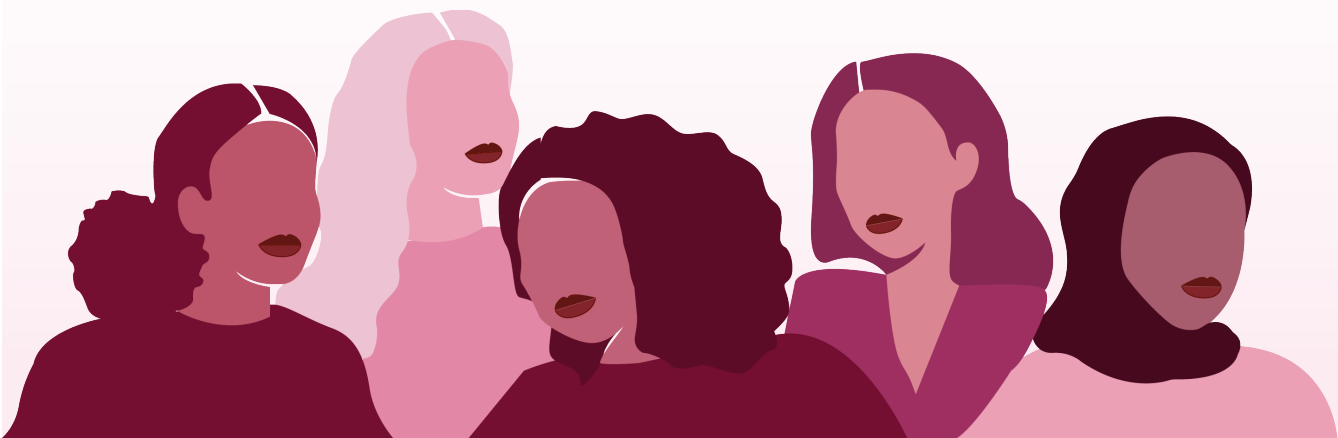




A Guide to Your Breast Reconstruction Surgery



This booklet will help you understand and prepare for your surgery.
Bring this booklet with you on the day of your surgery.

PRET/SURE

Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program

Centre universitaire
de santé McGill



McGill University
Health Centre

This booklet was developed by the MUHC Surgical Recovery (SURE) working group and the Plastic Surgery team.

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IMPORTANT: PLEASE READ

The 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 for medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.



**Fondation
du Centre universitaire
de santé McGill**



**McGill University
Health Centre
Foundation**

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About this booklet

This booklet will tell you about the different steps of breast reconstruction.

Choosing to have a breast reconstruction is a very personal decision. You should make this decision after getting all the information you need and talking to your surgeon about it.

This booklet will:

- Give you information on the different types of breast reconstruction
- Help you make the right choice when thinking about breast reconstruction
- Help you understand and prepare for your surgery
- Explain what you can do to get better, faster
- Give you information for when you return home

Research shows that you will recover faster if you do the things explained in this booklet. There are instructions about eating and drinking, exercising and controlling your pain. These will help you feel better faster.

Bring this booklet with you on the day of your surgery. Use it as a guide.

Your health care team will review it before you go home.

Having surgery can be stressful for you and your family. The good news is that you are not alone. We will support you each step of the way. Ask us if you have questions about your care.

Your MUHC surgery team

If you do not speak French or English:

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

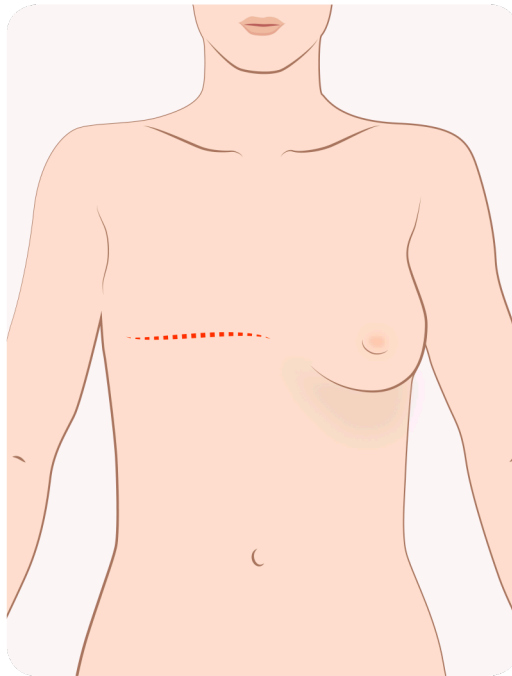
What is breast surgery?

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, there are different types of surgery.

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 a 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.



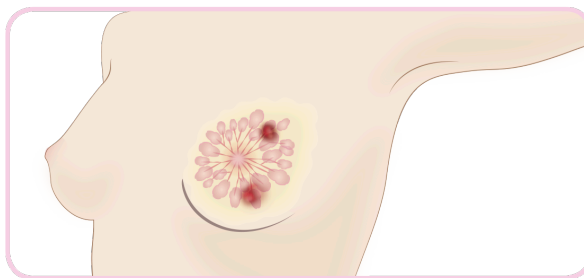
Total unilateral mastectomy

What is breast surgery?

Total mastectomy

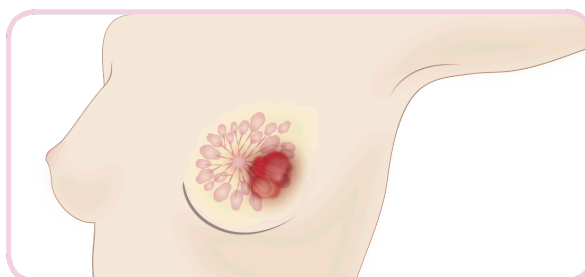
Your doctor may suggest removing the whole breast if:

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, and sometimes the nipple and parts of the skin. A skin-sparing mastectomy means all the breast tissue along with the nipple are removed but the rest of the skin is kept to help with the reconstruction.

The incision can be made:

A. vertically (from top to bottom) **or/and** B. horizontally (from left to right)

If it's possible to keep the nipple and areola (colored circle around the nipple) during a total mastectomy, this is called a **nipple-sparing mastectomy**.

You might be able to have this surgery based on where and how big your tumour is. Your surgical oncologist and plastic surgeon will tell you if this surgery is possible for you.

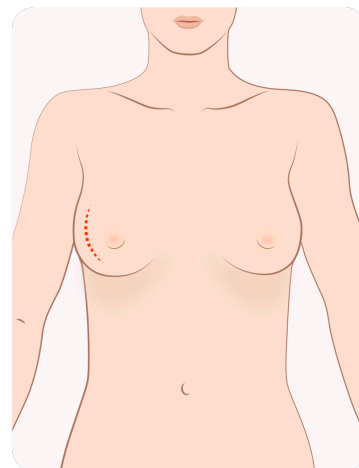
What is breast surgery?

Partial mastectomy

A **partial mastectomy** is a surgery to remove only a part of the breast. We do this if your tumour is small compared to the size of the breast.

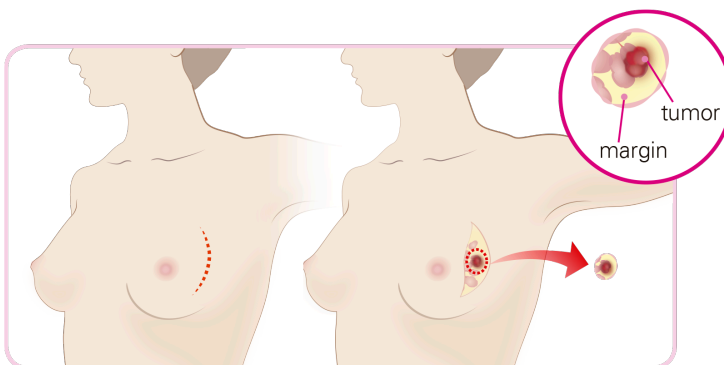
A partial mastectomy is also called **lumpectomy**, **tumorectomy**, or **segmental mastectomy**.

Your surgeon may suggest a partial mastectomy if your abnormal tissue or tumour is small.



Partial unilateral mastectomy

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**.



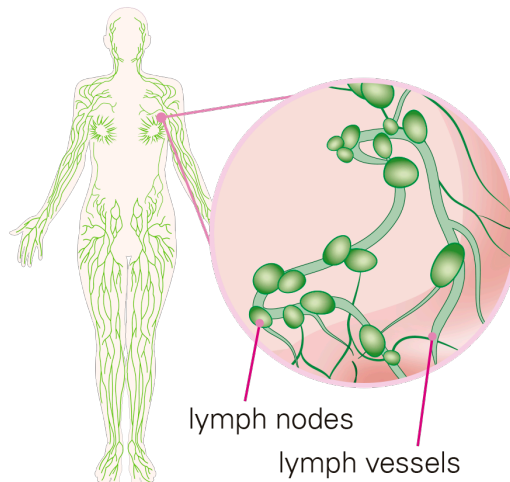
If you have a partial mastectomy for cancer, you will usually also get radiotherapy so there is less of a chance for it to come back.

If you need more information on total or partial mastectomies, look at the booklet [A guide to Breast Surgery](#).

