

Breast Cancer Surgery

Day Surgery

Jim Pattison
Outpatient Care and Surgery Centre
Surrey Memorial Hospital

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 | |

Bring this booklet to every appointment with the Breast Health Clinic and surgeon(s)

My Surgery Journey – At A Glance

My Pre-Admission Clinic Appointment Location _____
Date _____ Time _____

Before my surgery, I am having:

- Breast Injection

No Yes Date _____ Time _____

Nuclear Medicine Department Jim Pattison Outpatient Care and
Surgery Centre

- Fine Wire Placement

No Yes Date _____ Time _____

Medical Imaging Department Jim Pattison Outpatient Care and
Surgery Centre

My Surgery

My surgery date _____ My surgery time _____

My surgeon _____ My check-in time _____

I must not eat solid food after 12:00AM
midnight the night before my surgery

I must stop drinking at _____
(3 hours before check-in time)

I am having surgery at...

Jim Pattison Outpatient Care and Surgery
Centre

Surrey Memorial Hospital

I am to report to...

Surgical Day Care (4th floor)

Surgical Admission (1st floor)

After My Surgery

My appointment to see my surgeon Date _____ Time _____

My appointment to see my plastic surgeon Date _____ Time _____

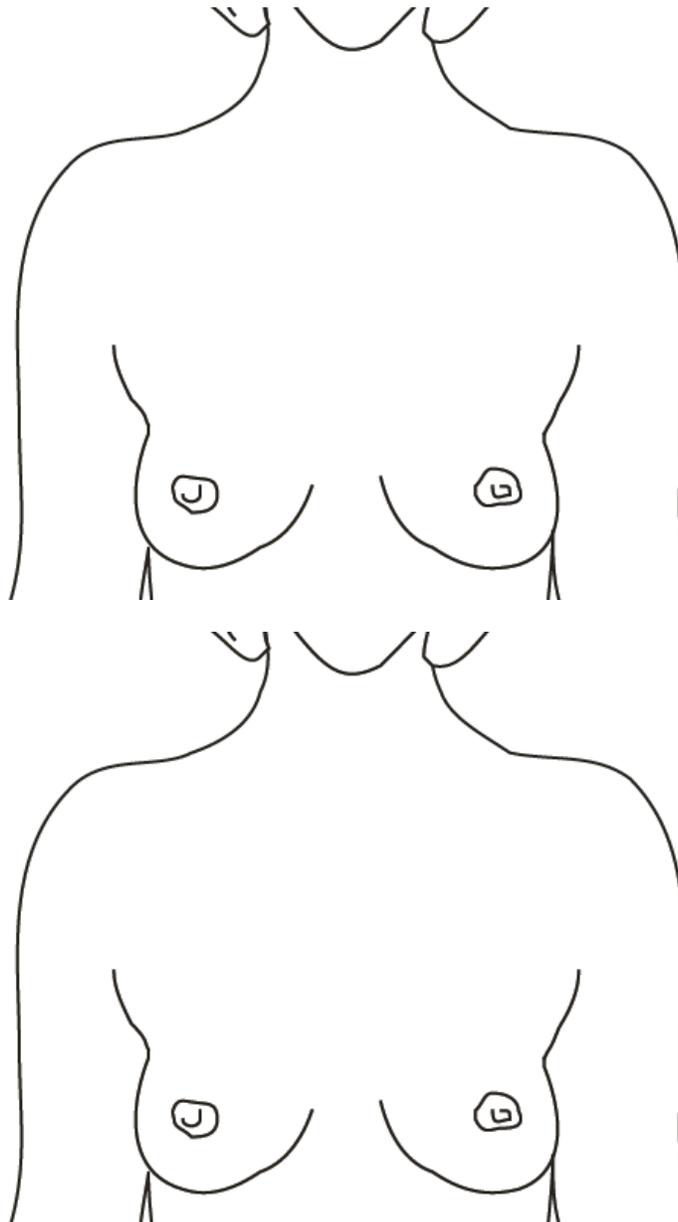
Types of Breast Cancer Surgery

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.



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. The lymph nodes and muscles of the chest wall remain.
- **Modified mastectomy**
The breast, nipple, and several lymph nodes under the arm are removed. The muscles of the chest wall remain.
- **Skin Sparing Mastectomy**
The breast tissue is 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 plastic surgery or breast reconstruction surgery.

This surgery can be done at 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 (constructs) 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 checking and/or removing lymph nodes in your armpit.

