

# My Lumpectomy and Axillary Lymph Node Dissection Surgery

Including Preparation  
and After Surgery Care



# Table of Contents

<b>Timeline</b>	<b>2</b>
<b>Introduction</b>	<b>5</b>
How to Use this Guide	5
What is a Lumpectomy?	5
What is an Axillary Lymph Node Dissection?	5
Breast Cancer Surgery Education Class	6
<b>Before Surgery</b>	<b>7</b>
Pre-anesthesia Assessment	7
Seed Injection (Localization) Appointment	9
<b>Getting Ready for Surgery</b>	<b>11</b>
Jewelry	11
Make-up	11
Bathing	12
Food and Drink	12
Medications	12
Diabetes	13
Smoking	13
<b>The Day of Surgery</b>	<b>15</b>
Registration	15
Operating Room	16
After Surgery	17
<b>After Surgery Care</b>	<b>19</b>
<b>Drain Care</b>	<b>23</b>
<b>Other Possible Concerns After Surgery</b>	<b>27</b>
<b>Getting Back to Daily Activities</b>	<b>29</b>
<b>Exercises After Surgery</b>	<b>33</b>
<b>Coping After Surgery</b>	<b>38</b>
<b>Who to Call if You Have Questions</b>	<b>39</b>
<b>Notes</b>	<b>40</b>
<b>Sunnybrook Map</b>	<b>41</b>

# Timeline for Patients Having a Lumpectomy and Axillary Lymph Node Dissection

1 to 2 weeks after you  
sign consent for surgery

1 to 2 weeks before  
your surgery

1

2

Your **surgeon's office** will call you with:

1. Your surgery date;
2. Breast cancer surgery education class date;
3. The date and time of any other appointments you need.



Dr. Nicole Look-Hong  
416-480-4210

Dr. Amanda Roberts  
416-480-5000 ext: 3255

Dr. Frances Wright  
416-480-4210

The **pre-anesthesia clinic**  
will call you with:

The date and time of your  
telephone or hospital  
assessment.

## Breast Cancer Surgery Education Class

Date:

Time:

Location for class:

☐ **Breast Centre**  
M Wing, 6th Floor  
Room 412 (M6 412)

☐ **Virtual Teaching**

See page 6 for  
more information.

1 to 2 weeks before  
your surgery

Up to 1 week before  
surgery

3

4

**Pre-anesthesia  
Assessment:  
Hospital or Telephone  
Appointment**

**Date:**

**Time:**

**Check-in location for  
in-hospital assessment  
appointments:**

M Wing, Ground Floor,  
Room 402 (MG 402)

*See pages 7 and 8  
on how to prepare.*

**Seed Injection  
(Localization)  
Appointment**

**Date:**

**Time:**

**Location:**

Breast Imaging Department,  
M Wing, 6th Floor,  
Room 205 (M6 205)

**Breast Imaging Department:**  
416-480-4337

*See pages 8 and 9  
for how to prepare.*



1 business day before  
your surgery

The day of your surgery

2 to 3 weeks after  
your surgery

5

6

7

The **Same Day Surgery clerk** will call you between 11 a.m. and 3 p.m. to tell you when you need to arrive at the hospital to register for your surgery.



### Surgery

Date:

Time:

**Registration Location**  
(Please check one ☒):

- ☐ **MG 502**  
(M Wing, Ground Floor, Room 502)
- ☐ **M6 205**  
(M Wing, 6th Floor, Room 205)

*See pages 11-13  
for how to prepare.*

### Post-Operation Appointment Results

Date:

Time:

**Location:**

Breast Centre  
M Wing, 6th Floor  
Room 412 (M6 412)

# Introduction



## How to Use this Guide

The information in this guide will help prepare you for your lumpectomy and axillary lymph node dissection surgery. It also has information about what will happen on the day of surgery and your care after surgery.

Your surgeon and Sunnybrook nursing staff will go over this guide with you.

We know this may be a stressful time for you and you will be given a lot of information about your medical condition. We hope this booklet will help you keep track of what you need to do for your lumpectomy and axillary lymph node dissection surgery.

Your medical records are accessible online through MyChart, a service available to Sunnybrook patients. In order to use MyChart you will need a password, which can be picked up at the Medical Records Desk on the second floor of the Odette Cancer Centre (Room T2-212). You can also get a password by completing the form on this webpage: <https://www.mychart.ca/pages/registration/onlineregistrationsb.cfm>

The website address for MyChart is **mychart.ca**.

## What is a Lumpectomy?

A lumpectomy is surgery that removes only the area of concern within the breast and a small amount of normal breast tissue around it. The rest of the healthy breast tissue is left in place. The amount of tissue taken from the breast depends on the size of the lump or area of concern. Your lumpectomy surgery may also include other procedures such as the temporary placement of a localizing seed in your breast.

## What is an Axillary Lymph Node Dissection?

**Lymph nodes act as filters in the body's circulatory system. Sometimes cancer cells leave the breast tumour and spread to other parts of the body. Some of these cells will be caught in the lymph nodes in the armpit.**

- The surgeon will remove all of the lymph nodes from the armpit area. This surgery is called an axillary lymph node dissection.
- If an axillary dissection is being done, then you have had a biopsy (usually in the radiology department) to show that the cancer has spread to the lymph nodes.
- After the surgeon removes the lymph nodes, they will be sent to a lab for testing. This information helps determine what other treatments you will need.

# Breast Cancer Surgery Education Class

**This class will help you learn about what to expect and how to manage your care after your breast cancer surgery. Your surgeon highly recommends that you attend.**

- This class may be done virtually.
- If it is done in person, the class is held every Tuesday from 10:30 a.m. to 11:30 a.m. in the Breast Centre, M Wing, 6th Floor, Room 412 (M6 412).
- Your surgeon's office will provide you with a date to attend the class. It will likely be scheduled on the same day as your pre-anesthesia assessment appointment.
- You will meet the team members involved in your after surgery care and be given the chance to ask questions.
- You will be shown how to manage your drain.
- You will be shown and practise the exercises that are important to do after surgery.

