

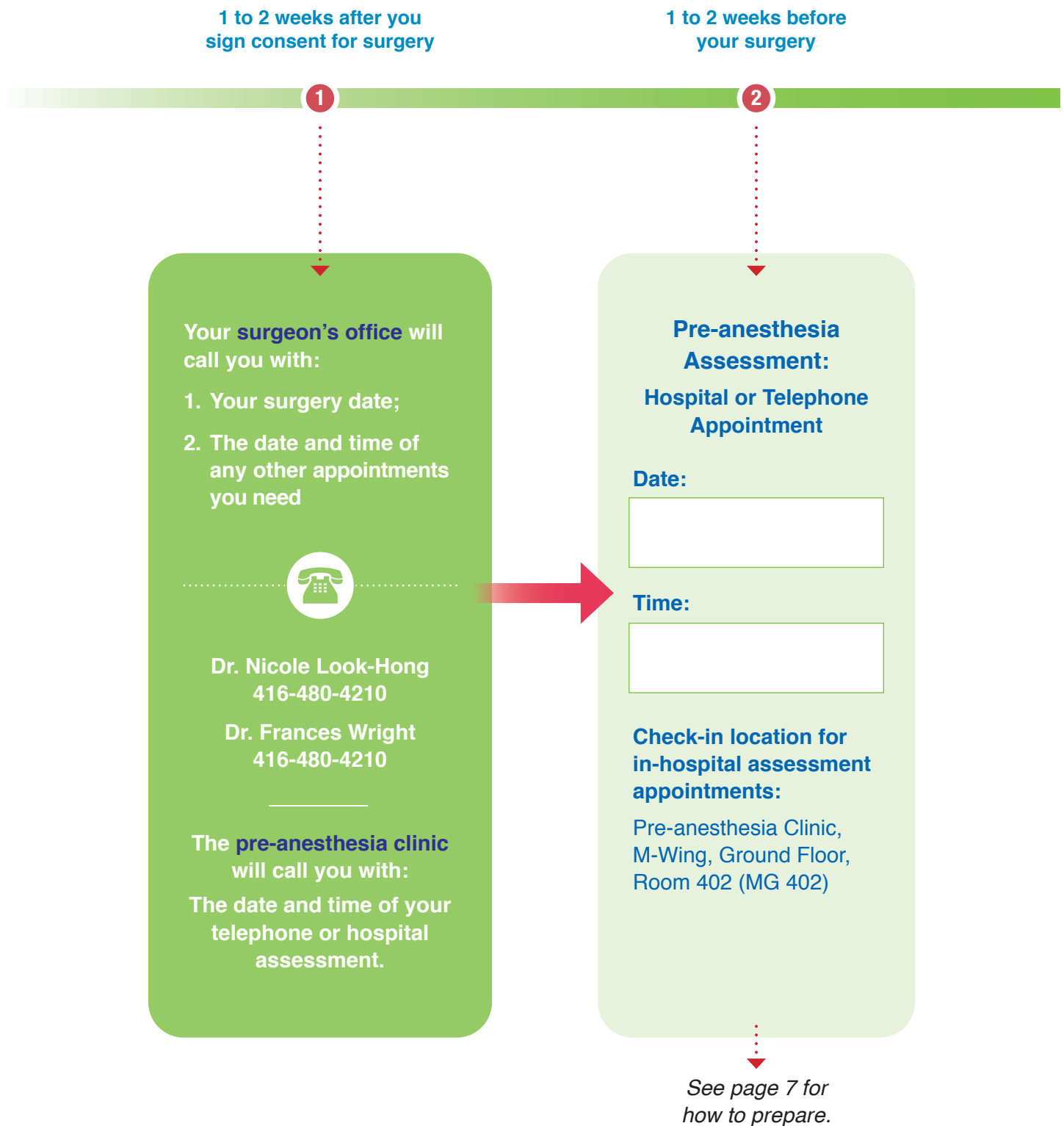
Axillary Lymph Node Dissection for Skin Cancer

Including Preparation
and After Surgery Care

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Timeline for Patients Having an Axillary Lymph Node Dissection





1 business day before
your surgery

The day of your surgery

3 weeks after your
surgery

3

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.

