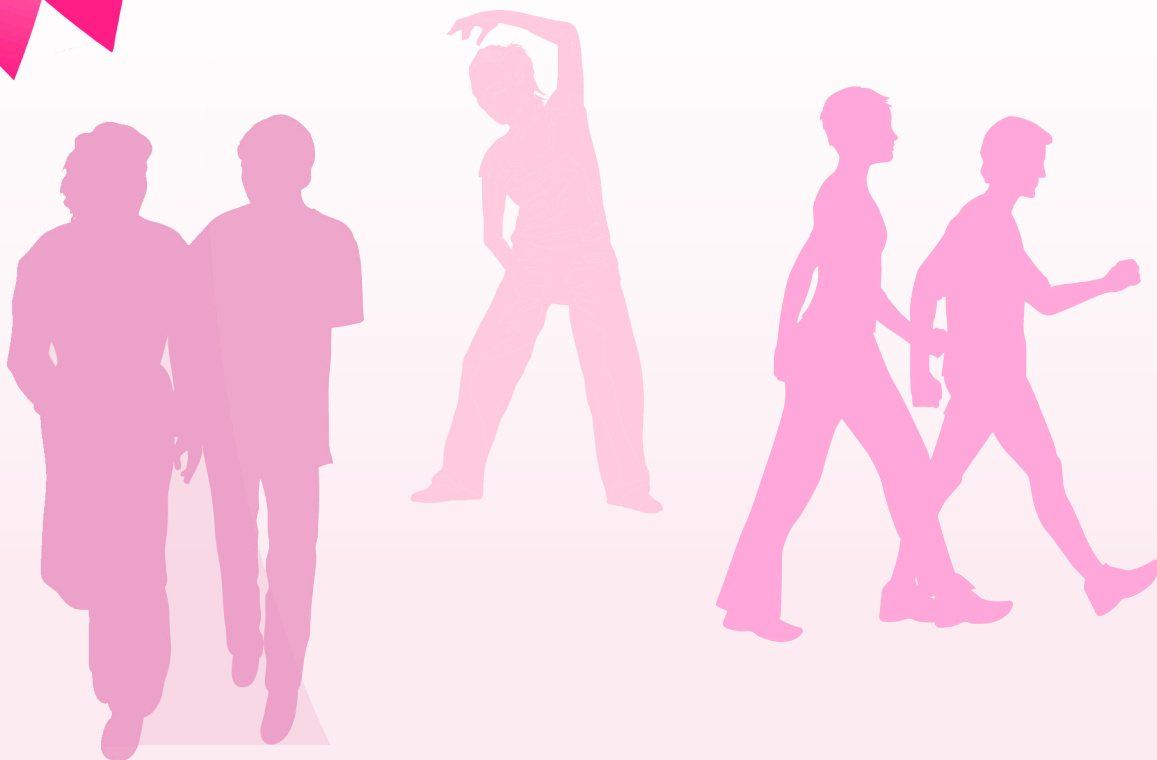


A Guide to Breast Surgery



This booklet will help you understand and prepare for your surgery.

Bring this booklet with you to the hospital.

MUHC Breast Clinic: 514-843-2829

MUHC Breast Clinic nurses: 514-934-1934 ext: 35166

PRET/SURE

Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program

Centre universitaire
de santé McGill



McGill University
Health Centre

This material was developed by the MUHC Breast Clinic team.

We would like to thank the MUHC Patient Education Office for their support throughout the development of this material, including the writing, the design, layout, as well as for the creation of all the images.

This booklet was produced by Precare, a Montreal-based company focused on improving patient education. Precare creates custom patient guides, interactive media for information delivery, and digital solutions for healthcare institutions to integrate into their workflows easily. Learn more at [Precare.ca](https://www.precare.ca).

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IMPORTANT: PLEASE READ

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.



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About this booklet

Using our experience and what patients and families have told us, we have designed this booklet so that it is useful.

Research has shown that following the instructions we have included for you here (e.g. eating well, controlling your pain, getting out of bed, staying active, and doing your exercises) will help prevent health problems after your surgery. You are also more likely to heal sooner and feel better faster.

Please review this booklet carefully. Bring it with you on the day of your surgery. Use it as a guide at the hospital and at home.

Having surgery can be stressful for patients and their families. The good news is that you are not alone. Speak to us if you have questions or concerns. We will also be there each step of the way.

Your MUHC Breast Clinic team

If you do not speak French or English:

Bring someone with you during your visits and hospital stay who can help you understand.

What is breast surgery?

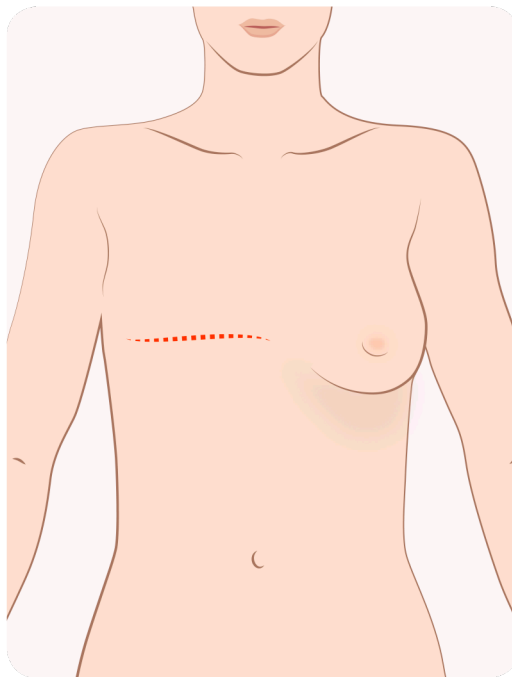
The removal of a part or of the whole breast is called a **mastectomy**. This surgery is done to remove abnormal tissue or cancer also called a tumour from your breast. Depending on the size of the abnormal tissue or tumour and where it is in your breast, you may have a choice of the type of surgery to have.

You and your doctor will decide what is best for you.

There are 2 types: **total mastectomy** and **partial mastectomy**.

Total mastectomy

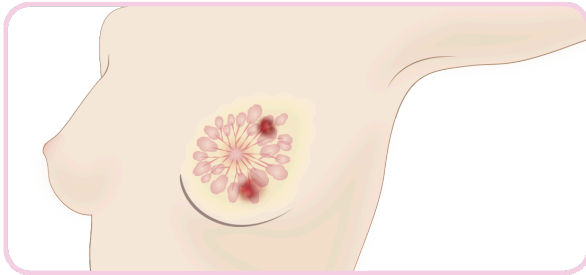
A total mastectomy is surgery where the whole breast is removed. If one breast is removed, we call it a unilateral mastectomy. If both breasts are removed, we call it a double or bilateral mastectomy.



Total unilateral mastectomy

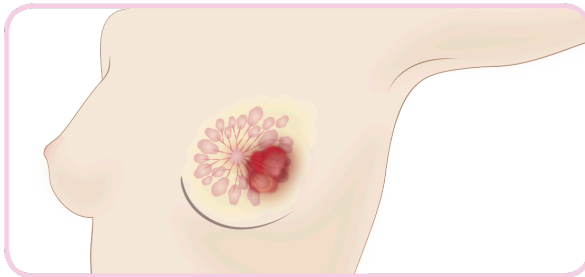
Total mastectomy

Your doctor may suggest removing the whole breast if:



You have more than one area of abnormal tissue or cancer in your breast.

