

Your Journey Through Breast Cancer Surgery



Cancer Strategic
Clinical Network™



This information is for men and women having surgery for breast cancer. It covers your journey through breast cancer surgery. You will learn about:

- How to care for yourself before, during, and after surgery.
- Different kinds of breast surgeries.
- How your same-day surgery will take place.

Breast surgery in Alberta is a same-day surgery, so you'll come to the hospital and go home (be discharged) on the same day. Same-day surgery is safe and most people prefer to recover at home rather than in the hospital. Your surgeon will consider your health and living arrangements to make sure it's safe for you to go home the same day of your surgery. In special cases, you may need to stay in the hospital overnight.

If you have questions that are not answered, ask a member of your healthcare team.

If you have any urgent concerns, call your surgeon's office.

We ask that you bring this information and a support person to all your health appointments.

This information is available online at:

<https://myhealth.alberta.ca/HealthTopics/breast-cancer-surgery>

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Coping with Breast Cancer Surgery

When you have breast cancer surgery, you may wonder about pain, changes to your breast(s), or future treatment. You may wonder how you'll manage responsibilities at home or work. It's common to have many feelings (e.g., anger, sadness, hope) all in one day. Your healthcare team can help you find the support or answers you need.

Emotional Support

Everyone copes with breast cancer and breast surgery in their own way. There isn't a right way to talk to others about your diagnosis or your treatment plan. Who you talk to and what you say depends on each relationship. **You'll make the right choice for you.**

It can be hard to talk about having breast cancer. Some people find it helpful to talk to friends and family. Speaking with others might help you:

- Understand the information better.
- Get the support you need.
- Create a support network. You may want to have 1 person keep others updated for you.
- Feel in control of your own treatment plan so you're comfortable asking questions.

It's normal to have questions and concerns about body image and sexuality. You may have unexpected feelings from the changes to your body from surgery or treatment. This is different for everyone. If you can talk about these feelings with your partner, family, and friends, you'll feel less alone when dealing with these changes.

If you'd like more help, talk to:

- Someone in your community who you trust.
- Any member of your healthcare team.

Finances, Insurance, and Drug Coverage

The cost of your breast surgery is covered by Alberta Health Care. But there are other costs that go along with your cancer treatment(s) that you may not have thought of. For example:

- How long you'll need to be off work for surgery and recovery.
- Your insurance coverage for some of the medicines used for treatment.
- Extra costs such as parking and hotels.

You may be able to get help to pay for some of these costs. If you have concerns, it's important to speak to your healthcare team right away. They may be able to help you find the supports you need.

Remember:

- You may be able to claim medical costs when you file your taxes. Keep all of your treatment-related receipts (e.g., parking, travel, and hotels) and write the reason on the receipts.
- When your treatment plan is confirmed, ask your healthcare team what is covered. If you have Alberta Health Care, most of your treatments will be covered, but there could be extra costs. Call your insurance provider so you know what they cover and ask about the cost of extra coverage if you need it. Sometimes when you add medical coverage there is a waiting period before the coverage starts. Extra coverage may be helpful to cover the cost of things such as prosthesis, medicines, transportation, and physiotherapy.
- It helps to make a list of other costs such as childcare, lodging, and travel. Your healthcare team may be able to suggest services that cost less.
- Ask your healthcare team about government financial support, including tax credits and caregiver employment insurance.

Fertility and Birth Control

Cancer treatment can affect both men's and women's ability to have children (fertility). It's important to talk about birth control and fertility options with your healthcare team **before** treatment starts.

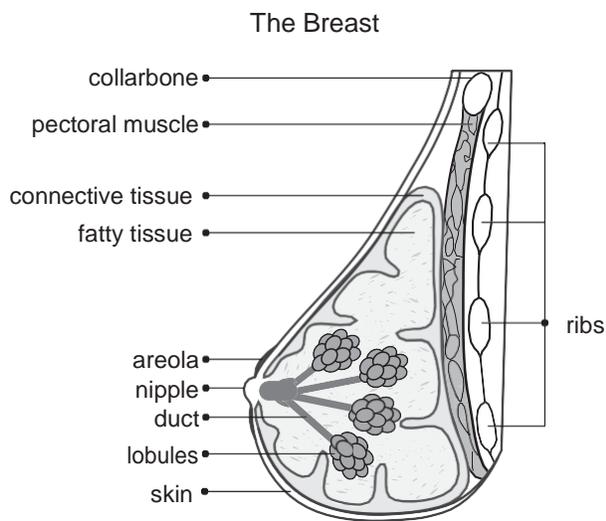
Some things to think about:

- If you think you may be pregnant, tell your healthcare team right away. Your surgery and treatment plans may need to be changed, depending on the type of cancer you have and the stage of your pregnancy.
- Now is not a good time to get pregnant, so using birth control is important. The birth control pill is not recommended for breast cancer patients, so it's important that you ask your healthcare team about other types of birth control you can use.
- If you want to preserve your fertility to have children in the future, you may need a referral to a fertility specialist. Talk to your healthcare team. A referral should be made early so nothing gets in the way of your breast cancer treatment.

About Breast Cancer

It can be helpful to understand the parts of the breast (anatomy), how cancer is measured (staging and grading), and the role hormones play in the body and breast cancer.

Your Breast



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The **female breast** has lobes, ducts, fat tissue, and supporting ligaments. Your breast tissue starts from under your arm, continues up to the collar bone, and into the centre of the chest. Inside the breast there are lobes and ducts.

Lobes are made up of small, tube-like structures called lobules. Lobules contain milk glands that make milk for breastfeeding. Ducts carry milk from the lobules to the nipple. Fatty tissue surrounds the breast. The breast has lymph vessels and lymph nodes to protect the body against infection and diseases.

The **male breast** is a lot like the female breast. Male breast cancer is rare. The treatment for men with breast cancer is much like the treatment for women with breast cancer. Care after surgery is the same for both men and women.

There are different kinds of breast cancer. Your healthcare team will discuss your type of breast cancer with you.

Breast Cancer Staging

The stage of your breast cancer is a way for your healthcare team to find out how much cancer there is and where it is in your body. Sometimes the cancer is not just in one area. Your doctor will be able to tell you the stage of your breast cancer after all of your tests, biopsies, and surgeries are complete. Most doctors use the **TNM** way of staging cancer—see the **TNM Staging Chart**. **T** is the tumour size, **N** is if the cancer is found in your lymph nodes, and **M** is if the cancer is found in other areas of the body (metastasized).

Your treatment plan options will depend on the stage of your cancer.

TNM Staging Chart for Cancer

T (tumour)	N (lymph nodes)	M (metastasis)
TX: Unable to measure tumour. Tis: Tumour hasn't grown through the wall of the duct into nearby tissue (in situ). T1 to T4: Tumour of increasing size (numbers 1 to 4 describe how large the tumour is).	NX: Unable to evaluate lymph nodes. N0: No cancer found in lymph nodes. N1 to N3: Cancer has spread into lymph nodes. (numbers 1 to 3 are based on how many nodes are involved).	M0: Cancer hasn't spread to other parts of the body. M1: Cancer has spread to other parts of the body.

Breast Cancer Grading

Grade is a “score” that tells how different the cancer cells look and grow compared to normal, healthy breast cells. The pathologist (a doctor who specializes in cells and tissue), will decide the grade. They’ll rate the cancer on a scale of 1 to 3:

- Grade 1 or low grade (sometimes called well differentiated): Grade 1 cancer cells look a little different from normal cells and grow in slow, well-organized patterns. Not many of the cells divide to make new cancer cells.
- Grade 2 or intermediate/moderate grade (moderately differentiated): Grade 2 cancer cells don’t look like normal cells and grow and divide a little faster than normal.
- Grade 3 or high grade (poorly differentiated): Grade 3 cancer cells look very different from normal cells and grow and divide quickly in disorganized and irregular patterns.

Hormone Receptors

Your cancer cells may be tested to see if they have **estrogen** or **progesterone** receptors. When estrogen and progesterone hormones attach to these receptors, they may make your cancer grow. Even if you’ve been through menopause, your body still makes estrogen and progesterone. Cancers are called hormone receptor-positive or hormone receptor-negative based on if the cells have these receptors. About 80% of cancers are hormone-receptor positive.

Your hormone receptor results are part of your cancer treatment plan. Discuss your results with your surgeon and cancer specialist.

HER2 status

In about 20% of breast cancers, the cells make too much of a protein called **HER2**. These are called HER2-positive breast cancers. HER2-positive breast cancers tend to grow and spread faster than other breast cancers, but there are treatments that work very well for them.

Your HER2 results are part of your cancer treatment plan. Discuss your results with your surgeon and cancer specialist.

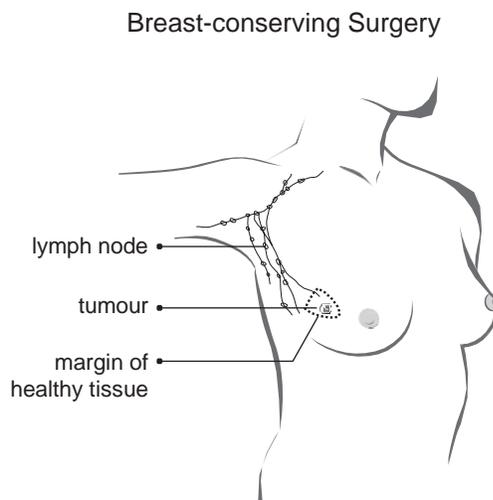
Breast Cancer Surgery

Surgery is often the start of your treatment. Sometimes you'll have other treatments before your surgery. The type of surgery and how much breast tissue is removed will depend on the type, size, and location of your cancer. Your surgeon will review your options with you and help you make a plan that's right for you.