Surgery

Date:

Time:

Registration

Location:

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

Post-Operation Appointment for Results

Date:

Time:

Location:

Odette Cancer Centre
T-Wing, 1st Floor,
Clinic D

See pages 9-11 for
how to prepare.



How to Use this Guide

The information in this guide will help prepare you for your axillary lymph node dissection. It also has information about what will happen on the day of surgery and how to manage 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. This booklet will help you keep track of what you need to do for your surgery.

On pages 2 and 3, there is a place to write the dates and times of all your appointments. You will find a page at the back of the booklet to write notes of your own.

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/skincancersurgery**

What is an Axillary Lymph Node Dissection?

Lymph nodes act as filters in the body's circulatory system. Sometimes cancer cells from the skin can spread to other parts of the body through the lymphatic system and get trapped in the lymph nodes in the armpit.

- The most common skin cancers that can spread to the lymph nodes are melanoma, squamous cell carcinoma and merkel cell carcinoma. Your doctors will talk to you about your type of skin cancer.
- During the surgery, the surgeon will remove all of the lymph nodes from the armpit area. This surgery is called an axillary lymph node dissection. The axillary lymph node dissection is done if a needle biopsy has already shown that there is cancer in the lymph nodes.
- After the surgeon removes the lymph nodes, they will be sent to a lab for testing. This information helps to determine what other treatments you will need.



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 surgery to make sure it is safe for you to have surgery. This is called the pre-anesthesia assessment.



Pre-anesthesia Assessment

During pre-anesthesia assessment appointment, 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.

- This appointment 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 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 about 2 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 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 pre-anesthesia 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:

- ☐ This booklet
- ☐ Your Ontario Health Card and your Sunnybrook 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. Staff at the pre-anesthesia clinic will tell you which medications to take on the day of surgery.



Occupational Therapist/Physiotherapist guidance.

Your surgeon's office will arrange for you to meet with either an occupational therapist or a physiotherapist before your surgery.

- You will be taught how to do the exercises that will help you recover after your surgery.
- Your surgeon highly recommends that you follow these instructions.

Getting Ready for Surgery

When will I know the date and time of my surgery?

- Your surgeon's 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.)
- 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 come to 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.

Please note that the surgery date might change. If this happens, your surgeon's office will call and give you a new date for surgery as soon as possible.

➞ What do I 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.

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 and 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 the area where you will have surgery such as your armpit.
- **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.
- Up to 2 hours before surgery, you may drink up to 300 millilitres (1 glass) of clear fluids such as water, clear juices (apple juice, cranberry juice, or Gatorade) or coffee/tea **WITHOUT** milk, cream or whitener.

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 (prescribed or over-the-counter) 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 who specializes in diabetes before you leave the hospital. The nurse 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.



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 and your Sunnybrook card.
- You will be given a locker space to store your clothes and personal items, such as eye glasses.

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:

Surgical times and dates are estimates only. Delays happen. Sometimes surgery cases are cancelled because there is someone else who needs 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.



Operating Room

After registration, 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. You will be then brought into the operating room.

What will happen during my surgery?

- Several monitors will be placed on your body to check your heart and lungs during 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 after you are asleep to help you breathe.
- A cut (incision) is made in your armpit and the lymph nodes will be removed.
- A plastic drainage tube is placed near the armpit to drain the fluid from the area. This is stitched to the skin.
- The cut (incision) is closed with stitches that dissolve and covered with paper tapes (called Steri-Strips). A dressing, or bandage, is then placed over the skin tapes.
- 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 tests are completed. It can take 2 to 3 weeks before this information is available. Your surgeon will discuss the results with you at a follow-up appointment.

Recovery

What happens after my surgery?