## Important Reminders:

- Please bring this booklet with you to your Pre-anesthesia Clinic appointment and on the day of your surgery.
- Please bring your Ontario Health Card and your Sunnybrook card on every visit to the hospital.
- If you do not read or speak English, please bring someone with you who can translate.



# Before Surgery

## **You may have 2 appointments before the day of your surgery.**

- The first appointment is to make sure you are fit and safe for surgery. This is called the pre-anesthesia assessment.
- Some patients also have an appointment to inject a small localizing seed into the breast. Your surgeon's office will confirm if you need this appointment.



## **Pre-anesthesia Assessment**

**During the assessment a nurse will ask you about your medical history and the medications you take. The nurse will also talk to you about any special needs you might have after your surgery.**

- The assessment may be done over the phone or in-person at the hospital.
- Patients who don't have other medical conditions are usually assessed over the phone.
- The pre-anesthesia clinic will phone to tell you whether you will have an assessment by phone or in-person at the hospital.
- The pre-anesthesia clinic will also tell you the date and time of the appointment.

### **If you have a telephone assessment appointment:**

- Make sure your surgeon's office has a phone number where you can be reached during the day.
- The nurse will call your daytime number around the time of your appointment. Please keep in mind the nurse may fall behind schedule with other patients. The nurse may call you at any time within the hour of your scheduled appointment.

## If you have an in-person hospital assessment appointment:

- Please check-in at M Wing, on the Ground Floor, Room 402 (MG 402). You will then wait in Room MG 223 for your appointment.
- The visit will take place in the Pre-anesthesia Clinic and last from 2 to 4 hours.
- You will meet with a nurse, and may also meet with a pharmacist and the doctor (the anesthesiologist) who will put you to sleep in the operating room when you have surgery.
- Please eat and take all your regular medications before you come to this appointment.

## What do I need to bring to the in-person hospital assessment appointment?

- If you do not read or speak English, it is helpful to bring someone who will be your translator.
- Please bring only 1 family member or friend to the appointment.

### Please bring:

- ☐ Your Ontario Health Card.
- ☐ The name and telephone number of your family doctor.
- ☐ The names and telephone numbers of any specialists who treat your medical conditions.
- ☐ All of your medications in the containers they came in. These include pills, inhalers or puffers, injections, and eye drops. Also bring any herbal medicines or vitamins you take.
- ☐ This booklet



# Seed Injection (Localization) Appointment

Your surgeon will tell you if you will need a seed injection (localization) appointment. If it is needed, the appointment will take place within a week before your surgery. In this appointment, a small localizing seed will be injected very close to the abnormal tissue in your breast. The seed is about the size of a grain of rice and gives off a radioactive signal. During your lumpectomy surgery, the surgeon will use a special probe that can find a signal from the seed. This helps the surgeon find the abnormal breast tissue. Knowing the lump's exact location will mean less breast tissue will need to be removed.

## Where do I go for the seed injection?

- You will get a phone call from your surgeon's office to tell you the date and time of your seed injection appointment.
- The appointment will take place in Sunnybrook's Breast Imaging Department. It is in M Wing, 6th Floor, Room 205. (Take the elevators in M Wing to reach the 6th floor and then turn left to reach room M6 205 in the Breast Centre.)

## What happens during the seed injection?

- A radiologist and technologist will do the procedure.
- A local anesthetic is used to freeze your breast. You may feel a slight burning at first. The breast will then feel numb during the rest of the procedure.
- Mammogram and ultrasound imaging are used to locate the lump in your breast.
- A needle is used to place the seed beside the abnormal breast tissue.
- A mammogram or ultrasound image will make sure the seed is in the right place.
- The technologist may apply adhesive paper skin tapes (known as Steri-Strips) or a bandage, if required at the needle site.
- You do not need to do anything with the Steri-Strips.

## When will the seed be removed?

- The surgeon takes out the seed during your lumpectomy surgery.





# Getting Ready for Surgery

## When will the date and time of my surgery be confirmed?

- Your surgeon's administrative assistant will give you a surgery date 1 to 2 weeks after you have signed the consent for surgery. Please call if you do not hear from us by then. (See page 41 for phone numbers.)
- Please note all surgery dates are tentative until confirmed by your surgeon's administrative assistant 1 to 2 weeks before surgery.
- The Same Day Surgery Department will call you the day before your surgery between 11:00 a.m. and 3:00 p.m. to tell you what time you need to arrive at the hospital to register for your surgery. Please make sure the hospital has a phone number where you can be reached.
- For a Monday surgery you will be called on Friday.
- Your registration time could be as early as 6:00 a.m.
- Please tell your surgeon's office if you have a cold, fever or illness of any kind a few days before the surgery. Your surgery date may need to be changed.

## ➡ What you need to do to get ready for surgery

### Jewelry

Take off all jewelry (including wedding bands) and all body piercing before you come to the hospital. If you cannot remove rings, they will be cut off prior to surgery.

#### Jewelry left on can cause harm including:

- Burns from the equipment
- Swelling and reduced circulation in fingers and toes
- Choking or other injuries from mouth jewelry
- Infections
- Skin tearing near the jewelry
- Risk of injury to the hospital staff

**EXCEPTION: Medic-alert bracelets should be worn**



### Make-up

- Take off all make-up. Remove all nail polish from your fingers and toes.
- Some surgical equipment does not work as well through nail polish.
- **DO NOT** use perfume, cologne, scented cream, body lotion, deodorant or hair products on the day of your surgery. Sunnybrook Health Sciences Centre is a fragrance-free hospital.