or



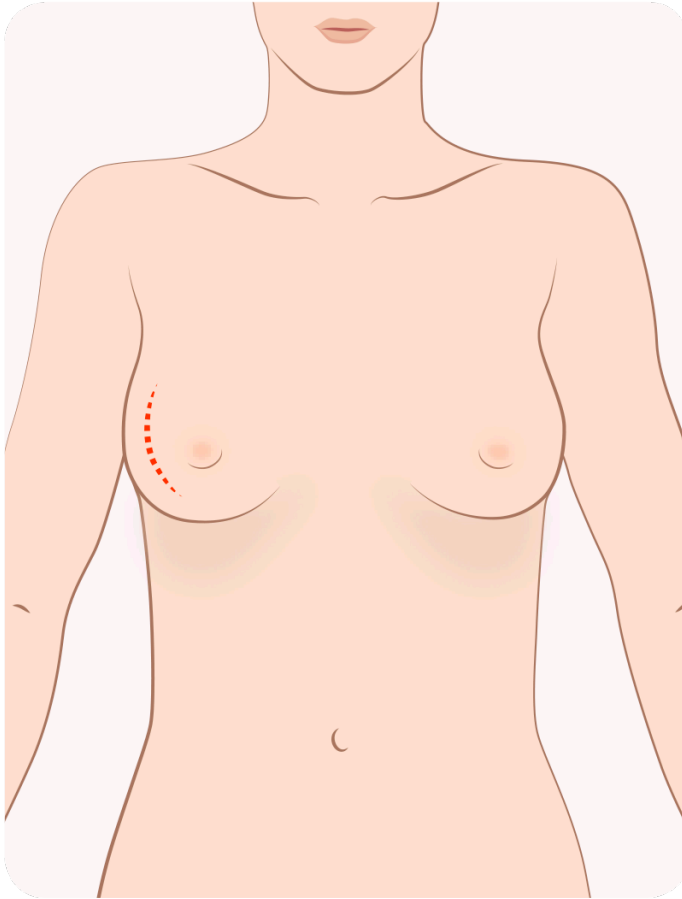
You have a large area of abnormal tissue or cancer compared to the size of your breast.

Removing the whole breast means taking out the breast tissue including tissue close to the armpit, part of the skin, and maybe the nipple. With a total mastectomy, you may not need radiotherapy.

If you will be having a total mastectomy, talk to your surgeon about your options for breast reconstruction. Breast reconstruction is a surgery to rebuild the shape of the breast that was removed. Breast reconstruction is done by a different team of surgeons, called plastic surgeons. There are different types of reconstruction. In some cases, the breast reconstruction can be done at the same time as your mastectomy. Planning for reconstruction can start now or you can get information and decide later.

Partial mastectomy

A **partial mastectomy** is surgery where only part of the breast is removed. A partial mastectomy is also called a **lumpectomy**, **tumorectomy**, or **segmental mastectomy**.



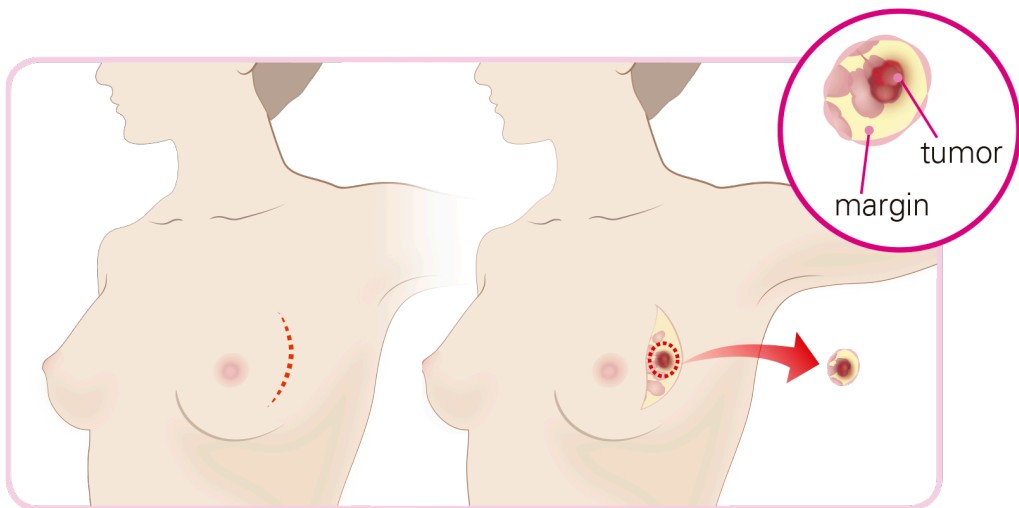
Partial unilateral mastectomy

Partial mastectomy

Your surgeon may suggest removing only a part of the breast if your abnormal tissue or tumour is small.

To make sure that the abnormal tissue or cancer is completely removed, your surgeon will take out this area with a small amount of normal tissue that is around it. The small amount of normal tissue taken out is called a **margin**.

The margin is checked to see if it is clear of tumor cells. In a few cases, there will be some tumor cells found in or close to the margin. If this happens, the surgeon will remove more tissue from the area where the margin was not clear. This may be done at your first surgery, or you may need a second surgery to get clear margins.

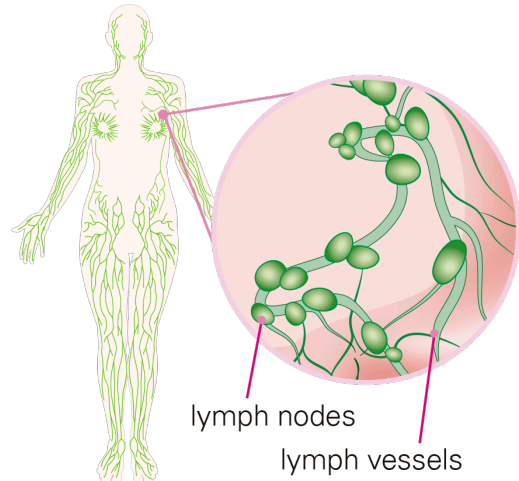


If you have a partial mastectomy, there is still a chance the abnormal tissue or cancer could come back in the breast area. If you have cancer, adding radiotherapy treatment reduces the chance it may come back. This will be similar to having a total mastectomy.

Lymph node removal

The lymph system is an important part of our immune system. It is a network made up of vessels (small tubes) and lymph nodes (bean-shaped filters).

Lymph vessels drain fluid from different parts of your body and carry it to the lymph nodes. **Lymph nodes** trap bacteria, and dead cells, cleaning them from the body.



When cancer cells spread from your breast, they usually first go to a lymph node under your arm. This first lymph node is called the **sentinel lymph node** (sentinel means “the guard” in Latin). To find the sentinel lymph node, the surgeon will inject a special dye that will travel to the lymph node that is closest to the cancer. This allows the surgeon to know which lymph node is the sentinel lymph node.

After your surgery, if your health care team told you they have injected blue dye to find your sentinel lymph node:

- You may also notice that the skin on your breast has a bit of a blue colour and that your urine may be blue or green. The blue colour is from blue dye that is sometimes **injected around the nipple**. This is normal and will go away by drinking lots of fluids.

Lymph node removal

Whether you have a partial mastectomy or a total mastectomy, you may also need lymph node removal.

There are 2 types of procedures to remove the lymph node:

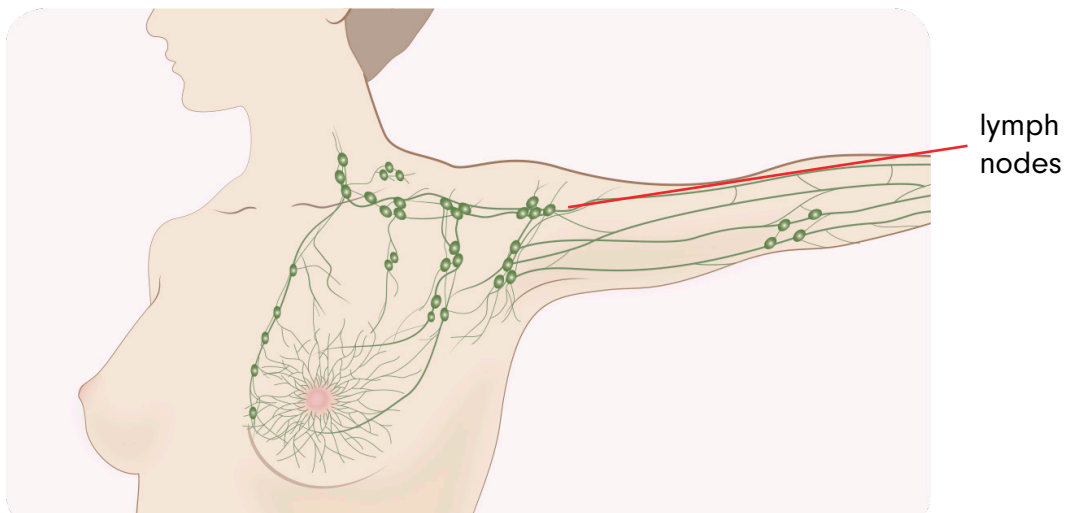
1. sentinel lymph node removal:

the surgeon typically removes 1 to 4 lymph nodes from under your arm.

or

2. axillary lymph node removal (also called axillary lymph node dissection):

the surgeon removes a larger number of lymph nodes, including the sentinel node, and some fatty tissue from under your arm.



