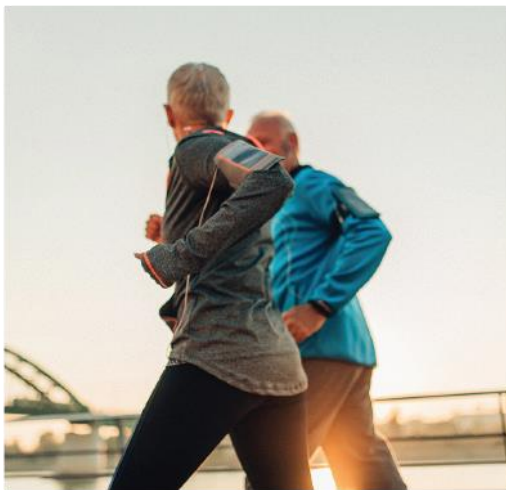




Getting ready for and recovering from Breast Surgery

Nanaimo Regional General Hospital and West Coast Hospital



Island Health Surgery Resources



About this booklet

This booklet was originally developed with input from nurses, physiotherapists, surgeons, community partners and breast cancer patients. It has been adapted for the patient population of Nanaimo and surrounding areas.

This booklet was designed to help you prepare for breast surgery; please read it as soon as you get it.

- If your surgeon or nurse gives you information that is different from what is in this booklet, please follow their directions.

Help Your Care Team Help You!

Bring this booklet with you to the hospital when you come for surgery. Share this booklet with your care team so they know about your plans to recover and get home as soon as possible.

We Welcome Comments

Please send in the evaluation form found at the end of this booklet.

Before Surgery

Informed Consent

Before agreeing to undergo surgery, your surgeon will thoroughly explain the procedure to you and give you the opportunity to ask any questions you may have. This discussion includes the reason for surgery, the benefits and risks involved, alternatives to surgery and what you can expect following the surgery.

If, after this discussion, you would like to move forward with surgery you will be asked to sign an informed consent form when you come to the hospital. The informed consent form includes the name of your surgeon, the surgery you are undergoing and the side of the body on which the surgery will be done, if applicable.

Depending on your surgery, you may be asked to sign a consent for blood products and/or a consent for implant tracking. Please read the consent form carefully before signing it, and ask your surgeon or the nurses witnessing your signature if you have any further questions or need more information.

Length of Stay

Most breast surgeries are daycare procedures. This means that you will probably be discharged the day of your surgery. Some patients may need to stay overnight.

Your surgeon's office will tell you how long you will be in hospital.

Remember to plan a ride to and from the hospital. **If you go home the same day of your surgery, you should have a responsible adult stay with you for 24 hours after you are discharged.**

Help at Home

You may need help with household chores for a few weeks after mastectomy and/or axillary (underarm) dissection. Try to have a family member or friend available to help you, as needed.

If you have a drain after your surgery, Home Nursing Care will phone you at home to see if you need help with it.

Results from Surgery

Call your surgeon's office after surgery to make an appointment to review your pathology results.

Getting Ready for Surgery

Cleaning your skin before surgery helps to remove germs on the skin and prevent infection. It also helps incisions heal.



Preparing Your Skin

Do not shave under your arm for *at least 2 days* before surgery.

Buy 2 antibacterial CHG (Chlorhexidine) 4% body sponges and follow the directions below. Use them to bathe or shower **the night before AND the morning of your surgery**.

You can buy Chlorhexidine 4% scrub sponges at:

- Wal-Mart
- Save-On Foods
- Some pharmacies (call to confirm)

How to Use the Chlorhexidine Sponges

The evening before surgery:

1. Wash your entire body and hair with your usual soap and shampoo, and rinse.
2. Open 1 CHG sponge and wet it with a little water. Squeeze it to produce suds.
3. Wash your body from neck to feet. Avoid contact with your eyes, inside of the ears, and mouth. If CHG gets into your eyes, rinse well with water.
4. Do not wash your head, hair or face with the surgical sponge.
5. Carefully clean the surgical area, navel (belly button), under arms, feet and in between toes, and back. Finish with your genital and anal areas.
6. Do not rinse for at least 2 minutes, then rinse well.
7. Throw the sponge in the garbage.
8. Use a fresh, clean dry towel to dry your body from head to toe, finishing with your genital and anal areas.
9. Do not apply deodorant, body lotion or powder afterwards. Dress in clean clothes. Do not put on any jewelry.