What is 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 (colour) 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 (pee) may be blue or green. The blue colour is from the blue dye that is sometimes injected around the nipple. This is normal and will go away by drinking lots of water and other fluids.

What is lymph node removal?

Whether you have a partial mastectomy or a total mastectomy, you may also need to get some of your lymph nodes removed.

There are 2 types of procedures to remove lymph nodes:

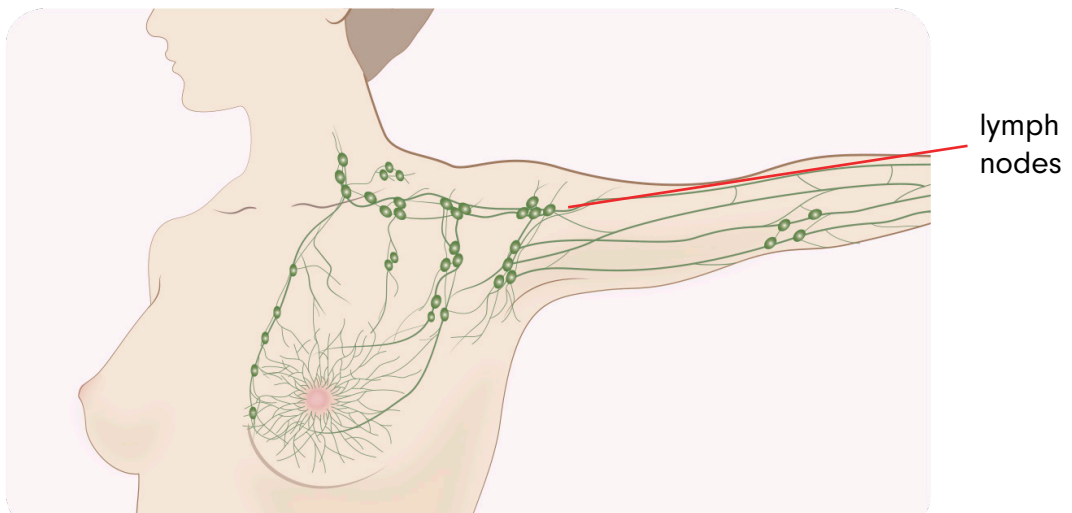
1. Sentinel lymph node removal:

The surgeon typically removes 1 to 4 lymph nodes from under your arm, including the sentinel lymph nodes.

or

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

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



What is breast reconstruction surgery?

Breast reconstruction is surgery to remake your breast after a mastectomy. The reconstructed breast can be similar, but it will never be exactly the same as your original breast. This surgery is done by a plastic surgeon.

Women usually have breast reconstruction after a **total mastectomy**.

However, if you have had a **partial mastectomy**, your breast surgeon may still refer you to the plastic surgeon if you want to improve the shape, size, symmetry, or other parts of the breast. Often, the surgeon will suggest a breast reduction surgery (makes the breast smaller) for one or both breasts to make them look more alike (see page 18 to learn more about breast reduction).

Having a breast reconstruction is a very personal choice. You do not have to get one. Some women will choose to have breast reconstruction while other women will not.

The type of breast reconstruction you will have and when it will happen often depends on what other kinds of treatment you need for your breast cancer.

Your plastic surgery team will talk with you about your options.



When can I have my breast reconstruction?

You will first talk with your oncologist (cancer doctor) about the treatment steps needed for the breast tumour. Then your team will decide when the best time is to have your breast reconstruction.

You may have an immediate (right away) or delayed (much later) reconstruction.

Immediate reconstruction with implant (reconstruction in 1 surgery)

In some cases, the final implant can be placed at the same time as the mastectomy. You can have an immediate reconstruction when there is enough skin left after the mastectomy to cover the implant.

Even with immediate reconstruction with the implant at the time of the mastectomy, you can still have more surgeries to help with the final look of your breast.

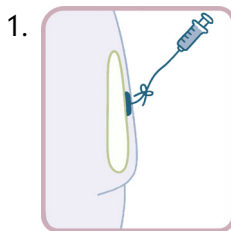
Immediate reconstruction with expander (2-surgeries reconstruction)

1st surgery: Some women will first need to get a temporary implant (prosthesis), called a **tissue expander**. This is done during the mastectomy (the first surgery).

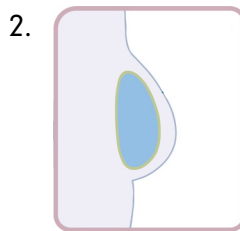
The expander is put in place to make room under your skin for the permanent breast implant. The permanent implant is placed during the 2nd surgery.

The expander has a filling port, which is under the skin and allows the plastic surgeon to slowly fill the expander with a small amount of saline (salt water) at the Plastic Surgery Clinic.

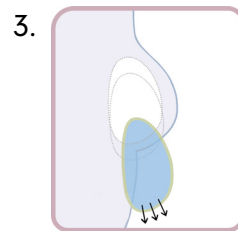
This is typically done about every 1-2 weeks, about 3-5 times in total. It is normally not painful but you may be a bit sore for 1-2 days.



The tissue expander is placed under your skin.



The tissue expander is filled with a small amount of saline.

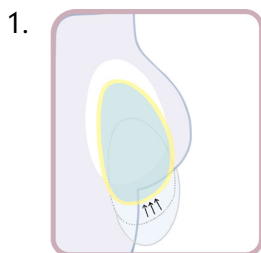


The tissue expander will stay in place until the 2nd surgery.

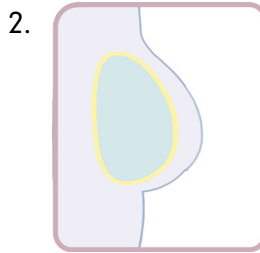
When can I have my breast reconstruction?

2nd surgery: This is a much less invasive surgery than the 1st surgery and will be much less painful. This surgery will occur at least 3 months after the final expansion, 3 months after the final radiation treatment, or 1 month after the final chemotherapy treatment.

In general, 2nd surgery will usually happens 1 year or more after the 1st surgery. It is safe to keep the tissue expander in place for that amount of time.



The permanent implant or flap will be placed in the space of the tissue expander.



2nd surgery completed.

Delayed reconstruction

Delayed flap or implant breast reconstruction can be done months or years after the mastectomy, radiotherapy or chemotherapy.

In this situation, only the mastectomy is done at first. When you finish your other treatments, you meet the plastic surgery team to talk about reconstruction.

Whether you have an immediate or delayed reconstruction, **think of breast reconstruction as taking 1 year to complete.**

During this year, you might have 2 or 3 surgeries before the reconstruction is final. If you need more than 1 surgery, each is spaced 3-6 months apart. The goal is to do the reconstruction in as few surgeries as possible.

What are the different types of breast reconstruction?

There are different ways of doing breast reconstruction surgery after total mastectomy. Your plastic surgeon will talk with you to see which one is right for you and to go over the benefits and risks for each.

The 2 main types of breast reconstruction are:

- Breast implant
- **or**
- Flap reconstruction

Breast implant

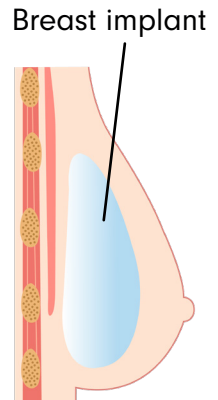
A breast implant is a synthetic material that is placed on the chest under the skin in the same place as the natural breast to recreate the shape of a breast.

The most common type of implant used for breast reconstruction is silicone gel implant. Occasionally saline (salt water) implants may be used.

Your plastic surgeon will discuss with you what type of implant is best for you and why.

Compared to saline implants, silicone implants:

- Feels more like a natural breast
- Keeps its shape while being soft and compressible
- Shows less rippling (wrinkles or lines under the breast skin) than saline implants
- Wide range of sizes and shapes



What are the different types of breast reconstruction?

All implants get strict quality tests. New breast implants do not expire (go bad). Also, it is no longer recommended to change implants every 10-15 years, as before. They are only changed if needed.

Is it true some silicone breast implants are linked to cancer?

Textured breast implants (that are no longer used) had the risk of causing a relatively rare type of lymphoma cancer, called Breast-Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL). At the MUHC and everywhere in Canada, the textured implants have been recalled and not used since 2019.

Most women who had textured implants had no problems.

However, if you or someone you know had a textured implant in the past, speak with your doctor if you have any of these signs:

- Any lumps (mass) in your breast or armpit
- The reconstructed breast is getting bigger or harder
- Skin rash on your breast
- Unexplained weight loss or fever
- Night sweats

For more information, you can visit: www.quebec.ca/en/health/health-issues/cancer/textured-breast-implants

What are the different types of breast reconstruction?