## Bathing

- You may shower and wash your hair on the morning of your surgery.
- **DO NOT** shave your surgical area, such as your armpit.
- **DO NOT** use deodorant, talcum powder or baby powder on the day of your surgery.

## Food and Drink



- **DO NOT** eat any food after 12 midnight on the night before your surgery.
- **DO NOT** drink milk, Ensure, orange juice (or any juice with pulp), or alcohol after midnight.
- **DO NOT** drink any clear broth, such as chicken broth, after midnight. The fat content can interfere with the anesthetic. As a result, your surgery may be delayed or postponed.
- **You may drink up to 300 millilitres (1 glass) of clear fluids** such as water, clear juices (apple juice, cranberry juice, or Gatorade) up until 2 hours before surgery.

## Medications

- **DO NOT** take any medications with acetylsalicylic acid or ASA (Aspirin); or blood thinners (Warfarin, Coumadin) 5 to 7 days before your surgery.
- **DO NOT** take any herbal remedies or homeopathic medicines for 14 days before your surgery. They can cause bleeding problems during your surgery.
- Bring this instruction booklet with you on the day of surgery so the nurses will know which medications you took.

### Stop taking these medications before your surgery:

Name of medication:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Date of Last Dose: \_\_\_\_\_

Your doctor wants you to take these medications with a few sips of water in the morning before you leave for the hospital:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## If you have diabetes:

- **DO NOT** take any insulin or oral diabetic medication on the day of surgery.
- Check your blood sugar and if your sugar is low, drink a small glass of clear apple juice.
- If you are going home on the same day as your surgery AND you take insulin, you will be seen by a nurse practitioner who specializes in diabetes before you leave the hospital. The nurse practitioner will tell you how to continue your medication once you are at home.

## If you smoke:

Smoking or vaping nicotine can affect your healing and make your chances of getting an infection after the surgery higher.

### Quitting Aids:

- Try to stop, or smoke/vape less before your surgery.
- **DO NOT** smoke or vape any tobacco products or recreational drugs on the day of your surgery.
- Speak to your doctor or nurse if you would like to quit smoking or you need help with withdrawal symptoms after your surgery.
- You can find information about quitting smoking on Sunnybrook's website: [sunnybrook.ca/quitsmoking](https://www.sunnybrook.ca/quitsmoking).





# The Day of Surgery

**Please bring this booklet with you on the day of your surgery. Before you go into the operating room, you may need to complete two steps:**

- Registration
- Seed injection (if you are having this procedure and it has not been done at an earlier date).



## Registration

### Where do I check in?

- When you get to the hospital, check in at the location provided to you by your surgeon's administrative assistant.
- **The registration locations include:**
  1. **Surgical Services Registration Desk:** M Wing, Ground Floor, Room 502 (MG 502)
  2. **Breast Imaging Department (if you are having seed injection):** M Wing, 6th Floor, Room 205 (M6 205)

### Please bring:

- Your Ontario Health Card.
- Your prescriptions and over-the-counter medications in the containers they came in. These include pills, inhalers or puffers, injections, eye drops, herbal medicines and vitamins.
- Sleep apnea machine (CPAP or BIPAP), if you have one.

You will be provided with locker space to store your clothes and personal items, such as eye glasses, during your surgery.

### Please DO NOT bring:

- Money
- Jewelry
- Cell phones, iPads or other electronic devices



**The hospital will not take responsibility if they are lost or stolen.**

## Note:



Very rarely, surgery cases are cancelled because there is someone else who needs an emergency surgery. If this happens to you, you will be contacted by your surgeon's office and a new surgery date will be booked as soon as possible.

### How many family members or friends can come with me on the day of surgery?

- Please bring ONLY 1 person with you to the hospital. Your companion will be asked to stay in the waiting room until you are ready for surgery. The person can then be with you until you are called for surgery.
- During your surgery, your family member or friend can wait in room MG 502.

## Operating Room

You will be taken to the Same Day Surgery Unit. Nurses will complete the final checks and an intravenous (IV) will be started in your hand. When the surgeon is ready, you will be brought into the operating room.

### What will happen during my surgery?

- You may have a regional anesthetic (the local area where you are having the operation is numbed) and sedation through an intravenous needle or a general anesthetic.
- If you have a general anesthetic, medication to make you sleep will be given through an intravenous needle and a tube will be placed down your throat to help you breathe.
- A small incision (cut) will be made over the area that needs to be taken out. The surgeon will then remove the lump, plus some normal breast tissue around it.
- All of the lymph nodes will also be removed from the armpit area.
- All the tissue that is taken out will be sent to a lab to be examined by a pathologist (a doctor).
- The number of lymph nodes removed and if there is any cancer in them, is not known until the final results are completed. It can take 2 to 3 weeks for this information to be available.
- One drainage tube will be put in place to drain the fluid from the armpit.
- The cut area (incision) is closed with stitches that dissolve and covered with paper tapes (known as Steri-Strips). A dressing, or bandage, is placed over the paper tapes.

# After Surgery

## What will happen after the operation is done?

- After your surgery is done, you will be taken to the Post Anesthetic Care Unit (PACU), which is also known as the recovery room.
- Most patients go home the same day.
- When you wake up, you will be moved back to the Same Day Surgery Unit in Room MG 601.
- There will be 1 drain in place. Instructions on how to care for your drain will have been explained to you in a pre-surgery class.
- A nurse will call your family member or friend to come visit you.
- The surgery team will give you a prescription for pain medication before you leave the hospital.
- Nursing care will have been arranged for you by your surgeon's office to help you with your drain care either in your home or at a community clinic.
- You will continue to rest and recover. The nurses will start to get you ready to go home.
- One of the nurses from the cancer centre will call you the next business day after your surgery.
- If you are staying in the hospital, the physiotherapist, occupational therapist and the surgical team will see you the next morning. The nurse will review drain instructions with you.