- After your surgery is done, you will be moved from the operating room to the Post Anaesthetic Care Unit (PACU) which is also known as the “recovery room”. Visitors are not allowed in the PACU.
- When you wake up, you will be moved back to the Same Day Surgery Unit in Room MG 601.
- Most patients leave hospital the same day as surgery.
- You will be given prescriptions for pain medication before leaving the hospital.
- One of the nurses from the cancer centre will phone you the next business day after the surgery.
- Arrangements will be made for a nurse to monitor the drainage tube and take it out under instructions from your surgeon. You will see the nurse either in your home or at a community clinic.

Note:

You must have a responsible adult 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.



When will I see my surgeon for a follow-up appointment?

- An appointment will be made for you to see your surgeon about 3 weeks after your operation.
- The surgeon will check how your wound is healing.
- Your surgeon will discuss the results of the tests done on the tissue removed during surgery. Any further treatment options will also be discussed.

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. Tiredness can last up to 6 or 8 weeks.
- You may have some bruising and tenderness in the area of your operation.
- You may have numbness in the armpit and/or your upper arm.
- Feelings of tightness, heaviness, tingling, burning, or more sensitivity are also common. Gently rubbing and tapping the area can help get rid of these sensations.
- Your surgeon can prescribe you medication (gabapentin) for these feelings if they are bothering you.
- You will have a tube or drain near your incision (cut).



What are some 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.
- For the first 2 days after surgery take 10 deep breaths 4 to 5 times a day.
- After your deep breaths, cough 2 to 3 times.
- Coughing up a bit of sputum (saliva and mucus) after surgery is normal.

Movement:

- It is important to move your arm after surgery.
- **DO NOT** cradle your arm 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).
- Before your operation, a physiotherapist or occupational therapist will show you exercises that you need to start 24 hours after surgery. These exercises are on pages 29 to 34 of this booklet.

Will I have a dressing after surgery?

- You will have dissolvable stitches underneath the area where you had surgery.
- Several strips of thin tape will be placed on top of the area where you had surgery. These are called Steri-Strips.
- The area will also be covered by a large gauze dressing. At the site of the drain, you will have another smaller dressing.

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

- You may take off the outer dressings 48 hours after surgery.
- You may shower 48 hours after your surgery.
- If the incision is covered with paper tapes (called Steri-Strips), then 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 them easier to remove). They may come off on their own before 10 days. This happens to many people and is not something to be worried about.
- A small amount of blood on the dressing or Steri-Strips is normal.

Will I have pain after my surgery?

- You may have some mild pain or discomfort following surgery.
- You will be given a prescription for pain medicine 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 are still having pain after taking your pain medicine or you have concerns about your pain medicine, call the Melanoma Site Nursing Team at 416-480-5000.

What about my other regular medicine?

- Restart your regular medicine after surgery unless your surgeon has told you not to.
- If you normally take Aspirin (acetylsalicylic acid) 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 be done about constipation?

You may become constipated after surgery. Constipation can happen for many reasons. Certain medicines, a change in your diet and less physical activity can all lead to constipation.

If you have trouble having a bowel movement:

- Drink a lot of fluid after your surgery.
- Use a stool softener, such as Colace, which is available at a pharmacy.
- Or, use a laxative such as Senokot, which helps the bowels to move. Take 1 to 2 Senokot tablets twice a day as needed. Senokot is available at a pharmacy.
- Eat prunes or drink prune juice.
- If these things don't help, please call the nursing phone line at 416-480-5000.

How can I help the scar to heal?

- Scar massage helps to get rid of the sensitivity, tightness, and itchiness around the scar.
- It also helps to soften and loosen the scar area so that you can move your shoulder better.
- You may start scar massage 4 to 6 weeks after surgery, once the incision has healed.
- Scar massage should be done for 2 to 3 minutes 2 to 3 times a day.

How do I do scar massage?

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



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

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. (Please see page 41 for the phone number.) If you cannot get in contact with the surgeon’s office, phone the general surgery resident on call at 416-480-4244.



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 Melanoma 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.