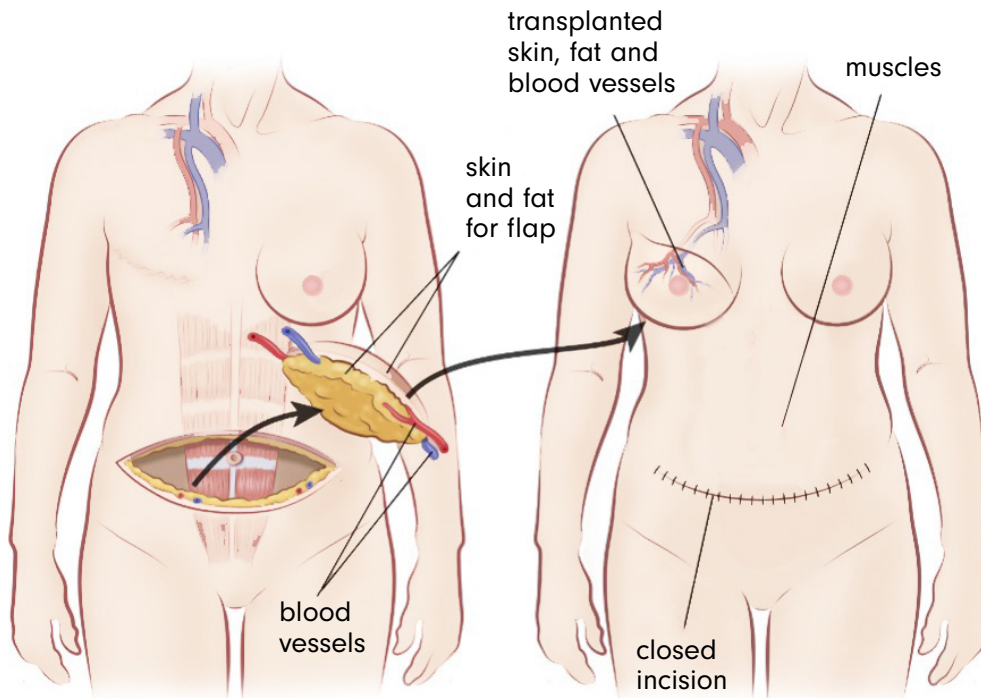
Flap reconstruction

Flap reconstruction, also called **autologous reconstruction**, is a surgery where we take tissues (skin, fat and/or muscle) from your abdomen (belly) or sometimes from your back, to make the shape of your breast.

There are different types of flap reconstruction surgery. Your plastic surgeon will discuss which one is best for you.

1. Abdominal (belly) flap

Skin, fat, blood vessels and sometimes muscle are taken from your abdomen (belly) to create your new breast.

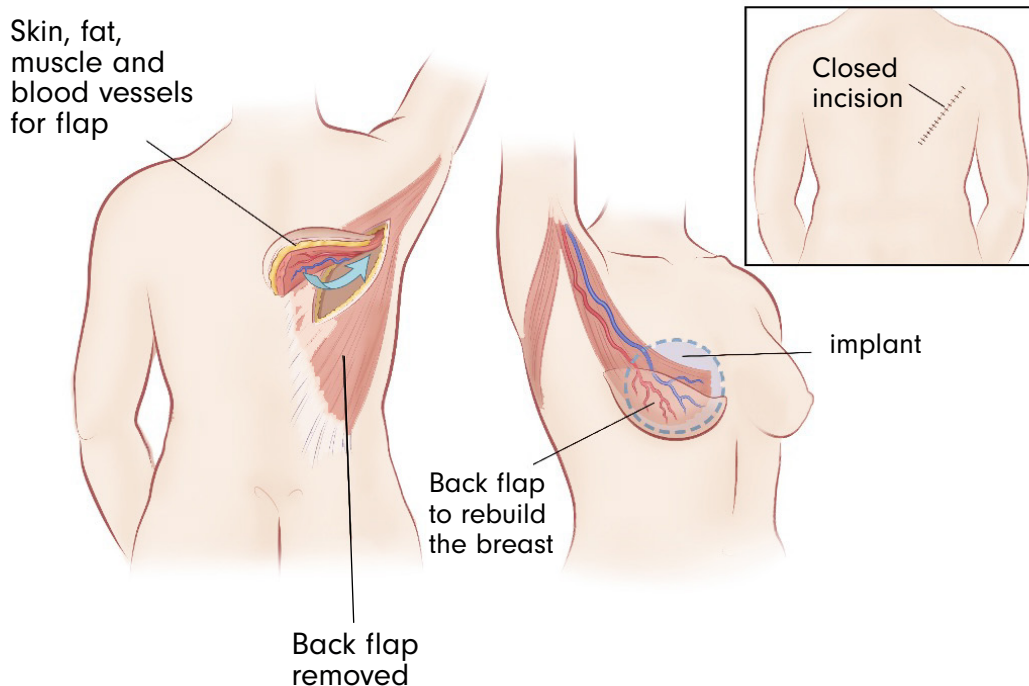


What are the different types of breast reconstruction?

2. Back flap (also called latissimus dorsi flap)

A section of muscle, fat and skin is taken from your back to create your new breast and cover it with healthy tissue. This is usually only done for delayed reconstruction patients when the skin of the chest is badly damaged or has burns from radiation.

For back flap surgery, we often add an implant or an expander prosthesis to the breast shape because there is usually not enough tissue from the back to fully rebuild the breast.



3. Other flaps

In rare cases, where you are not able to get an abdominal or back flap, your plastic surgeon may discuss using tissue from your thighs.

Will I need other surgery to my breast to make them match?

A reconstructed breast is never the same as your natural breast (the one without surgery).

With an implant, the reconstructed breast will be higher and rounder than a natural breast. With a flap, the reconstructed breast will look more like a natural breast, but not exactly the same.

In both cases, you can have optional surgeries to either breast to make them match better.

Optional surgeries

These surgeries are not necessary and will not have any effect on getting or detecting a new breast cancer. The procedures listed below are all covered by RAMQ and have no other fees for you.

These surgeries are usually done 3 to 6 months after your breast reconstruction or after your cancer treatment (radiation). But, sometimes they can be done at the same time as the mastectomy and reconstruction.

Your plastic surgeon will tell you about the different types of surgery.

Surgeries for your natural breast

1. Breast reduction, breast lift or both

- A **breast reduction** involves making the breast smaller while also lifting it to match the height and shape of the reconstructed breast.

After removing the desired volume of tissue, the extra skin is tightened, and the nipple and areola are moved to be centered on the breast.

Your procedure could be a bit different depending on your goals and what you prefer.

- A **breast lift** (also called mastopexy) is similar to the breast reduction above, but there is much less tissue removed.

Will I need other surgery to my breast to make them match?

Surgeries for your reconstructed breast

1. Fat grafting

Fat grafting is done by taking fat cells from one area of your body, like the abdomen (belly) or thighs, by a suction technique, called liposuction. Then, the fat cells are moved to the reconstructed breast.

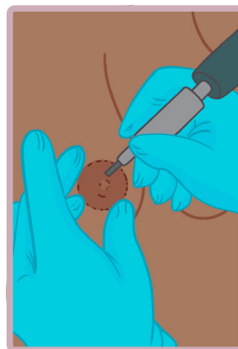
Fat grafting is done to fill in and adjust the shape of the reconstructed breast. It is best for filling in minor bumps or areas of thin skin but is not enough to be used by itself to reconstruct the breast.

2. Nipple and areola reconstruction

If the nipple and areola were removed during the mastectomy, your plastic surgeon can recreate them.

This can be done by:

1. **A tattoo** to create the 3D appearance of the nipple and areola. At the moment this is not offered at the MUHC, but you will be referred to one of several specialists working outside the MUHC.



or

2. **A small surgical procedure** to fold and rearrange the skin of the area into a small bump that looks like a nipple. 3 to 6 months after this nipple reconstruction surgery, you can also have a tattoo to create the areola.

What are the possible complications of breast reconstruction?

Having a breast reconstruction can lead to possible complications (side effects). Your plastic surgeon will explain what they are for each type of surgery.



Possible complications for implant breast reconstruction:

- **Infection:** Most infections that happen after breast implant reconstruction and can be treated with antibiotics. In some cases, you may have to stay in the hospital for a few days to get intravenous (IV) antibiotics (medication directly in your vein).

If the infection cannot be treated with antibiotics, you might need surgery to take out the implant or expander and to wait several months before starting your reconstruction again.

- **Skin necrosis (dead skin):** During the mastectomy, the blood supply to the skin is disrupted and sometimes the breast skin doesn't get enough blood to survive.

This might lead to the skin dying in this area. If this happens, it is called skin necrosis. Also, when the breast tissue is very close to the skin, the skin may get injured during the mastectomy.

To remove an area of skin necrosis, you may be treated with dressings, or a minor surgery in the clinic, or sometimes a surgery in the operating room. During this surgery, there is a possibility that the breast implant or tissue expander may need to be removed.

- **Seroma (too much fluid buildup):** After your mastectomy, a drain is put into the breast mastectomy space and typically stays in for 1 to 2 weeks.

This is used to get rid of the normal fluid (liquid) the body creates naturally after a big surgery. Some patients have fluid that builds up much later and might need a procedure to place a new drain wash out the extra fluid.

What are the possible complications of breast reconstruction?

- **Capsular contracture:** The body always makes a layer of tissue called a capsule in reaction to any foreign body (the implant or in other cases joint replacements, pacemakers, etc). The normal and ideal capsule is thin and soft.

Sometimes the capsule becomes very hard, thick and tight, which makes the implant rounder and firmer. This can be painful. The best way to fix this is to have a surgery to remove some or all of the hard capsule and change the implant at the same time.



