

Breast Cancer Surgery

Your surgery and recovery at home

This booklet belongs to: _____

I am having a:

- | | |
|--|---|
| <input type="checkbox"/> Partial Mastectomy | <input type="checkbox"/> Sentinel Node Biopsy |
| <input type="checkbox"/> Complete Mastectomy | <input type="checkbox"/> Axillary Node Dissection |
| <input type="checkbox"/> Total Mastectomy | |
| <input type="checkbox"/> Modified Mastectomy | |
| <input type="checkbox"/> Skin Sparing Mastectomy | |
| <input type="checkbox"/> Nipple Sparing Mastectomy | |
| <input type="checkbox"/> Breast Reconstruction | |

We also give you **'Preparing for Your Surgery'** booklet.

Read both booklets carefully.

Bring both booklets to every hospital visit before your surgery.

Types of Breast Cancer Surgery

There are several surgeries to treat breast cancer.

The type of breast surgery you have depends on many things, such as:

- size of your tumour
- type of breast cancer you have
- your age
- your personal choice
- where your tumour is on your breast
- size of your breast
- your health

You and the breast surgeon review the options and decide which surgery is best.



BC Cancer Agency offers an Information Kit. It is designed to help you navigate the treatment options for breast cancer.

To access the Kit:

- Go to www.bccancer.bc.ca
- Choose the 'Health Info' tab.
- Under 'Types of Cancer', find and select 'Breast Cancer'
- On the right side menu, select '[Information Kit](#)'

Scan QR Code for direct access from smartphone or tablet



Read '**Preparing for Your Surgery**' booklet for instructions on how to prepare for your surgery.

Partial Mastectomy (Lumpectomy)

In this type of surgery, the breast surgeon removes only the breast tumour and a small part of healthy tissue around the tumour. This is also called a lumpectomy.

This type of surgery allows you to keep as much of your breast as possible.

If you have a partial mastectomy, you will usually have radiation therapy 1 to 3 months after your surgery at the BC Cancer Agency.

Complete Mastectomy

There are three kinds of complete mastectomy surgeries.

- **Total mastectomy**

The whole breast and nipple are removed.

- **Skin Sparing Mastectomy**

The breast tissue and nipple are removed but the skin covering the breast remains.

- **Nipple Sparing Mastectomy**

The breast tissue is removed but the skin covering the breast and the nipple remain.

Breast Reconstruction - Making a New Breast

After a complete mastectomy, a new breast can be made. This is called breast reconstruction surgery.

This surgery can be done the same time you have a mastectomy or it can be done later as a separate surgery. A plastic surgeon is the doctor who makes the new breast.

If you are interested in having a new breast made, your surgeon will arrange for you to meet with a plastic surgeon.

Breast reconstruction surgery is covered (paid for) by our Canadian medical care plan.

Lymph Nodes and Breast Cancer

If breast cancer cells escape from the tumour in the breast, they can travel to the lymph nodes in the armpit. Your surgery might include removing lymph nodes in your armpit.

- **Sentinel Lymph Node Biopsy**

The first lymph node the cancer cells reach is called the 'sentinel' node.

If you have a sentinel node biopsy, it is often done at the same time as your breast surgery. A few lymph nodes are taken from your armpit and sent to the laboratory. The lymph node is closely examined to see if they are normal or have cancer in them.

Because lymph nodes are small and not easy to see, a special substance called a tracer is injected into your breast to see the nodes easily.

The day before or morning of your surgery:

- We send you for the breast injection to our Nuclear Medicine Department.
- At the Nuclear Medicine appointment, a technologist injects the tracer into your breast near the nipple. It feels like a bee sting as it is injected into your breast.
- After 45 minutes, you return to the Nuclear Medicine Department to have a picture taken of your armpit to make sure the sentinel lymph node can be seen.

During your surgery:

- While you are asleep, the surgeon injects a blue dye into your breast near your nipple. This dye turns the nodes in your armpit blue. The surgeon can now see which nodes to take out and send to the laboratory.

Note: You might notice that your urine (pee) and stool (poop) are blue or green for a couple of days after the surgery. This is normal.

You might also notice the breast skin where the dye was injected is blue. The blue can last a few months. This is normal.

- **Axillary Node Dissection**

This is the removal of all the lymph tissue in the armpit. Some women will have this at the time of their breast surgery, other women may require this after a sentinel lymph node biopsy shows cancer in the lymph nodes.