- **Breast Injection and Sentinel Node Biopsy**

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

If you have a sentinel node biopsy, it is done at the same time as your surgery. A few lymph nodes are taken from your armpit and sent to the laboratory. The lymph tissue is closely examined to see if the tissue cells 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 Jim Pattison Outpatient Care and Surgery Centre.
- At the Nuclear Medicine appointment, a technologist injects the tracer into your breast near your 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.

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

Types of Breast Cancer Surgery

Pathology

sounds like
'pah-thol-oh-gee'

Examining organs, tissues, and body fluids to identify disease

Your breast surgeon reviews your pathology results with you at your follow-up appointment in the Breast Clinic 7 to 10 days after your surgery. At this time, your surgeon talks with you about next steps in your treatment plan.

Your pathology results and treatment plan are sent to your family doctor.

You might need radiation treatment (using x-ray waves directed to your breast or armpit) or chemotherapy (giving you special medications) to help kill any remaining cancer cells. This treatment is done at the BC Cancer Centre. The Breast Clinic refers you to the Cancer Centre closest to your home. You will have an appointment to see a cancer doctor (oncologist) about one month after your surgery.

- **Axillary Node Dissection**

If the sentinel node biopsy shows that you have cancer in your lymph nodes, you will have another surgery to take out more lymph nodes from your armpit.

Your breast surgeon reviews your pathology results of this second surgery with you at your follow-up appointment.

Axillary

sounds like
'axe-ill-airy'

A medical word for armpit or underarm

Before Your Surgery

Pre-Admission Phone Call

A nurse from the Pre-Admission Clinic calls you about 1 to 2 weeks before your surgery. You are asked about your general health and the medication you take. Ask any questions you have about preparing for surgery. This call lasts about 30 minutes.

Depending on your health or age, the nurse might ask you to come in to the Pre-Admission Clinic to talk in more detail about your health and medications.

If you don't speak English well enough to have a medical conversation, tell the nurse what language you speak in English. The nurse will ask you to come in to the Pre-Admission Clinic and arrange for a professional medical interpreter to be at the appointment. You do not pay for this.

Pre-Admission Clinic Visit

The Pre-Admission Clinic booking clerk calls to schedule you for a Pre-Admission Clinic appointment about one (1) week before your surgery.

If you don't speak English well enough to have a medical conversation, tell the booking clerk. We will arrange for a professional medical interpreter.

This appointment is a two (2) hour session with a nurse, physiotherapist, and social worker. It is a group session with other women who are having breast cancer surgery. Together, you learn how to get ready for your surgery, what exercises you need to do after the surgery, and what supports are available in your community.

During this time, you might also meet with the anesthetist (the doctor who puts you to sleep for the surgery). If you have diabetes, the anesthetist will explain to you when stop eating and drinking, and how to take your diabetes medicine before surgery.

For specific questions about breast surgery, call 604-582-4563'



Write the date and time on:
'My Surgery Journey
– At A glance' page



What to bring to the Pre-Admission Clinic Visit

- This booklet
- Your BC Services Card / BC Care Card (personal health number)
- Photo Identification (such as a driver's license)
- The medicines you are currently taking in their original containers. This includes prescription medications, medicines you buy off the shelf in the pharmacy or over the internet, vitamins, and herbal supplements.
- A support person if you wish (can help you remember what is said).

Getting Ready For Surgery



• Two (2) weeks before your surgery

- Arrange to have your false nails removed before surgery.
- See your family doctor to talk about any changes you need to make before surgery related to your medications (especially if you take insulin or blood thinners)
- _____

• One week before your surgery

- Stop taking:
 - o Vitamins
 - o Health supplements or herbal supplements such as garlic, ginkgo, kava, St. John's Wort, ginseng, don quai, glucosamine
- Stop shaving your armpits.
- Arrange for:
 - o A ride to the hospital.
 - o A ride home from the hospital.
 - o A 'responsible adult' to stay with you for at least 1 day after the surgery (You cannot be alone during this time).