The common types of breast cancer surgery are: breast-conserving surgery, mastectomy, and mastectomy with immediate reconstruction. Most of the time these surgeries also include removing some of the lymph nodes under the arm on the same side as the breast cancer surgery.

Breast-Conserving Surgery

This type of surgery has different names: lumpectomy, segmental resection, partial mastectomy, wide excision, or a wedge resection.



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For this surgery, your breast tissue with cancer is removed, along with a small amount of healthy tissue around it, called the **margin**. Your incision (cut) is closed with stitches or staples. The stitches are usually dissolvable, so you won't need them removed.

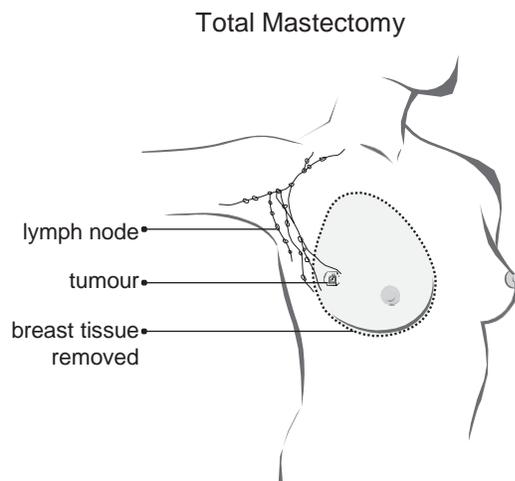
Your incision is covered with Steri-Strips™ (paper tapes) and a dressing (bandage). Staples are covered with a dressing only. When your incision has healed, your doctor or nurse will remove the staples or non-dissolvable stitches.

Margins

A pathologist will examine the tissue that has been removed to see if your margins are free of cancer. If your margins have cancer cells, it's reported as a positive margin. If you have a positive margin, **often** your surgeon will remove more tissue using the same incision site at a follow-up surgery. These results are included in your pathology report. Your surgeon will talk with you about this report at your follow-up appointment.

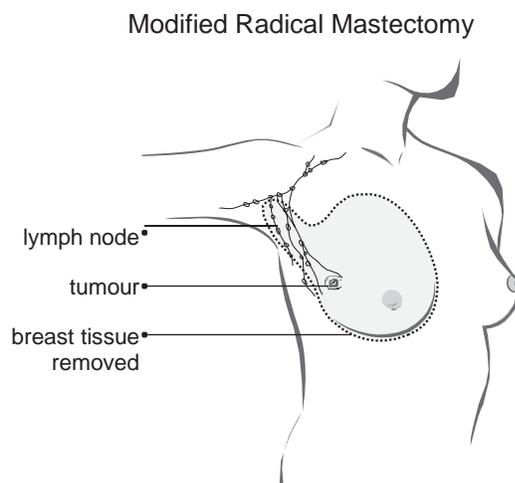
Mastectomy

Sometimes all of your breast tissue must be removed. This is called a mastectomy. It can be done as a total mastectomy or a modified radical mastectomy.



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A total mastectomy (simple mastectomy) is when the surgeon removes all of your breast tissue. A sentinel lymph node biopsy may be included with this surgery. (See the **Sentinel Lymph Node Biopsy** section to learn more).

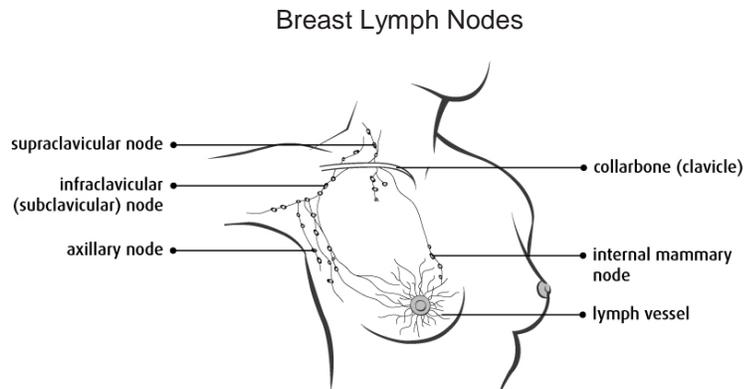


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A modified radical mastectomy is when all of your breast tissue and the lower 2/3 of the lymph nodes in the armpit (axilla) on the same side as your breast surgery are removed.

Lymph Node Surgery

Lymph node surgery is done to see if cancer has spread to the lymph nodes and to prevent cancer from spreading in your body.



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Lymph nodes are small glands that are found in groups throughout your body. Lymph nodes are connected by lymph vessels. Breast lymph vessels bring fluid from your breast and arm to the lymph nodes at the collarbone and armpit (axilla).

The lymph nodes filter this fluid to remove bacteria, viruses, and cancer cells. Breast cancer will most often spread to lymph nodes in your armpit before the cancer spreads to other parts of your body. There are 2 types of lymph node surgery: The **sentinel lymph node biopsy** and the **axillary lymph node dissection**. Your surgeon will talk to you about which surgery is right for you.

Sentinel Lymph Node Biopsy

The sentinel lymph nodes are the first nodes where breast cancer will travel as it spreads. Usually if the sentinel lymph nodes are cancer free, then it means the other axillary lymph nodes probably don't have cancer cells.

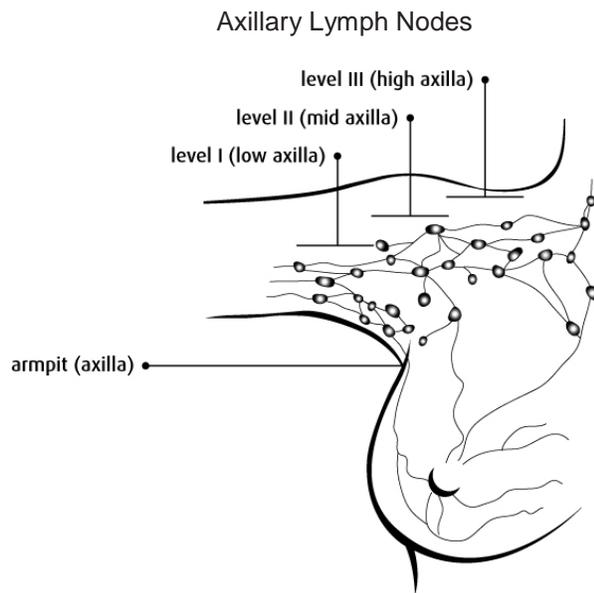
You'll have an appointment in the Nuclear Medicine Department or Diagnostic Imaging Centre for **Sentinel Lymph Node Mapping** on the morning of or the day before your surgery. At this appointment, you'll have a radioactive tracing material (tracer) injected into your breast near the dark skin around your nipple (areola). This tracer follows your lymph system, just as your cancer can, and provides a map of where your sentinel nodes are in your breast. The tracer doesn't tell whether or not there is cancer in the lymph nodes. It just shows the surgeon where the lymph nodes are.

When you have your surgery, your surgeon will use a scanner to find the sentinel lymph nodes. A blue dye may be used along with the radioactive tracing material and in this circumstance, it is injected after you are asleep. The blue dye will change the sentinel nodes to a blue colour to make them easier to find. Your surgeon will remove 1 or more lymph nodes. The sentinel lymph nodes are sent to the lab where a pathologist will then test them for cancer. If the sentinel lymph nodes are cancer free, then no more lymph nodes are removed. If the sentinel nodes contain cancer cells, your surgeon **may or may not** need to remove more lymph nodes. If more lymph nodes need to be removed, this is called an axillary lymph node dissection.

Some things to know:

- You may feel uncomfortable when the radioactive tracing material is injected into your breast.
- If blue dye is used, it will turn your urine (pee) green for about 24 hours. The dye may also cause the skin of your breast, where the injection was done, to turn blue. This change in colour could last for months.
- The radioactive tracing material leaves your body through your urine. It's important to always wash your hands very well after using the bathroom. This removes any traces of radioactivity. The amount of radiation in your body is not dangerous and will disappear very quickly. You can still have contact with other people.
- Your surgeon will need all of the information about your tumour and lymph nodes before deciding if you need more surgery on your lymph nodes. The report from the pathologist can take up to 14 days.

Axillary Lymph Node Dissection



An axillary lymph node dissection may be done when cancer has spread extensively in the lymph nodes. If you have an axillary lymph node dissection, your surgeon will remove many lymph nodes from under your arm. Your surgeon will place a drain into the area after the lymph nodes are removed. A pathologist examines the lymph nodes for cancer cells.

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The test results are reported as positive or negative for cancer. The results will help your doctors decide the stage of your cancer and the best treatment plan for you.

Breast Reconstruction Surgery

Breast reconstruction means rebuilding the breast using either breast implants or tissue from other parts of your body. Talk to your surgeon to see if breast reconstruction is right for you. If it is, you can choose whether or not to have the surgery. If you choose not to have breast reconstruction, you can always change your mind later.

