Wide Local Excision and Sentinel Lymph Node Biopsy for Skin Cancer

Including Preparation and After Surgery Care
# Table of Contents

- **Timeline** ........................................................................................................ 2

- **Introduction** .................................................................................................. 5
  - How to Use this Guide .................................................................................. 5
  - What is a Wide Local Excision? ................................................................. 5
  - What is a Skin Flap? .................................................................................... 6
  - What is a Skin Graft? .................................................................................. 6
  - What is a Sentinel Lymph Node Biopsy? ................................................... 6

- **Before Surgery** ............................................................................................. 9
  - Pre-anesthesia Assessment ........................................................................ 9

- **Getting Ready for Surgery** ........................................................................... 11
  - Jewelry .......................................................................................................... 11
  - Make-up ......................................................................................................... 12
  - Bathing .......................................................................................................... 12
  - Food and Drink ............................................................................................. 12
  - Medications ................................................................................................... 12
  - Diabetes .......................................................................................................... 13
  - Smoking .......................................................................................................... 13

- **The Day of Surgery** ..................................................................................... 15
  - Registration ................................................................................................... 15
  - Sentinel Lymph Node Injection Appointment ............................................. 16
  - Operating Room ............................................................................................ 17
  - Recovery ......................................................................................................... 18

- **After Surgery Care** ..................................................................................... 19
  - Drain Care ..................................................................................................... 23

- **Other Possible Concerns After Surgery** .................................................... 27

- **Getting Back to Daily Activities** ................................................................ 29

- **Exercises After Surgery** ............................................................................. 31

- **Coping After Surgery** ................................................................................ 39

- **Who to Call if I Have Questions** ............................................................... 41

- **Notes** ........................................................................................................... 42

- **Sunnybrook Map** ......................................................................................... 43
Timeline for Patients Having a Wide Local Excision and Sentinel Lymph Node Biopsy

1-2 weeks after you sign consent for surgery

Your surgeon's office will call you with:
1. Your surgery date
2. Your Pre-anesthesia Assessment appointment date and time
3. The date and time of any other appointments you need

Dr. Nicole Look Hong:
(416) 480-4832

Dr. Frances Wright:
(416) 480-4210

1-2 weeks before your surgery

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)

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.

1 business day before your surgery

Sentinel Node Injection Appointment

Date:

Time:

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

*Nuclear Medicine Department:
(416) 480-4360

See pages 9-10 for how to prepare.

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

Surgery Date:

Time:

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

See pages 11-13 for how to prepare.

The day of your surgery

See pages 9-10 for how to prepare.
See Sunnybrook map on page 43 for the location of your appointments.

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.

1 business day before your surgery

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

The day of 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.

**Nuclear Medicine Department:**

(416) 480-4360

See pages 11-13 for how to prepare.

### Surgery

**Date:**

**Time:**

**Registration Location:**

Surgical Services Registration Desk

M-Wing, Ground Floor, Room 502 (MG 502)

See pages 16-17 for how to prepare.
Introduction

How to Use this Guide

The information in this guide will help you get ready for your wide local excision and sentinel lymph node biopsy surgery. It has information about what will happen on the day of surgery and how to manage 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. This booklet will help you keep track of what you need to do for your wide excision and sentinel node biopsy surgery.

On pages 2 and 3, there is a place to write the dates and times of all your appointments for your surgery. At the back of the booklet, there is a page for you to write notes of your own.

You will find an electronic version of this booklet on MyChart – an online medical record 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). The website address for MyChart is www.mychart.ca

What is a Wide Local Excision?

- A wide local excision is a surgery that removes a 1 to 2 centimetre area of skin around the melanoma or other skin cancer. No muscle is removed with the surgery.
- The purpose of this procedure is to lower the chance of the skin cancer coming back in that spot where it was first found.
- Stitches or staples will be used to put the skin back together after the skin cancer is removed. The stitches will be taken out by your surgeon at your after-surgery appointment, approximately 3 weeks after the surgery.
- Your wide local excision surgery may also include other procedures such as a sentinel node biopsy and/or a skin flap or skin graft. (Please see separate booklet for more details on skin grafts.)
What is a Skin Flap?

- Sometimes after removing the skin with the melanoma or other skin cancer, it is difficult to bring the skin edges back together (it is too tight). Examples of where this can be difficult include the hand, the lower part of the leg or the middle of the back.
- To bring the skin edges back together, your surgeon may do a “skin flap”. A skin flap is a surgical procedure where the skin around the excision is strategically cut and shifted so that the skin edges can close. This will make your scar look bigger and may be in an unusual shape. Flaps are done at the same time as the wide local excision.
- Sometimes a drain is put under the flap so fluid does not build up underneath. If you have a drain, your surgeon will arrange for a nurse to help you with drain care. A nurse will come to your home or you will be asked to go to a wound care clinic. You will have skin stitches and/or staples to close the flap. Your surgeon will remove the sutures at your after surgery visit.