Possible complications for flap breast reconstruction:

- **Total flap loss:** After the surgery, we monitor often the blood flow of the flap. Sometimes (in 4% of cases), a blood clot forms in the blood vessels keeping the flap alive. To treat this we need to return to the operating room immediately in order to try to restore the blood flow. In 1% of the time we are unable to save the flap. In this case, we will need to remove the flap and restart the breast reconstruction process in about 6 weeks later.
- **Partial flap loss (lumps in the breast)** If there is not enough blood flow to some areas of the flap (the belly fat used to rebuild the breast), then over time, the fat may change into what feels like a firm lump or several small lumps. The lump may or may not go away on its own. This usually takes up to one year after the surgery. This may cause you some discomfort. If needed, the lump can be removed by having a surgery.
- **Abdominal (belly) hernia:** A hernia happens when part of the abdomen (such as the bowels) bulges through a weak area. A small bulge may be nothing serious but if it is a bigger hernia, you will need another surgery to correct it.

What are the possible complications of breast reconstruction?

- **Seroma (too much fluid buildup):** After your mastectomy, a drain is put into the breast mastectomy space and typically stays in for 1 to 2 weeks. This is used to get rid of the normal fluid (liquid) the body creates naturally after a big surgery. Some patients have fluid that builds up much later and might need a surgery to place a new drain or wash out the extra fluid.
- **Infection:** Most infections that happen after the surgery can be treated with antibiotics. In some cases, you may have to stay in the hospital for a few days to get intravenous (IV) antibiotics (medication directly in your vein).



Preparing for your surgery

Be active

Try to exercise every day. Exercise will help your body be as 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

Quit smoking and vaping at least 4 weeks before your surgery and after your surgery.

- Smoking can increase the risk of complications or failure of your breast reconstruction. Smoking can affect wound healing and cause problems to your implant or flap.
- 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 or pharmacist, they can prescribe medication to help you stop smoking

It is never too late to stop! See page 65 to learn more.



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

Arrange transportation

For implant breast reconstruction patients:

Your surgeon will tell you if:

1. you are having a day surgery (leaving the hospital on the day of your surgery)
or
2. you will be sleeping overnight at the hospital.

For day surgery patients:

Arrange to have a responsible adult 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.



Important - for day surgery patients

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:

You will go home the next morning after your surgery, you will need to:

- o Arrange for a ride to go home.
- o Prepare to leave the hospital by 11 a.m. the morning after your surgery.

For flap breast reconstruction patients:

You should be able to go home from the hospital on 3 days after your surgery. 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.

When you visit the Pre-Op Clinic, you will meet with:

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

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

You may 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 medicines and herbal products before surgery. The Pre-Op Clinic doctor will explain which medicines you should stop and which ones you should keep taking.



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

514-934-1934, ext. 34916

Monday to Friday

7 a.m. to 3 p.m.

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

Phone call from Admitting

We will ask you to come to the hospital 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: _____

Where to go: **Surgery Registration, C03.7055 (Block C, level 3)**

Enter the Glen site building through the Royal Victoria Hospital main entrance. Take the first set of elevators (North elevators). These are the first elevators you will see. Go to the 3rd floor.



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

Cancelling your surgery

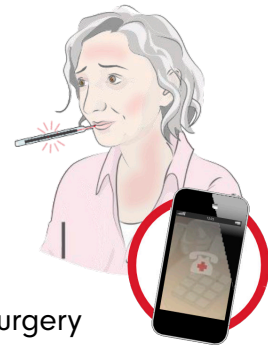
If you get sick, pregnant, or for any reason are not able to come to the hospital for your surgery, call Central Operation Room Booking at 514-934-4488.

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 Royal Victoria Hospital – Glen site at 514-934-1934 ext. 31557.



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

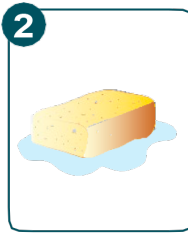
Washing



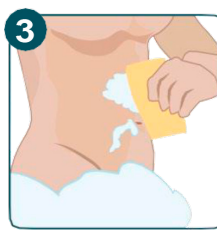
The night before your surgery



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



2 Take a shower or bath.



3 Wash your body from the neck down, including your belly button and your genital area.



4 **Do not** shave the area where the surgery will be done and your armpits 2 days before your surgery.



5 Wear clean clothes (pyjamas) 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.

If you have your period, use a pad. Do not use a tampon or menstrual cup.

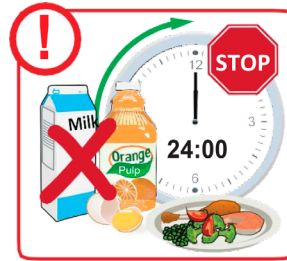
What to eat and drink

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

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.

The evening before surgery:

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



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 go home)
- ✓ Your glasses, contact lenses, hearing aids, and/or dentures with their storage containers labelled with your name
- ✓ Your cane, crutches, walker, labeled with your name
- ✓ Your CPAP machine if you have sleep apnea
- ✓ Any insurance forms that need to be filled out



If you are staying overnight or a few days in the hospital:

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



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.



Note: To rent a TV in your room, you will need to pay with a credit card or cash. Ask someone to take the credit card home after paying or have them pay for you.

At the hospital

Admitting area

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

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

At the Preoperative Admitting area, your 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
- Give you pain medication before you go for surgery



Operating Room

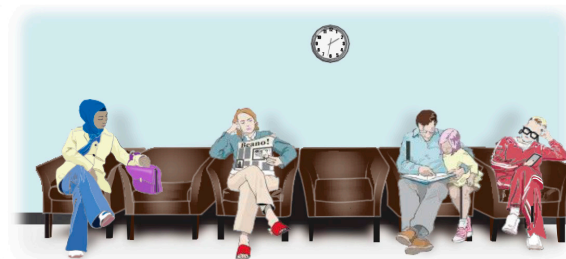
A patient attendant (orderly) will take you to the Operating Room. In the Operating Room, you will meet your surgical team and the anesthesiologist. The anesthesiologist is the doctor who will give you medication (general anesthesia) so you will be asleep and pain-free during your surgery.

At the hospital

Waiting room

Family or friends can wait in **C03.7158 (Block C, level 3)**.

The space is small. Limit the number of people who come 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
Stores / Restaurants / Coffee shops:	RC (Ground floor) level and S1 level
Bank Machines (ATMs)	Block C, RC (Ground floor) level and Block C, S1 level
Library: McConnell Patient Resource Centre	Block B, RC (Ground floor) level, room BRC.0078
Prayer and meditation room	Block C, level 2, room C02.0310.4
Parking	Rates: muhc.ca/patient-and-visitor-parking

Recovery Room

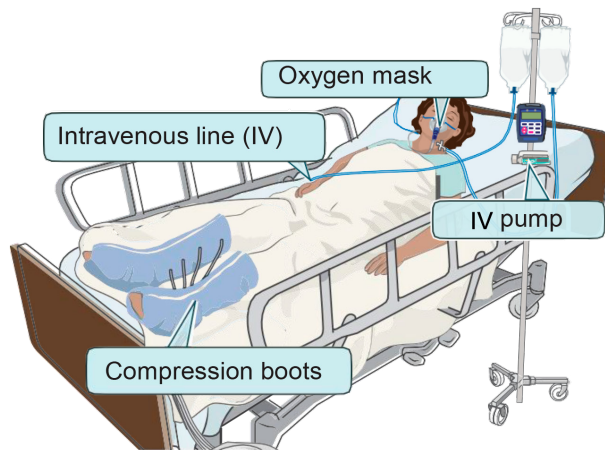
After your surgery, you will wake up in the **Recovery Room**. This is also called the **Post-Anesthesia Care Unit (PACU)**.

A nurse will:

- Check your pulse and blood pressure
- Check your bandage(s)
- Ask you if you have pain
- Make sure you are comfortable
- Only for flap reconstruction patients: The nurse will check every hour your flap

You may have:

- A mask, giving you oxygen
- A tiny tube in your vein (intravenous or IV), giving you fluids and medication
- Compression boots for your legs, to help circulation and prevent blood clots
- A urinary catheter (tube), draining urine out of your bladder
- A Jackson Pratt drain, to collect fluid from your incision (cut)
- A compressive dressing (tightly wrapped bandage), placed over your abdomen (belly) if you had an abdominal flap breast reconstruction



For day surgery patients:

If your doctor told you that you are having a day surgery, you will stay in the Recovery Room for few hours before you can leave the hospital to go home.

For patients staying overnight or for a few days at the hospital:

You will stay in the Recovery Room for a few hours before being moved to your hospital room.

There are no visitors allowed in the Recovery Room.

After your surgery, a nurse or doctor will call the family member or friend you have chosen as your contact person to tell them how you are doing.