Your breast reconstruction surgery will be done by one or more surgeons. In Alberta, breast reconstruction surgery is considered part of your overall breast cancer treatment. Alberta Health Care covers the cost of breast reconstruction.

You may have options for surgery. The best surgery for you will depend on:

- Your cancer site, stage, and grade.
- How much breast tissue needs to be removed.
- Your health right now.
- Your personal choice.
- Your need for other treatment after surgery, such as radiation. Reconstructive surgery is **not offered** to people who smoke or have a high body mass index (BMI), because there's a high risk of problems (complications) from surgery.

With any surgery, there are benefits and risks. Your healthcare team can help you make the best decision for you.

Breast implants

Breast implants are silicone sacs filled with either saline or silicone gel and are placed in the breast area after a mastectomy. The implant is usually placed just behind the chest muscle. If you choose to have a breast implant(s), you may first need a tissue expander put under the muscle to stretch the muscle and skin. Your surgeon will add saline to the expander every few weeks, until your skin has enough space for the breast implant. When your skin is ready, you'll have a second surgery to remove the tissue expander and the implant will be inserted.

Some expanders are also permanent implants, so you won't need a second surgery.

Sometimes you don't need a tissue expander. A breast implant may be placed during your mastectomy surgery using a special mesh or your own skin to make a space under your chest muscle.

Autologous breast reconstruction (reconstructed with your own tissue)

When your surgeon uses tissue from other places in your body to recreate a breast, it's called autologous breast reconstruction. There are many different ways a surgeon can do this. Your surgeon will talk with you about what's right for you.

Abdominal free flap

A free flap is the most common type of autologous breast reconstruction surgery. For this surgery, your surgeon removes tissue from your abdomen (tummy area) and this tissue, called the flap, is used to reconstruct your breast. The flap is called a free flap if it's reconnected to the blood vessels in your chest. There are several types of free flap breast surgeries:

Free TRAM flap: The free TRAM flap is done with muscle, fat, skin, and blood vessels from your abdomen.

DIEP flap: The DIEP flap is done with only fat, skin, and blood vessels from your abdomen.

These surgeries may be a better option for you than an implant, if you've had radiation therapy to your chest.

Pedicle TRAM flap

For the pedicle TRAM flap, your surgeon uses abdominal tissue to reconstruct the breast. The tissue stays connected to the muscles and blood vessels of the abdomen and the flap is moved under your skin to your breast area.

Latissimus dorsi or back flap

For the latissimus dorsi flap, your surgeon uses the muscle, fat, and skin from your back to reconstruct your breast. The tissue stays connected to the blood vessels and is moved under the skin to the chest area. This surgery may be right for you if you've had radiation treatment, you don't have tissue from your abdomen to use, or you've had abdominal surgery before. You can also have a breast implant put under the flap.



Preparing for Surgery. Plan Ahead.

Checklist

- Arrange to have someone stay with you while you're at the hospital and drive you home after your surgery. When you go home the same day as your surgery, have someone stay overnight with you.
- Shop for groceries and make meals ahead of time. You'll be tired after surgery.
- If you have a benefit plan, find out what's covered.
- Stop smoking if you can. You can heal faster and prevent lung problems after surgery if you stop smoking. Talk to your healthcare team about ways to stop smoking. Go to AlbertaQuits.ca for helpful tips.
- Cut down or stop drinking alcohol. Don't drink alcohol 24 hours before surgery. Alcohol may interact with some of the medicines given around the time of your surgery. Talk to your healthcare team if you need help to stop.
- Keep exercising. Try to be in the best shape possible before surgery. If you're normally active, keep doing your regular activities up to the day of your surgery. This helps your body fight infections and improves your lung function. If you don't exercise, start slowly. Walking 10 minutes a day is better than no exercise.
- Talk to your surgeon if you use cannabis, cocaine, crack, PCP or other drugs for non-medical use. These drugs can have serious side effects if they're mixed with the medicines you're given during and after surgery. For your own safety, you must tell your surgeon, anesthesiologist, or nurse if you use non-medical drugs.
- If you use herbal or complementary medicines, talk to your surgeon about when to stop using them. Herbal and complementary medicines can interact with the medicines you're given during surgery. Some complementary medicines are connected with bleeding problems during or after surgery.

- Tell your nurse or anesthesiologist if you take prescription pain medicine. Your pain medicine may need to be adjusted after surgery.
- If you shave your armpits, stop shaving your armpit on your surgery side at least 7 days before your surgery.
- If you use a hair removal product on your armpits, stop using it on your armpit on your surgery side at least 7 days before your surgery.

How long you stay in hospital will depend on the type of surgery and your recovery. **Most patients go home the same day of surgery.**

If you've had surgery before, you may notice a few things that are different about your surgery, including:

- How you get ready for surgery.
- What you eat and drink before and after surgery.
- How much sooner you recover from surgery.

The Pre-Admission Clinic (PAC)

Your surgeon may ask that someone from the PAC contact you before you have surgery. Someone from the PAC team will ask you questions and tell you about your surgery. This may be done in person or on the phone. The PAC healthcare team will:

- Ask questions about your health and medical history to make sure you can safely have surgery.
- Explain how you can prepare for your surgery and what to expect in the hospital.
- Arrange the tests that your doctors have ordered. These tests could include blood tests, ECG (a test for your heart), and chest X-Ray.
- Ask you what medicines, vitamins, supplements, and herbal products you take.
- Tell you what medicine(s) to stop taking and when to stop taking them before your surgery.

Wire (Needle) or Seed Localization

Before you have **breast conserving surgery**, you may need to have a procedure called a wire (needle) or radioactive seed localization. This is done so that the surgeon knows exactly what tissue to remove when your surgeon can't feel the cancer.

You'll go to the Radiology Department at the hospital where you're having your surgery or a community Diagnostic Imaging Centre for this procedure. The radiologist will insert a fine wire or radioactive seed close to the area of concern using a mammogram or ultrasound for guidance. The wire or seed will be removed by your surgeon when you have surgery. If you need a wire or seed localization, your healthcare team will talk to you about the best option for you.

Wire localization: Done the day of your surgery.

Seed localization: Can be done the day of your surgery, or 1 to 7 days before your surgery.

Depending on the procedure you have, you may need a ride home or to the hospital after the procedure. It's safe to wear your seatbelt in the car.

The Day before Surgery

You should have already been told how to confirm your hospital appointment time. Make sure you know:

- The date of your surgery.
- What time you need to be at the hospital.
- Where to go when you get to the hospital.
- The best place to park.

If you have to cancel your surgery, call your surgeon's office right away. Make sure you have your surgeon's office phone number ahead of time.

If you can't reach your surgeon, call the hospital. Make sure you have the hospital's phone number ahead of time.

Follow the pre-surgery instructions you've been given or your surgery may have to be cancelled.

Eating and drinking before surgery

Your healthcare team will give you instructions about eating and drinking before surgery. Follow the instructions carefully. This is for your safety, to prevent food or fluid from going into your lungs (aspiration). Aspiration can cause serious complications.

The night before and the morning of surgery

- Shower or take a bath as you normally do.
- Don't use any creams, lotions, or anything with a scent.
- Don't wear makeup the day of your surgery.
- Take off all jewelry and take out all piercings.
- Don't wear contact lenses on the day of your surgery.



The Day of Surgery

What Should I Bring to the Hospital?

- If you've been given a booklet copy of this information, bring it with you.
- Alberta Health Care card and your Blue Cross or other insurance card (if you have one).
- Photo ID (e.g., driver's licence, passport).
- If you live out of province, bring proof of medical coverage.
- Your medicine(s) in their original containers or a list of the medicine(s) you take and when you take them (e.g., inhalers, aspirin, vitamins, over-the-counter, and herbal medicines).
- Personal items such as hearing aids, toiletries, glasses, denture case, CPAP or BiPAP machine, housecoat and slippers (if you're staying overnight), and walking aids such as a cane or walker.
- No more than \$20 cash.
- A book or magazine to help pass the time.

Bring the items on this list in 1 small bag with your name on it. All other items can be brought to you after surgery.

Leave anything of value at home. The hospital is not responsible for lost or missing items.

Rules about using cell phones in the hospital are different on each unit. Ask your nurse before using your cell phone.

Wear comfortable clothing. You may feel uncomfortable wearing a bra right after breast conserving surgery. If you need support, you may find it helps to wear a front-opening support bra or a camisole. Have a loose-fitting button or zip-up top to wear home. Don't wear tight-fitting or underwire bras.

Medicines

Your healthcare team will tell you what medicine you can take on the day of surgery. When you're told this, write it down and keep it with your surgery information.

At the Hospital

When you arrive at the hospital, a nurse will:

- Go through a list of questions with you.
- Ask you to change into a hospital gown.

You may be given some medicine with a sip of water before surgery to help lower your pain and nausea.

An intravenous (IV) will be started before or when you're in the operating room. This is a plastic tube that is placed in your vein to give you medicine and fluid during and after surgery.

You'll be brought to an area outside of the operating room, where you'll meet your surgical team: your anesthesiologist (the doctor who will give you medicine to keep you asleep during your surgery), surgeon, and nurses.