The morning of surgery:

1. Repeat steps 2-9 above, with the second surgical sponge.



Eating and Drinking Before Surgery

Eating a healthy diet is a major factor in how well you will recover from surgery.

Limiting what you eat and drink before surgery (known as fasting), helps keep the stomach empty during surgery. This helps prevent vomiting (throwing up), which could cause choking, and prevents vomit from going into the lungs, leading to pneumonia.

If your surgeon does not give you directions for fasting, follow the directions below.

Your surgery will be cancelled or delayed if you do not follow fasting instructions.

Before Surgery – Fasting Instructions

Before Midnight the Night before Your Surgery

Stop eating solid food at midnight the night before your surgery.

- **Do not eat any solid food** after midnight; this includes chewing gum and sucking on hard candies.

Drink at least 800 ml (27 ounces; 3 cups) of clear fluids until midnight the night before your surgery.

See the list of clear fluids that you can drink, below.

After Midnight the Night before Your Surgery, and Up To 3 Hours before Your Surgery

You can drink up to 400 ml (13.5 ounces; 1 ½ cups) of clear fluids up to 3 hours before your surgery.

Clear fluids are:

- Apple juice
- Water
- Cranberry cocktail
- Black coffee (no milk or milk substitutes)
- Clear tea (no milk, milk substitutes or loose tea leaves)

If you are not diabetic, we suggest that you drink the following fluids that are high in sugar (carbohydrates):

- Apple juice
- Cranberry cocktail

Drinking fluids that are high in carbohydrates is called ***carbohydrate loading***.

Getting Ready for and Recovering from Breast Surgery (Nanaimo Regional General Hospital and West Coast Hospital)

Carbohydrate loading is recommended because it:

- Helps you stay hydrated before surgery.
- Puts less stress on your body during surgery, because your body will use this energy, rather than your body's energy stores.
- Makes you feel better when you wake up after surgery.
- Helps you recover faster.

Three Hours before Your Surgery

Stop drinking fluids at least 3 hours before your surgery.



Medications

Take all prescribed medications as usual, unless your anesthesiologist, surgeon, hospital pharmacist or other specialist tells you not to.

At least 10 days before surgery you will be asked which medications you are taking. This is especially important if you take medication for:

- Diabetes (e.g., chlorpropamide, glyburide, metformin, insulin)
- Blood thinners (e.g., Coumadin [warfarin], Heparin)
- Antiplatelet medications (e.g., Clopidogrel [Plavix®], Ticlid®, acetylsalicylic acid [ASA, Aspirin®])

Seven days before surgery:

- Stop taking vitamin E and all natural health products and herbal supplements (e.g., garlic supplements, ginkgo, kava, St. John's wort, ginseng, dong quai, glucosamine, papaya, etc.)

Regular vitamins and iron supplements can usually be taken until the day of surgery.

Acetaminophen (e.g., Tylenol® for pain) may be taken when necessary, up to and including the day of surgery.

Alcohol, Drugs and Smoking

- Do not drink alcohol, use cannabis or any other drug at least 12 hours before surgery.
- Smoking increases your risk of wound infection and puts you at higher risk for complications. If you can quit or even cut down on your cigarette consumption before and after surgery, this will reduce your risk.
 - If you need help to quit smoking, talk to your family doctor. If you are in the process of quitting smoking on your surgery date, Nicoderm® patches are a better option than smoking.
- Do not smoke or vape on your day of surgery.

Please note: If you have arthritis, you can use topical CBD as you normally would.



Packing for the Hospital

What to Bring

- This booklet.
- Your BC CareCard or proof of substitute Medical Insurance Plan, or another form of personal identification.
- An interpreter, if you do not understand English.
- Personal Health Number or proof of substitute Medical Insurance Plan. If you do not have these, bring another form of personal identification.
- List of allergies and hypersensitivities, medications and vitamins.
- Eyeglasses, hearing aids and dentures with a storage case that has your name on it.
- Your CPAP, BiLevel machines or dental devices if you use one for sleep (even for day surgery) labelled with your name.
- A small bag with personal hygiene items such as toothbrush, toothpaste, comb.
- Low-heeled footwear that is easy to put on and take off.
- Loose-fitting clothing that is easy to take off and put on, including a front-closure top to wear home from the hospital (optional). Do not wear any tight-fitting clothes, or clothes that are difficult to put on or take off (such as belts, small buttons, etc.)

What Not to Bring or Wear:

- Personal items, such as wallets, purses, money, valuables and credit cards.
- Make-up, false eyelashes, hairpins, perfume, deodorant or talcum powder.
- Jewelry or body piercing items.
- No nail polish on your hands.



