tell you if any further treatment is needed.

Your follow-up appointment is: _____ Time: _____

Clinic Location: _____

Going back to work

Check with your family doctor or surgeon before going back to work. You may return to work when:

- You are comfortable with arm movements used in your job. (For the first 4 weeks, **DO NOT** lift, push or pull anything heavier than:
 - 2.5 kg (5 pounds) for breast reconstruction with flap, with or without breast implant.
 - 5 kg (10 pounds) for all other breast surgery.
- You have complications (e.g. seroma, infections)
- You feel ready. Being ready depends on the type of work you do (2 to 4 weeks).

Notes



How you want to be treated.

www.providencehealthcare.org