While you're in the area outside of the operating room, a nurse will ask you questions from the Safe Surgery Checklist such as your name, surgery, birthdate, allergies, and what surgery you're having. You may be asked this more than once, which is normal. Your hospital follows this Safe Surgery Checklist to keep you safe.

Waiting area

During your surgery your family and friends can wait for you in the waiting area.

The Operating room

An operating room nurse will double check your surgical information and take you into the operating room. The Safe Surgery Checklist will be repeated.

The anesthesiologist will give you medicine (general anesthetic) to make you comfortable and keep you asleep during your surgery.

Your surgery will take about 1 to 2 hours. It will take longer (2 to 7 hours) if you're having breast reconstruction at the same time.

After Surgery

Recovery room

You'll wake up in the recovery room after your surgery. Visitors aren't allowed in the recovery room.

You'll have an IV to give you fluid and medicine. You may be given medicines to help with your pain and nausea. You'll start drinking fluids as soon as you can.

You'll have a dressing (bandage) on your chest. It's important not to touch your dressing to allow for proper healing.

You may have 1 or more drains near the area where the incision was made. Drains take extra fluid away from below your incision.

Your nurse will check your:

- Heart rate, breathing, blood pressure, and blood oxygen level.
- Dressing (bandage).
- Drains.
- Pain and nausea levels.

When you've recovered from your anesthetic, you may be taken to another unit. You'll stay there until your healthcare team decides it's safe for you to go home.

Managing pain and nausea

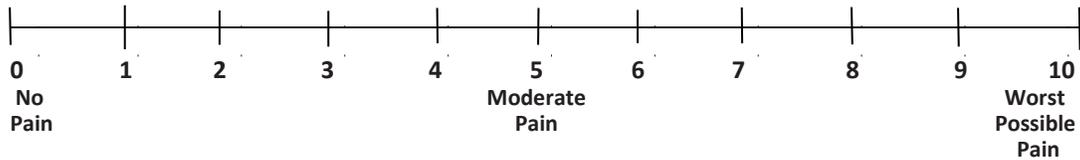
Managing pain and nausea is important. It helps you recover sooner because you will:

- Breathe and move better.
- Find it easier to eat and drink.
- Sleep better.

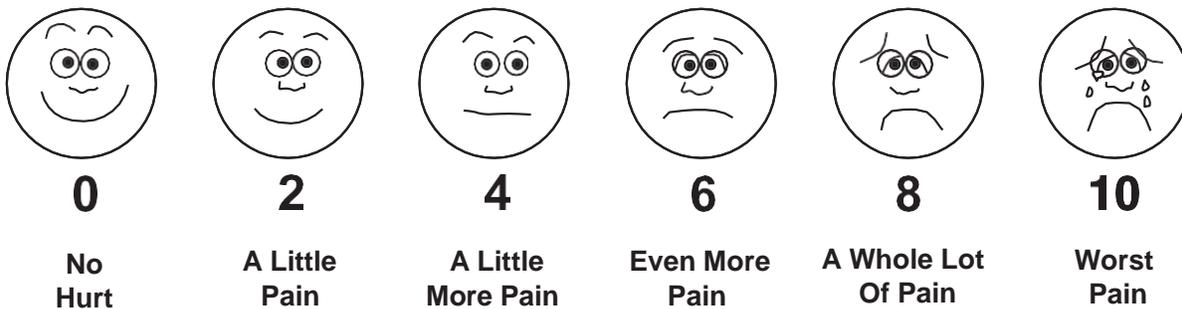
Pain after surgery is normal. You may have pain, numbness, or tingling in your shoulder, arm, armpit, or incision area. The type of pain you have and how long it lasts is different for everyone. Stabbing pain may happen and is normal.

You'll get pain or nausea medicine by IV, injection, or pill as needed while you're in the hospital. Your nurse will ask you to rate your pain and nausea from 0 (no pain) to 10 (the worst pain you can imagine). Tell your nurse when you're having pain or nausea. The amount of pain medicine will be adjusted as needed.

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale



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Eating and drinking

You can eat solid food when you are able to. Your nutrition is an important part of healing. Start with a bit of soft food and when you move to solid food, eat a nutritious, well-balanced diet. If you eat extra fibre and drink 6 to 8 glasses of water each day, it may help your bowels move regularly. If you take pain medicine this will be especially important, because some pain medicines can slow down your bowel movements (constipation).

Activity

Your nurse will help you get up and walk soon after surgery. If you take short walks, it will help you get your strength back and improve your blood flow (circulation).

When you're awake in bed, change your position and move your legs every hour. This helps your circulation and can prevent blood clots from forming.

Leg exercises:

- Pump your ankles up and down for 1 minute, relax, and then repeat.
- Make 4 circles with your feet, first 1 way, and then the other.
- Wiggle your toes.
- Stretch your legs.
- Do these exercises at least 1 time every hour during the day. Do them 5 times each with your left leg, then 5 times each with your right leg.

It's important to do your deep breathing and coughing exercises if you have had an anesthetic. Doing exercises 1 time every hour while you're awake will help prevent lung problems.

Deep breathing and coughing exercises:

- Breathe in deeply through your nose.
- Hold your breath for 5 to 10 seconds, and then breathe out slowly through your mouth. You'll find you breathe more deeply with each breath.
- Repeat again, and on the third breath in, hold your breath for 5 to 10 seconds. Cough 2 or 3 times in a row as you get rid of this breath.
- Make sure you take normal breaths when you're not doing these exercises.
- Ask your healthcare team how often you should do these exercises.

After surgery, try to use your arm on the side of your surgery as you normally would (e.g., eating, drinking, brushing your teeth and hair, answering the phone).

Ask your doctor or nurse when you may have a shower.

Dressings and incisions

The size of your incision and where it is will depend on where your cancer was and the type of breast surgery you had. You may have a breast incision and an underarm incision.

At first, you'll have an outer gauze dressing (bandage) covering the incisions. Gauze dressings usually stay on for 24 to 48 hours. Your surgeon will tell you when you can take your dressing off.

Your incisions are held together with staples or stitches and covered with Steri-Strips (paper or surgical tapes). The surgeon will tell you when your Steri-Strips can be removed. Dissolving stitches are used most often and don't need to be removed.

If you have a clear, sticky dressing, it will stay on for 2 to 7 days. Your surgeon will tell you when you can take it off.

Drains

After breast surgery, it's normal for your body to make extra fluid in the area around your incision. You may have 1 or 2 drains that use gentle suction to remove this fluid and blood.

Removing the fluid helps with healing and lowers the risk of infection. Not everyone needs a drain.

A drain is a small plastic tube inserted through the skin near the incision. It's stitched in place so it doesn't fall out. A small plastic suction container is attached to it.

The drains most commonly used are the Jackson-Pratt™ and the Blake™. Your healthcare team can tell you what kind of drain you have. They'll teach you how to care for the drain at home before you leave the hospital.

For more information on how to care for your drain at home, see the **At Home** section.

Going Home (Discharge) Checklist

Before you're sent home, your healthcare team will:

- Review your discharge instructions with you.
- Give you the date for your follow-up appointment **or** tell you when to call your surgeon's office to make your follow-up appointment.
- Give you prescriptions for medicines to take at home and instructions on when you can take your regular medicines.
- Ask you if you have arranged for someone to drive you home and stay with you for 24 hours after your surgery.
- Make a referral to home care if needed. Most people don't need home care.

Talk to your healthcare team if you feel something on this list hasn't been done.



At Home

Your Incision

It's normal to be worried about seeing your incision for the first time. You can reach out to your healthcare team, family, or friends to talk about the changes you see.

It's important to check your incision(s) every day, especially during the first 2 to 3 weeks after surgery. It's normal for the surgical area to be a little swollen and bruised at first, but that will go away in a few weeks.

There may be firmness under the incision. You will notice this "healing ridge" for many months. It will soften over time.

If your incision has Steri-Strips on it, leave them on. As the incision starts to heal, the Steri-Strips will start to curl up at the edges. You may trim the curled edges carefully with scissors that have been cleaned with soap and water. Leave the rest of the Steri-Strips on until they come off on their own or your surgeon tells you to remove them. When removing them, gently peel each end toward the middle until it comes off. You may find the Steri-Strips easier to remove after you shower.

What to Watch For

Pain or discomfort

You'll probably feel some pain after your surgery. This is normal.

Take your pain medicine as directed. If the medicine is upsetting your stomach, stop taking it and call your surgeon's office.

You may have numbness, burning, or tingling in your chest, shoulder, or arm. These feelings usually get better or go away over time.

If you're concerned about pain that doesn't stop or anything else you feel, talk to your doctor or nurse.

Seroma (a build up of fluid)

A seroma is swelling caused by fluid building up in or around your incision area (in the breast or armpit). This is normal and may feel like a lump a few days after surgery. The lump can grow to feel like a golf ball or egg. In most cases, the fluid will absorb over time.

If the lump is large enough and it's causing you pain, your surgeon may drain the fluid with a small needle.

Axillary Web Syndrome (Cording)

In the weeks after surgery you may have pain that feels like a tight cord running from your armpit down your arm. Sometimes this tight cord will go as far as your wrist. It looks like cords under the skin and can be painful. It might be hard to reach for objects above you, lift your arm, or straighten your elbow. Cording usually goes away on its own over time. Doing stretching exercises can prevent it. Ask for a referral to a physiotherapist who can give you daily stretching exercises.