- Buy 2 to 3 containers of clear sugary drinks such as apple juice, cranberry juice, sweetened ice tea, 7-Up, or Ginger Ale.
- Buy from a pharmacy the Chlorhexidine Gluconate product described in the skin cleaning instructions given to you by the Pre-Admission Clinic nurse.
- _____
- _____



• **The night before your surgery**

- Remove all:
 - Makeup
 - Nail polish from your fingers and toes
 - Jewellery including face, ear, tongue, or other body piercings
- Take a shower using regular soap.
 - Wash your hair with regular shampoo. Rinse well and dry with a clean towel.
 - Clean your skin with the Chlorhexidine Gluconate product as instructed by the Pre-Admission Clinic nurse.
- Put on clean pyjamas.
- Sleep in clean bedding sheets.
- Do not eat any food after 12:00AM midnight.
- Drink 2 to 3 cups (500 to 750 mL) of your clear sugary drink before you go to bed.
- _____

• **The morning of your surgery**

- Clean your skin with the Chlorhexidine Gluconate product as instructed by the Pre-Admission Clinic nurse.
- Do not use any deodorant, lotion, powder, or perfume.
- Do not wear your contact lenses. Wear your glasses instead.
- Brush your teeth, tongue, and roof of your mouth.
- Put on freshly washed clothes. Make sure your top is loose fitting and buttons up in the front.
- Take all your morning medications as directed by your surgeon and/or anesthetist with a small sip of water.
- You can drink clear sugary fluids and water up until 4 hours before your check-in time.
Do not drink milk, orange juice, protein drinks, or diet drinks.
- Stop drinking **4 hours before** your check-in time.
- _____

If you have diabetes, follow the special instructions for eating, drinking, and taking diabetes medicine given by the anesthetist.

Clear sugary drinks

Help you make you feel stronger after surgery and help you recover faster.

Examples apple juice, cranberry juice, sweetened ice tea (no milk added), 7-Up, or Ginger Ale



Write when to stop drinking on: 'My Surgery Journey – At A glance' page





What to bring to the hospital

- This booklet
- Your BC Services Card / BC CareCard (personal health number)
- Photo Identification (such as a driver's license)
- All the medicines you are currently taking in their original containers.
- Loose fitting top that buttons up in the front
- Dentures and container
- Hearing aid(s), case, and spare battery(s)
- Eye glasses and case
- Walking aid(s) such as cane, walker, or wheelchair
- _____
- _____
- If you have sleep apnea, your CPAP machine or dental device
- If you have diabetes, your diabetes pills or insulin

Label all belongings
with your name.

Remember to leave all jewellery, money, and credit cards at home.

At the hospital – In the surgery waiting area

- ▶ Report to the location on 'My Surgery Journey – At A glance' page.
- ▶ A nurse helps you get ready:
 - Gives you a locker for your belongings.
 - Gives you 6 SAGE Wipes to wipe down your body again
 - Checks your blood pressure, pulse, and temperature.
 - Asks you questions about your health.
 - Starts an intravenous (IV).
 - Gives you some medicine.
- ▶ If you needed a medical interpreter during your Pre-Admission Clinic appointment, we arrange for a medical interpreter for the day of your surgery.
- ▶ You meet with the anesthetist and surgeon.
- ▶ The surgeon marks the breast being operated on using a special pen.
- ▶ If you are having a new breast made, the plastic surgeon sees you and marks your breast as well.

Your family or friends can stay with you while you wait to go into the operating room.

After Your Surgery

In the Recovery Room

You wake up in the Recovery Room (also called Post-Anaesthetic Care Unit or PACU).

Expect to stay in the Recovery Room for about 2 hours. You will not be able to have visitors at this time.

When you are awake and feeling more comfortable, we move you to Surgical Day Care.

In Surgical Day Care

You can have visitors here.

We continue to monitor your recovery.

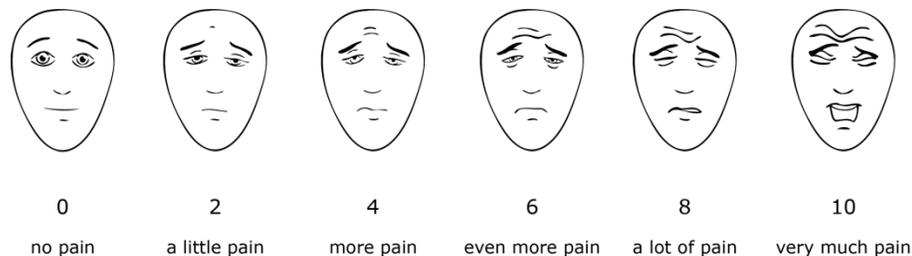
You stay in Surgical Day Care until you are awake and ready to go home.

- **Managing pain**

As you wake up and the freezing wears off, you will probably have some pain at the surgery site. If you had a lymph node biopsy or lymph nodes removed from your armpit, you will also have some pain in your armpit or arm. This is normal.

