

My Mastectomy Surgery and Sentinel Lymph Node Biopsy

Including Preparation
and After Surgery Care

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Timeline for Patients Having a Mastectomy and a Sentinel Lymph Node Biopsy

1 to 2 weeks after you sign consent for surgery

1 to 2 weeks before your surgery

1 to 2 weeks before your surgery

1

2

3

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**

Pre-anesthesia Assessment: Hospital or Telephone Appointment

Date:

Time:

Check-in location for in-hospital assessment appointments:

Pre-anesthesia Clinic,
M-Wing, Ground Floor,
Room 402 (MG 402)

See page 6 for how to prepare.

See page 7 for how to prepare.

See Sunnybrook map on page 39 for the location of your appointments.



1 business day before your surgery


The day before your surgery or the same day as your surgery



4

5

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.



Sentinel Node Injection Appointment

Date:

Time:

Location:

Nuclear Medicine Department*
A-Wing, Ground Floor,
Room 21 (AG 21)

*Check in first at M-Wing, Ground Floor, Room 502 (MG 502) if this appointment is the same day as surgery.

The day of your surgery

2 to 3 weeks after
your surgery

6



Surgery

Date:

Time:

Registration

Location:

Surgical Services
Registration Desk
M-Wing, Ground Floor,
Room 502 (MG 502)

7

Post-Operation Appointment Results

Date:

Time:

Location:

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

*See pages 9-11 for
how to prepare.*



How to Use this Guide

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

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 mastectomy and sentinel lymph node biopsy surgery.

On pages 2 to 4, there is a place to write the dates and times of all your appointments for your mastectomy. At the back of the booklet, there is a page for you to write notes of your own.

If at any time you have questions, please ask a member of your care team.

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:

mychart.ca/pages/registration/onlineregistrationsb.cfm

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

A copy of this guide can be found on Sunnybrook's website at **sunnybrook.ca/mastectomy**

What is a Mastectomy?

A mastectomy is a surgery that removes all of the breast tissue. Usually the nipple is removed as well. No muscles are removed. Lymph nodes from your armpit area can be removed at the same time.

What is a Sentinel Lymph Node Biopsy?

Lymph nodes act as filters in the body's circulatory system and sentinel lymph nodes are the lymph nodes closest to the tumour in the breast. As part of your mastectomy, the surgeon will remove one to three sentinel lymph nodes in the armpit on same side as the breast cancer.

Why are the sentinel lymph nodes removed?

- 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 arm pit.
- The surgeon needs to take out a few lymph nodes for testing.
- This information helps the doctors decide 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, a device used to collect fluid from the surgical incision (cut).
- 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 assessment 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 will have an appointment before the day of your mastectomy to make sure you are fit and safe for surgery. This is called the pre-anesthesia assessment.



Pre-anesthesia Assessment

During the assessment a nurse will ask you about your medical history, the medications you take and will 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 assessment appointment.

If you have a telephone assessment appointment:

- Make sure the hospital 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).
- The visit will take place in the pre-anesthesia clinic (located in room MG 223) 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



Getting Ready for Surgery

When will the date and time of my mastectomy 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 37 for phone numbers.)
- Please note that sometimes your surgery date may change.
- 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 operation 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 armpits.
- **DO NOT** use body lotion, hair products, talcum powder, baby powder or deodorant 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, 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 will need to complete 2 steps:

- Registration
- Sentinel lymph node injection appointment



Registration

Where do I check in?

- When you get to the hospital, check in at the Surgical Services Registration Desk. It is in M Wing, Ground Floor, Room 502 (MG 502).
- Bring your Ontario Health Card.
- You will be given a locker space to store your clothes and personal items, such as eye glasses, during your surgery.

Please do not bring:

- Money
- Jewelry



Please label with your name and contact information:

- Cell phones
- iPads or other electronic devices

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

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.

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.



