



# Getting Ready for Tissue Expansion or Direct to Implant Breast Reconstruction Surgery

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Royal Jubilee Hospital  
Saanich Peninsula Hospital  
Victoria General Hospital





*Getting Ready for Tissue Expansion or Direct to Implant Breast Reconstruction Surgery*



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## Royal Jubilee Hospital Site and Parking Map



# 1 Introduction

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This booklet is designed to help you prepare for breast surgery.

## *Breast Health Patient Navigators*

Breast Health Patient Navigators are registered nurses with expertise in breast health and breast cancer. They assist patients and families by ensuring they receive information and support.

If you are newly diagnosed with breast cancer and you have not already been in contact with the Breast Health Patient Navigators you will receive a telephone check in call:

- Before your surgery to review pre-op preparation.
- To review post op healing and care.
- To go over next steps at the cancer centre.

You are welcome to call the Breast Health Nurse between check in calls, if needed

(250-727-4467)



## 2 Before Surgery

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### *Surgery time and place*

Your surgeon's office will phone you or send your surgery time and place information by mail. Most tissue expansion or direct to implant reconstructive breast surgery takes between one and three hours, depending on if one or both breasts are being reconstructed.

Contact your surgeon's office at once if you are not feeling well, or have a cough, cold or fever the week before your surgery date.

### *Pre-operative physical*

The surgeon's office will let you know if you need to arrange a pre-operative (pre-op) physical with a primary care provider (family doctor or walk in clinic).

### *Taking part in research*

If you are newly diagnosed with breast cancer, your surgeon may ask if you wish to donate tissue from your surgery to the Tumour Tissue Repository (TTR) at the Vancouver Island Cancer Centre. If you are interested, your name will be forwarded to the TTR nurse, who will contact you with more information or you may contact the TTR nurse directly at 250-519-5713.

### *Hospital pre-admission clinic appointment*

The hospital will phone you within one week of your surgery date to arrange a pre-admission clinic appointment. This appointment is usually when pre-operative blood tests, etc. are done. Some people do not need to come in for a visit if all of the necessary information can be obtained over the phone.



## Length of stay

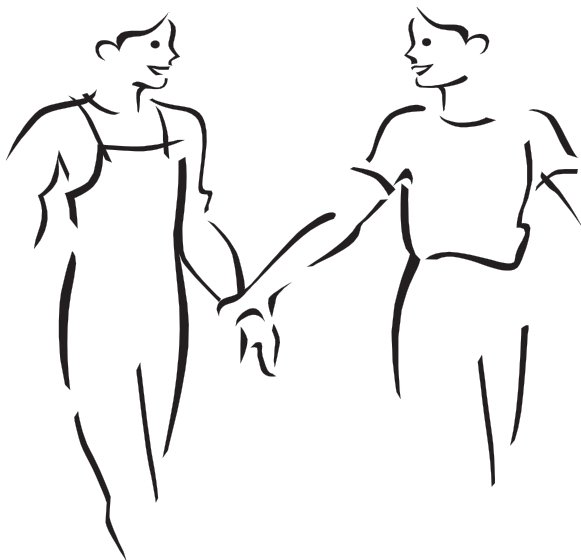
The usual length of stay after tissue expansion or direct to implant surgery is one night. Discharge time is usually 9 a.m. Some patients are discharged on the day of surgery. If you do not stay in the hospital overnight, you must have a responsible adult stay with you at home overnight. Your surgeon's office will tell you how long you will be in hospital.

Remember to arrange for a ride to and from the hospital!

## Help at home

You may need help with household chores for a few weeks following surgery. If possible try and arrange for a family member or friend to be available as needed.

If it is difficult for you to leave your home, and you do not have someone to help you care for your incision(s) or drain(s), please discuss this with your nurse **before** discharge from the hospital.



## Results from surgery

Pathology results are usually available 2-3 weeks following surgery. Please call the surgeon's office to arrange a follow up.