Preparing for your surgery

Be active

Try to exercise every day. Exercise will help your body to be fit as possible. You will be better prepared for surgery. If you are already exercising, keep up the good work. If you are not, start adding exercise into your day. Exercise does not need to be intense to make a difference. A 15-minute walk is better than no exercise at all.



Stop smoking and vaping

You should quit smoking and vaping at least 4 weeks before your surgery.

- Quitting before surgery can help you recover faster and prevent complications, such as pneumonia (lung infection), blood clots and infections.
- Quitting is possible even if you are a heavy smoker and have tried many times in the past.
- Talk to your family doctor, nurse, or pharmacist, they can prescribe medication to help you stop smoking.



It is never too late to stop.

Stop drinking alcohol

Do not drink alcohol for 4 weeks before your surgery. Alcohol can affect how well you recover:

- Alcohol can change the way some medications work.
- Tell us if you need help to stop drinking alcohol.



Preparing for your surgery

Cannabis use

Let us know if you use cannabis (marijuana).

- **If you use cannabis for enjoyment or leisure reasons:**

Stop using cannabis 4 weeks before your surgery.

- **If you use cannabis, authorized by a doctor, for medical reasons:**

Let us know during your Pre-Op visit. We may ask you to take your usual morning dose if you need one, on the day of surgery. If you need another dose at the hospital, bring your cannabis and your prescription with you.



Plan ahead

You might need some help at home after your surgery.

Make plans with your family and friends so you will have help if you need it. Have food in the fridge or freezer that is easy to prepare.



Insurance forms: CNESST, SAAQ and salary insurance

If you have insurance forms to be filled out, call your surgeon's office.

Note: There are fees to have these forms filled out.

Preparing for your surgery

For day surgery patients:

A day surgery means you will go home on the same day as your surgery.

Arrange to have an adult with you to take you home from the hospital and stay with you for the first 24 hours after your surgery.

You will not be allowed to leave the hospital alone. You cannot drive, take a taxi or public transportation by yourself.



Your surgery will be cancelled if you do not have someone to take you home and stay with you for the first 24 hours.

For patients staying overnight in the hospital:

If your surgeon told you that you will be staying overnight in the hospital, you will be admitted to a room after your surgery. Most patients who need to stay in hospital overnight are able to go home the next day.

Tell your nurse if you are worried about going home. Remember to plan a ride back home.

See information on parking rates at muhc.ca/patient-and-visitor-parking.

Pre-Op Clinic visit

The reason for this visit is to check your health, plan your care and make sure you are ready for surgery.

During your Pre-Op Clinic visit, you will meet with:

- A nurse who will explain how to get ready for surgery, what to expect while you are in hospital.
- A doctor who will review your medication and ask you questions about your health.

If you have medical problems, you may be referred to doctor (a specialist) before surgery.

You might also:

- Have blood tests
- Have an electrocardiogram (ECG)
- Meet an anesthesiologist (the doctor who puts patients to sleep for surgery)

You may need to stop taking some medication and natural products before surgery. The Pre-Op Clinic doctor will explain to you which medications you should stop and which ones you should keep taking



If you have any questions, call the Pre-Op Clinic nurses at:

Phone: 514-934-1934, ext. 34916

Days: Monday to Friday

Hours: 7 a.m. to 3 p.m.

This clinic is located near the cafeteria on DS1.2428 (Block D, level S1)

Phone call from Admitting

We will ask you to come 2 to 3 hours before your planned surgery time. The only exception is if your surgery is planned for 7:30 a.m. – in this case, we will ask you to come at 6:30 a.m.

The time of surgery is not exact. It can happen earlier or later than planned.

The day before your surgery, the Admitting Department will call to tell you when to come to the hospital. If your surgery is scheduled on a Monday, the hospital staff will call you the Friday before.



Date of surgery: _____

Time of arrival at the hospital: _____

Room: **Surgery Registration, Block C, level 3 (C03.7055).**

Enter the building through the Royal Victoria Hospital-Glen site main entrance. Take the first set of elevators on your right or left (North elevators) and go to the 3rd floor.



If you do not get a call by 2 p.m. the day before your surgery, call the Admitting Department at 514-934-1934 ext. 31557.

Cancelling your surgery

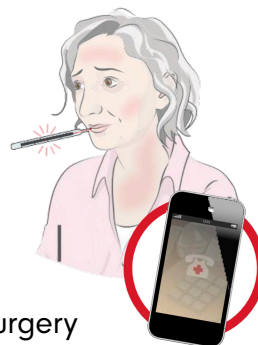
If you get sick, pregnant, or for any reason you are not able to come to the hospital for your surgery call Central Operating Room Booking (CORB) 514-934-4488.

If you call outside of opening hours, please leave a message.



When you call or leave a message, provide these details:

- ✓ Your full name
- ✓ The date of your surgery
- ✓ Your phone number
- ✓ Your hospital card number
- ✓ Your surgeon's name
- ✓ The reason for cancelling or postponing your surgery



Exception: If you need to cancel your surgery the day before after 3 p.m.:

Call the Admitting Department at 514-934-1934 ext 31557.



Your surgery may be delayed or cancelled because of an emergency. Your surgeon will reschedule you as soon as possible.

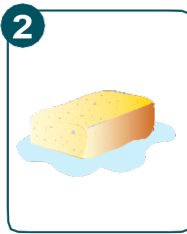
Washing



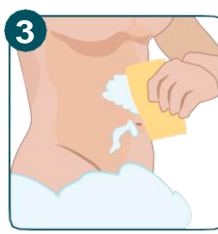
The night before your surgery:



1 Use regular soap and shampoo for your face and hair.



2 Take a shower or a bath.



3 Wash your body from the neck down. Also wash your belly button and your genital area.



4 **Do not** shave your armpits for 2 days before your surgery.



5 Wear clean clothes to bed.



The morning of your surgery:



1 Take a shower or bath.



2 **Do not** put on deodorant, lotion, perfume, makeup, nail polish. **Do not** wear jewelry or piercings.



4 **Do not** shave the area where the surgery will be done (armpit).



5 If you wear contact lenses, wear your glasses instead.



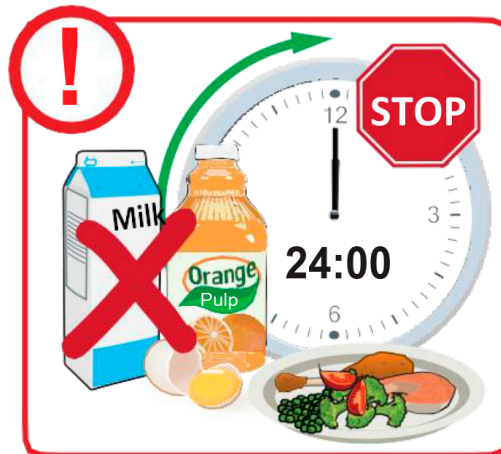
6 Put on clean, and comfortable clothes.

Diet

The Pre-op Clinic nurse will explain what to eat and drink before your surgery.

The evening before surgery:

- Eat and drink normally until midnight
- **After midnight, do not have any food, dairy products, or juice with pulp**



Remember: Some people should not drink at all on the day of their surgery. Your nurse will tell you if you need to stop drinking at midnight.

Diet

The morning of surgery:

- **Do not eat any food**
- Drink 1 carbohydrate drink (clear juice) 2 hours before your surgery (see list below)
- Drink it within 10 minutes
- **Do not have any dairy products or juice with pulp**
- Stop drinking 2 hours before your surgery. This is usually the same time as you are asked to arrive at the hospital.

Exception: If you are asked to arrive at 6:30 a.m., stop drinking at 5:30 a.m.