Lymph Nodes

sounds like 'lim-f no-d'

Bean shaped glands all through your body that filter out germs

Biopsy

sounds like 'bye-op-see'

To take a small sample of body tissue for testing

Axillary

sounds like 'axe-ill-airy'

A medical word for armpit or underarm

After Your Surgery

Going home



How long you stay in the hospital depends on:

- your health before the surgery
- the type of surgery
- how you recover from the surgery

Most people can go home the day of surgery or the following day.

You are ready to go when:

- ✓ You are eating and drinking regular food and drinks.
- ✓ Your pain is well controlled with pills.
- ✓ You know what medications (including new ones) you are taking, how to take them, and why you need them.
- ✓ You have prescription(s) for your medications, if needed.
- ✓ You have a ride home from the hospital.
- ✓ You have an adult to stay with you and help you for the first few days, if needed.

Caring for Yourself at Home

Managing pain

If you have been living with pain before surgery, be sure to tell your surgeon how you manage this pain, such as with medicines, herbs, supplements, cannabis products, other substances, massage, yoga, meditation, etc. This helps your surgeon create the best plan with you for managing pain after surgery.

It is normal to have some discomfort or pain when you return home. This should steadily improve but might last for a few days to a couple of weeks.

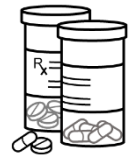
How much pain you have and how much pain medicine you need depends on the type of surgery you had, and if you were using anything for pain before surgery. Your pain should be at a comfortable level that allows you to move, take deep breaths, cough, and to do every day activities.

When you are ready to go home, your surgeon will give you instructions to take pain medicine. This might include a prescription for an opioid (narcotic).

For the first few days:

If your pain is at an uncomfortable level, take your pain medicine as directed. As your pain improves, take your pain medicine less often and/or a smaller amount until you have little or no pain, then stop.

At first, you might have to take a prescription medication. After a short time and as your pain improves, a non-prescription pain medicine should be enough to manage your pain.



Remember

You can do other things to help ease your pain or distract you from the pain:

- ✓ Slow breathing
- ✓ Listen to music
- ✓ Watch T.V.

Questions about medicines?

Call your local pharmacy and ask to speak to the pharmacist.

For after-hours help, call 8-1-1. Ask to speak to a pharmacist.

Family Practitioner: Refers to either a family doctor or nurse practitioner

Non-prescription pain medicines (also called ‘over-the-counter’ medicines) – You buy them at the pharmacy without a prescription. You might only need to take this type of medicine if you don’t have much pain after surgery.

Examples of non-prescription medicines (and brand names):

- acetaminophen (Tyleno®)
- acetylsalicylic acid or ASA (Aspirin®)
- non-steroidal anti-inflammatory drugs (NSAIDs)

Examples: ibuprofen (Advil®, Motrin®) ★
 naproxen (Naprosyn, Aleve®) ★

★ **Note:** **NSAIDs are not for everyone after surgery.** If you have (or have had) health problems such as stomach ulcers, kidney disease, or a heart condition, check with your surgeon or family practitioner before using NSAIDs.

Opioid (narcotic) pain medicines – You might get a small number of pills for severe pain. They are only meant to be taken for a short time. Take only as much as you need to allow you to do daily activities.

Examples of opioid pain medicines:

- Tramacet® (tramadol and acetaminophen) ★
- Tylenol #3® (codeine and acetaminophen) ★
- Oxycocet® / Percocet® (oxycodone and acetaminophen) ★
- tramadol, hydromorphone, morphine, oxycodone

★ **Note:** These medications also have 300 to 325mg acetaminophen in each tablet. All total, **do not** take more than 4000mg of acetaminophen in 24 hours (too much can harm your liver).

When taking non-prescription pain medicines as well, most people need to take a lower amount of the opioid or take the opioid less often.

Always read the label and/or information from the pharmacist for how to safely take medication.

Safe use of opioid pain medicines

If you are using any medicines with opioids (narcotics) in them, we want you to do so safely. However, serious problems can happen. Take note of the following safety information.

Before taking opioids:

- Tell your surgeon if you have sleep apnea. Opioids can make your sleep apnea worse.