Coming to Hospital

You will be admitted to hospital on the day of your surgery. You will receive a phone call from the surgeon's office or the Pre-Admission Clinic, depending on length of hospital stay. You will be told:

- Which hospital
- The date and time of your surgery
- The hospital admission time
- Probable length of stay

Surgical Admission

Check in at the front desk. You will be directed to the surgical admission area to:

- Change into a hospital gown.
- Sign your *Consent for Surgery* form (if you have not already done so) and complete pre-operative admission.
- Receive pre-operative medications and have an intravenous started.

Before going to the operating room, you will be asked to:

- Empty your bladder.
- Remove your glasses/contact lenses and/or dentures, and jewelry (these items will be kept with your belongings).

When the operating room is ready, you will be brought in on a stretcher.

Pre-Op Support

One family member or friend may stay with you until you are taken to the operating room. Give the nurse your family member's or friend's contact number so your surgeon can call them when your operation is over.

Fine-Wire Localization

If your surgeon cannot feel your breast lump, you may have a fine (thin) wire placed in your breast a few hours before surgery. The wire will point to the area that needs to be removed; it will not move once it is in place. The wire placement will be done in the Breast Imaging Department at Nanaimo General Regional Hospital. You may be asked to come earlier than your surgery time.

Your surgeon's office will confirm the date and time of the procedure.

Sentinel Node Biopsy

Sentinel node biopsy maps the underarm lymph nodes closest to the cancer site. If you are booked for this procedure you will be directed to the Nuclear Medicine department at Nanaimo Regional General Hospital the day before your surgery.

A radiologist will inject a radioactive tracing agent into the breast. You may feel pressure. You will be told to massage the area and to pump your arm up and down to help spread the tracing agent to the lymph nodes under the arm.

Possible Side Effects

Once you are in the operating room and you are asleep, your surgeon may inject blue dye into the breast, if needed, to help visualize the lymph nodes.

The blue dye injection may cause urine and stools to appear bright blue or green, and your skin and area around the incision line may look blue. These effects are normal and will fade after a few days.

Being in the Hospital: What to Expect After Surgery

Recovery Room

After surgery you will be moved to the recovery room. The recovery room nurses will watch you closely as you recover from the anesthesia, and will give you medication for pain and nausea as needed.

Recovery takes 2-4 hours. Your surgeon and anesthesiologist may visit you there.

If you are staying overnight, you may be moved to a nursing unit.

Incisions, Drains and Dressings

Depending on the type of surgery:

- You may have 1 or 2 incisions (cuts) that are covered with Steri-Strips™ (small tape-like bandages) and have a light dressing (Mepore®) over top. Most surgeons use dissolvable stitches, but surgical clips or staples can also be used.
- The surgeon might put a drain near the incision to help remove the normal blood and fluids that drain when tissue is cut. The nurses will show you how to care for your drain(s). (See pages 14-17 of this booklet for detailed instructions).

For those having lymph nodes removed from under the arm, a breast pillow and ice packs, along with pain medication, can help with any discomfort.

Fluids and Diet

You will be encouraged to drink fluids and will be given something to eat when you are ready.

Activity

The night of your surgery, whether at home or in the hospital, have someone help you get out of bed and move around. This is an important part of your recovery.

For 24 Hours after Surgery:

- **Do not** make important decisions or sign important documents.
- **Do not** drive a vehicle or work with machinery.
- **Do not** take Aspirin – it can cause bleeding.
- **Do not** take tranquilizers, sedatives or sleeping pills.
- **Do not** drink alcohol.
- **Do not** look after babies, small children, or frail, elderly people.



Visitors

Most units have flexible visiting hours. Please ask family and friends to:

- Keep visits short.
- Limit the number of visitors at one time.
- End visits when asked.

Hospital Discharge

Day surgery discharge is 2-4 hours after surgery. Discharge for overnight stays is usually 9 a.m. Your family member or friend will be told when to pick you up.

Before you leave the hospital your nurse will:

- Review your care instructions with you.
- Give you a container for measuring the contents of your drain(s).

What to Wear After Surgery

When you get dressed, put the arm on the same side as the surgery into the shirtsleeve first. It will be easier to take the arm on the operated side out of the shirt last.

If you had surgery to both breasts, choose what is most comfortable for you.