It is important that you are comfortable. Tell your nurse if the pain is making it hard for you to move, deep breathe, or rest. Don't wait until you are having a lot of the pain before you ask for help. The nurse gives you pain medication to keep you comfortable.

To help us know how much pain you are having, we use a pain scale like this one here. These faces show how much something can hurt (not what your face looks like when in pain). From left to right, the faces show more and more pain. You can point to the face that shows how much you hurt, or tell how much you hurt using words or a number from 0 to 10.¹



¹ Faces Pain Scale – Revised (FPS-R). www.iiasp-pain.org/fpsr. Copyright © 2001, International Association for the Study of Pain®. Reproduced with permission.

- **Feeling sick to your stomach**

You might feel sick to your stomach (nauseated) or throw up (vomit) after your surgery. As soon as you feel sick, tell your nurse so you can get medication to settle your stomach.

- **Drinking and eating**

We will offer you some ice chips and sips of water while in Surgical Day Care.

- **Getting moving**

We want you to get moving as soon as possible. Your nurse will remind you to do deep breathing and coughing exercises, as well as leg exercises. These help prevent a chest infection (pneumonia) and blood clots after surgery.

Deep breathing and coughing

Do every hour while awake

1. Breathe in slowly and deeply through your nose.
2. Hold your breath for 3 seconds.
3. Breathe out through your mouth.
4. Repeat these steps 5 times.
5. After 5 deep breaths, quickly give 1 or 2 strong coughs.
6. Repeat 5 deep breaths.
7. Quickly give 1 or 2 strong coughs.

Leg exercises

Move your feet up and down by pointing your toes then bringing your toes up towards your nose.

Move your ankles in circles in both directions.



Going Home

You are ready to go home when:

- ▶ You can sit up.
- ▶ You can take sips of water.
- ▶ You can swallow pills for pain.
- ▶ You understand how to take care of your incision and drains.
- ▶ Your ride is available.
- ▶ You have a 'responsible adult' to stay with you for the next 24 hours.

Before you leave, make sure you have:

- A prescription for pain medication.
(Fill the prescription on your way home at a pharmacy.)
- An appointment to see your breast surgeon at the Breast Health Clinic.
- An appointment with the plastic surgeon.

If you do not have an appointment to see your breast surgeon or plastic surgeon 7 to 10 days after your surgery, call each doctor's office the day after you get home to make an appointment.

Caring for Yourself at Home

It can take 6 to 8 weeks to recover from surgery. It can be several months before you feel completely normal.

What if I have pain?

It is normal to have some pain and discomfort at home. This can last for a few days to a couple of weeks.

Your surgeon gives you a prescription for pain medication. Usually, the medication is an opioid (commonly called a narcotic) such as Tylenol #3 or Tramacet. If you have a lot of pain the first few days, take this medication regularly. This gives you the best pain control.

If your pain ranges from 'a little pain' (2) to 'more pain' (4), you might find that taking plain Tylenol (acetaminophen) regularly is enough. Follow the instructions on the bottle as to how often to take it.

As your pain improves, take less pain medication. Stop taking pain medication when you have no pain or very little pain.

Other things you can do to help ease and distract you from your pain:

- Slow breathing
- Listen to music
- Read a book

When can I eat and drink?

You can resume eating and drinking as soon as you get home from the hospital.

We suggest you start with a light snack like toast, cereal, or soup. Choose any fluids such as tea, juice, or water to drink.

In the weeks after surgery, your body needs healthy foods to help you heal.

To help you heal:

- ▶ Eat foods high in protein such as eggs, chicken, beef, fish, or tofu.
- ▶ Eat fruit and vegetables.



What about my bowels?

Constipation can happen for many reasons. It can happen because you are taking opioid medication, moving or walking less often, or eating less fibre in your diet.

To help you have regular bowel movements:

- ▶ Drink at least 6 to 8 cups of water each day (1 cup is 250 mL) unless you have been told differently because of a medical condition.
- ▶ Eat fibre like bran, whole grains, fruits (prunes), and vegetables.
- ▶ Walk at least once every day.

How do I take care of my incisions?

We send you home wearing a chest binder over your bandage (it fits like a tube top). The chest binder puts slight pressure over your incision to prevent bleeding. It might feel a bit tight. Wear the chest binder for at least a week, or until the drain (if you have one) is removed.

There can be a lot of bruising, tenderness, and bleeding around the incisions. This is normal and improves over time.