Safely storing opioids:

- Store opioid medicines in a secure place.
- Keep out of sight and out of reach of children, teens, and pets.
- Never share your opioid medicine with anyone else.

Safely disposing of unused opioids:

- Take any unused opioid medicines back to your pharmacy to be safely disposed.
Do not keep unused medicines at home.

Safely taking opioids:

- Your pain should lessen over the first week. You should not need to take opioid pain medicine for more than 1 week.
- Always use the least amount possible for the shortest amount of time.
- Common side effects include constipation, feeling sick to your stomach (nausea), a dry mouth, sweating, dizziness, and feeling drowsy.
- **Do not** crush, cut, break, chew, or dissolve opioids before taking. Doing this could cause serious harm, even death.
- While taking opioid pain medicines:
Do not drive or drink alcohol.
Do not take any sleeping pills unless your doctor has said you can.

Need help with food choices?

Call 8-1-1.
Ask to speak to a dietitian.



Drinking and eating

Return to your normal diet when you get home. To heal, your body needs extra calories and nutrients, especially protein.

To get the nutrients you need:

- Eat foods high in protein such as meat, poultry, fish, eggs, dairy, peanut butter, tofu, or legumes.

You might get constipated because you are taking opioid pain medication, are less active, or eating less fibre.

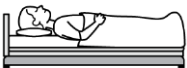
To prevent constipation:

- Drink at least 6 to 8 glasses of liquid each day (unless you have been told differently because of a medical condition).
- Eat high fibre foods such as bran, prunes, whole grains, vegetables, and fruit.
- Walk and move around as much as you can.

If you continue to be constipated, talk with a pharmacist or family practitioner about taking a laxative.

Getting Rest

It is very common in the first few weeks to feel tired and have low energy. Rest and sleep help you heal.



- ✓ Try to get at least 8 hours of sleep each night
- ✓ Take rest breaks and naps during the day, as needed.

If you have trouble sleeping, talk to your family practitioner.

Managing Moods and Emotions

After major surgery, it is quite common to have a low mood or changeable mood at times. If you find your mood is staying low or is getting worse, contact your family practitioner.

Caring for your incision

Always wash your hands before and after touching around your incision site(s).

You will have bandages on your incision(s). You might also have 1 or 2 surgical drains. The drains help remove any fluid from the surgery site. Before you leave the hospital, your nurse will teach you how to care for your incision(s) and surgical drains.

For the first week (longer if you have a drain), take only sponge baths or bath in a tub with water up to your abdomen. Do not get the bandages and surgical drains wet.

Remove the bandages from the incision after 2 days. If you have white skin tapes (steri-strips) over your incision(s), leave them on until they fall off on their own.

If you have staples or stitches, we give you instructions before you leave the hospital for when to have them taken out.

For at least the next 2 weeks or until the incision is healed and the drains are removed:

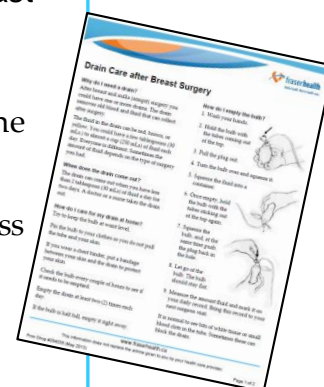
- ✗ No soaking in a bath tub or hot tub.
- ✗ No swimming.
- ✗ No creams, lotions, or ointments on your incision, unless directed by your surgeon.
- ✗ No deodorant, talcum powder, or shaving under your arm (until the incision is healed). Use an electric shaver rather than a razor with a blade.

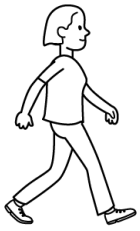
Doing any of these things could delay healing.



If you have a drain, follow the instructions on the sheet 'Drain Care after Breast Surgery'. (Surgeries where drains are used: any type of complete mastectomy, axillary node dissection.)

- Empty and record the amount of fluid from the drain. Ideally, empty the drain when it is half full.
- Contact your surgeon when the amount of fluid from the drains(s) is less than 30mL (2 tablespoons) each day for 1 to 2 days. This usually takes 7 to 10 days. Your surgeon will arrange for the drain to be removed.
- Two (2) days after the drain is removed, you can shower.





Being active

Activity and exercise help build and maintain your muscle strength, give you more energy, and help with recovery. You need to find a balance between rest and activity. Pace yourself for the first few weeks.