After a Partial Mastectomy (Lumpectomy)

It may help to wear a support bra after surgery, even while sleeping; some women prefer a simple cotton undershirt, camisole or tank top. These may come with a built-in shelf bra. Some women prefer to not wear a bra. It is a matter of choice and comfort.

Post-surgical camisole tops and bras are available for purchase from local mastectomy shops.

After a Mastectomy

A cotton breast form may be worn in your own bra during the first couple of months after surgery. This helps to fill out your clothes but does not have the weight or shape of your other breast.

Prosthesis Fittings

You can be fitted for a permanent breast prosthesis when the wound is healed and the pain and swelling have settled. This usually takes 6 to 8 weeks after surgery.

There are 2 locations in Nanaimo that specialize in prosthetics and mastectomy bras:

- BD Mitchell Prosthetic & Orthotic Services, 1175 Dufferin Cres., Nanaimo. Phone: 250.754.1442
- Central Drugs, 495 Dunsmuir St., Nanaimo. Phone: 778.753.6401.

The Just You Boutique in Victoria is a mastectomy shop that specializes in prosthetics and mastectomy bras.

- Phone: 1.888.384.1791 | Website: <https://justyouboutique.com>

Prosthetics are also available through local medical supply outlets. If you are from out of town, please contact the **Canadian Cancer Society info service at 1-888-939-3333 (TTY: 1.866.786.3934)** for a list of mastectomy shops in your area.

At Home after Surgery

Effects of Surgery

Bruising and Pain

Bruising around the incision is normal and will usually clear up in 7-10 days. Sometimes this takes longer.

Pain around the incision, armpit, down the arm and into the back is normal for several weeks after surgery.

If lymph nodes are removed, pain in the underarm may increase 7-14 days after surgery, as nerves heal. Some describe this as a burning feeling, or as being more tender. Some describe feeling “electric shocks.” If this happens, it *will* pass within 1 or 2 weeks. Take pain medication when needed. Using ice packs and a breast pillow can be very helpful during this time.

- **Do not** use hot water bottles, hot bags or heating pads; they can burn desensitized or numb tissue.

Numbness in the arm and breast is common. Numbness in the armpit and in the back of the arm may last indefinitely.

Fluid Build-Up

Fluid build-up in the breast or in the armpit after surgery is called a *seroma*. There may be a sloshing or gurgling sound in the breast, a feeling of fullness, or a lump under the arm. Often the area can feel warm and firm, and look red.

The body will absorb small seromas. If you have a seroma that gets heavy, tight or painful, call your surgeon. The surgeon may remove it with a needle and syringe. This is done in the surgeon’s office. It may have to be repeated several times during recovery. (See page 17 of this booklet for when to call your surgeon).

Incision Care

You can take off the dressing over your incision(s) 48 hours after surgery if you want to, but *always* wear a dressing over drain sites to support the tubing. Change the dressing when it is wet, and as often as your surgeon tells you to.

Steri-Strips usually peel off on their own. If they don’t, leave them until you see

Getting Ready for and Recovering from Breast Surgery (Nanaimo Regional General Hospital and West Coast Hospital)

your surgeon. Apply a Band-Aid® or dry gauze to any area where fluid is leaking outside of the Steri-Strips.

If you develop a rash or blisters from your dressings, call your surgeon's office.

If you have stitches or clips, they are usually removed in the surgeon's office 7-14 days after your operation.

- **If you have home care**, they will remove the stitches or clips.
- **If you do not have home care**, please make an appointment with your surgeon's office to have the stitches or clips removed.

Showering

You may shower 48 hours after surgery even if you have a drain, unless your surgeon tells you not to.

Remove the outer (Mepore®) dressing first, but leave the Steri-Strips on. It is okay to get the incisions wet and to wash gently under your arm but:

- **Avoid** soaking your incision(s) in a bath until they are completely healed.
- **Avoid** aiming the showerhead at your incision(s).

After showering, check your incision(s) to ensure that there are no signs of infection. Gently pat the incision with a clean towel. Do not rub the area. (See page 17 of this booklet for when to call your surgeon).

Driving

You may drive after surgery when:

- You are no longer taking narcotic pain medication (e.g., Tylenol® 3)
- Your arms have near-normal range of motion.
- You feel comfortable and able to do so.