No sugar-free drinks



Commercial iced tea
500 mL



Lemonade without pulp
500 mL



Orange juice without pulp
500 mL



Apple juice
500 mL



Cranberry cocktail
350 mL



What to bring to the hospital

- ✔ This booklet
- ✔ Medicare card
- ✔ The list of all the medication you take. Your pharmacist can give you a list.
- ✔ Loose comfortable clothing (for when you will return home)
- ✔ Depending on the type of surgery you are having you may need to bring a bra to wear after the surgery. For more information, see page 32.
- ✔ Your CPAP machine if you have sleep apnea
- ✔ Your glasses, contact lenses, hearing aids, dentures, and their storage containers labeled with your name
- ✔ Your cane, crutches, walker, labeled with your name



For patients staying overnight in hospital, also bring:

- ✔ Bathrobe, non-slip slippers or shoes
- ✔ Toothbrush, toothpaste, mouthwash, comb, deodorant, soap, and tissues



Bring these items in a small bag with your name on it. There is very little storage space.

Do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.



At the hospital

Admitting area

Go to the **Registration, Surgery and Intervention Centre**, Block C, level 3 (C03.7055) at the time given.

Enter the building through the Royal Victoria Hospital – Glen site main entrance. Take the first set of elevators on your right or left (North elevators) and go to the 3rd floor.

In the Pre-Op Admitting area, the nurse will:

- Ask you to change into a hospital gown
- Fill out a pre-operative checklist with you
- Make sure your personal items are in a safe place



In the Operating Room

A patient attendant (orderly) will take you to the Operating Room.

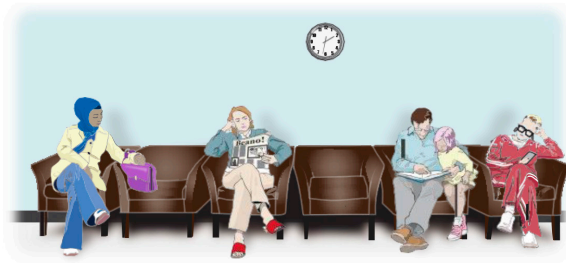
In the Operating Room, you will meet your surgical team and the anesthesiologist.

The anesthesiologist is the doctor who will give you medication so you will be asleep and pain-free during your surgery.

At the hospital

Waiting room

Family or friends can wait for you in the waiting room located in **C03.7158 (Block C, level 3, room 7158)**. The space is small, so please limit the number of people you bring with you.



Other resources

| | |
|---|--|
| Free hospital Wi-Fi | Connect to: Network: CUSM-MUHC-PUBLIC Username: public Password: wifi |
| Cafeteria | Located in the Adult Atrium on the S1 level |
| Vending machines | Block C, S1 level |
| Stores / Restaurants / Coffee shops: | RC (Ground floor) level and S1 level Adult Atrium |
| Bank Machines (ATMs) | Blocks C & D, RC (Ground floor) level |
| McConnell Resource Centre (patient library): | BRC.0078 (Block B, RC level) |
| Prayer and meditation room | C02.0310.4 (Block C, level 2) |
| Parking | Rates: muhc.ca/patient-and-visitor-parking |

In the Recovery Room

After your surgery, you will wake up in the **Recovery Room**. This is also called the **Post-Anesthesia Care Unit (PACU)**.

There are no visitors allowed in the Recovery Room.

After your surgery, a nurse will call the family member or friend you have chosen to tell them how you are doing and at what time you will go home.

For day surgery patients:

You will stay in the Recovery Room until you go home.

For patients staying overnight in the hospital:

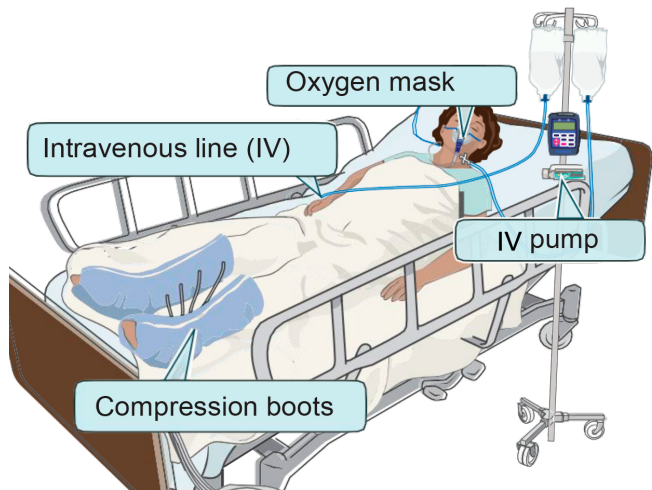
Your family and friends can visit you once you are brought to your room.

A nurse will:

- Check your pulse and blood pressure
- Check your bandage(s)
- Ask you if you have pain
- Make sure you are comfortable

You may have:

- An oxygen mask, giving you oxygen
- An intravenous (IV) in your arm, giving you fluids and medication
- Compression boots on your legs to help circulation and prevent blood clots



Pain control

Our goal is to keep your pain low so you can:

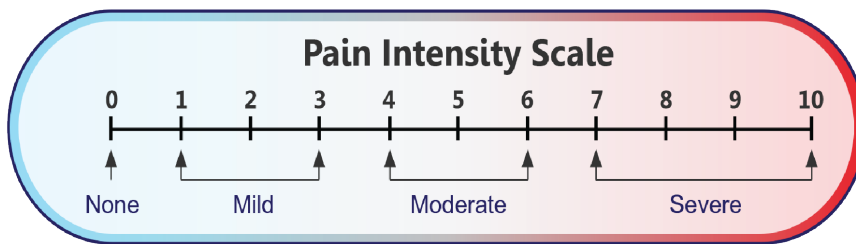
- Breathe better
- Move better
- Eat better
- Sleep better
- Recover faster

Your nurse will ask you to rate your pain on a scale from 0 to 10.



Pain Intensity Scale

0 means no pain and 10 is the worst pain you can imagine. Giving a number to your pain will help your nurse decide how to best manage your pain.



Do not wait to let us know if you have pain. Having pain can make you not want to move around. This can slow down your recovery.



The different ways to control your pain

Your anesthesiologist will talk to you about the best ways to control your pain.



Exercises

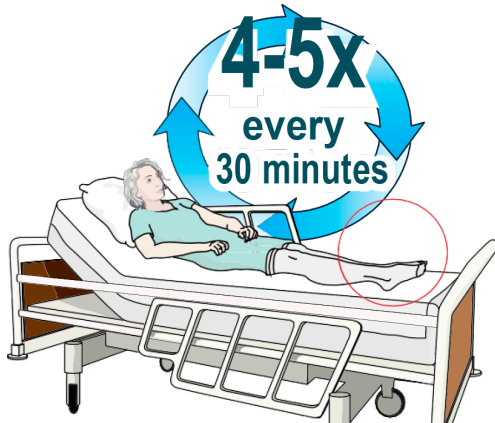
You must move around after surgery. This will help prevent blood clots, muscle weakness and lung problems like pneumonia.

Start these exercises when you wake up. Continue them while you are in the hospital.

Leg exercises

These exercises help the blood flow in your legs.

Repeat each exercise 4 to 5 times every 30 minutes while you are awake



Rotate your feet to the right and left.



Wiggle your toes and bend your feet up and down.



Stretch your legs out straight.

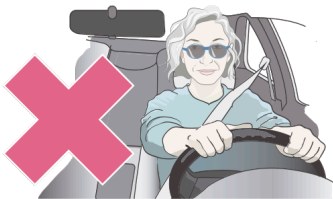
Going home

Your doctor will let you go home as soon as you are ready.

You must arrange to have a ride home since you cannot drive. Before leaving the hospital, make sure you have information for your follow-up appointment with your surgeon and a prescription for your medication. Tell your nurse if you have any concerns about going home.

You must have someone to take you home from the hospital and stay with you for the first 24 hours.

Because of the anaesthesia medication you were given, **for 24 hours after your surgery:**



Do not drive or operate any machinery.



Do not take alcohol, tranquilizers, or sleeping pills.



Do not make any important decisions or sign any important papers.

Review pages 28-47 of this booklet. Your health care team may give you specific care information. Follow these instructions carefully.

Did you know?

Some patients will have an appointment with the local CLSC nurse after surgery. The Breast Clinic team will let you know if you will have this follow-up appointment and what to expect.