### Note:

**You must have a responsible adult family member or friend to take you home. It is dangerous for you to drive for 24 hours after your surgery because of the long-lasting effect of the anesthetic and pain medication.**





# After Surgery Care

## How will I feel after my surgery?

- You may have a sore throat if you had a breathing tube that was in place during your surgery.
- You may feel sick to your stomach and tired from the medications you were given during and after your surgery.
- You may have some bruising and tenderness in the area of your operation.
- You may have numbness across the incision, in your armpit and along the backside of your arm.
- Feelings of tightness, heaviness, tingling or burning are also common. Gently rubbing and tapping the area can help get rid of these sensations.



## What are some things I need to do after my surgery?

### Deep breathing and coughing

**Do deep breathing exercises as soon as possible to help your lungs recover after surgery. It is best to do these exercises while sitting up in a chair. But they can also be done lying in bed.**

- Take a slow deep breath in through your nose, filling your chest and stomach like a balloon.
- Try to hold your breath for 1 to 2 seconds.
- Slowly blow out through your mouth, like you are blowing birthday candles.
- Repeat 5 times.
- After the last breath, cough to try to clear any phlegm or mucus from your lungs.
- Do these deep breathing exercises 4 to 5 times a day in the first 48 hours after surgery.

## Movement

- You should move your arms soon after your surgery.
- **DO NOT** cradle your arms against your chest.
- For the first 4 to 6 weeks following surgery:
  - **DO NOT** lift anything over 10 pounds.
  - **DO NOT** do any heavy pushing, pulling or repetitive movements with the affected arm(s).
- A physiotherapist you will see in the pre-operative breast cancer surgery education class will show you exercises that you need to start 24 hours after surgery. These exercises are shown on pages 33 to 37 of this booklet.

## What can I do to ease the pain from surgery?

- You will be given a prescription for pain medication before you leave the hospital after your surgery. Please take the pain medication as you are told by your health-care team.
- You can also use Tylenol (acetaminophen) Extra Strength.
- You can also use Advil (ibuprofen) in addition to the Tylenol.
- **DO NOT** use Tylenol or Advil if you are allergic to them.
- **DO NOT** take Tylenol Extra Strength if you have been prescribed Percocet (oxycodone) or Tylenol 3 by your doctor.
- **DO NOT** take Advil in addition to Celebrex (a stronger anti-inflammatory).
- **DO NOT** apply hot or cold packs to the incisions or arm. The numbness around the incisions may leave you unable to feel any burning of the skin caused by the packs.

## How do I take care of my surgical incision (cut)?

- Leave the outer bandage on for 48 hours. You can then take it off.
- The incision is covered with adhesive paper tape called Steri-Strips.
- Leave these Steri-Strips in place for 10 days after your surgery.
- After 10 days, you can take off the Steri-Strips while you are in the shower (the water makes it easier to remove them). They may come off on their own before 10 days. This happens to many patients and is not something to be concerned about.
- There may be one stitch at the end of the incisions. It can be removed by your surgeon at your follow-up appointment. Or, it may just fall off by itself. (It is an absorbable stitch.)
- A small amount of blood on the bandage or Steri-Strips is normal.
- A good supportive bra (no underwire) can be helpful to wear day and night. If this is uncomfortable for you with the drain, don't wear the bra until the drain is removed.

## What about my other medicine (pills)?

- Restart your regular medicine after surgery unless your surgeon has told you not to.
- If you normally take Aspirin or a blood thinner (such as Coumadin), ask your surgeon when you can start these medicines after surgery.
- If you have any questions about your other regular medicines, please contact your family doctor.

## I hear a sloshing noise in my breast. Is that normal?

- It is normal for fluid to collect in the breast where the tissue was removed. You may “hear” the fluid. It may sound like a “sloshing” noise. The amount of fluid may reach a peak 2 weeks after surgery. It is then gradually reabsorbed by the body.
- If the area gets very swollen and you have a lot of pain, call the breast nurse between 9 a.m. and 4 p.m. Monday to Friday. The phone number to call is 416-480-5000. This is not an emergency. Some of the fluid may be drained and this may make you feel better.

## When should I get medical help if I run into problems?

If you have any of the symptoms listed below — and it is between 9 a.m. to 4 p.m. Monday to Friday — call the Breast Site Nursing Team at 416-480-5000. If the symptoms happen outside of these times, call the general surgery resident on call at 416-480-4244 or go to the closest Emergency Department.

- Your incision (cut) gets red, swollen or very tender to touch. You may have an infection that needs to be treated with antibiotics.
- You have a temperature of 38 degrees Celsius or 100 degrees Fahrenheit or higher for over 24 hours. You may have an infection that needs to be treated with antibiotics.
- If within 72 hours of your surgery;
  - You have a lot of bleeding from where you had your surgery. “A lot of” means a completely soaked bandage. Or, you have a lot of very bloody drainage in the drain (need to empty 3 times in 8 hours),
  - Call your surgeon’s office. Or, if you cannot get in contact with the surgeon’s office, phone the general surgery resident on call at 416-480-4244.





# Drain Care

## What is a “drain”?

After your surgery, you will have one drain put into the area of your surgical incision (cut).

- The drain should stop fluid from collecting in the surgical area.
- The drain is held in place with 1 or 2 stitches.



◀ A drain will be used to collect fluid from your surgical site.

## What nursing help will I get?

- Your surgeon’s office will make a referral for you to get help with drain care from a nurse.
- A nurse will call you after you leave the hospital.
  - A nurse will see you either in your home or at a community clinic.
  - The nurse will continue to see you while your drain is in place.