What to Do

- **DO** begin the exercises in the Canadian Cancer Society booklet *Exercises after Breast Surgery: A guide for women* (<http://www.bccancer.bc.ca/library-site/Documents/Exercises-after-breast-surgery.pdf>).
- **DO** place your arm (surgical side) on a pillow if you have had axillary lymph node dissection. The arm should not be higher than shoulder level. Do this for 45 minutes, 2-3 times per day.
- **DO** use your arm as normally as possible when doing your normal daily activities, such as grooming, washing and eating. If it becomes painful, or if you feel it pulling on your incision area, you have moved your arm too far.

Getting Ready for and Recovering from Breast Surgery (Nanaimo Regional General Hospital and West Coast Hospital)

- **DO** check with the surgeon if you have any questions about an activity, before you do it.
- **DO** eat a balanced diet with lots of protein-rich foods such as poultry, meat, fish, eggs, legumes, milk and cheese. Include high-fibre foods such as fruit, vegetables, whole grain bread and cereal, and drink lots of fluids (6-8 cups, or 2 litres, every day).
- **DO** watch for signs of constipation (dry, hard bowel movements, or difficulty having a bowel movement) if you are taking pain medications with codeine. Increasing fluid intake, exercise and increased fibre can help. Occasionally, laxatives may be needed.

What NOT to Do

In the first few weeks after surgery:

- **DO NOT** lift or carry anything heavier than 2.25-4.5 kilograms (5-10 pounds) on the affected side for 4-6 weeks after surgery, or as directed by your surgeon.
- **DO NOT** use your arm to push or pull yourself out of or into bed, or out of a chair.
- **DO NOT** make sudden, unexpected, movements with your affected arm.
- **DO NOT** use deodorant or talcum powder, or shave under the arm until the axillary (armpit) wound is healed. Once it is healed, an electric shaver is preferred rather than a razor with a blade.
- **DO NOT** put vitamin E on incisions. Some surgeons believe that vitamin E can widen scars and irritate the incision.

About Drains

Some surgeries require a drain post-operatively. Drains prevent fluid from building up around the incision and under the arm. Each drain is held in place by a stitch.

Two to 4 inches of white drainage tubing will be inside your body. The drain is best worn under clothing to keep it from pulling apart. Pin the drain under your shirt at chest level.

An inch or more of white tubing visible outside the body indicates that the drain is coming out. If this happens, **contact your surgeon**.

Removing Drain(s)

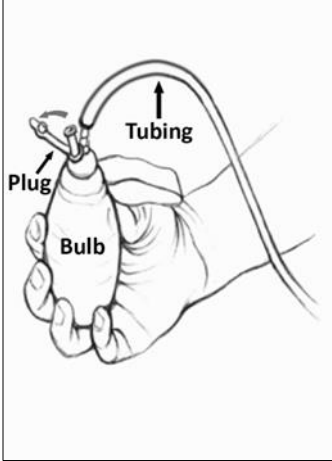
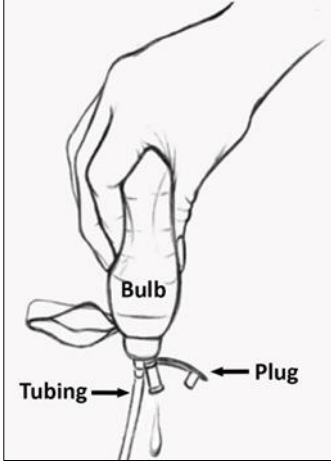
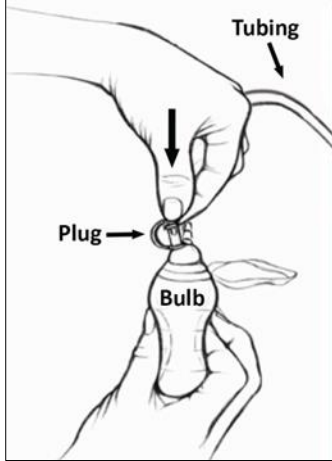
The surgeon will remove the drain(s) when less than 20-30cc comes out in 24 hours. This usually takes 7-14 days after your surgery, but can sometimes take longer.

Drain Care

The nurse will show you how to empty your drain(s) before you go home, and will give you some dressings and a small container for measuring drainage. Detailed instructions follow.

If you are not able to empty your drain and do not have someone to help you, please talk with your nurse about arranging for home care **before** leaving the hospital.

Emptying Your Drain, Measuring the Fluid and Resetting Your Drain

1. Open plug	2. Empty and measure	3. Reset
		
<ol style="list-style-type: none"> i. Wash your hands. ii. Hold the drain upright and open the plug. 	<ol style="list-style-type: none"> i. Turn the bulb over. ii. Empty the fluid into a container. ii. Measure and record the drainage. 	<ol style="list-style-type: none"> i. Push the plug back in while squeezing the bulb. <ul style="list-style-type: none"> • This resets the drain's suction action.