What is a Skin Graft?

- If your surgeon cannot bring the edges together with a flap, a plastic surgeon may do a skin graft at the time of your wide local excision. A skin graft is created from the top layers of skin removed from somewhere else on the body. The graft is used to close the skin where the surgery was done. (Please see separate booklet for more details.)
- If there are any questions about the skin graft, please contact Dr. Snell or Dr. Lipa (plastic surgeons).

What is a Sentinel Lymph Node Biopsy?

- Lymph nodes act as filters in the body’s circulatory system. Sentinel lymph nodes are the first lymph nodes that drain the area where the melanoma was found. For example, if the melanoma was on the arm, the nearest or first lymph nodes would be in the armpit. If the melanoma was on the leg, the first lymph nodes would be in the groin. For melanomas on the body or trunk, the nearest lymph nodes can be in the armpit or the groin.
- To identify the exact location of the sentinel nodes for your melanoma, the radiologists (doctors) inject a radioactive dye around the melanoma or the scar if the melanoma was removed, and an x-ray called a lymphoscintigram is taken. As part of your procedure, the surgeon will remove 1 to 3 sentinel lymph nodes from wherever they are shown on the lymphoscintigram.
- A blue dye may also be injected around the melanoma when you are asleep in the operating room to help your surgeon find your lymph nodes.
Why are the sentinel lymph nodes removed?

- Sometimes cancer cells leave the melanoma and spread to other parts of the body.
- Some of these cells will be caught in the lymph nodes.
- The surgeon needs to take out a few lymph nodes for testing.
- This information helps the doctors decide 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.
You may have 2 appointments before the day of your wide local excision and sentinel node biopsy 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 a sentinel lymph node injection appointment before the day of surgery. Your surgeon's office will confirm if this applies to you. See pages 16-17.

**Pre-anesthesia Assessment**

The pre-anesthesia assessment is an appointment that happens before you have your surgery. During this 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.

- 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.
- Your surgeon’s administrative assistant will phone to tell you whether you will have an assessment by phone or in-person at the hospital.
- Your surgeon’s administrative assistant 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).
• 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 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:

☐ 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.
Getting Ready for Surgery

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

- 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.)
- 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 less 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 can affect your healing and make your chances of getting an infection after the surgery higher.

**Quitting Aids:**

• Try to stop, or smoke less before your surgery.
• **DO NOT** smoke 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.
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:

- Register
- Go to your 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 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
- 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.
Sentinel Lymph Node Injection Appointment

- As part of your wide local excision, the surgeon will take out sentinel lymph nodes that are seen on the lymphoscintigram.
- 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 either the day of or the day before your surgery. The department is in A Wing, Ground Floor, Room 21 (AG 21).
- You will be given a map showing the location when you register.
- 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 around the melanoma (or the scar if the melanoma was removed).
- 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 around the melanoma or the scar (if the melanoma was removed) and may sting.
- You may want to use EMLA cream and Tylenol (acetaminophen) to help reduce any pain or discomfort.
- You can buy EMLA cream at a pharmacy. You do not need a prescription.
- Up to 1 hour before your appointment, put the cream outside the melanoma or the scar where the melanoma was located.
- 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.
Wide Local Excision · 17

Note:

Some people have the sentinel lymph node injection appointment on the day before their wide local excision surgery. Your surgeon’s office will confirm with you when your appointment will take place.

- If you are one of these patients go straight to the Department of Nuclear Medicine in Room AG 21 at your appointment time. Be sure to 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 surgery and 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 in M Wing, Ground Floor, Room 502 (MG 502).

Operating Room

After all your pre-surgery appointments, you will be taken to the Same Day Surgery Unit. Nurses will do the final checks and an intravenous (IV) will be started in your hand. You will then be 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 1 to 2 centimetre cut will be made around the melanoma, or scar, and the skin and fatty tissue will be removed. No muscle is removed.
- Some of the sentinel lymph nodes will also be removed. This is called a sentinel lymph node biopsy.
- To find the nodes, the surgeon will use a probe that locates the radioactive tracer that was injected before your surgery.
- The surgeon may also use a blue dye to find the sentinel lymph nodes. This procedure is done in the operating room while you are asleep under general anesthetic.
- The surgeon injects the blue dye around the melanoma or scar using a needle. The dye travels to the nearby sentinel lymph nodes and helps the surgeon to see them more clearly. It is possible that the sentinel lymph nodes may be removed from more than one area on your body (for example, armpits on both sides).
• All the tissue that is taken out will be sent to a lab to be examined by a pathologist (a doctor).
• The wide local excision cut is closed with stitches or staples on the outside of the skin. These will be removed in clinic 3 weeks after the surgery by the surgeon. The sentinel lymph node biopsy cut is closed with dissolving stitches.
• Paper skin tapes (called Steri-Strips) are usually put over the cut for the sentinel node. A dressing, or bandage, is then placed over the skin tapes.
• For the wide local excision cut, a dressing is placed over the stitches.
• The results from the surgery will take 2 to 3 weeks to be available. Your surgeon will discuss the results at your follow-up appointment.