## How do I empty my drain?

**Emptying the drain means draining fluid out of the container (the bulb) that holds the fluid which comes out of the wound.**

- You will empty your drain every 8 hours once you are at home.
- You will be given a Drainage Record sheet in your after-surgery package to help you keep track of the amount of fluid in your drain.
- Write down the amount of fluid that you empty from the drain and the time of day. The Drainage Record sheet will be reviewed by a nurse who will see you at a clinic.
- The fluid will be red at first and then will become pink in colour.
- Over time the fluid will look like the colour of apple juice.
- Small clots of blood or tissue may be seen in the drain – this is normal.

### How do I empty the drain?

- 
1. Wash your hands with soap and warm water. Dry your hands with a clean towel.
  2. Take the plug (cap) out of the top of the bulb.
  3. Empty the drain's contents into a measuring cup.
  4. Squeeze all the air out of the bulb.
  5. Put the plug back into the top of the bulb.
  6. Once you have recorded the amount, empty the cup's contents into the toilet to be flushed away.

## What if there is no fluid to empty from the drain?

**Some of the reasons why there may not be any drainage include:**

- The drainage bulb has lost its suction.
- The drainage tubing is blocked.
- There is no more fluid to drain.

**To create suction in the bulb, try opening the plug on the bulb and re-closing the plug while squeezing the bulb with your hand.**

- The nurses in the hospital will show you how to do this.

## How do I “milk the drain?”

To stop the tubing from getting blocked, you will need to “milk the drain.”

- “Milking the drain” will clear the tubing of fluid, tissue and clots so that the drain continues to work properly.
- A nurse will show you how to milk the drain before you leave the hospital.
- You will need to milk the drain every 3 to 4 hours only while you are awake.
- Be sure when milking to hold the tube firmly closest to the skin.
- A family member may be able to help you.

## When can I expect to have the drain removed?

- You will have the drain for at least 5 days and up to 3 to 4 weeks.
- Your drain will come out when the drainage is less than 30 millilitres (just over 2 tablespoons) in 24 hours for 2 days in a row.
- A nurse can remove your drain.
- You may take pain medication 30 to 60 minutes before the drain is removed. This does not usually cause pain.
- You may have a small amount of fluid come out of the hole where the drain entered the body. This will stop in 24 to 48 hours. You can put a small gauze bandage over the hole.

## Watch a video

To see a video on how to work the drain, go to [sunnybrook.ca/breastcancersurgery](https://www.sunnybrook.ca/breastcancersurgery)





# Other Possible Concerns After Surgery

## What is a seroma?

- You may get a pouch of body fluid under or around where you had surgery after your drain has been removed.
- This pouch of fluid is caused by continued drainage into the surgical site. This is called a seroma.
- A seroma is common and is not an emergency.
- Many surgeons feel that a seroma may help to make the wound look better during healing because it gently stretches the scar tissue around the surgical area.
- If you think you have developed a seroma and it is uncomfortable, call the Breast Site Nursing Team at 416-480-5000.

## What is axillary web syndrome (cording)?

- Axillary web syndrome can be caused by having your lymph nodes removed.
- It looks like a tight cord (similar to a guitar string) that appears in the armpit and may be felt or seen all the way down your arm into your elbow or hand.
- It may cause tightness and make it more difficult to raise your arm up.
- It can develop as early as one week after surgery.
- It is not an emergency.
- Doing your arm exercises and stretching will help it go away.
- Your occupational therapist or physiotherapist will look for cording at your follow-up appointment.

## What is lymphedema?

- Lymphedema is swelling caused by fluid collecting in your arm and your chest.
- The type of swelling that occurs with lymphedema is different than a seroma or the swelling that might happen right after surgery.
- Lymphedema can develop weeks, months, or years following your surgery.
- Lymphedema is manageable but should be reported to the Breast Site Nursing Team as soon as possible.
- Most patients do not develop lymphedema but it is important to be aware that having lymph nodes removed may increase your risk.
- The chance of lymphedema after an axillary node dissection is 15 percent. That means 15 out of every 100 patients who have an axillary lymph node dissection will get lymphedema.

## What are the early signs of lymphedema?

- Feelings of heaviness, aching or tingling in the chest or arm on the side you had surgery.
- Feelings of tightness in clothing, jewelry and watches.
- A feeling of heat.
- Visible swelling.

## Tips to help reduce your risk of lymphedema

- Let your health team know if you develop swelling that does not go away.
- Maintain a healthy weight. Obesity is a major risk factor for developing lymphedema.
- Try to avoid bloodwork (or blood being withdrawn) on the side you had surgery.
- Protect your skin on the side you had surgery. Apply antibiotic cream to cuts, scratches and insect bites.

## How do I learn more about lymphedema?



- There is a free weekly lymphedema education session for patient and families.
- The session is held every Thursday from 12:30 p.m. to 1:30 p.m. and is located at the Patient Education and Research Learning Centre (PEARL) in the Odette Cancer Centre on the 1st floor beside the main Reception Desk.
- Please call 416-480-4534 for more information about the class and to register.

# Getting Back to Daily Activities

## Will I feel tired during my recovery?

- It is normal to feel tired for up to 2 months after your surgery.
- This may make it hard for you to do all of the things you need to do in your day.
- Learning ways to best use your energy will help you to complete activities and get through the day:
  - Listen to what your body tells you.
  - Set small goals for the day and don't worry if you don't get everything done.
  - Take rest breaks often.

## For 4 weeks after surgery:

- **DO NOT** do any heavy lifting, pushing, pulling or repetition with your affected arm(s) such as vacuuming, ironing, carrying heavy grocery bags or laundry baskets.
- **DO NOT** lift young children or small pets with your affected arm(s).

## When can I wash?

- You can shower 48 hours after surgery. **DO NOT** soak in a bathtub and **DO NOT** go swimming in a pool, lake or ocean.
- Remove the dressing around the drain when you shower. Apply a clean dressing after you are dry.
- Place the drain(s) over your shoulder while showering or attach to a lanyard.
- **DO NOT** use any soaps, creams or lotions, or hot or cold packs over the incision unless directed to do so by your doctor or nurse.
- Gently pat the area dry using a clean towel.