Figures 1-3 Source: Adapted from J. Rowlands, Multimedia Services, B.C. Cancer Agency 2007

- **DO NOT** rinse the drainage bulb.
- Rinse the measuring container with water after each use. Empty the drain when the bulb is half full.
- Measure the amount of drainage each time and record it in the *Drainage Record* on page 17 of this booklet. Bring your *Drainage Record* to your next surgeon's appointment.
- Drainage is often pink and over time it becomes yellow or clear. The amount

Getting Ready for and Recovering from Breast Surgery (Nanaimo Regional General Hospital and West Coast Hospital)

of drainage will get less over time.

- If the *tubing* accidentally comes apart from the drainage *bulb* clean the place where they connect with 70% isopropyl alcohol and then reconnect them. Follow the steps above to reset the drain.
- If the drainage plug accidentally opens, follow the steps above to reset the drain. Tape the drainage plug across the top of the bulb, if necessary.

How to Unclog the Drain

It is normal for small clots, shreds of tissue, fluid or air bubbles to sit in the drainage tubing, but drains can become clogged with clots or tissue. When this happens, you will notice a sudden decrease in drainage, and fluid may leak out where the tube enters your body.

To release clots or tissue:

1. Support the drain site with one hand and pinch the tubing between your thumb and index finger close to where the drain enters your body. (Fig. 4)
2. With the thumb and index finger of your other hand, squeeze the tubing and gently move your fingers down the tubing towards the bulb. This is called “stripping,” or “milking” the tubing. (Fig. 5)
3. Repeat this 2 or 3 times.

If the blockage does not clear, contact your surgeon or homecare nurse (if you have one).

- If you cannot reach your surgeon or homecare nurse, go to a walk-in medical clinic or call your family doctor.
- If it is after clinic hours go to a hospital emergency department.

Fig. 4

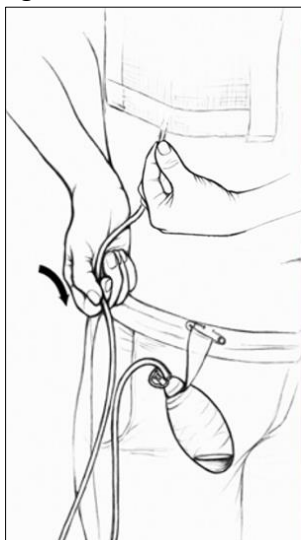


Fig. 5



Figures 4-5 Source: Adapted from J. Rowlands, Multimedia Services, B.C. Cancer Agency 2007

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(Nanaimo Regional General Hospital and West Coast Hospital)

Drainage Record

Date	Time	Amount	Amount	Amount	Amount	Total

Contact Your Surgeon Immediately if:

- You have a high-grade fever of 38.5C/101.3F or greater.
- You have shortness of breath.
- Your calves (lower portion of your legs) become swollen and painful.

Call Your Surgeon if You Have:

- A low grade fever (37.5⁰C-37.9⁰C or 98.5⁰F-101.2⁰F) that lasts for 3 days.
- Any of the following problems with your drain(s):
 - It falls off and you cannot reconnect it with tape.
 - It does not remain squeezed together (compressed).
 - The directions provided above do not unclog the drain(s).
 - Drainage increases or is foul smelling or changes in consistency.
 - Drainage from the incision or drain site changes in colour or appearance.

Getting Ready for and Recovering from Breast Surgery (Nanaimo Regional General Hospital and West Coast Hospital)

- Any of the following skin symptoms:
 - Increased swelling in the underarm or breast that causes tightness or pain.
 - Increased tenderness, redness or warmth around the surgery site.
 - Irritation from the Steri-Strips or tape.
 - Swollen leg(s) or achy and red calves.

If You Cannot Reach Your Surgeon:

- Call your family doctor, **or**
- Go to a walk-in medical clinic, **or**
- If it is after clinic hours go to a hospital emergency department.
- Call the BCNurseline toll-free at 1.866.215.4700 811, or 711 if hearing impaired.

Follow-Up After Surgery

Remember: Contact your surgeon's office to book your post-op appointment.

The day after you get home call your surgeon's office to schedule an appointment. Your surgeon will want to meet with you 10-14 days after surgery to explain your pathology results, check your incision(s) and remove your drain(s) if the drainage is low enough.