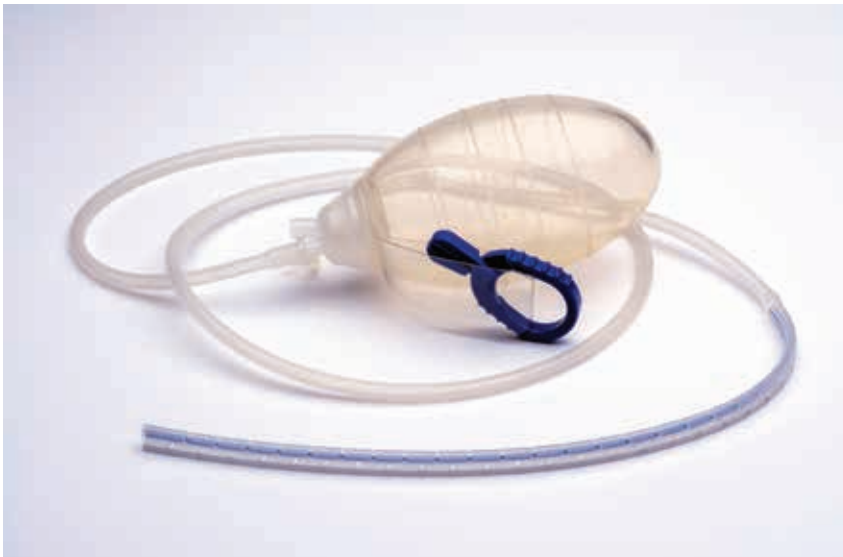
- Your incision (cut) gets red, swollen or very tender to touch. You may have an infection that needs to be treated with antibiotics.
- You have a temperature of 38 degrees Celsius or 100 degrees Fahrenheit or higher for over 24 hours. You may have an infection that needs to be treated with antibiotics.

Drain Care

What is a “drain”?

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

- The drain keeps 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 to help care for my drain?

- 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.
 - The nurse will receive instructions from your surgeon when to remove the drain.




What does emptying the drain mean?

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

- Empty your drain every 8 hours once you are at home.
- You will be given a “drainage record” sheet in your post-operative (after-surgery) information 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 nurse will look at the drainage record sheet.
- 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.
- It is normal to see small clots of blood or tissue in the drain.

How do I empty the drain?

You will be shown how to empty the drain by a nurse before you leave the hospital.

- 
1. Wash your hands thoroughly 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 fluid from the drain into a measuring cup.
 4. Squeeze all the air out of the bulb.
 5. While squeezing the bulb, put the plug back in the top.
 6. Once you have recorded the amount, empty the fluid from the cup 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 fluid 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, open the plug on the bulb — and while squeezing the bulb with your hand — re-close the plug.

How do I “milk the drain?”

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

- “Milking the drain” helps to clear fluid, tissue and clots from the tubing 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.
- A nurse will show you how to milk the drain before you leave the hospital.
- Be sure when “milking” to secure the drain at the skin site.
- A family member may be able to help you.

What do I do if fluid is leaking around the drain?

- This means the drain is blocked.
- Try milking the drain again to get out the clot.
- If this does not work then call the melanoma nurse at 416-480-5000.

When will my drain be removed?

- You will have the drain for at least 7 days and up 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 was in your body. This will stop in 24 to 48 hours. You can put a small gauze dressing over the hole.

Watch a video

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



Other Possible Concerns After Surgery

What is a seroma?

- After your drain is removed, a pouch of body fluid may collect in the surgical area. This is called a “seroma.”
- The pouch of fluid is caused by continued drainage into the surgical site.
- A seroma is common and is not an emergency.
- Seromas happen a few weeks after surgery and may take several weeks to disappear.
- If you think you have developed a seroma and it is large and uncomfortable, or you are concerned, call the Melanoma Site Nursing Team at 416-480-5000.

What is axillary web syndrome (cording)?

- Cording can happen after having your lymph nodes removed from your armpit.
- 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 up your arm.
- It can develop as early as 1 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 lymphatic fluid that collects in your chest or arm.
- Lymphedema is different than a seroma or the swelling that might happen right after surgery IN YOUR ARMPIT.
- Lymphedema can develop weeks, months, or years after your surgery.
- Lymphedema can be managed but should be reported to the Melanoma Site Nursing Team.
- Most people do not develop lymphedema after surgery but it is important to be aware that having lymph nodes removed may increase your risk of it happening.
- The chance of lymphedema after an axillary node dissection is 15 percent (15 patients out of every 100).