Caring for your incision (cut)

- **What will it look like?**

You may have some bruising and swelling around your incision (cut). This is normal after surgery. You may also feel some numbness around the area of the surgery. The feeling in this area may return over time. Right after the surgery, the skin on your chest may look pink. This is from a special soap that was used during your surgery.

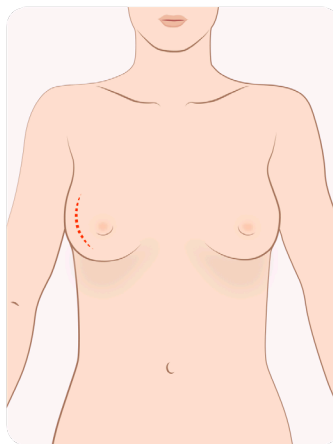
- **What will it feel like?**

The scarring and swelling around your incision might feel tight or stiff. This can make it hard to move your arms, shoulders and upper body. It is important to keep moving your arm. This can prevent the loss of mobility to your shoulder, a problem that can sometimes happen. The exercise program on pages 38-45 can help keep your shoulder and upper body moving.

- **Partial mastectomy**

The size or shape of your breast may change after surgery. Removing breast tissue can make the breast appear dented or smaller. Right after surgery, your breast may be slightly swollen which can make it look bigger at first. The swelling should decrease over time.

Your incision will be closed with stitches and a special tape called "steri-strips" or surgical glue.



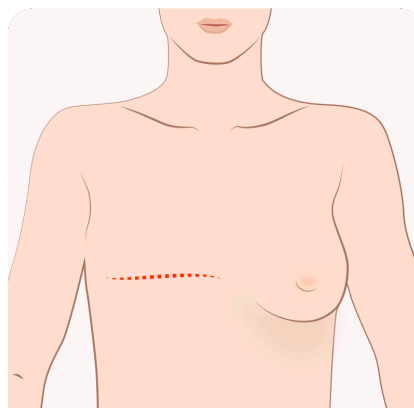
Partial mastectomy

Caring for your incision (cut)

• Total mastectomy

Your skin around the incision may feel numb and a little tender. This is because some nerves had to be cut during surgery. This is normal. Some people will feel that the area is extra sensitive. This usually gets better as the nerves grow back.

Your incision will be closed with stitches and a special tape called “steri-strips” or surgical glue.



Total mastectomy

Call your nurse at the Breast Clinic or surgeon if:

- Your incision becomes warm or red.
- Your pain in your breast is getting worse even if you are taking your pain medications.
- Your incisions gets very swollen or there is a large bruise around it.
- You see pus or drainage coming from around the incision.
- You have a fever higher than 38°C/100.4°F.

For partial mastectomy patients if:

- The breast where you had surgery is very swollen.

For total mastectomy patients if:

- The area where your breast was removed is swollen.
- You feel liquid under your incision. Sometimes this feels like there is a ball under your skin.

Dressing

You will have a **dressing** to cover your incision.

- **Can I wash the dressing area?**

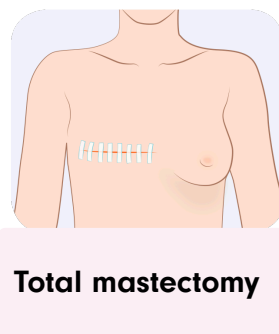
You can use a sponge or facecloth or handheld shower to wash your body and around the dressing.

Do not get the dressing or the drain wet.



- **When is the dressing removed?**

Usually, the dressing that covers the incision is taken off 3 days after the surgery. You will be given instructions on how to remove your dressing at home. Under your dressing, you will have small, thin pieces of tape that help keep your incision closed. They are called “steri-strips”. **Do not remove** the steri-strips. They will fall off on their own. If the steri-strips have not fallen off 10 days after surgery, you should remove them.



- **Once the dressing is removed, how should I keep the incision clean?**

After the dressing is taken off you can clean this area. Gently wash around your incision with mild soap and water. **Do not scrub.** Rinse the area well. Then, pat it dry with a clean towel. With regular use of soap and water, the pink colour on your skin will slowly go away.

To keep your incision from opening and to help healing:
Do not put direct water pressure on your incision.

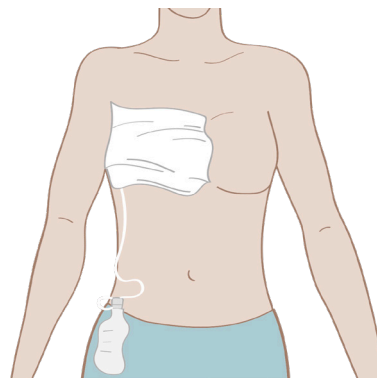
Dressing

- **If I have a Jackson-Pratt drain, what is the dressing and incision care?**

The Jackson-Pratt drain is usually removed at the Breast Clinic 1-2 weeks after your surgery.

Do not take a shower or a bath until the drain is removed. Use a sponge or facecloth to wash your body.

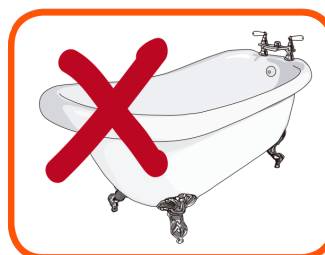
Do not take off the dressing that covers your drain site. Your nurse will make a request to your CLSC to change the Jackson-Pratt dressing 3 days after your surgery.



Important:

DO NOT place the incision or drain site under the water.

DO NOT use very hot water and steam. Your nurse or surgeon at the Breast Clinic will let you know when you will be able to take a bath after your surgery.



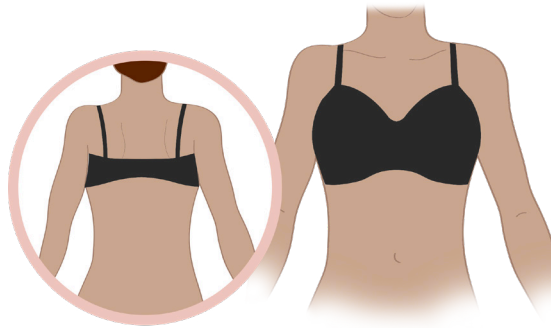
Clothing

You may wear whatever clothing you feel is most comfortable. Choose gentle fabrics that feel soft against your skin.

If you had a partial mastectomy:

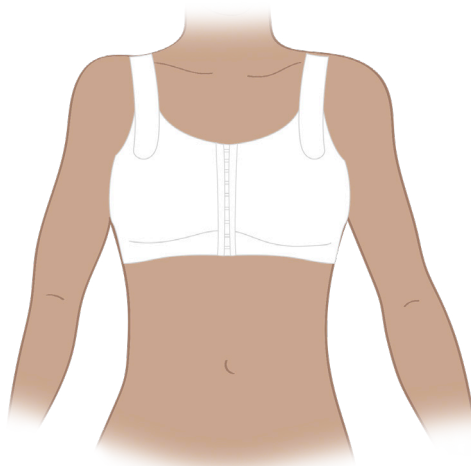
You will need to wear a comfortable, supportive bra (no underwire) with adjustable bra straps day and night for 1 week after your surgery.

Note: You can use one of your old bras and remove the underwire.



If you had a total mastectomy:

You do not need to wear a supportive bra. You can wear a soft front-closing bra. We will give you padding (breast fluff) that can be inserted on the side of the mastectomy.