Sentinel Lymph Node Injection Appointment

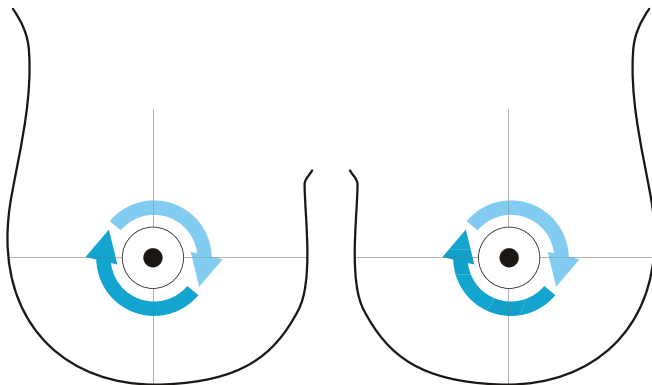
As part of your lumpectomy, the surgeon will remove sentinel lymph nodes in the armpit on the same side as the breast lump. The lymph nodes need to be specially identified before your surgery. This identification is called a Sentinel Lymph Node Injection. The injection takes place in the Department of Nuclear Medicine. The department is in A Wing, Ground Floor, Room 21 (AG 21). You will be given a map showing the location when you check in at the Surgical Services Registration Desk in M-Wing, Ground Floor, Room 502 (MG 502). The appointment can take up to an hour.

What happens during the sentinel lymph node injection?

- The sentinel nodes are specially identified so the surgeon can find them.
- This is done by injecting a small amount of radioactive tracer into the breast.
- The tracer travels to the sentinel lymph nodes.
- The amount of radiation that the tracer gives off is very little. It will not harm you.

How do I get ready for the injection?

- The injection is made into the skin near your nipple and may sting.
- You may want to use Emla cream and/or Tylenol (acetaminophen) to help reduce any pain or discomfort.
- You can buy the EMLA cream at a pharmacy. You do not need a prescription.
- Put the cream outside the areola (the dark area of the nipple) on the breast needing surgery up to 1 hour before your appointment.
- You can take some Tylenol (acetaminophen) up to 30 minutes before the injection (**DO NOT** take Tylenol if you are allergic to it).
- Please **DO NOT** take Aspirin (acetylsalicylic acid or ASA) because it may increase bleeding from surgery.



Apply EMLA cream to the breast needing surgery around the areola as shown by the arrows on the diagram.

Note:

Some patients have the sentinel lymph node injection appointment on the day before their mastectomy surgery. Your surgeon's office will confirm with you when your appointment will take place.

- If you are one of these patients, go directly to the Department of Nuclear Medicine – in Room AG 21 – at your appointment time. Make sure you bring your Ontario Health Card and Sunnybrook Card.
- The appointment can take up to 1 hour. You will go home afterwards.
- The next day you will come back to the hospital for your mastectomy surgery and the removal of the sentinel lymph nodes.
- When you get to the hospital on the day of your surgery, please check in at the Surgical Services Registration Desk. It is located in M Wing, Ground Floor, Room 502 (MG 502).



Operating Room

Once you have finished all your pre-surgery appointments, 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 will be put to sleep using a general anesthetic. Medication to make you sleep will be given through an intravenous needle.
- A tube will be placed in your throat to help you breathe when you are asleep.
- The surgeon may inject a blue dye into the breast as part of the sentinel lymph node biopsy. This is done after you are asleep. The dye travels to the nearby sentinel nodes and helps the surgeon see them more clearly.
- An incision (cut) is made and the whole breast and the nipple is removed.
- Some of the lymph nodes will also be removed.
- 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 two to three weeks for this information to be available.
- One or two drainage tubes are put in place to drain the fluid from the area.
- 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 skin 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 or 2 drains 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 overnight, the physiotherapist, occupational therapist and the surgical team will see you the next morning. The nurse will review drain instructions with you.

What are the things I need to do after my surgery?

Deep breathing and coughing:

- Do deep breathing exercises as soon as possible to keep your lungs clear after surgery.
- Do 10 deep breaths four to five times during the day while you are awake for the first 48 hours after surgery.
- Try and cough two to three times after you do your deep breathing.
- Coughing up a bit of sputum after surgery is common.