Recovery

What happens after my surgery?
• You will be taken to the recovery room.
• When you wake up you will be moved back to the Same Day Surgery Unit in Room MG 601.
• A nurse will call your family member or friend to come and visit you.
• You will continue to rest and recover. The nurses will start to get you ready to go home.

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 2 to 4 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, or your groin, depending on where your surgery took place.
- 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.

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.

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 ext. 81039
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 them). They may come off on their own before 10 days. This happens to many people and is not something to be worried about.
- The stitches on the wide excision incision may be rough and stick out from the skin. A dry gauze dressing may be put over the stitches until the stitches are taken out so they don’t bother you.
- There may be stitches at the ends of the incision for the sentinel node biopsy.
- The stitches will be taken out by your surgeon at your follow-up appointment. Please **DO NOT** let other physicians remove your stitches unless authorized by your surgeon.
- A small amount of blood on the dressing or Steri-Strips is normal.

What side effects might I have from the blue dye?

- If your doctor used blue dye to find your sentinel lymph nodes you may have some side effects.
- Some people may have an allergic reaction to the dye. This is very rare and occurs in less than 1 in a 100 patients (1 percent) who have this injection. If you get this reaction, it will happen during your surgery.
- The blue dye is absorbed into the bloodstream. It leaves your body through your kidneys and urine.
- Your urine may be a blue or green colour for 24 to 48 hours after the operation. Your urine will return to a normal colour.
- The blue dye may also cause your skin to change colour, especially around the injection site. Your skin will return to its normal colour but may take several weeks to months.
- Your face or body may also look a bit blue or grey in colour from the dye. This will disappear in 24 to 48 hours.
- Drinking water will help flush out the dye through your kidneys and urine.

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 don’t help, please talk to your surgeon or family doctor.

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 better move your shoulder or leg, depending on where your surgery took place.
- 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 you have any of these symptoms — and it is between 9 a.m. to 4 p.m. Monday to Friday — call the Melanoma Site Nursing Team at 416-480-5000, extension 81039:

• Your incision (cut) gets red, swollen or very tender to touch.
• You have a fever of 38 degrees Celsius or 100 degrees Fahrenheit or higher for over 24 hours.
• You have a lot of bleeding or unusual drainage from where you had your surgery. “A lot of” means a “soaked” dressing.

If any of these symptoms happen after clinic hours, please go to your closest Emergency Department.

Once you have returned home from the Emergency Department, please call the Melanoma Site Nursing Team to tell them what has happened.
What is a “drain”?  

After your surgery, you may have a drain put into the area of your surgical incision (cut). This is done in less than 10 percent (10 out of every 100) of patients who have had a wide local excision and sentinel lymph node biopsy.

- 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.
  - The nurse may visit you in your home.
  - Or, you may be asked to see a nurse at a clinic close to your home.
  - 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 in 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 (416-480-5000 extension 81039).

**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.
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 ext. 81039.

What is axillary web syndrome (cording)?
• Cording can happen if lymph nodes were 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.

What is lymphedema?
• Lymphedema is swelling caused by lymphatic fluid that collects in your arm, leg your chest.
• Lymphedema is different than a seroma or the swelling that might happen right after surgery.
• 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 a sentinel node biopsy is 1 to 2 percent (1 or 2 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

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

- Although lymph nodes are removed with your surgery, your body has many other 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 for 24 hours after surgery because it may be dangerous with all the medications from the anesthetic.
• **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 3 weeks after the surgery because it may damage the incision.
• **DO NOT** do repetitive arm or leg exercises for 3 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 may have a shower 48 hours after surgery.
- **DO NOT** soak in a bathtub.
- **DO NOT** scrub the incision.
- **DO NOT** use soaps, creams or lotions over the incision until it is fully healed.
- Gently pat dry using a clean towel.
- If you have a drain:
  - Plan to have your shower just before seeing your nurse in your home.
  - You do not have to remove or cover the dressing when you shower. Your nurse will remove the wet dressing and put on a clean, dry dressing.
  - Place the drain over your shoulder while showering or attach to a lanyard.
  - However, if you see the nurse at a clinic, then take off the dressing before you shower.