What are the early signs of lymphedema?

- Feelings of heaviness, aching or tingling
- Feelings of tightness in clothing, jewelry, watches
- A feeling of heat
- 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.

Will removing my lymph nodes affect my body's ability to fight off infection?

- Although 15 to 25 lymph nodes are often removed with your surgery, your body has many lymph nodes left to filter your blood and fight off infections.
- Immunizations (vaccinations) are safe after your surgery.

How do I learn more about lymphedema?



- There is a weekly lymphedema information class for patients and families.
- The class is held every Thursday from 12:30 p.m. to 1:30 p.m. and is located at the PEARL (Patient Education and Research Learning centre) 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

Is there anything I cannot do after surgery?

- **DO NOT** drive a motor vehicle until you have full movement back in your arm and shoulder.
- **DO NOT** drive while you are taking your prescription pain medication because the medication may affect your ability to drive safely.
- **DO NOT** drink alcohol while taking prescription pain medication because taking both together can be dangerous.
- **DO NOT** lift anything weighing more than 10 pounds for 4 weeks after the surgery because it may damage the incision.

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 your regular activities.
- 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 activity that involves heavy lifting, pushing, pulling or repetition with your arm like vacuuming, ironing, carrying heavy grocery bags or laundry baskets.
- **DO NOT** lift young children or small pets with your arm.

When can I wash?

- You can shower 48 hours after surgery.
- Remove the dressing around the drain when you shower.
- Place the drain over your shoulder while showering or attach it to a lanyard.
- Gently pat dry using a clean towel.
- Apply a clean dry dressing after you are dry.
- **DO NOT** use any soaps, creams or lotions over the area of surgery unless you have been told to do so by your doctor or nurse.
- **DO NOT** soak in a bathtub and **DO NOT** go swimming in a pool, lake or ocean until at least 4 weeks after the surgery.

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.
- Your drain can be attached to the bottom of your shirt or waistband of your pants with a safety pin.

How should I sleep?

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

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 go back to work?

- Talk to your surgeon about returning to work. 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 having an axillary node dissection. If you need more treatment, the time away from work may be longer.
- You may be able to return to work sooner if your job does not involve heavy lifting.

Exercises After Surgery

- Returning to normal movement is important after surgery. If you have problems moving, your doctor can refer you to a physiotherapist.
- Begin the following exercises 1 day after surgery. The exercises should be done 3 times a day until you have full movement.
- If pain is stopping you from doing your exercises, use your pain medication 30 minutes before exercising.
- It is normal to feel a gentle stretch while exercising but you should not feel a sharp pain.
- Wear comfortable loose fitting clothing while doing the exercises



Stage 1: Exercises to do while you still have your drain 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.

2. Shoulder Circles

This exercise can be done sitting or standing. It's a good warm-up exercise.



- ❶ Lift both shoulders up toward your ears. Keep your chin tucked in slightly.
 - ❷ Gently rotate both shoulders forward, and then slowly down and back, making a circle.
 - ❸ 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 with movement in your shoulder.



- ❶ Clasp your hands together in front of your chest. Point your elbows out.
- ❷ Slowly lift your arms up until you feel a gentle stretch, but no pain.
- ❸ Hold for 10 seconds (or 5 deep breaths) and then slowly return to the start position.
- ❹ 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 Remember to keep breathing throughout the stretch.
 - 5 Repeat 5 to 10 times.
-

Stage 2: Exercises to do after your drain has been removed You no longer need to do the previous exercises (Stage 1).