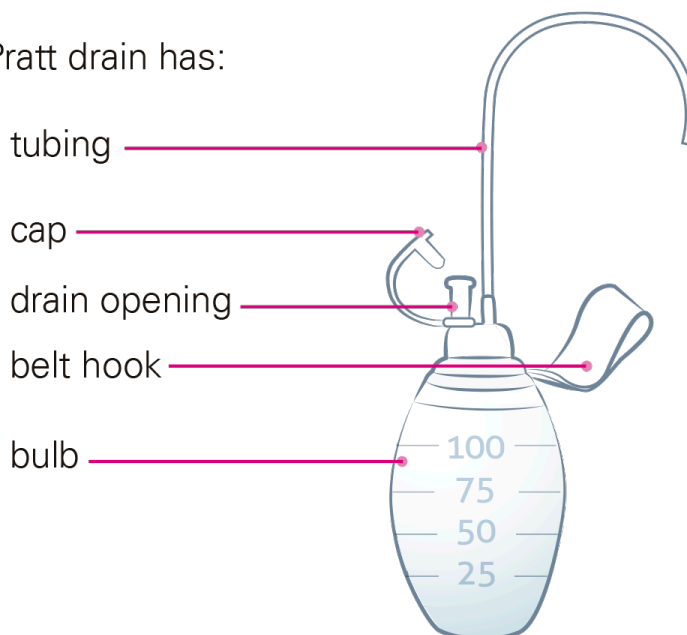


Jackson-Pratt drain

- **What is it?**

A Jackson-Pratt drain is a soft plastic tube with a suction bulb attached to the end. The tube is placed in the incision. This drain removes extra fluid from where you had surgery so that it heals faster.

A Jackson-Pratt drain has:



If you have a total mastectomy, or if you had all the lymph nodes under your arm removed, a drain will be placed close to the incision during surgery (a drain is not used for patients who are having a sentinel node biopsy). This is done to remove the fluid that can build up in the wound and helps with healing. Some people may need 2 drains.

The fluid that collects in your drain will be a mix of blood and lymph fluid. At first, the fluid is often blood-coloured. Over the next few days the fluid will become clear and yellow.

- **How long will I have it?**

Your doctor will decide when to remove the drain depending on how much it is draining. Usually, most patients will have their drain removed at 1 or 2 weeks after surgery.

Jackson-Pratt drain

• How does it work?

The drain bulb should always be squeezed. If the bulb becomes completely round, there is no suction and your drain will not work properly. Check the drain regularly to make sure the bulb is not completely round. Keep the drain lower than your incision.

• How to empty your Jackson-Pratt drain?

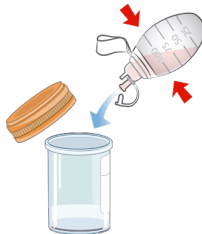
1. Wash your hands before touching the drain.



2. Open the cap. As soon as you open the cap, the bulb will take back its shape. The bulb is like a measuring cup.



3. Empty the fluid into the given container by squeezing the bulb until it is empty. Measure the amount of fluid.



4. Write the amount in the fluid diary (page 49).



5. Empty the fluid in the container into the toilet.



6. Once empty, squeeze the bulb. Keep squeezing the bulb while you close the cap.



7. Let go of the bulb. It should stay squeezed and slowly fill with fluid during the day.



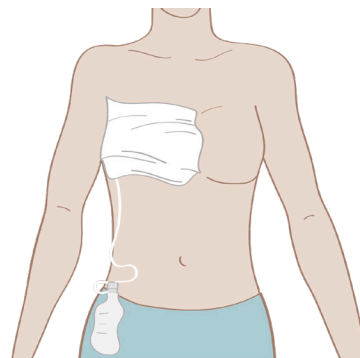
Remember to write every day on page 49:

- Date (e.g. Oct 21)
- Amount of fluid you emptied each time from your drain (40 + 30 + 20)
- Total amount of fluid drained each day (40 + 30 + 20 = **90**)

We suggest adding the total amount at the end of each day, before going to bed.

• What if I notice leaking?

You may notice a small amount of leaking around the drain. This is normal. Do not worry if your dressing is slightly damp. If there is a lot of leakage the drain may be blocked.



• What do I do if my drain is blocked?

Your drain tube may be blocked, if:

- There is a lot of leaking (your dressing is soaked).
- There is no fluid in the bulb.
- There is swelling around your incisions (cuts).

A blocked drain is usually caused by a blood clot (a small piece of thickened blood) inside the tube. If there is a block, you should milk the drain by:

1. Make sure the cap of the bulb is closed.
Hold the part of the tube next to your dressing with one hand. This keeps it stable.
2. Using your other hand, gently squeeze and pull your fingers down the tubing towards the bulb.
3. Repeat this a few times. Usually this will break up the clot and solve the problem.



Tip: Be careful not to pull on the tube where it enters your skin. To prevent your tube from blocking, you should milk your tubes 3 times per day for 2 to 3 minutes.

• When should I ask for help?

If you cannot unblock the drain or your dressing is completely soaked, do not panic. Call your CLSC nurse or the nurses at the Breast Clinic (see page 47 for phone numbers). If you call the Breast Clinic, be sure to call early in the morning so that we can make arrangements.

Pain control and other medications

Before you leave the hospital, you can ask a family member or friend to go to the pharmacy and pick up the medications that have been ordered by your doctor.

- **Pain control**

Your surgeon will prescribe pain medication for you. This is to help you heal and get back to your activities as quickly as possible.

If you have questions about pain medications, speak with your pharmacist, nurse or surgeon.



Do not drive while you are taking narcotic pain medication.



If you have a lot of pain that is not helped by the medications you have been prescribed, call your nurse, surgeon or go to the Emergency Room.

- **Other medications:**

- You may start taking all your regular medications as soon as you return home (unless your doctor has told you something different).
- If you are taking blood thinners like Coumadin®, Plavix®, Eliquis® speak with your doctor about when you can start taking them again.



Eating and drinking

You may eat regular food after your surgery. However, to avoid feeling sick to your stomach, take these steps:

Start slowly with clear liquids and light food (example: clear soup or broth, apple juice, Jell-O®). Then, try other types of fluids, (example: orange or tomato juice, thick soups, milk). Next, try light foods (example: toast, crackers). Continue this way until you are back to eating what you normally eat. This takes about 24 hours after your surgery.

You may become constipated after your surgery. This can happen when you are moving less than usual and taking certain pain medications (e.g. narcotics).

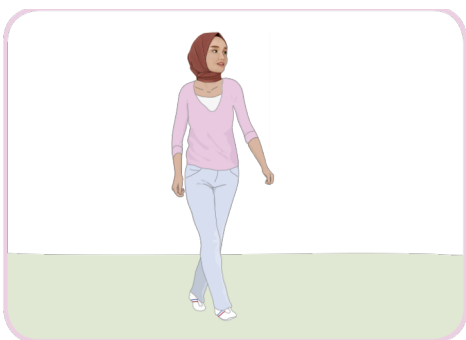
To help prevent constipation:



Drink more water (if you do not have kidney problems).



Eat more fruits, vegetables and whole grains.



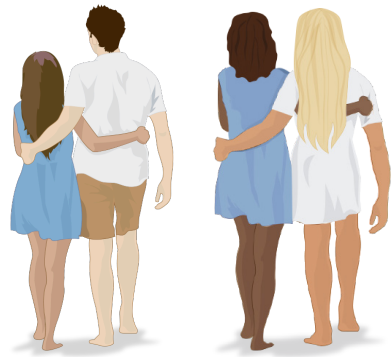
Take walks.



Take your prescribed constipation medication (e.g. laxative or stool softener).

Sexuality

Many patients who had breast cancer surgery worry that their sexual life will be affected. Having cancer may affect how you feel about yourself, your relationships, and your comfort with sexual intimacy. It is important to be aware of how you are feeling, and discuss any questions or concerns with your partner, your doctor or nurse.



Exercises and activities

• When to start?

Start walking as soon as possible right after your surgery and walk every day. You should start your post-surgery exercises the day after your surgery. Your doctor will let you know when you can start doing heavier types of exercise.

• Why is exercise important?

Exercise after surgery is an important part of your treatment. It can help you:

- Lower your pain
- Prevent stiffness
- Improve how you feel
- Move again, as you did before
- Return to your regular routine and activities more quickly
- Manage constipation

Feeling pain?

You may feel tired or some mild discomfort when you start your exercises. Some of this is normal after surgery. Your post-surgery and regular exercises should **not** be painful. Stop if you feel moderate or severe pain. Do all your exercises slowly and gently, especially if you have a drain.

Please read the **Kinesiology booklet** on post-surgery exercises and pain for more information.

Remember: every person is different and heals at their own pace.

Exercises and activities

• What should I keep in mind while exercising?

- Start slowly. STOP if you feel faint, dizzy or not well.
- Breathe deeply and often.
- Keep your back straight and shoulders back.
- You may feel your skin and muscles pull or stretch. This is normal.

