

My Plan

Surgeon(s): _____

Office Number(s): _____

Urgent Contact Number (for surgeon): _____

Nurse(s) _____

Navigator: _____

Pre-Admission Clinic Phone: _____ Fax: _____

Other: _____

My Diagnosis: (type of cancer) _____

Hormones: receptor positive receptor negative HER 2 positive

Type of Surgery:

- Breast-Conserving Surgery Mastectomy
 Mastectomy with Immediate Reconstruction Sentinel Lymph Node Biopsy
 Axillary Lymph Node Dissection

Date of Surgery: _____

Admission Time:

- On the day before your surgery, call _____ to find out when to be at the hospital. If your surgery is on a Monday or the Tuesday of a long weekend, please call on the Friday before.
 Someone from the hospital will call you.

Other Possible Procedures:

- Sentinel Node Mapping Injection Date: _____ Location: _____
 Wire/Seed Localization Date: _____ Location: _____

After Surgery:

Person Picking Me Up: _____ Phone: _____

Date of Follow-up Appointment: _____

Referrals: _____

Drain: Yes [Jackson-Pratt Blake] No

Shower: I can shower in 24-48 hours I should wait to shower until _____

Exercise: I know which exercises I should do at home (this depends on whether you had immediate reconstruction or not)