Movement:

- You should move your arm(s) soon after your surgery.
- DO NOT cradle your arm(s) against your chest.

After-Surgery Care

How will I feel after my surgery?

- You may have a sore throat from the 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 mastectomy 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 arm(s) soon after your surgery.
- **DO NOT** cradle your arm(s) 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 31 to 35 of this booklet.

Will I have a bandage after surgery?

- You will have dissolvable stitches underneath your incision (cut) and several strips of thin surgical tape covering your incision. These are called steri-strips.
- The incision will then be covered by a large gauze dressing. At the site of the drain, you will have another smaller bandage.
- **DO NOT** remove your bandage for the first 48 hours after surgery or until a nurse sees you for the first time at home or at a medical clinic.
- **DO NOT** remove the thin strips of surgical tape for about 10 days after your surgery.
- Your surgeon may also place a tensor bandage wrapped around your chest during your recovery. This can be removed 48 hours after surgery.

Will I have pain after my breast surgery?

- You may have some mild pain or discomfort after your surgery.
- You will be given a prescription for pain medication before you leave the hospital.
- Be sure to fill your prescription for pain medicine as soon as possible so that you have it available if you should need it.
- Take your pain medicine exactly as it is directed so that you can have good pain control.
- If you still have pain after taking your medicine, or you have concerns about your pain medicine, call the Breast Site Nursing Team at 416-480-5000.

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.

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.

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:

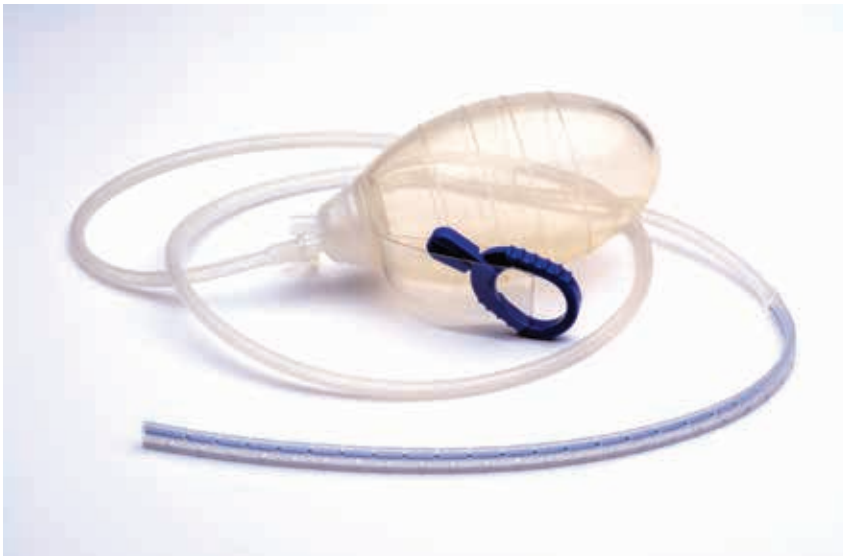
- You have a lot of bleeding from where you had your surgery. “A lot of” means a completely soaked bandage. Or, you have a lot of very bloody drainage in the drain (need to empty 3 times in 8 hours).
- Call your surgeon’s office. Or, if you cannot get in contact with the surgeon’s office, phone the general surgery resident on call at 416-480-4244.



What is a “drain”?

After your surgery, you will have one or more drains 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.




What is emptying the 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 either come to your home or 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 in 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.
- 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(s) removed?

- You will have the drain(s) for at least 5 days and up to 3 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 is not generally a painful procedure.
- 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 you are concerned, 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 a sentinel node biopsy is 1 to 2 percent.

What are the early signs of lymphedema?

- Feelings of heaviness, aching or tingling.
- 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 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 to 6 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 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.

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.

When can I go back to work?

- Talk to your surgeon – you may require a referral to the occupational therapist or physiotherapist.
- As a general rule, you will likely need to wait 8 weeks before you return to work, after a mastectomy. If you are undergoing additional treatments, the time away from work may be longer.
- Some patients may be able to return to work sooner if their job does not involve heavy lifting.