Pain control

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

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

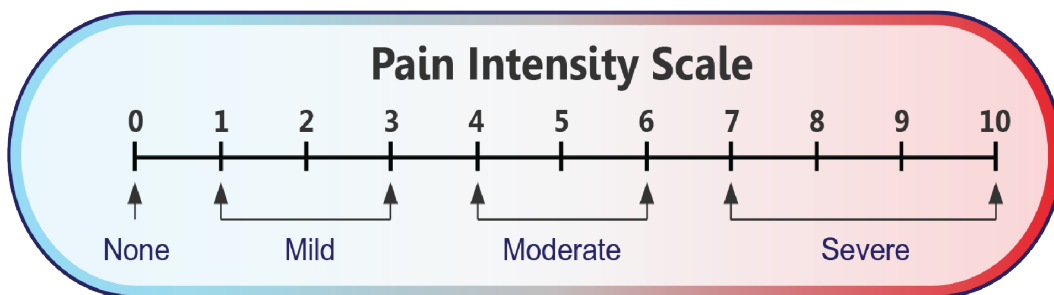
Your nurse will ask you to rate your pain on a scale from 0 to 10.



Pain Intensity Scale

0 means no pain and 10 is the worst pain you can imagine.

This number will help your nurse know how to best take care of your pain.



If you have pain, tell us right away. When you have pain, you may not want to move around. This can slow down your recovery.

Pain control

Ways to control your pain

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

Patient-Controlled Analgesia (PCA) pump

A PCA pump is a machine that will give you a dose of pain medication when you press a button. The pump is attached to an intravenous line (IV) in your vein. We will teach you how to use this pump to control your pain and keep you moving.

Nerve block

Your surgeon and anesthesiologist will talk to you about this. A nerve block is where local anesthesia (freezing medication) is injected around the nerves.

You can get the nerve block in 2 places:

1. the chest area during surgery
or
2. around your spine or back nerves (spinal nerves) before or after your surgery

A nerve block makes the nerves and surgery area numb for 12 to 24 hours after surgery.



Pills

We will give you pain medication pills to keep you comfortable and able to move around.



Exercises

You must move around after surgery. This will help prevent blood clots, your muscles getting weak and lung problems like pneumonia.

Start doing these exercises after you wake up from surgery. Keep doing them while you are in the hospital.

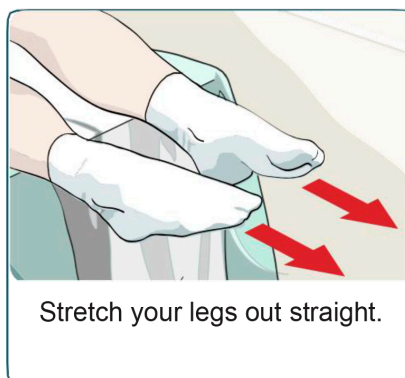
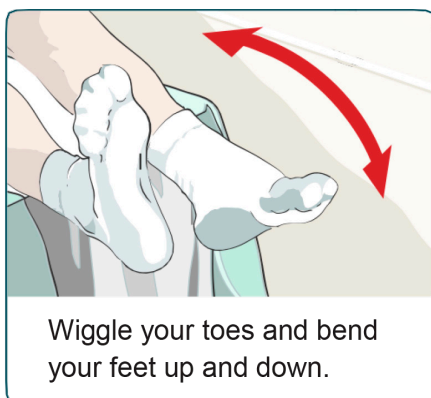
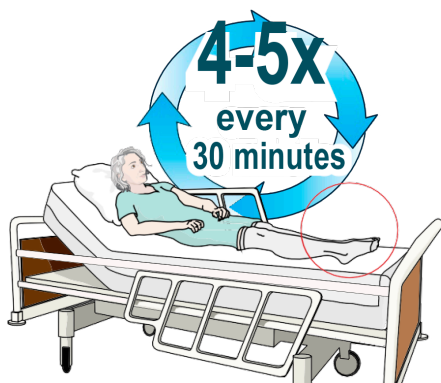
The following exercises are only for patients staying overnight or for a few days at the hospital (p. 39-43).

For day surgery patients, follow the exercises in the At home section (p. 56).

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



Exercises

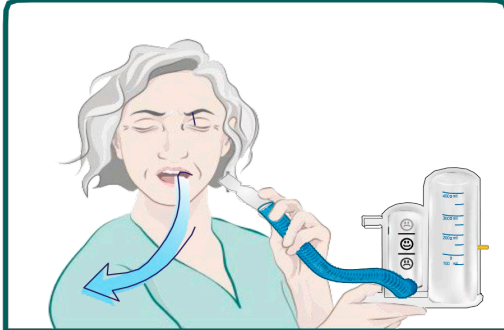
Deep breathing and coughing exercises

An **inspirometer** is a machine that helps you breathe deeply. It helps prevent lung problems like pneumonia.


To use your inspirometer:



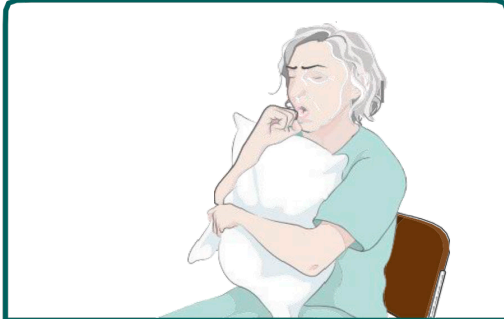
Put your lips around the mouthpiece. Breathe in deeply. Try to hold the yellow ball where you see the happy face (😊).



Remove the mouthpiece and breathe out. Rest for a few seconds.



Repeat this exercise 10 times every hour while you are awake.



Take a deep breath and cough. If you have some secretions, cough them up.

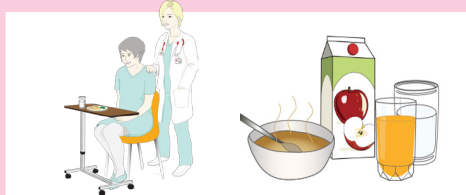
Goals for the same day as your surgery- implant breast reconstruction

Activities



- Get out of bed. Sit in a chair or go for a walk with help.
- Do your exercises (see page 37-38).
- Do not lift anything heavy (more than 10 lbs) for 4 weeks.
- Do not lift your arms above your shoulders (more than 90°) for 4 weeks.

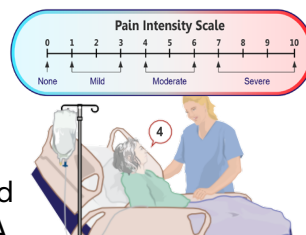
Diet



- Eat regular foods.
- Have your meals in a chair.

Pain control

- If your pain reaches 4 out of 10 on the pain scale or more, press the hand-held button on your PCA. The pump will give you a safe dose of pain medication.



- Tell your nurse if you are still in a lot of pain.

Goals for 1 day after your surgery - implant breast reconstruction

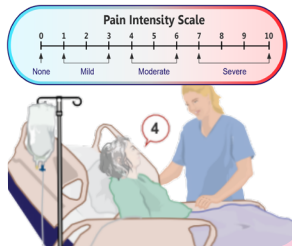
Activities



- Continue the same activities and diet as above.

Pain control

- Tell your nurse if your pain reaches 4 out of 10 on the pain scale or more.



Tubes and lines

- Your nurse will remove your intravenous.



Teaching and going home

- Your nurse will go over what to do at home before you leave the hospital.
- Plan to go home before 11 a.m.
- Tell your nurse if you are worried about going home.



Goals for the same day as your surgery - flap breast reconstruction

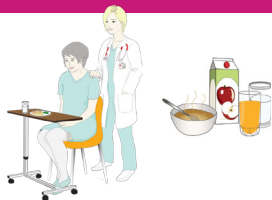
Goals for the evening of your surgery:

Activities



- Do your exercises (see page 37-38).
- Do not lift anything heavy (more than 10 lbs) for 4 weeks.
- Do not lift your arms above your shoulders (more than 90°) for 4 weeks.

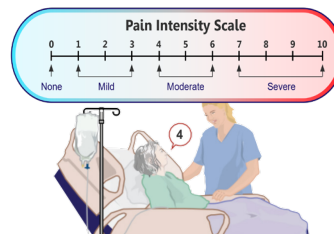
Diet



- Eat regular foods.

Pain control

- If your pain reaches 4 out of 10 on the pain scale or more, press the hand-held button on your PCA. The pump will give you a safe dose of pain medication.
- Tell your nurse if you are still in a lot of pain.



What is a flap monitoring?

The nurse will check the flap and donor site often. To do this, they will use an ultrasound machine called a Doppler. This is to make sure there is a good blood flow to the flap and donor site where the flap was taken. The frequency of the flap monitoring will decrease during your hospital stay.

Goals for 1 day after your surgery - flap breast reconstruction

Activities



- Get out of bed. Sit in a chair with help.
- Walk in the hallway.
- Do your exercises (see page 37-38).
- Do not lift anything heavy (more than 10 lbs) for 4 weeks.
- Do not lift your arms above your shoulders (more than 90°) for 4 weeks.

Diet

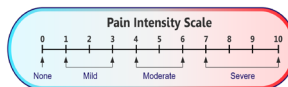


- Eat regular foods.

Pain control

If your pain reaches 4 out of 10 on the pain scale or more, press the hand-held button on your PCA. The pump will give you a safe dose of pain medication.

- Tell your nurse if you are still in a lot of pain.



Tubes and lines



- Your nurse may remove your urinary catheter.