The incision closes or seals in a couple of days. You have dissolving stitches. They disappear on their own so they do not need to be removed by a nurse or doctor.

- ✓ Take only sponge baths for the first week (longer if you have a drain).
- ✓ Take your chest binder off once a day to wash yourself.
- ✓ Check your bandage for leakage.
- ✓ Keep your bandage dry.

- ✗ **Do not** soak in a bathtub or go in a hot tub or swimming pool for 2 week after surgery.
- ✗ **Do not** put creams or lotions on the incision (such as Polysporin or Vitamin E) unless your surgeon tells you to do this.
- ✗ **Do not** use deodorant, talcum powder or shave under your arm until the incision is healed. Use an electric shaver rather than a razor with a blade.

If you do not have a drain:

- ▶ Remove the bandage after 4 days.
- ▶ Take a shower. Try not to let the water spray directly at your incision.
- ▶ Pat the incision dry with a clean towel. Do not rub the area.
- ▶ You might have small tapes covering your incision (called ‘steri-strips’). Do not remove them. They will fall off on their own.
- ▶ If the incision is clean and nothing is draining from the incision, you do not need to put on another bandage.
- ▶ If you notice some drainage, put a clean bandage on.
- ▶ Put the chest binder back on.
- ▶ One week after surgery, remove the chest binder and leave it off.

If you have a drain, follow the instructions on the sheet ‘*Drain Care after Breast Surgery*’.

- ▶ Continue to take sponge baths until the drain is taken out, usually by your family doctor.
- ▶ Once the drain is out, remove the chest binder and leave it off.
- ▶ Two (2) days after the drain is removed, you can shower.



Your body heals as
you rest.



What activities can I do?

It is normal to have some stiffness in your back, shoulders, and arms after breast surgery. To help your recovery, it is important to both rest and move.

- ✓ Try to get at least 8 hours of sleep each night.
- ✓ Take rest breaks and naps throughout the day.
- ✓ Start with short walks. Gradually increase how far you walk each day.
- ✓ Use your arms and shoulders to eat, bath, and dress. It can be painful at first but will become less painful over time.
- ✓ Three (3) to 5 times each day, do your arm and shoulder exercises.
(The exercises the physiotherapist showed you at the Pre-Admission Clinic)

For 4 to 6 weeks after surgery:

- ✗ **Do not** lift, push, or pull anything over 5 pounds. This includes carrying children, groceries, or heavy cooking pots.
- ✗ **Do not** do activities that pull on your incision. Examples: vacuuming, sweeping, reaching for things in high places

Ask your surgeon when it is safe for you to start doing specific exercises and sports.



When can I drive my car?

You can drive your car 2 weeks after surgery **BUT only if:**

- You can move your arms normally.
- You can wear a seatbelt comfortably.
- You can look over your shoulder (shoulder check) without pain.
- You are not taking ANY opioids/narcotics (like Tylenol # 3s or Tramacet).

When can I go back to work?

Some women return to work a few weeks after surgery. Others don't get back to work for several months.

When you go back to work depends on:

- the type of work you do
- the type of surgery you had
- future treatment plans such as radiation and chemotherapy after surgery
- what you think is best for you

Check with your surgeon about returning to work.

How do I prevent permanent swelling of my arm?

If lymph nodes were removed from your arm pit (axilla), it is possible to get permanent swelling in the arm (called lymphedema).

There are a number of things you can do to protect your arm. These are just some ways. For more, refer to your exercise book from the physiotherapist.

To prevent swelling:

- ▶ Lie down with your arm up on a pillow for 45 minutes, at least two times each day. Your arm must be higher than your chest.
- ▶ Sleep with your arm on a pillow at night.
- ▶ Do your arm and shoulder exercises regularly.
- ▶ Ask that your other arm be used when:
 - having your blood pressure taken
 - having blood samples taken
 - getting injections
 - getting an intravenous (IV)

To prevent accidental cuts:

- ▶ Use an electric razor when shaving your armpits.
- ▶ Wear gloves when gardening.

To prevent accidental burns:

- ▶ Wear oven mitts when baking or handling hot pans and utensils.
- ▶ Wear long sleeves or put on sun block when outside.

To prevent insect bites, put on insect repellent

After surgery or anytime in the future, let your surgeon or family doctor know as soon as possible if you notice any of the following in your arm:

- puffiness
- swelling
- feeling of fullness
- feeling of heaviness

When should I get help?