## What type of clothing can I wear?

- Wear comfortable, soft, loose-fitting clothing.
- Shirts that button or zipper at the front are the easiest to wear after surgery.
- When you feel comfortable, you can start wearing a bra.
- Your drain can be attached to the bottom of your shirt or waistband of your pants with a safety pin.
- Some women consider using a mastectomy camisole after surgery that has special pockets to hold the drain(s).
- You will be given a list of places where you can buy this clothing.

## What can I do if I am constipated?

You may be constipated after surgery. Constipation can result from the medication used to put you to sleep for your surgery, taking certain pain medications, a change in diet and/or reduced physical activity.

If you have trouble having a bowel movement, the following may help:

- Drink lots of fluid after your surgery.
- Use a laxative such as Senokot, which stimulates the bowels so they move. Senokot is available at a pharmacy. Take 1 to 2 Senokot tablets twice a day as needed.
- Eat prunes or drink prune juice.

**If these things don't help, please call the nursing phone line at 416-480-5000.**

## How should I sleep?

- Sleep in a position that is comfortable for you.
- Consider placing your arm on a pillow when you are sleeping.
- Avoid sleeping directly on your chest.

## What should I eat after surgery?

- You can return to your regular diet after surgery.
- Adding more fibre to your diet will help to prevent constipation.
- A dietitian is available to answer your questions about food and nutrition. Please call 416-480-4623 to make an appointment.

## When can I drive?

- Following surgery, arrange for a ride home.
- **DO NOT** drive when taking your pain medication because it may cause you to become sleepy.
- You can return to driving when you are pain free and have full normal movement of your arm(s).



## When can I do my regular exercise?

- Being active helps with your recovery from surgery.
- You can start or return to your exercise program after speaking with your surgeon during your follow-up appointment.
- Start back slowly and gradually.
- You can start exercising with light weights (2 pounds) about 4 to 6 weeks after surgery.
- You can do exercises that speed up your heart, like walking, as soon as you feel ready.
- **DO NOT** go swimming in a pool, lake or ocean for at least a month after the surgery.

## When can I go back to work?

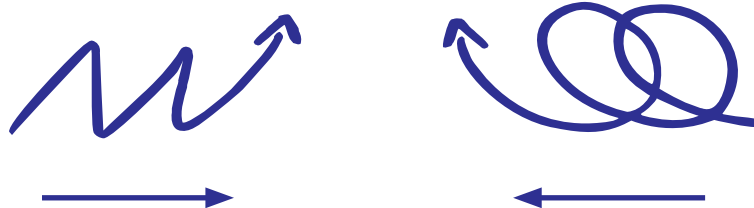
- As a general rule, you will likely need to wait 8 weeks before you return to work after a lumpectomy and axillary lymph node dissection.

## How can I help the scar to heal?

- Scar massage helps to get rid of the sensitivity, tightness, and itchiness around the scar area.
- Scar massage also helps to soften and loosen the scar area so that you can move your shoulder better.
- You may begin scar massage 4 to 6 weeks following surgery after the incision has healed.
- Scar massage should be done for 2 to 3 minutes 2 to 3 times a day.
- You will be taught how to perform scar massage during your post-operative follow-up appointment with a physiotherapist or occupational therapist.

## How do I do scar massage?

- Put 2 fingers or your thumb pad on the scar area.
- Move your fingers in an up and down zigzag pattern one way across the scar area and then move your fingers in circles the other way across the scar area.





# Exercises After Surgery

Exercise is an important part of your recovery after surgery for breast cancer. It can help you:

- Reduce after surgery limitations in shoulder range of motion.
- Regain and maintain normal movement in your arms and shoulders.
- Reduce pain in your chest wall, shoulders, neck and back.
- Return to your daily activities faster such as dressing, bathing and driving.
- Keep your muscles strong.
- Improve overall well being.



## Instructions:

- Begin exercises the day after your surgery.
- Plan to take your pain medication 20 to 30 minutes before doing your exercises.
- Breathe deeply and often as you do each exercise.
- Do the exercises 3 times a day, every day, until you have regained full range of motion in your arm(s).
- Try to do the exercises at the same time every day so you do not forget. For example, you could do the exercises after breakfast, lunch and dinner.

## Stage 1: Exercises to do while you still have your drain(s) in place

### 1. Pump It Up

This exercise helps reduce swelling after surgery by using your muscles as a pump to improve the circulation in your affected arm (on the same side as your surgery).

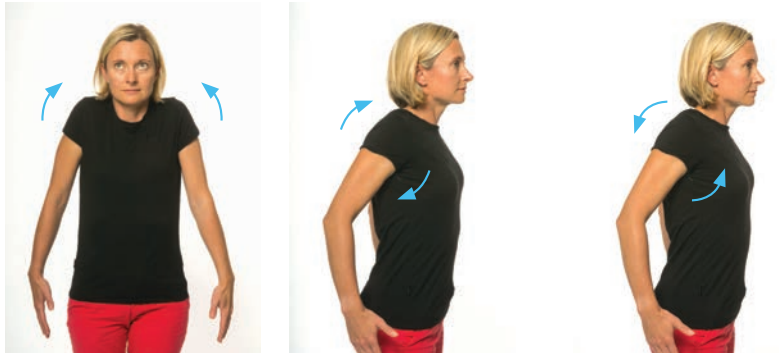


- ① Lie on your unaffected side with your affected arm straight out, resting on top of a pillow.
- ② Slowly bend your elbow while making a fist at the same time.
- ③ Next, slowly straighten your elbow while opening your fist at the same time.
- ④ Repeat this pumping motion 15 to 25 times.