Going Back to Work

Always check with your surgeon before returning to work. Generally, you may return to work when you:

- No longer have a drain (usually 1-3 weeks after surgery).
- Are comfortable with the basic arm movements used in your job.
- Do not have complications, such as seroma or infection.
- Have the energy, and you feel ready.

Remember: If you have had axillary node dissection, DO NOT lift more than 2.27 kilograms (5 lbs) for 4 weeks, on your surgical side.

More information about returning to work after cancer treatment can be found on the BC Cancer Agency website: <http://www.bccancer.bc.ca/>.

When Further Treatment Is Needed

The BC Cancer Agency's Vancouver Island Cancer Centre (VICC) will phone you before or after your breast cancer surgery to set up an oncology appointment. This appointment will be 4-6 weeks after your surgery date.

At this appointment, you will consult with an oncologist (cancer doctor) to discuss the need for further treatment or adjuvant therapies. You can ask to have your appointment recorded to help you remember the discussion.

Adjuvant therapies are: chemotherapy, radiation, or hormone therapy. Further treatment can include one or a combination of these therapies. Further tests are often ordered once you start a therapy.

If chemotherapy is recommended, the cancer clinic will provide this treatment.

Adjuvant Therapies

- If radiation therapy is recommended, it can begin 2-3 weeks after the first visit, and can last 3-6 weeks.
- If chemotherapy is recommended, it can begin 1-2 weeks after the first visit, and can last 4-6 months.
- If both radiation therapy **and** chemotherapy are recommended, chemotherapy is usually done first.

New patient information

To prepare for your first visit to the BC Cancer Agency, you can watch the DVD *What to Expect: A Patient's guide to the BC Cancer Agency Vancouver Island*. A copy will be mailed to you from the BC Cancer Agency once your appointment has been booked.

Road to Recovery

Exercises Following Breast Surgery

You may experience stiffness in your affected shoulder and arm after breast surgery. It is very important to do these exercises to regain full movement and use of your arm.

Lymphedema Awareness

Lymph nodes filter lymphatic fluid throughout the body. Lymphedema is swelling caused by the build-up of lymph fluid in the part of the body where the lymph

Getting Ready for and Recovering from Breast Surgery (Nanaimo Regional General Hospital and West Coast Hospital)

nodes have been removed, or have been damaged by the cancer, surgery or radiation therapy.

Lymphedema is different from the swelling in the breast, armpit and arm areas that can happen just after surgery. Lymphedema can happen soon after treatment, or months or even years later. It can be a temporary or a long-term condition. Your surgeon may refer you to the Out-Patient Department at NRGH for physiotherapy treatment.

Learn About Lymphedema

- Read pages 20-22 in the Canadian Cancer Society's booklet *Exercises after Breast Surgery: A guide for women*.

If there are changes in your affected arm or hand after you recover from surgery, during cancer treatments, or following these treatments, please call your surgeon's office.

Physiotherapy After Breast Surgery

If you have been recommended for radiation treatment and cannot lift your affected arm above your head, you can get a doctor's referral for Out-Patient Physiotherapy. Health Insurance BC (MSP) covers this service.

You can also go to a private clinic for physiotherapy, but you may need to pay a fee for their services. Check with your insurance provider to see if they cover part or all of the cost.

Self-Scar-Tissue Massage

Scar tissue massage can help improve healing after breast surgery, and can reduce the pain and help increase motion.

Before you do self-scar-tissue massage, please check with your surgeon! They can give you more tips on how to do this, and will tell you when you can start.

After checking with your surgeon, you may be able to start massaging your incision area(s) 2-4 weeks after surgery, when there is no longer any scabbing on your incision(s).

- Gently massage along the *sides* of the scar, in a circular motion with the pads of your fingers. Use the tips or pads of your fingers along the *length* of the scar to loosen up the scar tissue. Massage for a few minutes every day.

Do not massage the area during radiation; ask your radiation oncologist when you can start massaging again.

Massage Therapy After Breast Surgery

Following the exercises in the Canadian Cancer Society's *Exercises after Breast Surgery* booklet and doing self massage are not always enough to release deeper scar tissue that may develop after surgery and/or radiation therapy.

You may benefit from seeing a Registered Massage Therapist (RMT) if you have pain or a tight feeling under your arm, pulling, swelling for a long time after surgery, or if fluid is collecting around the incision area. RMTs work in private clinics and provide their services for a fee.