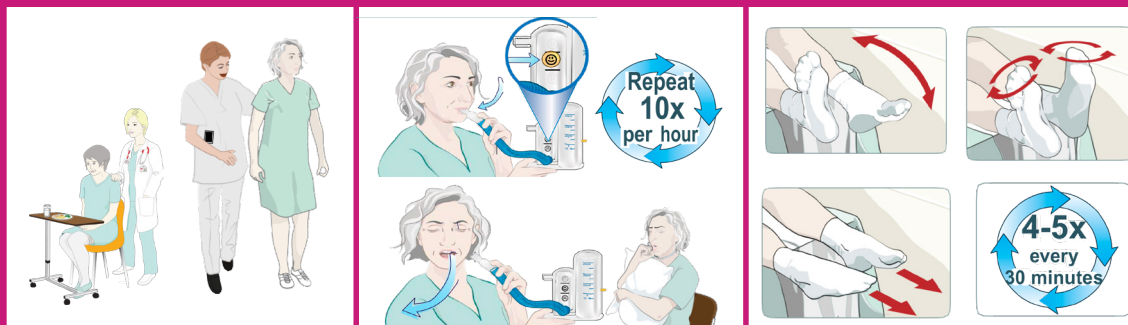
Teaching

- Your nurse will teach you how to take care of your Jackson-Pratt drain.



Goals for 2 days after your surgery - flap breast reconstruction

Activities



- Get out of bed. Sit in a chair with help.
- Walk in the hallway 3 times a day.
- Do your exercises (see page 37-38).
- Do not lift anything heavy (more than 10 lbs) for 4 weeks.
- Do not lift your arms above your shoulders (more than 90°) for 4 weeks.

Diet



- Eat regular foods.

Pain control

- Your nurse will remove your PCA. You will take pills to control your pain.
- Tell your nurse if your pain reaches 4 out of 10 on the pain scale or more.



Teaching



- Your nurse will teach you how to take care of your Jackson-Pratt drain.

Goals for 3 days after your surgery:



Going home

- You will be going home.
- Remember to plan your ride home. Tell your nurse if you are worried about going home.

Going home

On your day of discharge, plan to leave the hospital before 11 a.m.

You must plan 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.
- Read the next section of the booklet called **At home**.
- Ask any questions you have before you leave the hospital.

Breast implant card:

If you had a breast reconstruction with implant, you will receive a card at your discharge. This card will give you information on the model of your implant, the serial number, the date of your surgery. Keep this card in a safe place like your wallet in case healthcare professional needs to know about your implant.

Bleu magnet:

If you had a tissue expander, you will be given a blue magnet. The plastic team will use it to fill up the tissue expander. You will need to bring the bleu magnet to each of your follow-up appointment.

Managing pain

It is normal to have some discomfort after surgery. You might not be completely pain-free, but you should be able to slowly go back to your normal activities.

The pain will be higher in the first few days after surgery. As you recover, it will fade to a dull ache, like a pulled or sore muscle.

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

These medications will include:

- **Acetaminophen (Tylenol) and anti-inflammatory medications (medications that reduce swelling)**
 - These medications are for mild to moderate pain.
 - Take both of these medications as prescribed for the first 7 days after your surgery, even if you don't have much pain.
 - After the first 7 days, take them only when needed.
- **Opioids (narcotics)**
 - If acetaminophen (Tylenol) and anti-inflammatory pills do not control your pain well, you can also take this stronger pain medication.
 - If you take this medication, do not stop taking acetaminophen (Tylenol) and the anti-inflammatory pills.
 - Follow the instructions on the pill bottle. It is important to understand the risks and benefits of using an opioid.
 - Opioids can make you constipated.



If you take an opioid pain medication:

- Do not drive a vehicle or operate machinery
- Do not drink alcohol
- Do not make important decisions



Bring all unused medications back to your pharmacy.

Managing pain

If you are still in a lot of pain, even after adding an opioid, contact us in one of these ways:

- Contact your surgeon or the Plastic Surgery Clinic nurse (during working hours).
- If you cannot reach your surgeon or the Plastic Surgery Clinic nurse, and it is an emergency, go to the Emergency Department (ED) at the Royal Victoria Hospital at the Glen site.

• Pain medication and constipation

Pain medication can make you constipated (have trouble pooping).

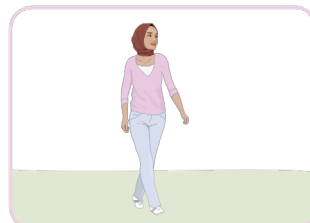
To help your bowels stay regular:



- Drink at least 6 to 8 glasses of liquid (water if possible) every day.*



- Eat more whole grains, fruits and vegetables.



- Get regular exercise (a 15-minute walk daily is a good start).



- Take the stool softeners you were prescribed.

***Note:** If you have a heart or kidney condition or other health condition, you may need to drink less. Speak with your doctor or nutritionist if you have questions or are not sure.

Diet

You can eat and drink whatever you want unless your surgeon, nurse or nutritionist tells you not to.

Eat foods with protein to help your body heal. Meat, fish, chicken and dairy products are good sources of protein.

If you find it hard to eat enough calories, try eating smaller amounts at each meal. Add healthy snacks between meals. Try high protein, high-calorie shakes or drinkable supplements like Ensure or Boost.

If you have nausea and can't keep anything down (are vomiting) for 24 hours, contact us in one of these ways:

- **Call your surgeon or the Plastic Surgery Clinic nurse (during working hours).**
- **If you cannot reach your surgeon or the Plastic Surgery Clinic nurse and it's an emergency, go to the Emergency Department at the Royal Victoria Hospital at the Glen site.**



Caring for your dressing (bandage)

- **Dressing**

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

- **Washing**

Use a sponge or facecloth to wash your body and the area around the dressing.
Do not get the dressing wet.



Important: Do not take showers or wet the breast area until your Jackson-Pratt drain has been removed. 2 days after your Jackson-Pratt drain is removed you will be able to take a shower.

- **When is the dressing removed?**

Your dressing will be removed at your follow-up visit in the Plastic Surgery Clinic (usually 5 -10 days after your surgery).

- **Can I wear a bra with the dressing?**

Yes, you can wear a comfortable supportive bra once you are at home with your dressing.

Comfortable supportive bra

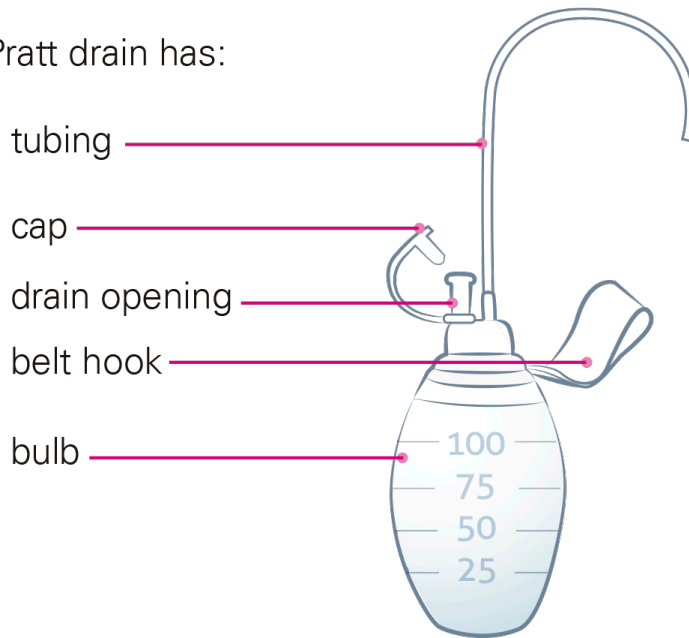
A comfortable supportive bra is a bra that closes in the front, that is elastic and without any padding or push-up insert. It can be a non-underwire bra as long as it doesn't cause pressure points or painful areas.

Jackson-Pratt drain

The drain is temporary. It is usually removed at the Plastic Surgery Clinic after 1-2 weeks.

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:



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 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.

Jackson-Pratt drain care

• How to empty your Jackson-Pratt drain?

You should empty your Jackson-Pratt drain every time the bulb is round.

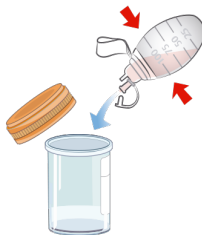
1. Wash your hands before touching the drain



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 66).



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 66:

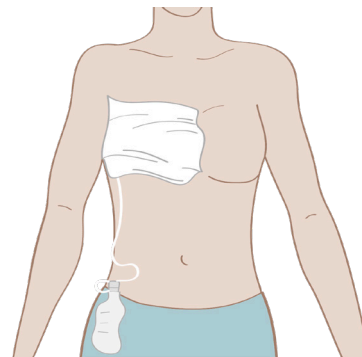
- Date (e.g. Oct 21)
- Amount of fluid you emptied each time from your drain (40 + 30 + 20)
- Total amount of fluid drained each day (40 + 30 + 20 = **90**)

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

Jackson-Pratt drain care

• 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.



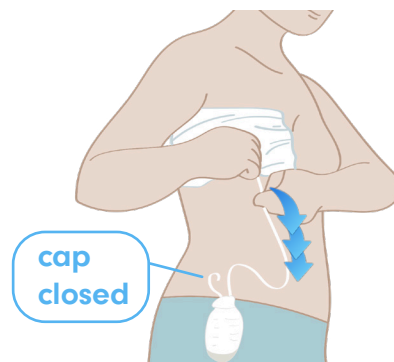
• What do I do if my drain is blocked?