Slowly increase how much you do each day (your activity level). Increase the distance and time you walk. Only increase your activity level as much as you comfortably can.

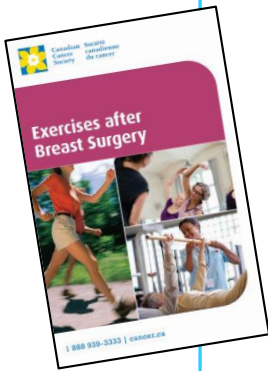
If you are still having pain, exercise 30 minutes after you have taken your pain medication.

It is normal to have some stiffness in your back, shoulders, and arms after breast surgery.

- Use your arms and shoulders to eat, bath, and dress. It can be painful at first but will get less painful over time.
- Do your arm and shoulder exercises 3 to 5 times every day.

Do the exercises in the booklet 'Exercises after Breast Surgery' from the Canadian Cancer Society. (Found on the '[Information Kit](#)' web page from BC Cancer Agency or given to you by the physiotherapist)

- If you had an axillary node dissection, you need to do range of movement exercises to help your recovery. It may take several days and sometimes 2 or 3 weeks before you can complete the exercises.



A 4 litre milk jug weighs 4 kg (9 pounds)



Do not lift anything over 4 to 5 kilograms (10 pounds) until you check with your surgeon at your appointment after surgery.

You can return to **sexual activity** when you feel ready.

Usually, you can return to **driving** when you can shoulder check and comfortably wear your seatbelt. If you are not sure about it, ask your surgeon.

Remember: Do not drive when you are taking opioid pain medication.

Lymphedema
sounds like
'lim-f-eh-dee-mah

Problems to watch for

- **Arm swelling**

Some women get some swelling of the arm or hand following axillary node dissection. This is from a build-up of lymph fluid and is called lymphedema.

Lymphedema is usually temporary, but sometimes can get worse and needs care and therapy by a physiotherapist. Lymphedema can appear in the weeks, months, or longer after surgery. No matter when it shows up, tell your family practitioner as soon as possible.

Things you can do to protect your arm and prevent swelling:

- Lie down with your arm on a pillow(s) for 45 minutes, at least 2 times a day. Sleep with your arm on a pillow(s) at night. Make sure your arm is higher than your chest.
 - Do your arm and shoulder exercises every day.
 - Ask health professionals to use your other arm for:
 - taking your blood pressure
 - taking blood samples
 - giving injections
 - getting an intravenous (IV)
 - Watch for signs of lymphedema:
 - puffiness
 - swelling
 - feeling of fullness
 - feeling of heaviness
- **Upper arm numbness**
You might notice a burning or numbness on the inside of your upper arm. This is normal and usually goes away with time. If this does not go away, contact your surgeon.



When to get help

Call your surgeon or family practitioner if:

- You have a fever over 38°C (101°F).
- Your incision is warm, red, swollen, or has blood or pus (yellow/green fluid) draining from it.
- Your pain does not ease with pain medicine, or stops you from moving and recovering.
- You have swelling of the arm or hand that gets worse or does not go away.
- You have burning or numbness of the inside of the upper arm that does not go away.
- You have redness, tenderness, or pain in your calf or lower leg.
- You are throwing up often.
- You have diarrhea that is severe or continues for more than 2 days.
- You feel increasingly tired or dizzy.
- The fluid in your drain (if you have one) does not decrease over 7 to 10 days, suddenly increases, or is bright red.

Cannot contact the surgeon or family practitioner?

Have any questions about your recovery?

- ▶ Call Fraser Health Virtual Care, 10:00 a.m. to 10:00 p.m., daily **1-800-314-0999**
fraserhealth.ca/virtualcare
- ▶ Call **8-1-1** (HealthLinkBC) to speak to a registered nurse any time - day or night.

▶ Call 9-1-1 if you have any of the following:

- trouble breathing or shortness of breath
- chest pain
- sudden, severe pain

9-1-1



HealthLinkBC is available in 130 languages.

For an interpreter, say your language in English. Wait until an interpreter comes on the phone.



Appointments after surgery

See your surgeon 10 to 14 days after going home from the hospital.
Call your surgeon's office the day after you get home to make an appointment.

My appointment is on: _____

www.fraserhealth.ca

This information does not replace the advice given to you by your healthcare provider.

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