Swelling (Lymphedema)

Lymphedema is swelling of the arm or hand that can happen any time after lymph node surgery, even many years later. The swelling can be mild (e.g., your watch feels a bit tight) or more obvious and need treatment. Lymphedema may be temporary or permanent.

Lymphedema is more common after an axillary lymph node dissection and less common after a sentinel lymph node biopsy.

If you have had a **sentinel lymph node biopsy** you don't need to take any special precautions.

If you have had an **axillary lymph node dissection**, there are some things you can do that may lower your risk of lymphedema:

- Look after your skin. Use a moisturizer daily. When it's possible, try not to injure the skin on your surgical side(s) (e.g., cuts, burns, sunburns, insect bites) by wearing clothing and gloves for protection.
- Look for signs of infection in your hand or arm. Infection can lead to lymphedema in people with a risk for developing it. If you notice skin redness, swelling, or heat in your hand or arm on your surgical side(s), contact your healthcare provider right away.
- Keep pressure off your arm. Try to avoid having blood drawn or your blood pressure checked on the side of your surgery. If you've had a bilateral axillary lymph node dissection, try to switch between arms for blood work and blood pressure monitoring.
- Don't wear tight-fitting jewelry or clothing on the hand or arm of your surgical side(s).
- Try not to carry a heavy bag on the side of your surgery. If you need to carry something heavier, try using a bag or basket with wheels to lighten the load on your shoulder.
- Do the follow-up exercises that you got after surgery from your healthcare team. These exercises are to help you start moving your upper body more easily. They can also help lower the risk for lymphedema.
- Stay at a healthy body weight. If you're overweight, you have a higher chance of lymphedema.
- Try to be active. Exercise lowers the risk of lymphedema, but doing too much exercise too quickly can also cause lymphedema. Exercise carefully by doing a little more exercise every day. Take lots of rest breaks and pay attention to how your body feels.

If you're worried about swelling in your arm or hand, talk to your doctor and ask for a referral to a physiotherapist. It's best to know the signs of lymphedema so you can get treatment right away. Lymphedema is easier to manage if you get help early.

When to Call Your Surgeon

CALL 911 IF YOU HAVE SUDDEN CHEST PAIN OR TROUBLE BREATHING.

You may need to see a member of your healthcare team before your next planned appointment. Some of the reasons are more urgent than others.

Urgent

Call the number your surgeon gave you at any time (including evenings, weekends, or holidays) if you have:

- **Sudden** increased pain, redness, bruising, or swelling around your incision(s) or drain site.
- Ongoing bright red bloody discharge from your drain.
- Drainage from your drain that smells bad or is creamy in color.
- Chills or a fever (temperature above 38 °C/100.4 °F).
- Bright red bleeding from your incision and the bleeding doesn't stop after you put pressure using a clean cloth or gauze.
- Your incision has completely opened.

Non-urgent

Call your surgeon during business hours to set up an appointment if you notice:

- More redness or swelling around your incision(s) or drain site.
- You have a seroma **and** it's causing you pain.
- Any new drainage from your incision(s).
- Your incision is opening.
- You have a skin reaction to the surgical tapes.

What's common after surgery

You don't need to call your surgeon or family doctor if you notice:

- Bruising on the skin of the breast and armpit without swelling.
- A bit of redness right around your drain site.
- A closed incision with a bit of drainage.
- A stitch that you can see or feel at the end(s) of your incision.
- Firmness without bruising where you had a lump removed (lumpectomy).

Diet

Staying at a healthy weight by eating well and being active helps your body stay strong and healthy as you recover and cope with side effects from breast cancer surgery.

Healthy eating means eating many different foods that give you the nutrients you need to be healthy, feel good, and have energy.

Canada's Food Guide is a general resource for eating well. The Canada Food Guide tells what types of foods to eat and their serving sizes. If you need help to stay at or get to a healthy weight, talk to your healthcare team. They can refer you to a dietitian or an exercise specialist.

Activity

It's normal to feel tired after surgery. Plan ahead, ask for help, set priorities, and don't do too much at once. Increase your activity slowly so you don't get too tired. Remember to stop and rest before you get tired.

Your recovery will take 2 to 6 weeks or longer if you've had immediate breast reconstruction. Keep using your arm as normally as possible, unless you're told not to.

General Exercise

Regular exercise is important, especially exercise that gets your heart and lungs working harder. Exercise can help with your recovery from surgery and has many benefits. It can help you:

- Improve your fitness—how well your heart, lungs and blood vessels bring oxygen to your muscles.
- Keep a healthy body weight.
- Feel better, which may lower feelings of stress and anxiety and help you deal better with the challenges of life after cancer.
- With constipation.
- Have more energy.

Talk with your healthcare team about how much activity is right for you. Work toward 30 minutes of activity most days. Even if you can't do much at the beginning, a small amount of activity is helpful.

Arm and Shoulder Exercises

An important part of your treatment and recovery after breast cancer surgery is exercise. It can help you:

- Reduce stiffness in your joints.
- Keep movement in your arms and shoulders.
- Make your muscles stronger.
- Get back to doing your daily activities.

You need to avoid vigorous exercise and sports in the early weeks after surgery. But you can still stay active.

It's important for you to know how much shoulder movement you had before your breast surgery. This is your baseline movement. It can help you track your recovery. **Before** your surgery, go through each of the shoulder exercises so that you know your baseline movement.

The following exercises are to be done after all types of breast surgery **unless** you have had immediate breast reconstruction. If you have had **immediate breast reconstruction**, speak to your surgeon about the exercises you need to do, and when to start them. If you have any concerns about how well you can move (your level of mobility) or strength, talk to a physiotherapist.

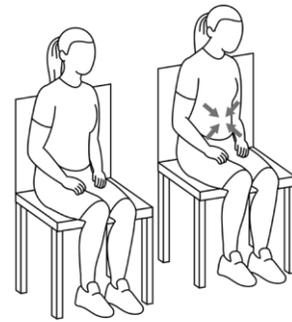
Note: These exercise instructions refer to your affected side, which is the side where you had your surgery, and your unaffected side, which is the side on which you did not have surgery. If you've had surgery on both sides, do the exercises on both sides.

Week 1

- Start doing your exercises 24 hours after your surgery. Keep doing them until you get back to your baseline movements.
- If you have a drain, you may have more drainage after doing these exercises. This is normal. Make sure the drain is just emptied and securely fastened before you start the exercises.
- It's normal to feel your skin and tissue pull and stretch a bit with these movements.
- Make sure you take the time to go through the movements of each exercise and do the full exercise.
- Do the exercises 5 to 10 times each, 2 to 3 times per day.

Seated Posture

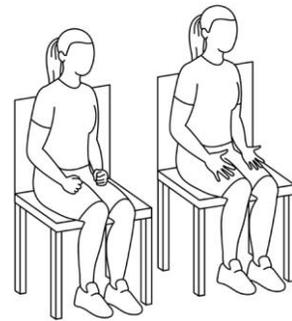
- Sit in a firm chair or on a stool with your back straight and your feet on the floor.
- Keep your chin tucked in and shoulders back towards your spine.
- Tighten your stomach muscles by pulling your belly button in.
- Hold this position for 5 to 20 seconds and then relax. Repeat.



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Active Hand Pump

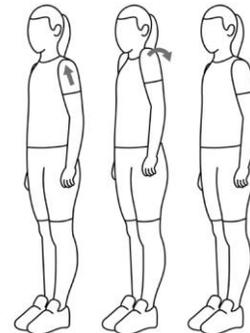
- Sit with your hands on your lap or lie down on your unaffected side and support your affected arm on a pillow.
- Slowly open and close your hands as far as possible, and repeat.



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Shoulder Shrugs and Circles

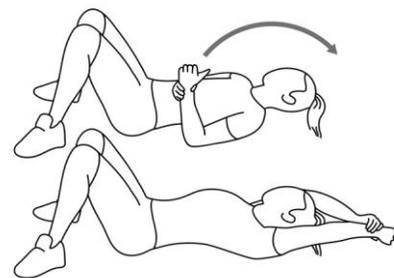
- Stand or sit.
- Lift both shoulders up towards your ears, then circle them back and down.
- Return to your starting position and repeat.



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Assisted Shoulder Flexion

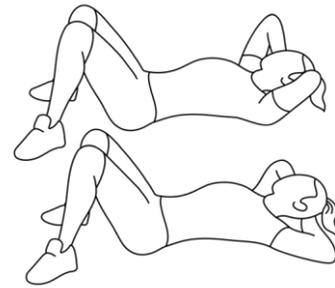
- Lie on your back with your knees bent and both arms by your sides.
- Use the hand on your unaffected side to hold the wrist of your affected arm.
- With your affected elbow slightly bent, gradually raise your arms up and back, slowly going over your head.
- Hold for 5 seconds, and then relax. Return to your starting position and repeat.