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, do not panic. Call the nurse at the Plastic Surgery Clinic (see page 62 for phone numbers).

If you call the Plastic Surgery Clinic, be sure to call in the morning so that you can be seen by our team that day if needed.

Caring for your incisions (cuts)

Incisions

After the dressing is taken off at your follow-up visit, you will have thin pieces of tape called Steri-Strips on the incisions. These Steri-Strips normally peel off by themselves after 2-3 weeks. You can shower with them in place and let the water run over top of them. They are waterproof and will stay stuck on once they are dry. Gently dry the area with a (once you are allowed to shower).

If the Steri-Strips (pieces of tape) have not fallen off after 2-3 weeks, remove them:

- Lift up one end of the tape.
- Roll it to the other end of the tape.

• **Once the dressing is removed, how should I keep the incisions clean?**

After the dressing is removed, you can clean this area.

- Gently wash around your incisions with mild soap and water.
- Rinse the area well.
- Dry with a clean towel.

Important: Do not scrub or rub your incisions. Do not take a bath for 2-3 weeks (lower body only is ok earlier).

Your plastic surgeon will let you know when it is safe to take a bath.

• **What to expect**

You may have some bruising and swelling around your incisions. This is normal. Many people feel numbness near the incisions. This feeling is normal. It will go away over time.

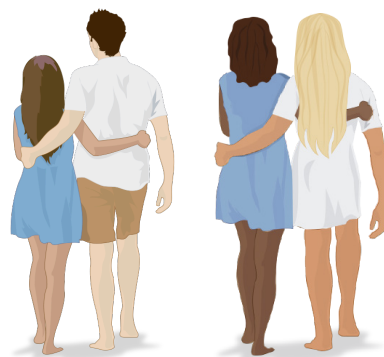
Your cuts may be slightly red and uncomfortable for 1 to 2 weeks.

Call your surgeon or the nurse at the Plastic Surgery Clinic if:

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

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.



Coping with your emotions

We know that having 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 your Plastic Surgery Clinic team and ask for support or counseling available at the Breast Centre.

Clothing

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

Activities

You can slowly go back to all your usual activities once you are pain-free (usually after 3 or 4 weeks). Do not push yourself during the first 2 weeks. This is an important time for healing and doing too much could cause bleeding or swelling.

Slowly increase how active you are every day. It is normal to feel tired after your surgery.

Remember to rest between activities and feel free to ask your loved ones for help if you need it. Family and friends can often help with:

- Transport
- Preparing meals
- Doing groceries
- Cleaning
- Laundry



Physical activity

- Walk every day. It is good exercise.
- Do not lift anything heavy (more than 10 lbs or 4.5 kg) for 4 weeks after your surgery.
- Do not lift your arms above your shoulders (more than 90°) for 4 weeks.
- Do not do heavy housework (e.g., vacuuming, scrubbing the bathtub) for 4 weeks.
- Do not practice contact or high-intensity sports where there is a lot of arm movement (e.g., racket sports, basketball) for 6 weeks.
- Starting from 6 weeks after your surgery, for most people there are no limits on physical activity including sex. Your surgeon will let you know if there is anything you shouldn't do.
- If you had a flap breast reconstruction with your abdominal (belly) tissue: You will have to wear an abdominal binder to support your abdomen at all times for minimum 4-6 weeks. This is to prevent getting a hernia.

Activities



Work

Your surgeon will tell you when you are able to return to your job. This will depend on your surgery, recovery and your type of work. Usually, it is 4-6 weeks after your breast implant reconstruction surgery and 2-3 months after your breast flap reconstruction surgery.



Driving

You can be a passenger in a car, but you cannot drive for the first 24 hours after surgery or while you are taking pain medication.

You may start driving again only when you are no longer taking opioid (narcotic) medication for pain.



Travel

It is recommended by the plastic surgery team to avoid travelling abroad for a period of 3 months following your breast reconstruction surgery.

Exercises

You can do these exercises if you had either type of reconstruction: an implant breast reconstruction or a flap breast reconstruction.

- **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.

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

- **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.

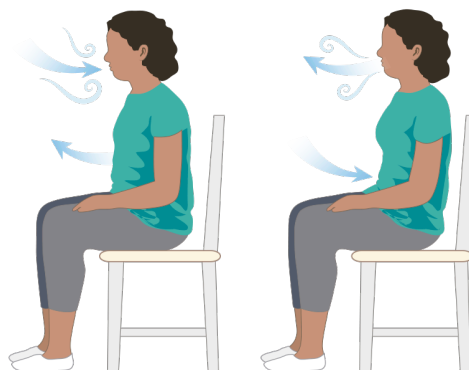
Exercises 1st week after your surgery

Start the following exercises during the 1st week after your surgery.

Deep breathing

This is important to open up 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.



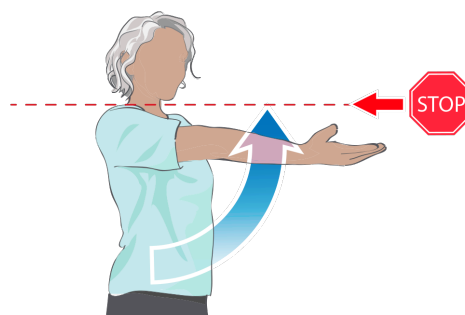
Hand pumping

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



Arm elevation

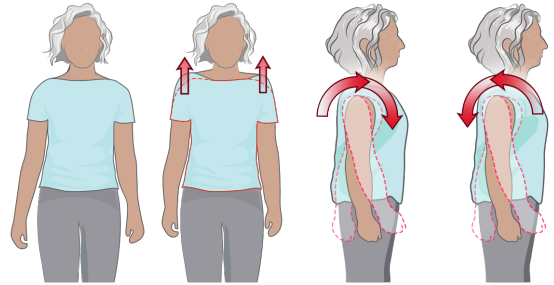
- Rest your arms at your side.
- Keeping your arm straight, slowly raise both your arms up to shoulder-level.
- You can use a cane, umbrella or a wall, if it helps.
- If it is too painful, try doing this exercise while lying down.



Exercises 1st week after your surgery

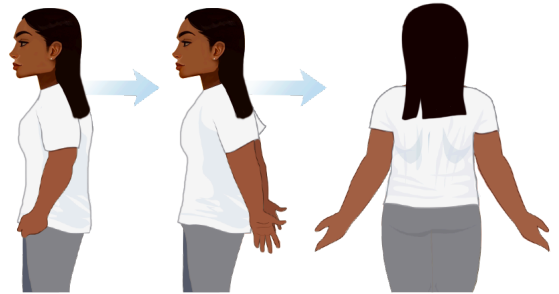
Shoulder circles

- 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.



Important: The first 4-6 weeks after your surgery:

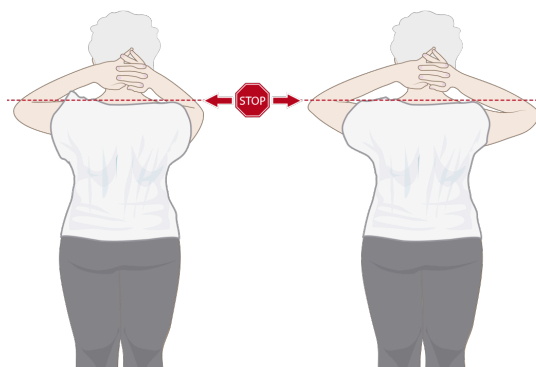
- **Do not** move your hands or arms above your shoulders (except to gently brush your hair and to brush your teeth).
- **Do not** do any arm resistance exercises such as push-ups or lifting weights.

Exercises 2 to 6 weeks after your surgery

Start these exercises at week 2 to week 6 after your surgery:

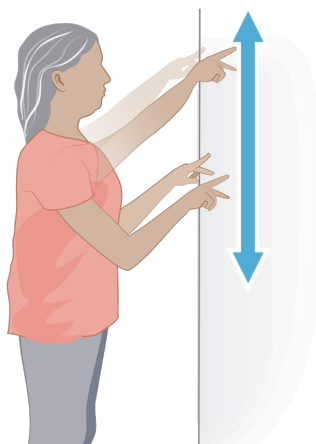
Elbows apart

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



Wall climbing

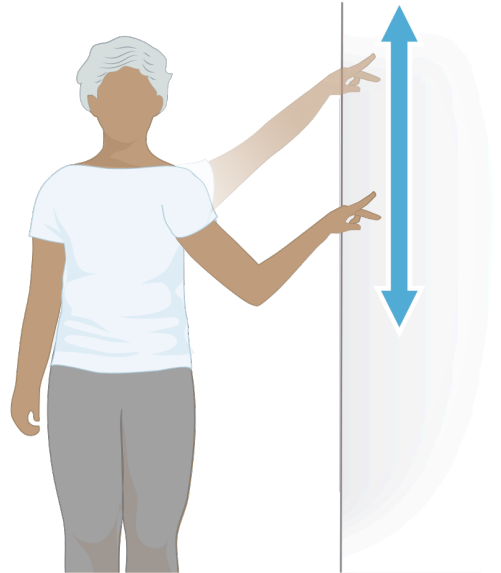
- Stand facing a wall about 1 foot away from the wall.
- Place both hands on the wall.
- Walk your fingers up the wall, until you feel a stretch.
- Try to move your fingers higher each time you do this exercise.