Breast Prostheses, Reconstruction and Healing

A breast prosthesis is designed to be the same shape as a natural breast. It can be used after a mastectomy to replace the shape of the breast that was removed. It looks like a natural breast when worn under clothing. Deciding to wear a prosthesis is a personal choice.

What is a temporary prosthesis?

- A temporary prosthesis is a soft, lightweight foam-filled breast form usually worn within a bra.
- It can be worn anytime after surgery.
- Temporary prostheses are available free of charge from the Canadian Cancer Society's Peer Support Program. Call 1-888-939-3333 to have a prosthesis mailed to you. You will need to provide your bra's cup size.

What is a permanent prosthesis?

- A permanent prosthesis is a breast form usually made of silicone that is meant to look and weigh like a natural breast.
- It is worn inside a mastectomy bra that has a pocket to hold the prosthesis in place.
- Wearing a permanent prosthesis can help prevent back and neck pain and problems with posture for women who have had a breast removed.
- This type of prosthesis needs to be specially fitted by a "fitter." Nurses in the Breast Centre can provide you with a list of fitters.
- Permanent prostheses are available from mastectomy boutiques and certain surgical supply stores, bra stores and department stores.
- Wait until at least 6 weeks after surgery before you go for your final fitting for the prosthesis.
- A permanent prosthesis can cost between \$350 and \$500.
- The Ministry of Health and Long Term Care's Assistive Devices Program (ADP) can provide a grant to help pay for a portion of the cost.
- If you have private health insurance, ask if your policy helps cover the cost of a permanent prosthesis or a mastectomy bra.

What is a custom breast prosthesis?

- A custom-made breast prosthesis is an alternative to permanent prosthesis.
- A cast of your breast and nipple is taken before surgery. From this cast, a lightweight prosthesis is made to fit closely against your chest wall after surgery.
- A custom prosthesis may cost approximately \$5,000.

What about breast reconstruction?

- Breast reconstruction is done by a plastic surgeon and may be performed following breast cancer surgery.
- Breast reconstruction is covered by the Ontario Health Insurance Plan (OHIP). You do not have to pay for it.
- Breast reconstruction should be discussed with your surgeon, oncologist, nurse, or health care provider.
- For more information about breast reconstruction: www.breastreconstructioncanada.ca

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

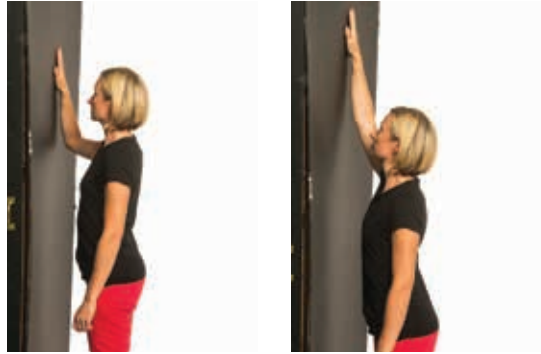
You will need a “wand” to do this exercise – try a broom handle, stick or cane.



- 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.

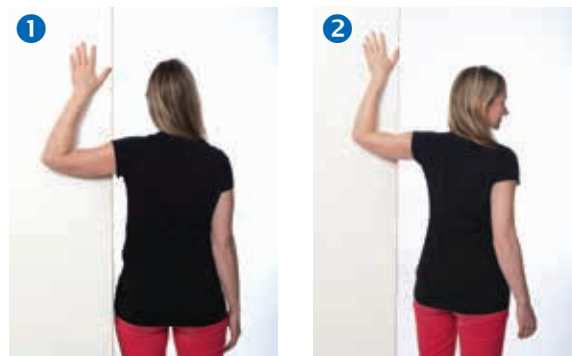


B) Side wall stretch

- 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



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

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

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 sunnybrook.ca/breastcancersurgery