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Butterfly Stretch

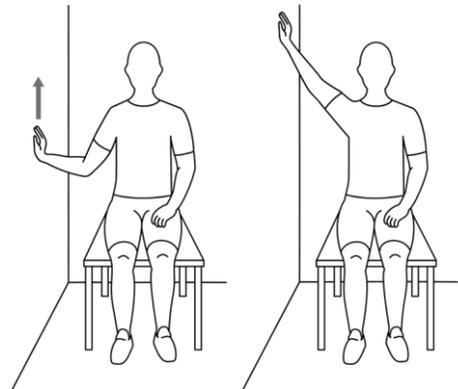
- Lie on your back with your knees bent and clasp your hands together loosely behind your head. Point your elbows towards the ceiling.
- Slowly move your elbows apart and down to the floor.
- Hold for 5 seconds and then relax. Return to your starting position and repeat.



Images adapted with permission of Physiotec

Shoulder Abduction – If you have had a mastectomy or axillary lymph node dissection do this exercise near the END of week 1

- Sit up straight about ½ to 1 meter away from a wall.
- Keep your body straight and your shoulders level.
- Do not shrug your shoulder or lean to the other side.
- Place the fingertips of your affected hand on the wall and with your fingers, climb up the wall slowly, as high as you can.



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Note: You can start week 2 exercises in week 1, as long as you can do week 1 exercises comfortably.

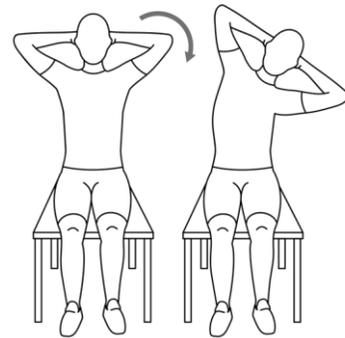
Week 2

These exercises are the next step from week 1 exercises.

- You can continue with the week 1 exercises if your arm and shoulder still feel tight, otherwise the week 2 exercises replace the week 1 exercises.
- The exercises should not be painful, but you will feel a stretch while doing them.
- Some of the exercises are stretches that you hold and some of the exercises should be repeated. Do these exercises 3 to 5 times a day.
 - *Hold:* Hold each exercise for 5 to 20 seconds.
 - *Repeat:* Repeat each exercise 5 to 10 times.

Trunk Side Bending (Repeat)

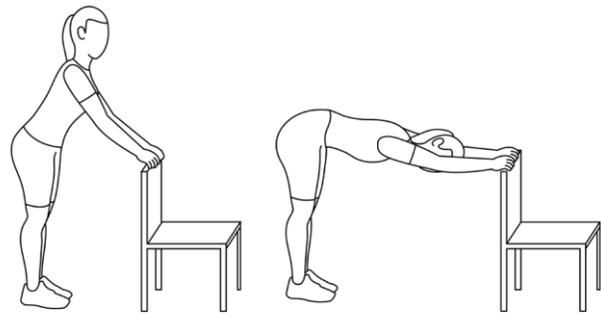
- Sit in a firm chair with your back straight and your feet on the floor.
- Place your hands behind your head.
- Slowly bend to one side as far as you can until you feel a stretch in your opposite side and under your arm.
- Return to your starting position and repeat on your other side.



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Shoulder Flexion Stretch (Hold)

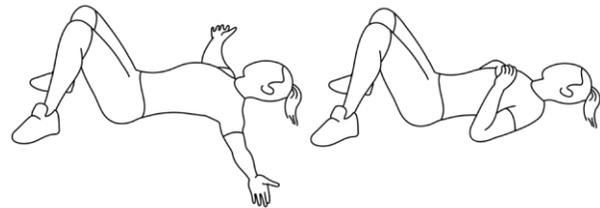
- Stand behind a chair with both hands on the back of the chair.
- Back up a few steps and bend forward until you feel a stretch in front of your shoulders.
- Keep your back flat and your elbows softly bent.
- Hold for 5 to 20 seconds and then return to your starting position.



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Pectoralis Stretch, Supine (Hold)

- Lie on your back with your knees bent.
- Bring your arms out to your side to 45 degrees.
- Hold for 5 to 20 seconds and then relax.
- When you are able, increase to 90 degrees.



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Lower Pectoralis Stretch (Hold)

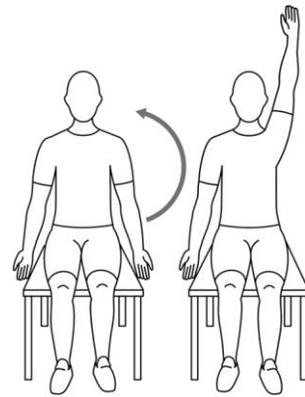
- Lie on your back with your knees bent.
- Bring your arms out to your side to 120 degrees.
- Hold for 5 to 20 seconds, and then relax.



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Shoulder Abduction (Repeat)

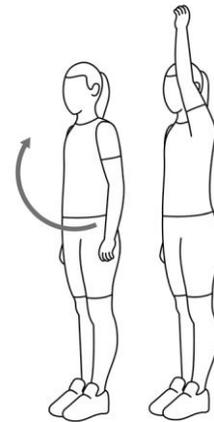
- Sit up straight and look ahead of you with your arms at your sides.
- Face the palm of your affected hand forward and lift your arm out to the side towards the ceiling.
- Keep your elbow slightly bent and your shoulders down.
- Slowly return to your starting position and repeat. You may also move your wrist up and down (wave).



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Active Shoulder Flex: 1 Arm (Repeat)

- Stand or sit straight with your chin tucked in.
- Pull your shoulder back on your affected side and lift your arm in front of you as high as you can, keeping your elbow slightly bent.
- Slowly return to your starting position and repeat. You may also move your wrist up and down (wave).



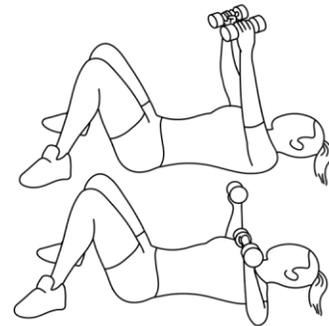
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Strengthening Exercises:

- These exercises will make your shoulder muscles stronger.
- Start these exercises as soon as your arm on your affected side has almost full range of motion.
- Your pain shouldn't increase with these exercises.
- Start with a light weight—0.5 to 1 kg (1 to 2 lb.)—or you can use a soup can instead of weights. If you don't have an elastic exercise band, you can do the third exercise with weights or soup cans.
- Do these exercises up to 3 times a week with a rest day in between.
- Start by doing each exercise 10 times. Slowly work up to 2 sets of 10 with a rest in between.
- Your muscles may feel tired from these exercises but the exercises shouldn't cause pinching or shooting pain in the neck, shoulder, or arm.

Chest Press

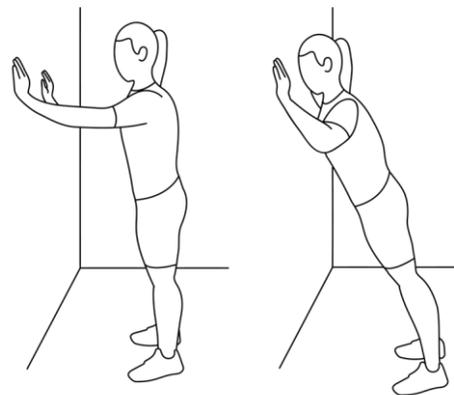
- Lie on your back with a weight in each hand, your arms at your sides and your elbows bent.
- Straighten your elbows and push your arms up towards the ceiling and directly over your chest.
- Hold for 5 seconds and then relax.
- Slowly return to your starting position and repeat.



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Wall Push-Ups

- Stand up and place your hands on the wall below shoulder height.
- Bend your arms and slowly lean your upper body forward toward the wall.
- Straighten your arms, keep your trunk in a straight line, push your upper body back to the starting position, and repeat.
- Keep your body in a straight line.



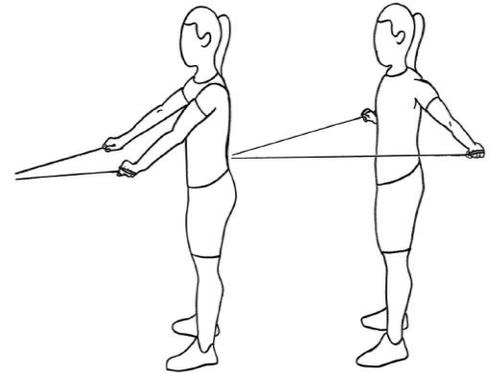
Level 1: Stand $\frac{1}{2}$ of your arm's length from the wall.

Level 2: Move farther back from the wall to no more than the length of your shoulder to your fingertip.

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Horizontal Abduction with Elastic Exercise Band

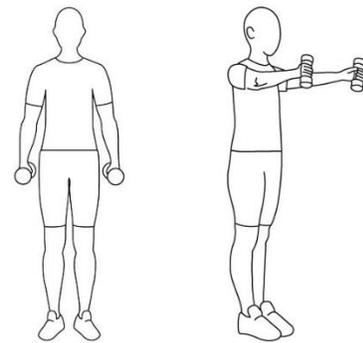
- Tie an elastic exercise band at waist level to a firmly planted object in front of you such as a post in your basement or the leg of a heavy table. Use an exercise band length that is about $\frac{3}{4}$ of a metre in length.
- Take one end of the elastic exercise band in each hand.
- Bend your elbows slightly and pull the elastic exercise band back by bringing your shoulder blades together and reaching your arms out to the sides.
- Keep your shoulders down and back.
- Slowly return to your starting position and repeat.