Remember:

- If needed, take your pain medication about 30 minutes before doing the exercises. Do not take more than the maximum amount prescribed for each day. Call the Breast Clinic or your pharmacist if you are not sure.
- Do these exercises 10 times each, 3 to 4 times a day.
- Rest between each exercise session.

• What should I avoid?

For at least 6 to 8 weeks after your surgery, **do not** do any:

- Heavy lifting (more than 4 kg)
- Heavy housework (e.g. vacuuming, scrubbing the bathtub)
- Contact or high-intensity sports where there is a lot of arm movement (e.g. racket sports, basketball)



Exercises and activities

• What exercises do I need to do?

This section will explain the exercises that you need to do in the weeks after your surgery. Your doctor or nurse may refer you to a kinesiologist depending on the surgery you had. They will show you how to do the exercises.

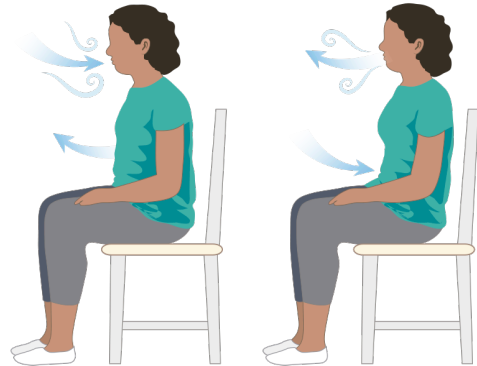
Note: Start **all** the exercises the day after your surgery.

During the **1st week after surgery** (or if your drain is still in place), do the following:

Deep breathing

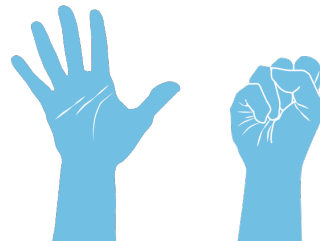
This is important to open your lungs and to help you relax.

- Sit in a comfortable position.
- Take deep, slow breaths through your nose to expand your chest and stomach.
- Relax your shoulders and neck as you breathe out slowly and completely.



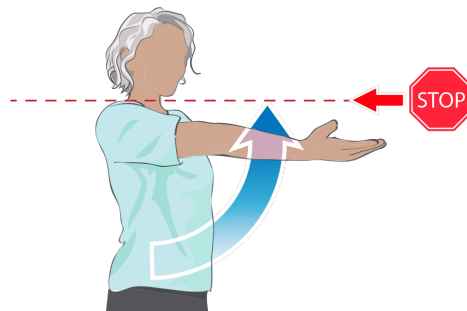
Hand pumping

- Spread out your fingers and then make a fist.
- Continue opening and closing your hand on the side where you had surgery.



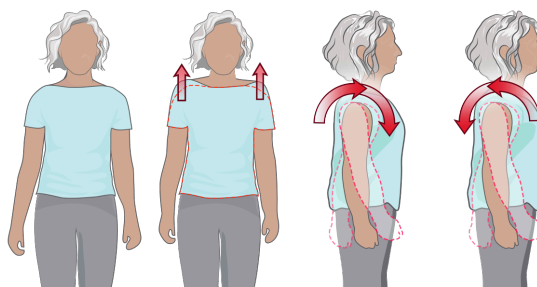
Arm elevation

- Rest your arms at your side.
- Keeping your arm straight, slowly raise both your arms up to shoulder-level.
- You can use a cane, umbrella or a wall, if it helps.
- If it is too painful, try doing this exercise while lying down.



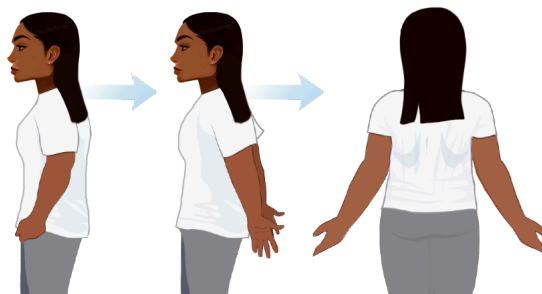
Shoulder circles

- Lift both shoulders up.
- Rotate both shoulders forward.
- Slowly rotate shoulders back and down, making a circle.
- Repeat in the opposite direction.



Posture control

- Push your chest forward and your shoulders back.
- Gently squeeze your shoulders and turn your thumbs out as far as you can.



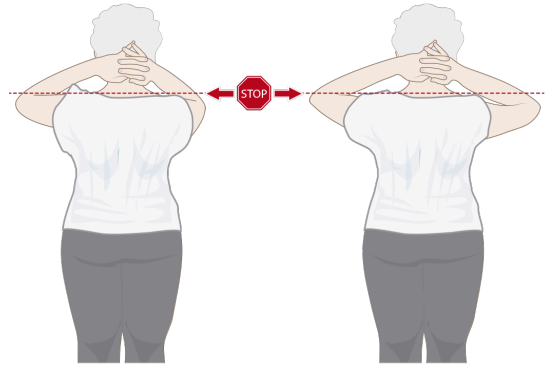
Exercises and activities

2 to 6 weeks after surgery, do the following:

Note: your drain needs to be removed to do the following exercises.

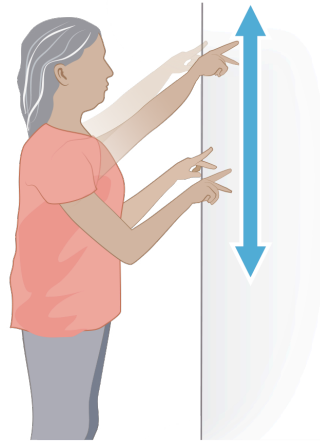
Elbows apart

- Clasp your hands behind your neck.
- Bring your elbows together.
- Move them apart as far as possible.



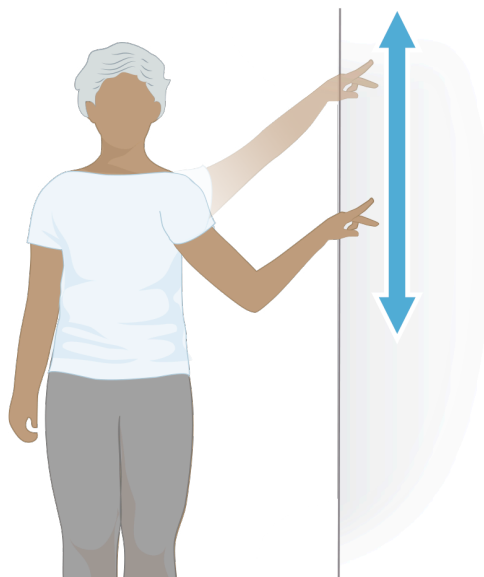
Wall climbing

- Stand facing a wall about 1 foot away from the wall.
- Place both hands on the wall.
- Walk your fingers up the wall, until you feel a stretch.
- Try to move your fingers higher each time you do this exercise.



Side wall climbing

- Stand sideways about 1 foot away from a wall.
- Your arm on the side where you had surgery should be closest to the wall.
- Place your hand on the wall.
- Walk your fingers up that wall until you feel a stretch.
- Try to get higher each day.
- Use a pencil to mark your progress.



Continue your exercises until you can move your shoulder fully, as you did before the surgery.

If you still have trouble moving your shoulder after 6 weeks,

• speak to your doctor or the nurse or kinesiologist at the Breast Clinic.



Exercises and activities

After 6 weeks, gradually start doing your normal and heavier activities. Pace yourself. If you feel pain, this means that you are doing too much. Stop, take a break or slow down.

- **What else can I do?**

Keep your arm active throughout the day. Swing or move your arm while walking. Use both arms in everyday activities (e.g. use it when washing or carrying light loads).

Avoid keeping your arm stiff or down by your side for long periods at a time.

- **What should I do if I have swelling?**

If you notice any swelling in your hand or arm:



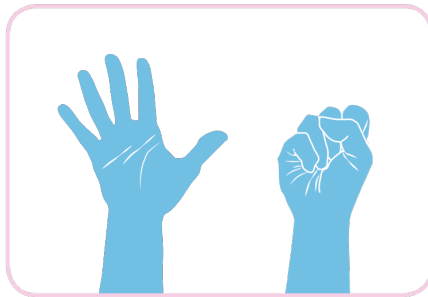
Tell the clinic nurse, surgeon, or your kinesiologist.