1. Wand Exercise

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

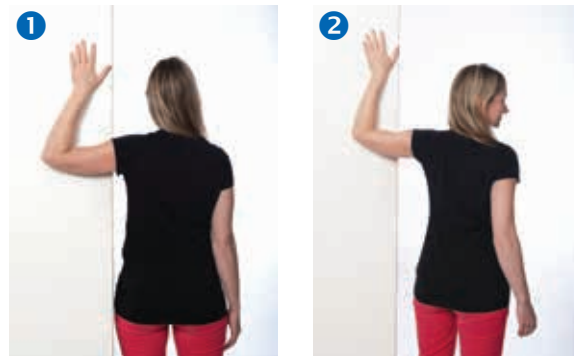


- 1 Lie on your back with your knees bent. Hold the wand with both hands. Your hands should be as wide apart as your shoulders.
- 2 Lift the wand up towards your head as far as you can until you feel a gentle stretch, but no pain. Your unaffected arm will help lift the wand higher.
- 3 Hold for 20 to 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.

To progress, repeat this exercise with your hands slightly wider apart than your hips or shoulders.

2. Corner Wall Stretch

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



- ❶ 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.
- ❷ Make goal post arms (picture 1) with affected arm while keeping armpit and hips glued in the same position against the wall.
- ❸ 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).
- ❹ 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.
- ❺ To come out of stretch, take small steps to return to start position. Then, slide hand down the wall.
- ❻ Do a couple shoulder rolls to reset, then repeat 3 to 5 times.

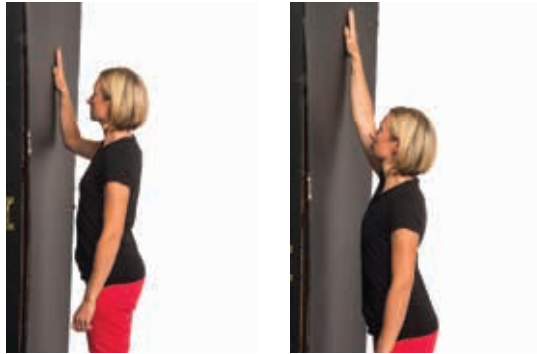
Remember, it may take 6 to 8 weeks to regain full movement of your arm(s). If you continue to have difficulties regaining full movement in your arm(s) and shoulder(s) after this time, please ask your surgeon for a referral to physiotherapy and occupational therapy for follow up.

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/skincancersurgery

3. Wall Climbing

This exercise helps with 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 the side you had surgery on close 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.



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.

4. Side Bends

This exercise is more advanced and can be performed once a day when you feel ready.



- ❶ Sit in a chair and hold your hands together in your lap.
- ❷ Slowly lift your arms over your head.
- ❸ Bend at your waist to move your body to the right. Use your right hand to gently pull your left arm a little farther to the right. Keep yourself firmly planted on the chair.
- ❹ Hold this position for 5 seconds and then slowly return to the start position.
- ❺ Repeat this stretch to the left side, using your left hand to pull your right arm farther.
- ❻ Repeat 5 to 10 times on each side.

It may take 6 to 8 weeks to get full movement back in your arm and shoulder. If you have difficulty getting full movement in your arm and shoulder after this time, please ask your surgeon for a referral to physiotherapy and occupational therapy for follow-up.

When can I return to my regular exercise routine?

- Be active to help with your recovery from surgery.
- You can start or return to your exercise program after speaking with your surgeon at 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.

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 Melanoma Site Nursing Team.
- Please feel free to ask questions to help you understand your diagnosis and treatment.

What help can I get?

Sunnybrook Odette Cancer Centre Resources:

Call the Patient and Family Support Program at **416-480-4623** or ask your surgeon or oncology nurse to refer you to any of the following services:

- 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

Other Important Sunnybrook Contacts:

- | | |
|--|--|
| • Occupational Therapist
416-480-6100, extension 5335 | • Physiotherapist
416-480-6100, extension 80541 |
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Community Resources:

Ask your team for more information about these programs:

- Canadian Cancer Society — Peer Support program
- Wellspring
- Gilda's Club
- Melanoma Network of Canada
- Save Your Skin Foundation

Who to Call if I 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. Wright's office, call: 416-480-4210
- For Dr. Lipa or Dr. Snell's office (plastic surgeons), call: 416-480-6069

If you have questions about your surgery or after-surgery care, please call the Melanoma Site Nursing Team at 416-480-5000.