If you had surgery on both sides of your chest, repeat the exercise lying on the opposite side of your body.

## 2. Shoulder Circles

This exercise can be done sitting or standing. It's a good warm-up exercise and can help relieve tension in your shoulders.



- ① Lift both shoulders up toward your ears. Keep your chin tucked in slightly.
  - ② Gently rotate both shoulders forward, and then slowly down and back, making a circle.
  - ③ Make 5 slow circles in one direction, then switch and make 5 slow circles in the opposite direction.
- 

## 3. Arm Lifts

This exercise can be done sitting or standing. It helps improve movement in your shoulders.



- ① Clasp your hands together in front of your chest. Point your elbows out.
- ② Slowly lift your arms upwards until you feel a gentle stretch, but no pain.
- ③ Hold for 10 seconds (or 5 deep breaths) and then slowly return to the start position.
- ④ Repeat 5 to 10 times.

#### 4. Shoulder Blade Squeeze

This exercise can be done sitting (without resting your back on the chair) or standing. It helps to stretch your chest muscles.



- 1 Hold your arms at your side against your body with your elbows bent.
  - 2 Slowly bring your elbows straight backwards, while squeezing your shoulder blades together to feel a gentle stretch.
  - 3 Hold this position for 10 seconds (or 5 deep breaths) and then slowly return to the start position.
  - 4 Repeat 5 to 10 times.
- 

## Stage 2: Exercises to do after your drain(s) have been removed

You no longer need to do the previous exercises.

### 1. Wand Exercise

You will need a “wand” to do this exercise – try a broom handle, stick or cane.



- 1 Lie on your back with your knees bent. Hold the wand with both hands. Your hands should be as wide apart as your shoulders.
- 2 Lift the wand up towards your head as far as you can until you feel a gentle stretch, but no pain. Your unaffected arm will help lift the wand higher.
- 3 Hold for 20 to 30 seconds, and remember to breathe. If you find this stretch is too painful, lower your arms slightly, but continue to hold. Then, gently lower arms to the start position.
- 4 Repeat 5 to 10 times.
- 5 To progress, repeat this exercise with your hands slightly wider apart than your hips or shoulders.

## 2. Wall Climbing

This exercise helps increase movement in your shoulder. Try to reach a little higher on the wall each day. This exercise is done in 2 positions – A) facing the wall and B) with your affected side to the wall.



### A) Facing the wall

- 1 Stand facing the wall.
- 2 Place the palm of your hand (of your affected arm) flat against the wall.
- 3 Slowly slide your hand up the wall as high as you can go until you feel a stretch, but no pain. Make sure the movement is only coming from your shoulder and you are not bending at your back to get higher up the wall.
- 4 Hold for 20 to 30 seconds and remember to breathe. If you find the stretch is too painful, lower your arm slightly, but continue to hold.
- 5 Slowly slide your hand down the wall to the start position.
- 6 Do a couple of shoulder rolls to reset, then repeat 3 to 5 times.

If you had surgery on both sides of your chest, repeat this exercise with your other arm.



### B) Side wall stretch

- 1 Stand with your affected side to the wall.
- 2 Place the palm of your hand flat against the wall at shoulder height.
- 3 Slowly slide your hand up the wall as high as you can go until you feel a stretch but no pain. Do not rotate your body toward the wall, even if it means you can't go up as high.
- 4 Hold for 20 to 30 seconds and remember to breathe. If you find the stretch too painful, lower your arm slightly, but continue to hold.
- 5 Slowly slide hand down the wall to return to the start position.
- 6 Do a couple of shoulder rolls to reset, then repeat 3 to 5 times.

### 3. Corner Wall Stretch

This exercise is more advanced, so be sure to start with a small hip rotation and perform slowly.



- 1 Stand with your affected arm against the corner of a wall (door frame works as well) with your armpit in the corner and side of your hips pressed against the wall.
- 2 Make goal post arms (picture 1) with affected arm while keeping armpit and hips glued in the same position against the wall.
- 3 Take small steps to turn hips away from the wall (picture 2) until you feel a stretch in any areas of tightness while keeping armpit glued to corner of wall (or as close as possible).
- 4 Hold stretch for 20 to 30 seconds and remember to breathe. If you find the stretch is too painful, back off a little by rotating hips back towards the wall until it feels comfortable, then continue to hold.
- 5 To come out of stretch, take small steps to return to start position. Then, slide hand down the wall.
- 6 Do a couple shoulder rolls to reset, then repeat 3 to 5 times.

Remember, it may take 6 to 8 weeks to regain full movement of your arm(s). If you continue to have difficulties regaining full movement in your arm(s) and shoulder(s) after this time, please ask your surgeon for a referral to physiotherapy and occupational therapy for follow up.

If you receive radiation treatment after surgery, it is important to continue with wall climbing exercises and the corner wall stretch throughout radiation. It is recommended to do a set of these exercises before and after radiation each day to maintain your shoulder movement and to prevent side effects such as radiation-induced fibrosis (RIF) which can make your arm movement difficult again.

To see a video of the exercises, go to [sunnybrook.ca/breastcancersurgery](https://sunnybrook.ca/breastcancersurgery)



### Other Activities:

It is safe to do light housework during the first 4 weeks after surgery. Do only short periods at a time and rest in between. You can start heavier activities after 4 weeks. Always let pain be your guide – a little discomfort is okay but more pain could mean you are doing too much.

The exercises in this guide have been adapted from the booklet *Exercises after Breast Surgery*, Canadian Cancer Society, 2015.

# Coping After Surgery

## How will I cope emotionally?

- Your emotional recovery is just as important as your physical recovery.
- You may have feelings of fear, sadness, or anger.
- Ask for help from family and friends.
- You may wish to speak to an Oncology Nurse from the Breast Cancer Program.
- Feel free to ask questions to help you understand your diagnosis, treatment and decision-making.
- You may also contact the Patient & Family Support Program at 416-480-4623 or ask your oncology nurse to refer you.