Exercises 2 to 6 weeks after your surgery

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 plastic surgeon or the Plastic Surgery Clinic nurse.



Exercises 6 weeks after your surgery

6 weeks after your surgery, 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 arms active throughout the day. Swing or move your arms while walking. Use both arms in everyday activities (e.g., use the side you had surgery on when washing or carrying light loads).

Avoid keeping your arms 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 your surgeon or the Plastic Surgery Clinic nurse
- 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 pag 57).

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.



Follow-up appointments

You will have a follow-up appointment with the plastic surgeon:

- 1 week after your surgery
- 1 month after your surgery
- 3 months after your surgery
- 6 months after your surgery
- 1 year after your surgery
- Once a year

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

If you have any questions, phone us.

Name of your surgeon: _____

Phone number of your surgeon: _____

If you have any questions or concerns related to your surgery:

Contact the nurse in the Plastic Surgery Clinic

Phone: 514-934-1934 ext.: 36339

Monday – Friday from 8 a.m. – 3:30 p.m.

Plastic Surgery Clinic

Royal Victoria Hospital - Glen site

DS1.2833 (Block D, level S1)

Phone: 514-934-1934 ext.: 34957

Other phone numbers:

MUHC Appointment and Referral Centre:

514-934-8488

(Monday to Friday from 8 a.m. to 5 p.m.)

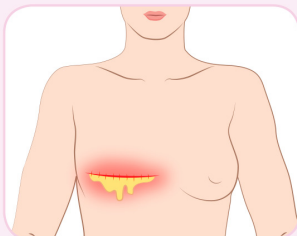
Info-Santé:

811 (To speak to a nurse about non-urgent health issues, 24 hours a day, 365 days a year.)

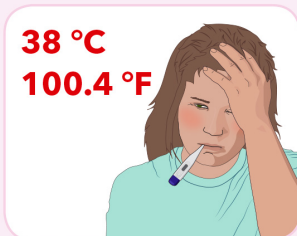
When to go to the Emergency Department



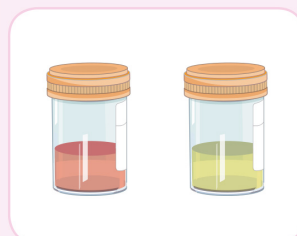
Call your surgeon or the nurse at the Plastic Surgery Clinic if:



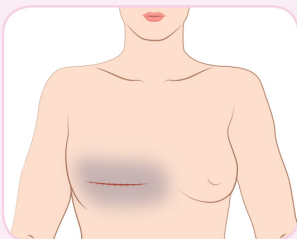
- Your incisions (cuts) are warm, red or hard
- You see pus or liquid coming out of your incisions



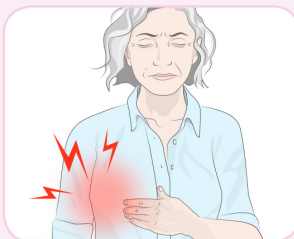
- You have a fever (temperature of 38 C / 100.4 F or more)



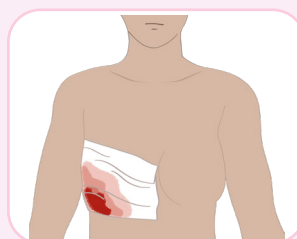
- You have pus or bright red liquid in your Jackson-Pratt drain



- Your incisions get very swollen or there is a large bruise around them

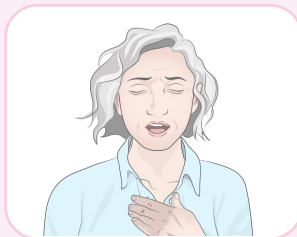


- Your pain is getting worse and the pain medicine does not help



- Your breast dressing is soaked with blood

- You are having trouble breathing
- You cannot drink or keep liquids down (nausea or vomiting) for 24 hours



- You are peeing a lot, have a burning feeling or pain when you pee, or have an intense urge to pee but cannot



If you cannot reach your surgeon or the nurse at the Plastic Clinic, go to the nearest Emergency Department.

Important contacts and locations

Royal Victoria Hospital Glen site	1001 Decarie Blvd., Montréal, QC H4A 3J1
Pre-Op Clinic	DS1.2428 (Block D, S1 level)
Surgery Registration	C03.7055 (Block C, level 3)
Waiting Room	C03.7158 (Block C, level 3)
Breast Clinic	C6.3155 (Block C, level 6)
Plastic Clinic	DS1.2833 (Block D, level S1)
Parking	<p>Accessible from Decarie Blvd. or St-Jacques Street (see map on page 68)</p> <p>Rates: muhc.ca/patient-and-visitor-parking</p>

Resources to help you stop smoking

- **I QUIT NOW phone line:** 1-866-527-7383 (free) or iquitnow.qc.ca
- **Quit smoking centres:** ask your CLSC for information
- **The Quebec Lung Association:** 1-888-768-6669 (free) or poumonquebec.ca/en
- **Smoking cessation clinic at the MUHC:** You will need a referral from your doctor. Ask your doctor to send the referral by fax to 514-934-8488.

Library: McConnell Resource Centre

For more information about breast reconstruction surgery, anesthesia or quitting smoking, visit the McConnell Patient Resource Centre's online resource pages:

- **Breast reconstruction:** muhlibraries.ca/breast-reconstruction
- **Pain:** muhlibraries.ca/pain
- **Anesthesia:** muhlibraries.ca/anesthesia
- **Quitting smoking:** muhlibraries.ca/smoking-cessation

For help finding reliable health and wellness information, contact the McConnell Patient Resource Centre at crp-prc@muhc.mcgill.ca.

You may also visit their website for more information and resources: muhlibraries.ca/patients.

Map of Royal Victoria Hospital-Glen site

Cafeteria

Located off the Atrium on the S1 level

Registration, Surgery and Intervention Center

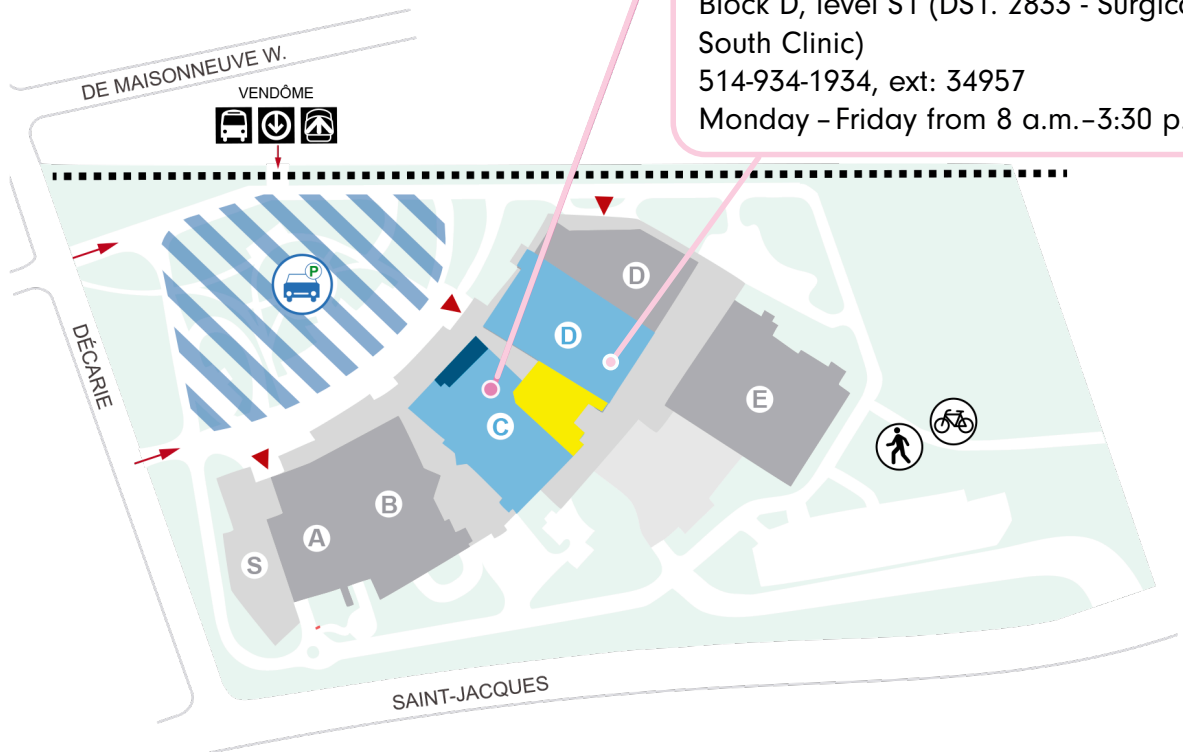
C03.7055

Breast Clinic

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

Plastic Clinic

Block D, level S1 (DS1. 2833 - Surgical South Clinic)
514-934-1934, ext: 34957
Monday - Friday from 8 a.m.-3:30 p.m.



- 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)

Royal Victoria Hospital – Glen site
1001 Decarie Blvd.,
Montréal, QC H4A 3J1