## 3 Getting Ready For Surgery

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### Preparing your skin

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

Purchase two Chlorhexidine 4% scrub sponges. Use the sponges as directed below to bathe or shower **the night before AND on the morning of your surgery.**

This pre-surgery skin preparation procedure helps to:

- Remove germs on the skin
- Prevent infection
- Promote wound healing.

You can purchase Chlorhexidine 4% scrub sponges at:

- Wal-Mart
- Save-On Foods
- Hospital gift shops
- Most Pharmacies (call to confirm)

### How to use Chlorhexidine sponges

The evening before surgery:

- Wash your entire body and hair with your usual soap and shampoo
- Rinse
- Open one surgical sponge and squeeze to produce lather
- Wash body from neck to feet
- Do not wash your head, hair or face with the surgical sponge
- Carefully clean the surgical area, navel (belly button), under arms, and back
- Then clean your feet and between your toes
- Clean your genital and anal areas last
- Do not rinse for 2 minutes, then rinse well.
- Do not apply deodorant, body lotion or powder afterwards.

The morning of surgery:

- Repeat the above with the second surgical sponge.



## Food and fluid restrictions



NO SOLID FOOD after midnight on the evening before surgery. Clear fluids are permitted until **three hours** before your scheduled surgery time.

Clear fluids include:

- Water
- Clear tea
- Carbonated drinks (pop)
- Popsicle
- Black coffee
- Clear apple juice



Clear fluids DO NOT include:

- Milk, non-dairy creamer, protein beverages, or tomato juice
- Alcoholic beverages.

## Medications



Take all prescribed medications as usual **unless told not to** by your anesthesiologist, surgeon, hospital pharmacist or other specialist.

Discuss your medications with your doctor at least 10 days before surgery. 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).

7 days before surgery, stop taking Vitamin E and all natural health products and herbal remedies e.g. Garlic, Gingko, Kava, St. John Wort, Ginseng, Don 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.



## Smoking



**Smoking increases your risk of serious complications.**

**Do not smoke for twelve hours before surgery.**

If your surgery is planned in advance, plan to stop smoking at least two months before your scheduled surgery date. Talk to your family doctor for help to quit smoking. If you are in the process of quitting on your surgery date, Nicoderm patches are a better option than smoking.

## Packing for the hospital

### What to bring

- Your B.C. care card or proof of substitute Medical Insurance Plan, or some form of personal identification
- List of allergies and hypersensitivities, medications and vitamins
- Eyeglasses/contacts , hearing aids and dentures with storage case labelled with your name
- Bring your CPAP, Bi-level machines or dental device if you use one for sleep (even for day surgery)
- A small bag with personal hygiene items such as toothbrush, toothpaste and comb
- Slippers
- A front closure top to wear home from the hospital.
- Surgical Bra **IF** instructed by your plastic surgeon.

### **What not to bring or wear:**

- Jewellery or body piercing items
- Personal items such as money, valuables, credit cards
- Make-up, perfume, deodorant or talcum powder.



## 4 Coming to Hospital

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You will be admitted to hospital on the day of your surgery. Your surgeon's office will tell you:

- Which hospital to go to
- The date and time of your surgery
- The hospital admission time
- Your 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)
- 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 (these items will be kept with your belongings).

When the operating room is ready, you will be brought in on a stretcher. After surgery you will be taken to the recovery room. Recovery takes two to three hours. Your surgeon and anesthesiologist may visit you there.

#### **Pre-op Support**

One family member or friend can stay with you until you are taken to the operating room.



## Sentinel node biopsy

Sentinel node biopsy maps the underarm (axillary) lymph nodes closest to the cancer site. If you are booked for this procedure you will be asked to go to the Nuclear Medicine department at the hospital on the morning of surgery, or sometimes the day before. Your surgeon's office will tell you the time and which hospital to go to.

Sentinel node biopsy is a two-part - procedure:

### 1. Tracing Agent

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.