Call 9-1-1 or go to the nearest emergency department right away if you have:

- ▶ Trouble breathing
- ▶ Pain in your chest

Call your surgeon if:

- ▶ You have swelling of your breast, armpit, or arm.
- ▶ Your pain does not go away with pain medicine.
- ▶ You have a fever over 38.5° C (101.3° F).
- ▶ Incision is red, swollen, and hot to touch.
- ▶ You see yellow or green pus coming from your incision and it smells.
- ▶ You have problems with the drain and bulb (refer to '*Drain Care after Breast Surgery*' information sheet).
- ▶ You start bleeding from your incision.
- ▶ You throw up often and for more than 24 hours.
- ▶ You cannot pee or you have pain when peeing.
- ▶ You have diarrhea that lasts for more than 2 days.
- ▶ You have calf or leg tenderness and pain.

If you are not able to contact your surgeon, follow these steps:

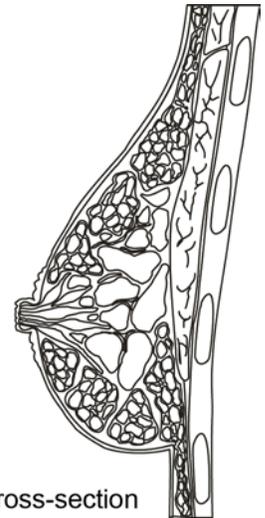
1. Call your family doctor.
2. Call 8-1-1 (HealthLinkBC) to talk to a registered nurse.
3. Go to the nearest Emergency Department.

APPENDIX

About Breast and Breast Cancer

Breasts have:

- Lobes that make milk
- Milk ducts that carry milk to the nipple
- Nipple where milk comes out of the breast when a baby sucks
- Fat tissue that gives shape to the breast and protects the ducts and lobes
- Lymph vessels that drain fluid from the breast to the lymph nodes under the breast and axilla (armpit).
- Chest muscles underneath each breast that supports breast



Breast Cross-section

What is Breast Cancer?

Breast cancer is abnormal cells that grow in the breast tissue. These cells grow quickly and can spread all over your breast. They can travel to other parts of your body and stop them from working properly.

Kinds of Breast Cancer

Breast cancer can start in the breast ducts. This is called ductal breast cancer. It can also start in the lobes of the breast. This is called lobular breast cancer.

Ductal and lobular cancer is called “in situ” when the cancer cells have not moved out of the tube or lobe that it started in.

Ductal and lobular is called “invasive” when it spreads outside the duct or lobe to other parts of the breast or body.

Breast cancer may start in other places besides the ducts and lobes but it is less common.

Your surgeon will go tell you what kind of breast cancer you have.

Breast Cancer Resources

Book

The Intelligent Patient Guide To Breast Cancer

(Olivotto, I., Gelmon, K., McCready, D., Pritchard, K., Kuusk, U.)

Websites

B.C. Cancer Agency	www.bccancer.bc.ca
Canadian Breast Cancer Foundation, B.C. - Yukon	www.cbcf.org/bc
Canadian Cancer Society	www.cancer.ca
Rethink Breast Cancer (for young women)	www.rethinkbreastcancer.com
BreastCancer.org (USA)	www.breastcancer.org/treatment/surgery

Support Services

Breast Clinic Nurses Jim Pattison Outpatient Care and Surgery Centre	604-582-4563
Plastic Surgery Group 301-13737 96 th Avenue, Surrey	604-589-6021
Physiotherapist Rehabilitation Department, Surrey Memorial Hospital	604-588-3344
Breast Clinic Social Worker Jim Pattison Outpatient Care and Surgery Centre	236-332-1186
Cancer Connection	1-888-939-3333 www.cancerconnection.ca
Inspire Health Supportive Cancer Care 200-1330 West 8 th Avenue, Vancouver	604-734-7125 www.inspirehealth.ca

Cancer Centres

Fraser Valley Cancer Agency 13750 – 96 Avenue, Surrey	604-930-2098
Abbotsford Regional Hospital and Cancer Centre 32900 Marshall Road, Abbotsford	604-851-4700



Acknowledgement

Faces Pain Scale-Revised (FPS-R) original source

Hicks CL, von Baeyer CL, Spafford P, van Korlaar I, Goodenough B. Faces Pain Scale-Revised: Toward a Common Metric in Pediatric Pain Measurement. PAIN 2001; 93:173-183.

With instructions and translations as found on the website www.iasp-pain.org/FPSR

www.fraserhealth.ca

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

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To order: patienteduc.fraserhealth.ca