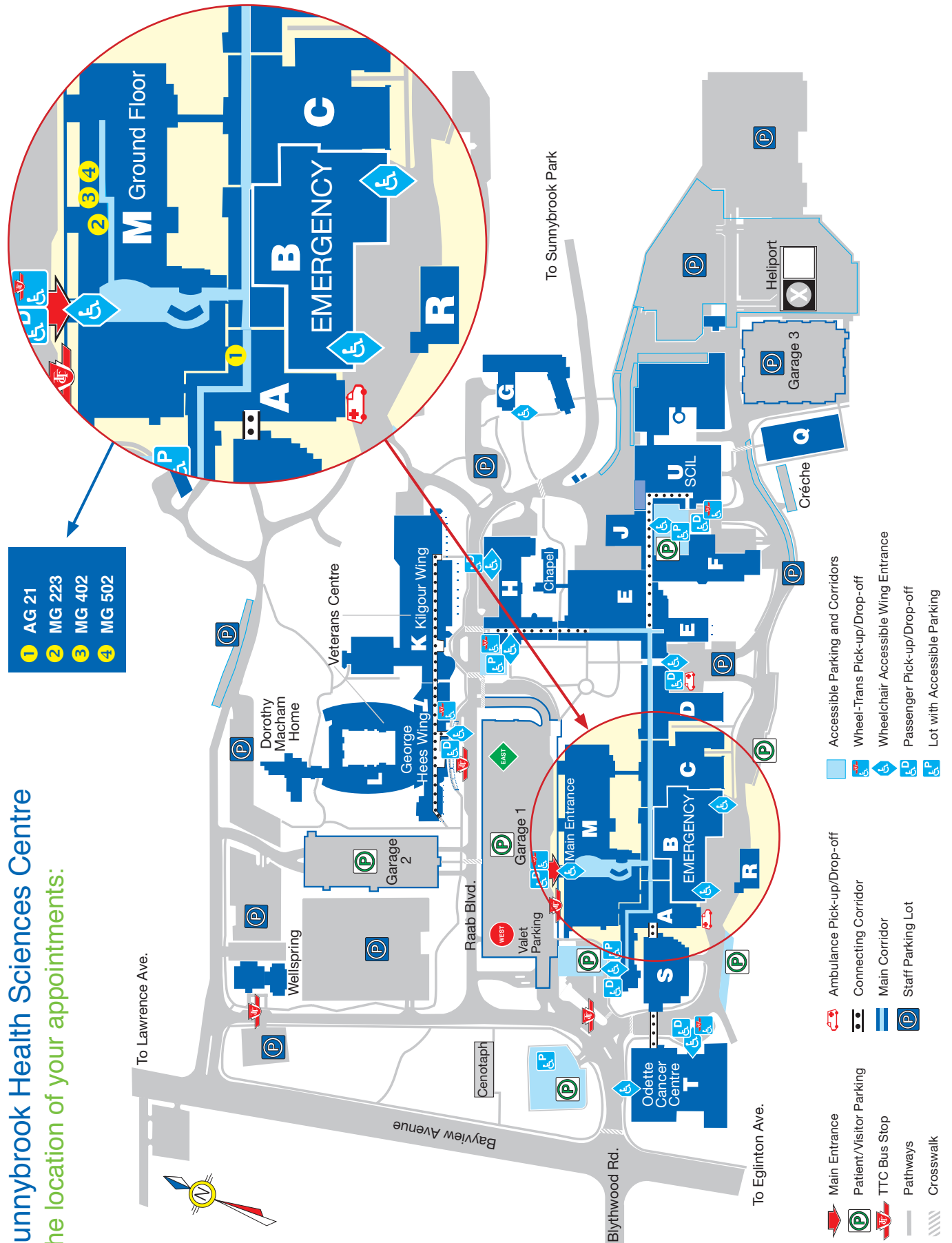


Notes

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Sunnybrook Health Sciences Centre

The location of your appointments:



Odette Cancer Centre
2075 Bayview Avenue
Toronto, Ontario M4N 3M5
sunnybrook.ca/odette