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Resisted Shoulder Scaption

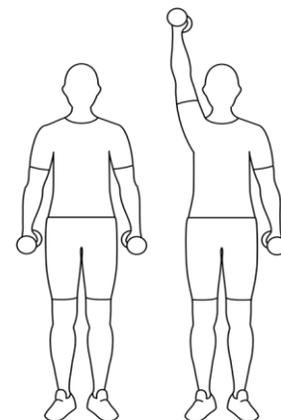
- Stand with your arms at your side, thumbs facing up, and your shoulders back and down. Lift your arms out to the side until they're at the height of your shoulders and slightly in front of your body.
- Slowly return to your starting position and repeat.
- This exercise shouldn't pinch in your shoulders.
- When you're comfortable doing this exercise, add a weight to each hand.



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Shoulder Flexion with Weight

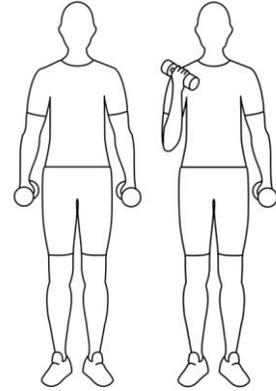
- Stand or sit straight with your chin tucked in, arms at your side, and a weight in the hand of your affected side.
- Pull your shoulder back on your affected side and lift your arm in front of you as high as you can.
- Slowly return to your starting position and repeat.



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Elbow Flexion

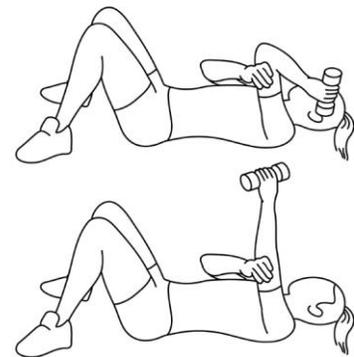
- Stand with your arms at your side and a weight in your hand of your affected side. Face your palm inward towards your side.
- Bend your elbow and turn your palm upward and towards your chest.
- Slowly return to your starting position and repeat.



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Elbow Extension

- Lie on your back with a weight in your hand of your affected side.
- Hold your elbow with your unaffected hand and lift your arm so that your elbow is pointing to the ceiling.
- Raise and straighten your elbow so that your hand is over your shoulder.
- Slowly bend your elbow and lower your hand towards your head.
- Return to your starting position and repeat.



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Driving

Don't drive for 24 hours after your surgery. Your surgeon will tell you if you need to stop driving for longer than 24 hours.

Don't drive while taking your prescription pain medicine.

Don't drive until you're able to move your arms normally and safely shoulder check.

You may drive with your drain(s) in place if:

- It has been 24 hours since your surgery.
- You aren't taking prescription pain medicines.
- You can move your arms normally.
- You can safely shoulder check.

Personal Care

Showering or bathing

You may shower 24 to 48 hours after your surgery unless you're told not to.

Having a bath in a small amount of water or showering is usually okay while you still have staples, stitches, Steri-Strips™, or sticky dressings.

You may shower with your drain. It's important to hold the tubing of the drain in place while you're in the shower so it's not pulling against your skin. You can do this by wearing a cloth belt around your waist and securing the drain to the belt with a safety pin while you're in the shower.

You can get your incision(s) wet. But:

- When you shower, stand so that the water isn't falling right on your incision.
- When you bathe, don't put your incision(s) under the water.

Rinse the incision area well, and gently pat it dry. The area around the incision(s) may be numb so you may not be able to feel if the water is too hot. Use warm, not hot water, so you don't get a burn.

Don't clean your incision with alcohol or hydrogen peroxide. When your incisions are healed (at least 2 weeks), you may use an unscented lotion. If you have an incision under your arm, don't use deodorant until the incision is healed. These products may irritate healing tissue.

Shaving

If you have an incision under your arm, don't shave your armpit or use hair removal products on your surgery side, until your skin has **completely** healed.

You may have less feeling in the armpit area, so you need to be careful when shaving so you don't cut yourself. Cuts could put you at higher risk of infection.

Clothing

Loose-fitting shirts or sleepwear that open in the front will be easiest to put on and take off. Department or specialty stores that sell prosthetics may also sell mastectomy camisoles, but buying one is your choice.

For the first few days after breast conserving surgery, you may need to wear a supportive bra for comfort even when you sleep. Don't wear tight-fitting or underwire bras.

Drain Care

It's important to keep your drain clean and protect it so it stays in place.

Always wash your hands with soap before and after emptying your drain.

Use the tab to fasten the drain to your clothes with a safety pin. Fasten it below the level of where it comes out of your skin so it can drain properly. Be careful not to put a hole in the drain bulb or tubing with the safety pin. Don't let the drain pull on the area where it's inserted.

At first, the fluid (drainage) may be bloody. Over time, the drainage colour will change from red to pink, then to light yellow or clear as your wound heals and the drainage goes away.

You'll have different amounts of drainage from day to day. It should become less over time.

A bit of drainage may leak around the drain site. Put a gauze dressing over the site and change the gauze when you need to so the site stays dry.

If you can't collapse the bulb after emptying the fluid, your drain may not be working properly. Call your surgeon's office and ask what to do.

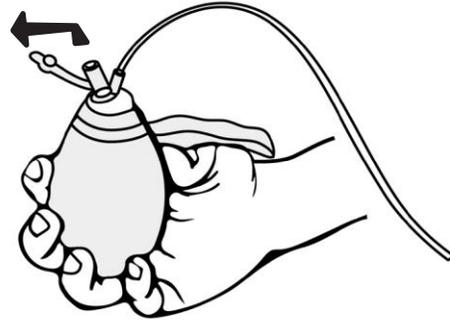
If your drain accidentally slips out, even a bit, **NEVER** try to push it back in. If your drain falls out completely, put a dressing over the site and call your surgeon's office.

Emptying the drain

Empty the drainage container every 8 hours or whenever it looks half full.

To empty the drain, follow these steps:

1. Wash your hands well.
2. Open the port (opening) of the bulb by lifting the cap off.
3. Squeeze the fluid out from the port into a small measuring container.



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4. Squeeze the bulb until it's flat. This gets the air out of the bulb. Keep the bulb flat while you close the port by putting the cap back on. This creates the suction that pulls the fluid from your body into the bulb.



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5. Measure the fluid then flush it down the toilet. Record the amount, date, and time on your drainage record. See the section **Drainage Record**.
6. Wash the measuring container with hot soapy water by itself. Do not wash it with regular dishes.
7. Wash your hands when you're finished.

Don't rinse or do anything to the inside of the drain.

Milking the drain

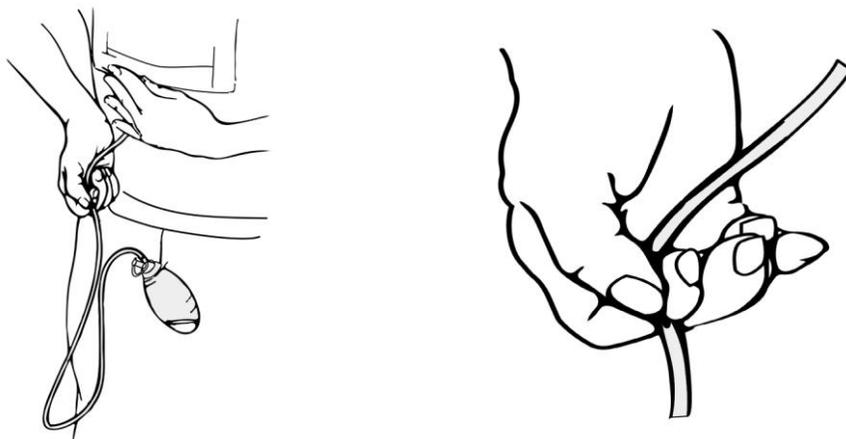
You may see some air bubbles or pieces that are stringy, white, or bloody in your tubing or drainage container. This is normal.

It's important to make sure the tube doesn't get clogged. "Milking" the tube may help to move small pieces of tissue or clots out of the tube. This helps make sure it can drain properly. In general, you do this when:

- You see a clot in the tube that is stopping the fluid from draining. The clot may look dark and stringy and it may even look like tissue.
- You see fluid leaking around where the tube goes into the skin.
- You think there's no suction in the drain.
- You see a sudden decrease in the amount of drainage.

How to milk your drain:

1. Wash your hands and put 2 drops of lotion on your fingertips.
2. Near the insertion site, pinch the tube firmly with your forefinger and thumb.
3. With your other hand, use your forefinger and thumb to squeeze and slide down the tube halfway to the container. Keep the tube pinched.
4. Bring your other hand down to just above where the tube is pinched. Repeat step 3 to milk the lower half of the tube right down to the container.



Illustrations used and adapted with permission of B.C. Multimedia Services

If you see drainage around the skin where your drain is inserted and your drain is no longer draining fluid, then your drain may be blocked. If you can't remove the blockage by milking the drain, contact your surgeon's office.

Removing the drain

Your drain is usually ready to come out when your body can absorb the fluid on its own. This is **usually** when your drainage is about 2 tablespoons (25 to 30 mL) or less in 24 hours. Your surgeon will tell you when your drain can be taken out and how to arrange to have it removed.