## What help can I get?

### Sunnybrook Odette Cancer Centre Resources

Call the Patient and Family Support Program at **416-480-4623** to access:

- Social worker
- Drug Reimbursement Specialist – helps patients find funding for medications not covered under the Ontario Drug Benefit Program
- Psychologist
- Psychiatrist (A doctor's referral is needed to see a Psychiatrist.)
- Dietitian
- PYNK program – for women under 40 with breast cancer
- PEARL (Patient Education and Resource Learning Centre) – 416-480-5000 extension 4534

### Other Important Sunnybrook Contacts:

- Occupational Therapist  
416-480-6100, extension 5335
- Physiotherapist  
416-480-6100, extension 80541

### Community Resources

Ask your team for more information about these programs:

- Canadian Cancer Society – Peer Support program
- Wellspring
- Look Good...Feel Better program
- Gilda's Club
- Toronto Rehabilitation Institute (Rumsey Site) – Health, Exercise, Active Living and Therapeutic Lifestyle Program

# Who to Call if You Have Questions

**If you have questions about your surgery date, your pre-anesthesia assessment, or your post-surgery appointment, please call your surgeon's office.**

- For Dr. Look-Hong's office, call: 416-480-4210
- For Dr. Roberts' office, call: 416-480-5000, extension 3255
- For Dr. Wright's office, call: 416-480-4210

**If you have questions about your surgery or after-surgery care, please call 416-480-5000**

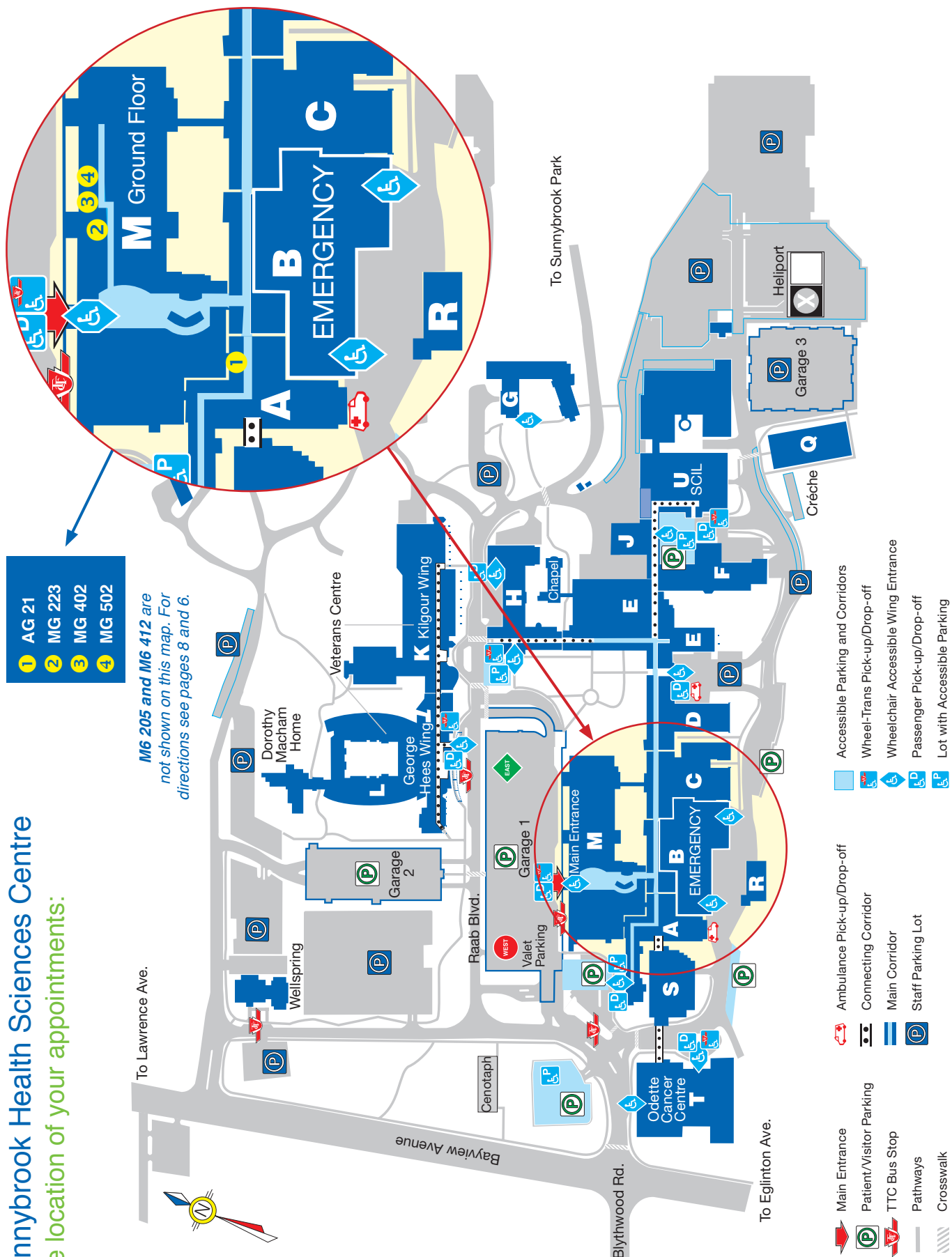
**For more information about breast cancer surgery at Sunnybrook go to <http://www.Sunnybrook.ca/breastcancersurgery>**



## Notes

# Sunnybrook Health Sciences Centre

## The location of your appointments:





PR 47577 (2022/03/29)

**Odette Cancer Centre**  
2075 Bayview Avenue  
Toronto, Ontario M4N 3M5  
[sunnybrook.ca/odette](https://sunnybrook.ca/odette)