Emotional Support

Vancouver Island Cancer Centre (VICC)

The Vancouver Island Cancer Centre is at 2410 Lee Ave. in Victoria, on the Royal Jubilee Hospital site. Services include professional counselling, relaxation group, therapeutic touch clinic and nutrition counselling; all are free. **For more information, or to make an appointment, please call Patient and Family Counselling at 250.519.5525.**

Cancer Connection

The Canadian Cancer Society offers an online support service for anyone diagnosed with cancer. They will match you with a survivor who has had similar surgery and treatment, and similar life circumstances: www.cancerconnection.ca.

Breast Cancer Support Groups

If you have been diagnosed with breast cancer, you may benefit by participating in a breast cancer support group. Members can share their experiences and feelings with other women who have travelled the same road. There are several groups in Nanaimo and surrounding areas that meet at various locations and times. You are welcome to attend at any time in your journey. To find a support group, please call the **Canadian Cancer Society's Cancer Information Line at 1.888.939.3333.**

Dragon Boating

Breast cancer dragon boat teams participate in strenuous upper body exercise to demonstrate, through dragon boat competition, the benefits of an active lifestyle and to raise awareness about breast cancer. All ages and physical abilities are welcome. To find a dragon boat team in your community, please call the **Canadian Cancer Society's Cancer Information Line at 1.888.939.3333.**

Look Good Feel Better Program (LGFB)

This free 2-hour workshop provides hands-on tips to enhance your appearance during cancer treatment. Information about wigs, hats, headscarves and make-up application are covered. It can be helpful to attend before your treatment starts.

Please register online at www.LGFB.ca, or call 1.800.914.5665.

Breast Cancer & Breast Health | Island Health

Island Health's Breast Cancer & Breast Health internet page is offered to all Island Health area residents to help access information on breast health services near you: <https://www.islandhealth.ca/learn-about-health/breast-cancer-breast-health/breast-cancer-breast-health>

Resources

- BC Cancer Agency's *Patient Handout Search* website (http://www.bccancer.bc.ca/our-services/patient-guide/patient-handout-search?q=breast&identity=*&resource=*) provides links to a variety of handouts such as symptoms, nutrition, treatment and more.
- *Follow-Up Care After Breast Cancer Treatment* (<http://www.bccancer.bc.ca/patient-and-public-info-site/Documents/CompanionGuide2014Revision.pdf>) can help you develop a follow-up plan after treatment so you have an active role in your care.
- *Follow-up Plan* (<http://www.bccancer.bc.ca/survivorship-site/Documents/Follow-up-after-breast-cancer-treatment.pdf>) provides information on things you are encouraged to do following breast cancer treatment.
- *Managing Lymphedema (swelling) in Your Arm or Leg* (<http://www.bccancer.bc.ca/managing-symptoms-site/Documents/Lymphedema-Arm-Leg.pdf>) explains what lymphedema is, signs that you may have lymphedema, and ways to manage lymphedema if you do have it.
- *Resources for After a Mastectomy or Lumpectomy* (<http://www.bccancer.bc.ca/coping-and-support-site/Documents/Resources%20for%20after%20a%20mastectomy%20or%20lumpectomy.pdf>) contains information about breast prosthesis and other supplies you may need, where to buy them, and insurance coverage.

Tell Us What You Think! (Nanaimo Regional General and West Coast Hospitals)

After reading this booklet please respond to the following statements. Your answers and comments will help us improve the information.

Circle one number for each statement:

strongly disagree

strongly agree

I read all of the information provided.

1 2 3 4 5

Comments

The information is easy to read.

1 2 3 4 5

Comments

The information is easy to understand.

1 2 3 4 5

Comments

Reading this information helped me
prepare for and recover from my surgery.

1 2 3 4 5

Comments

The information answered my questions.

1 2 3 4 5

Comments

I would recommend this information to other patients.

1 2 3 4 5

Comments

Getting Ready for and Recovering from Breast Surgery
(Nanaimo Regional General Hospital and West Coast Hospital)

I prefer to have this information in:

A book just like this one

Separate handouts on each topic that I need

I would have liked MORE information about:

I would have liked LESS information about:

What changes would you make in this book to make it better?

My Surgery Was At (please check one):

Nanaimo Regional General Hospital

West Coast Hospital

I Am A:

patient

family member

Thank you!

Please mail this evaluation to:
Manager of Surgical Quality
Surgical Services 2nd Floor, Memorial Pavilion
Royal Jubilee Hospital
1952 Bay Street
Victoria, BC V8R 1J8