Raise your arm several times during the day. Keep it raised, if possible, above the level of your heart.



Keep your arm raised on a pillow, when sitting or sleeping.



Try hand pumping exercises (see page 40)

If you feel **soreness, numbness, or tingling**, do not worry. This is normal. Surgery can irritate the tiny nerve endings in your breast and under your arm.



Coping with your emotions after surgery

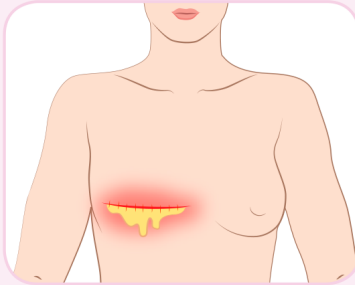
We know that having a surgery on your breast can make some people feel differently about their body and identity. If you are having trouble with this or notice changes in your mood, speak to the Breast Clinic Team.



When to call for help



If you notice any of the following, call your surgeon's office or the nurses in the Breast Clinic:



Your incision is warm, red or you see pus coming from it.

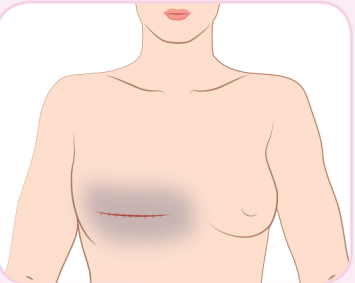
38 °C
100.4 °F



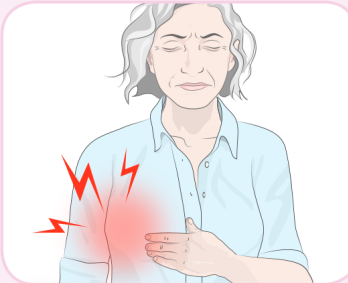
You have a temperature higher than 38°C/100.4°F



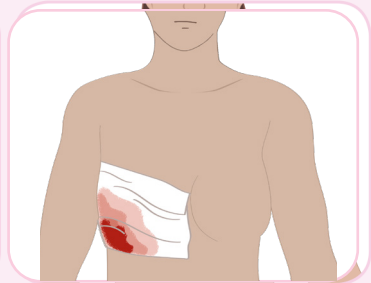
There is pus (thick beige or green fluid) or bright red fluid in your Jackson Pratt drain.



Your incision gets very swollen or there is a large bruise around it.



You have more pain in your breast.



Your dressing is soaked with blood.

Tip: Be sure to call early in the morning. This way, we can arrange for you to be seen by our team as soon as possible.



If you cannot reach your surgeon's office or the nurse in the Breast Clinic, go to the go to Emergency Room (ER) at the Glen or to your nearest hospital.

How to reach us

If you have questions or concerns, do not hesitate to contact us. We are here to help!

MUHC Breast Clinic:

Phone number: **514-843-2829**, ext. 32829

Monday to Friday (between 8 a.m. and 4 p.m.)

Royal Victoria Hospital (Glen site)

Room number: C6 North (Block C, 6th floor)

To reach your doctor, **call 514 934-1934** (and dial one of the extensions below):

| Doctor's name | Extension |
|--------------------|-------------|
| Dr. Fleiszer | Ext.: 34045 |
| Dr. Meguerditchian | Ext.: 34081 |
| Dr. Meterissian | Ext.: 36631 |
| Dr. Tremblay | Ext.: 36313 |
| Dr. Salasidis | Ext.: 44330 |
| Dr. Dumitra | Ext.: 36631 |

To reach the nurse call **514-934-1934** and dial the extension below.

| Nurse' name | Extension |
|-------------|-------------|
| | Ext.: 35166 |
| | |

On evenings and weekends, go to the Glen Emergency, or to your nearest hospital.

Looking for more information?

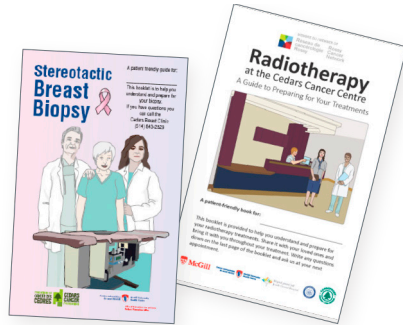
Come to the Cedars Can Support Learning Centre:

D RC.1329

Ground floor of the Cedars Cancer Centre
Phone number: 514-934-1934, ext 35297

Breast Wellness Center

Phone number: 514-934-1934, ext 37795
breastwellness@muhc.mcgill.ca



Or view the interactive and in-depth module on the Patient Education Office website for more information on treatment:



Map of Royal Victoria Hospital-Glen site

Cafeteria

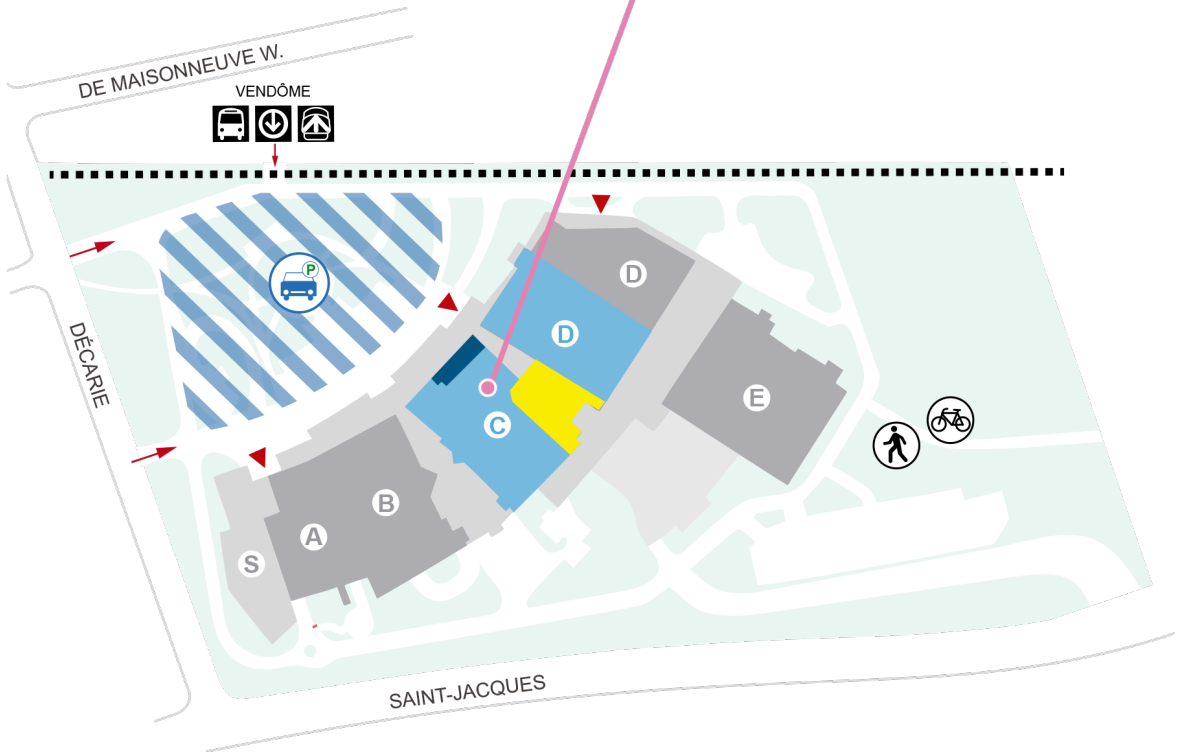
Located off the Atrium on the S1 level

Registration, Surgery and Intervention Center

C03.7055

Breast Clinic

Block C, level 6 (C6 North)
514-843-2829, EXT. 32829
Monday to Friday, 8 a.m to 4 p.m



Glen site:
1001 Décarie Blvd.
Montreal, QC H4A 3J1

- A + B Montreal Children's Hospital
- C + D Royal Victoria Hospital
- D Montreal Chest institute
- D Cedars Cancer Centre

- E MUHC Research Institute
- S Shriners Hospitals for Children
- ▶ Main Entrances
- Ⓟ Underground Parking (patients and visitors)