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 start my normal activities?

- You can do most of your normal activities 1 to 2 days after surgery, except for heavy lifting or repetitive movements with the arm or leg that is on the same side as the surgery.
- You can go back to your normal diet when you feel hungry. There is no special diet after surgery.

When can I go back to work?

- You can go back to work 8 weeks after a wide local excision surgery that included a sentinel lymph node biopsy.
- Some patients are able to return to work sooner if their 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.

Exercises if you have had surgery on your BACK, CHEST or ARMPIT:

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.

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 with movement in your shoulder.

1. Hold your hands together in front of your chest. Point your elbows out.
2. Slowly lift your arms up until you feel a gentle stretch, but no pain.
3. Hold for 5 to 10 seconds 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 5 to 10 seconds and then slowly return to the start position.
4. Remember to keep breathing throughout the stretch.
5. Repeat 5 to 10 times.

Begin these exercises 2 weeks after surgery (BACK, CHEST or ARMPIT):

Stage 2: If you had a drain put in during your surgery, begin these exercises only after the drain is 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 over your head as far as you can until you feel a stretch. Your unaffected arm will help lift the wand higher.
3. Hold for 5 seconds, then gently lower your arms.
4. Repeat 5 to 10 times.

Repeat this exercise with your hands slightly wider than your hips or shoulders for a deeper stretch.
2. **Winging It**

This exercise helps stretch the front of your chest and shoulder.

1. Lie on your back with your knees bent. Touch your fingertips to your ears with your elbows pointed to the ceiling.
2. Move your elbows apart until you feel a gentle stretch, but no pain.
3. Hold this position for 5 to 10 seconds and then slowly return to the start position.
4. Remember to keep breathing throughout the stretch.
5. Repeat 5 to 10 times.

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3. **Snow Angel**

This exercise helps to stretch the tight tissue in the armpit area and helps with movement in your shoulder.

1. Lie on your back and extend your arms out at your sides.
2. Move your arms up over your head, leading with your thumbs, eventually touching your fingers at the top.
3. Next, move your arms back down to your sides (as if you’re making an angel in the snow).
4. Repeat 5 to 10 times.
4. 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 on the side you had surgery 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.
4. Hold for 5 to 10 seconds
5. Return to the start position.
6. Repeat 5 to 10 times.

b. Side wall stretch

1. Stand with the side you had surgery on close to the wall.
2. Place the palm of your hand flat against the wall.
3. Slowly slide your hand up the wall as high as you can go until you feel a stretch. Do not turn your body toward the wall. Keep your body facing forward even if it means you can’t go up as high.
4. Hold for 5 to 10 seconds.
5. Return to the start position.
6. Repeat 5 to 10 times.
5. Side Bends
This exercise is more advanced and can be performed once a day when you feel ready.

1. Sit in a chair and hold your hands together in your lap.
2. Slowly lift your arms over your head.
3. 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.
4. Hold this position for 5 seconds and then slowly return to the start position.
5. Repeat this stretch to the left side, using your left hand to pull your right arm farther.
6. Repeat 5 to 10 times on each side.

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**Exercises if you have had surgery on your LEG or GROIN area:**

The following exercises will help you recover from surgery.

- They help with healing by keeping your legs moving and strong.
- They help prevent blood clots.
- It is also important to go for short walks every day after your surgery.

1. Ankle Pumps

1. Sit or lie on your back.
2. Bend and straighten your ankles keeping your knees straight.
3. Repeat 5-10 times.
2. Knee Bends

1. Lie on your back.
2. Bend and straighten your leg on the side you had surgery.
3. Repeat 5-10 times.

3. Hip Abduction

1. Lie on your back.
2. Keeping your leg straight, bring the leg out to the side as far as you can move it.
3. Return to the start position.
4. Repeat 5-10 times.

4. Leg Squeeze

1. Lie on your back.
2. Tighten all the muscles in your legs at the same time.
3. Hold for 3 seconds and then relax.
4. Repeat 5-10 times.
5. Leg Raises

1. Sit with your legs out in front of you.
2. Place a rolled towel under your knee.
3. Bend and straighten your knee and push it down against the towel.
4. Hold for 3 seconds and then relax.
5. Repeat 5 to 10 times.

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

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: 416-480-4832
- 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, extension: 81039.

If you have questions about your melanoma clinic appointment(s), please call the unit coordinator line at 416-480-5000, extension: 2899.