Drainage Record

Enter the drainage amounts each time you empty the drain(s). Bring this record with you to your follow-up appointment.

Date	Time	Drain #1 (amount of fluid/colour)	Drain #2 (amount of fluid/colour)

Scar Massage

Massaging your scars is important. It keeps the tissue around the incision loose so it doesn't "stick" to the tissue underneath. Wait until after your skin has healed before you start massaging your scar. Your skin will be healed when the edges of the scar look pinkish, are well closed with no gaps, and have no drainage.

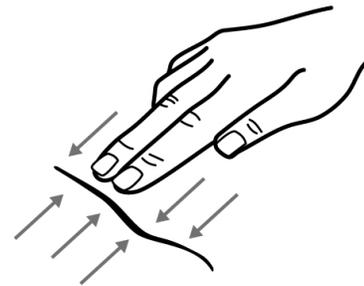
If you're having radiation treatments, you may be told to stop doing scar massage during your treatments, because it may be uncomfortable to do. You can start again when your skin has healed from your radiation treatments.

You can do these massages on breast, chest, and armpit scars. Massage the scar for 5 minutes, 2 to 3 times a day. Keep doing these massages every day for 6 months to 1 year after surgery.

You may feel some pulling or burning. Loosening the scar may be more comfortable to do while the skin is warm (e.g., after a shower). Make sure your skin is dry so your fingers don't slide while you're trying to do the massage.

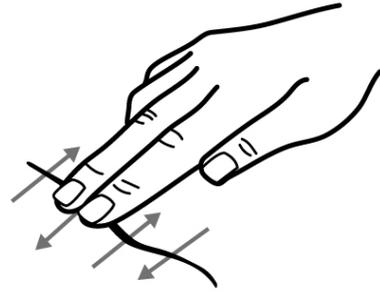
Towards the scar

1. Place the flat part of your fingers above the scar. Move the skin and the tissue under it downward, towards the scar, but not over it. Hold for a few seconds. Make sure that you press enough to feel the scar "move" under your fingertips.
2. Place your fingers below the scar. Move the skin and tissue under it upwards, towards the scar. Hold for a few seconds.
3. Move your fingers along to the next section of scar, and repeat steps 1 and 2 until you've massaged all along the scar from both directions.



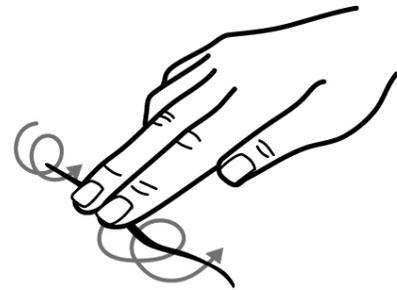
Back and forth

1. Put the flat part of your fingers on the scar. Move the skin and tissue under the scar back and forth, holding for a few seconds. Make sure you press enough to feel the scar “move” under your fingertips.
2. Move your fingers along to the next section of scar, and repeat until you’ve massaged all along the scar.



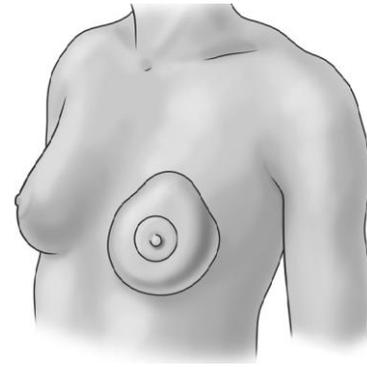
Circles

1. Put the flat part of your fingers on the scar. Move the skin and tissue under the scar in a small circle, holding for a few seconds. Make sure you press enough to feel the scar “move” under your fingertips.
2. Move your fingers along to the next section of scar, and repeat until you’ve massaged all along the scar.



Prosthesis (After Mastectomy)

A breast prosthesis is a removable breast form that fits in your bra cup. A prosthesis can be used with or without a specially formed pocket inside your bra.



Images courtesy of Healthwise®.

The decision to use a breast prosthesis is very personal. It's based on your feelings, needs, and lifestyle. You may choose to always wear a prosthesis. Or you may choose to wear one while you're deciding about or waiting for breast reconstruction surgery. It's your choice whether or not to use a breast prosthesis or have reconstructive surgery. You're free to change your mind.

Transitional prosthesis

After breast cancer surgery you may choose to use a transitional (temporary) prosthesis. This is a soft light-form, also referred to as a fluffy or foamy, that you can secure inside your clothes or wear inside your bra. A transitional prosthesis is often used for the first 8 to 12 weeks after surgery until your incision is well healed, or when you can be fitted for a long-term (permanent) prosthesis. You may be able to get a transitional prosthesis for free. Talk to your healthcare team about where to get one.

Long-term prosthesis

You may choose to use a breast prosthesis long-term if you've had a mastectomy without breast reconstruction. A prosthesis is designed to look, weigh, and move like a natural breast. This prosthesis is made from silicone, foam, or other materials. Some prostheses temporarily stick to the skin on the chest. Others are worn in a regular bra or a mastectomy bra.

Wait at least 8 to 12 weeks after surgery, until your scar is fully healed and the swelling has gone down, before you're fitted for a long-term prosthesis. This may be longer if you're having radiation. When you wear a properly fitted prosthesis, your balance and posture are supported. This can help prevent back and neck problems after you have had a breast removed. Your prosthesis also prevents your bra from sliding up and gives a natural shape to your clothing.

If you've had your breast removed, Alberta Aids to Daily Living (AADL) may pay for part of your prosthesis. Contact a Home Health Care vendor of your choice for an appointment. They will help you find out if you can get assistance through AADL, Blue Cross, or other private health insurance providers to cover some or all of the cost of your prosthesis. Contact your insurance provider for details.

Frequently Asked Questions After Surgery

When can I drive?

See the **At Home** section.

When can I go back to work?

How long you'll need to be off work is different for everyone. It will depend on your surgery, how you're feeling in your body and mind as you recover, the type of work you do, and whether or not you need more treatments after surgery (e.g., chemotherapy). Your surgeon may be able to help you plan for time off in your situation, but your recovery time may be faster or slower than expected.

When can I shave or use hair removal products on the armpit where I had surgery?

While your incision is healing, don't shave with a razor or use hair removal products under your affected arm. It's important not to cut the skin (not even small cuts) while you're healing.

When can I wear a bra?

Don't wear any clothing that can cause pressure on or near your incisions until they're fully healed. A sports bra or sports shirt may feel comfortable after surgery. See the **At Home** section for more information.

When can I wear a long-term prosthesis?

A long-term prosthesis is a removable breast form that fits in your bra cup. You should wait until all the swelling is gone before you're fitted for a long-term prosthesis. It will give you a more comfortable fit. See the **At Home** section for more information.

When can I swim?

You can swim in a private or public pool when your incisions are **completely** healed.

When can I play sports?

This will depend on your surgery and the type of sports you play. Talk to your surgeon about the sports you wish to play.

When can I lift more than 4.6 kg (10 lbs.)?

Your recovery will depend on your surgery. Ask your surgeon when you can lift things that weigh more than 4.6 kg (10 lbs.). See the **At Home** section for more information.

When can I do housework?

You may find light housework (example: dusting, sweeping, or doing dishes) can be a helpful way to move and get gentle exercise.

When will my drain(s) be removed?

A member of your healthcare team will remove your drain. Refer to the **At Home** section for more information.

When will I have a follow-up appointment with my surgeon?

Your follow-up appointment will depend on your expected recovery, the timing of your test results, and any follow-up treatment. This will be different for everyone. Confirm the date of your follow-up appointment with your healthcare team. If it's been 2 weeks since your surgery, and you don't have a follow-up appointment booked yet, call your surgeon.

When will I know my surgical pathology results?

Your surgeon will review your pathology and other test results at your follow-up appointment. These results are generally available within 14 days after surgery.

When can I have breast reconstruction?

Breast reconstruction may or may not be right for you. It depends on your health and the treatment of your cancer. You may need to wait for breast reconstruction surgery until all of your treatments are done. Ask your surgeon about your options. See the **Breast Reconstruction Surgery** section for more information.

My Contacts

Surgeon: _____ Office Number: _____

Urgent Contact Number (given by your surgeon): _____

Nurse/Cancer Patient Navigator: _____

Office Number: _____

Pre-Admission Clinic Phone: _____ Fax: _____

Other: _____

Type of Surgery:

- | | |
|---|---|
| <input type="checkbox"/> Breast Conserving Surgery | <input type="checkbox"/> Mastectomy |
| <input type="checkbox"/> Mastectomy with Immediate Reconstruction | <input type="checkbox"/> Sentinel Lymph Node Biopsy |
| <input type="checkbox"/> 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: _____
- Wire/Seed Localization Date: _____

Type of Drain:

- Jackson-Pratt Blake
- Person Picking Me Up: _____ Phone: _____

Date of Follow-up Appointment: _____

Referrals: _____

Other Resources

Canadian Cancer Society

www.cancer.ca

Cancer Control Alberta

www.albertahealthservices.ca/cancer/cancer.aspx

Breast Reconstruction Canada

www.breastreconstructioncanada.ca

Inform Alberta

www.informalberta.ca

211

www.ab.211.ca

Rethink Breast Cancer

www.rethinkbreastcancer.com

MyHealth.Alberta

myhealth.alberta.ca