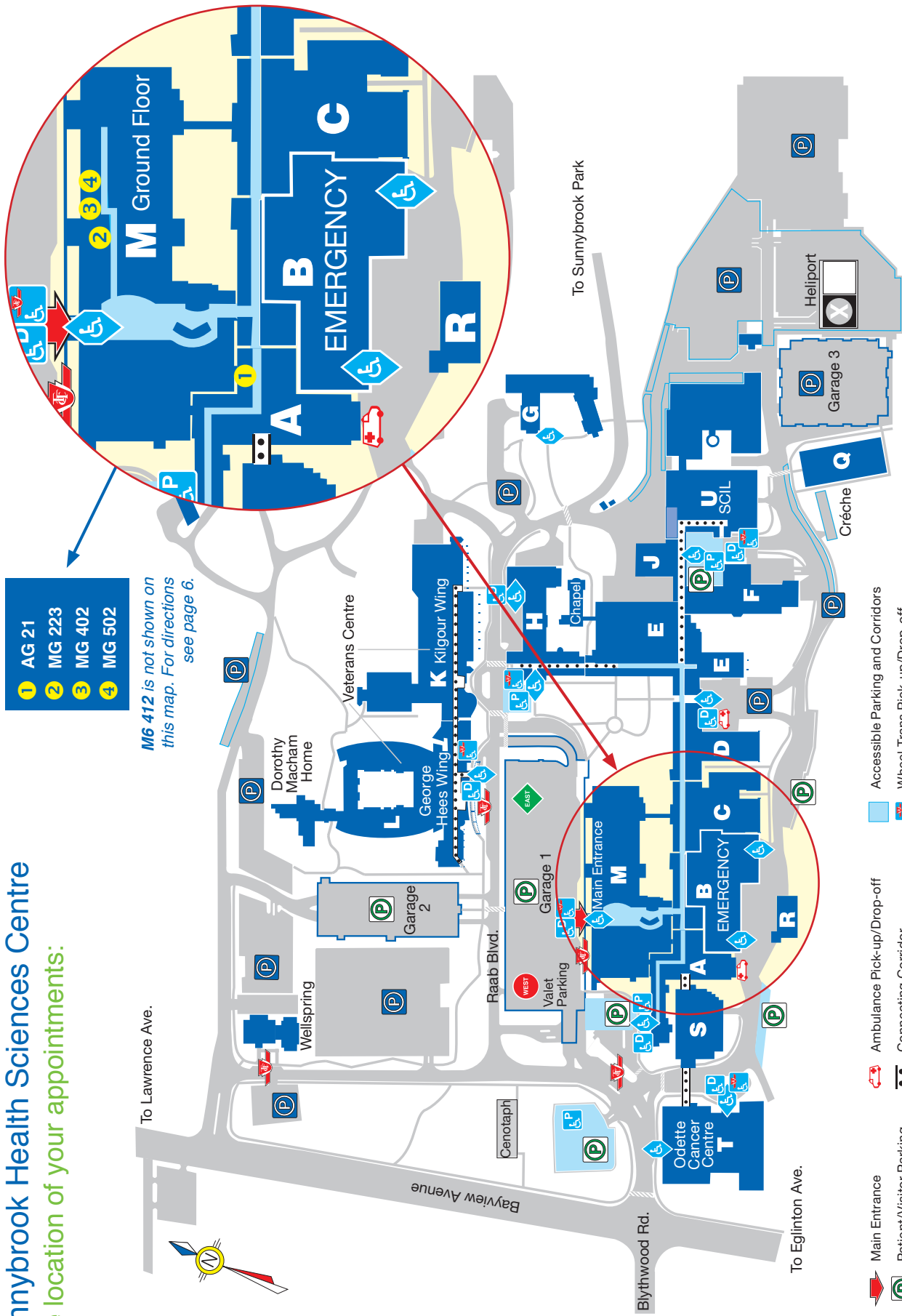


Sunnybrook Health Sciences Centre

The location of your appointments:

- 1 AG 21
- 2 MG 223
- 3 MG 402
- 4 MG 502

MG 412 is not shown on this map. For directions see page 6.



Odette Cancer Centre
2075 Bayview Avenue
Toronto, Ontario M4N 3M5

sunnybrook.ca/odette



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