### 2. Dye

Once you are in the operating room and you are asleep, your surgeon may inject a blue dye (Isosulfan Blue/ Lymphazuran) into the breast if needed to help visualize the lymph nodes.

### **Possible side effects**

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 appear bluish in colour. These effects are normal and will fade within a few days.



## 5 Being in Hospital

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### 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 anaesthesia and give you medication for pain and nausea as needed. If you are staying overnight, you will be moved to a nursing unit.

#### Pain

You may experience pain and/or a sensation of tightness around the mastectomy site. If your lymph nodes were removed from under your arm, you may also experience some numbness in the upper and inner arm. These sensations will decrease as time passes, but may linger indefinitely.

Some women find the surgery painful while others experience mild feelings of discomfort. You will be prescribed pain medication based on your individual needs.

#### Fluids and diet

Your IV will be removed as soon as you are drinking enough fluids. You will be given something to eat when you are ready.

#### Constipation

It is important to establish a good bowel pattern prior to admission because pain medication and limited activity can lead to constipation. The sooner you resume your regular daily diet and activity level, the sooner this problem should dissipate. Occasionally laxatives such as Senokot or Metamucil can also help.

#### Visitors

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

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



## Activity

Most people are able to resume their normal activities within six to eight weeks. Your general health, the extent of the surgery and your commitment to your exercise prescription all influence your recovery.

Starting the first day post-op:

- Avoid using either arm to push or pull your body
- Use both arms as normally as possible within the limits of pain and pulling on the incision
- Use your arms for activities such as washing your face, combing your hair and eating meals.

### **For 24 hours after surgery DO NOT:**

- Make major decisions or sign documents
- Drive or work with machinery
- Take Aspirin – it can cause bleeding
- Take tranquilizers or sleeping pills
- Drink alcohol
- Look after babies, small children or frail elderly.

## Dressings and drains

Your dressing(s) will be changed as directed by your doctor. Your nurse will show you how to change your dressings before you are discharged.

You may have one or more drainage tubes to collect normal blood and fluids that drain when tissue is cut. The drains are often left in place when you go home. Your nurse will show you how to measure, clean, and unclog your drain(s) before you are discharged. (*See pages 15-17 for detailed instructions*).



## Getting dressed

When you get dressed, put the arm on the same side as the surgery into the shirtsleeve first. In the case of surgery to both breasts, choose what is most comfortable for you.

When undressing, it will be easier to remove the arm on the un-operated side first, and then remove the arm on the operated side from the shirt sleeve last.

### What to wear after surgery

Wear a loose comfortable bra as soon as all the incisions are completely healed. Avoid wearing bras that are tight or have underwire. **OR**

Wear a surgical Bra **IF** previously instructed to do so by your plastic surgeon.

## Hospital discharge

Discharge 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
- Change your dressing(s)
- Provide you with a few dressings to take home; you may need to purchase more
- Provide a container for measuring the contents of your drain(s).



## 6 At Home after Surgery

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### Effects of surgery

Most women are able to resume normal activity within six to eight weeks, depending on your general health and the extent of the surgery.

#### Bruising and pain

Bruising around the incision is normal. Bruising usually starts to fade in seven to ten days but can take 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 seven to fourteen days after surgery as nerves heal. Some describe this as a burning sensation or increased tenderness. Some describe feeling "electric shocks". Should this occur, it *will* pass within a week or two. Take pain medication when needed.

Numbness in the arm and breast is common. Numbness in the armpit and in the back of the arm may linger indefinitely. **Caution:** Avoid hot water bottles, hot bags or heating pads; desensitized or numb tissue can burn.

#### 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, firm and appear reddened.

Seromas are not a problem unless the area becomes heavy, tight or painful. The body will absorb small seromas. The surgeon may remove large ones using a fine needle and syringe. This procedure is done in the surgeon's office. It may have to be repeated several times during recovery. (See page 19, *When to call your surgeon*).





## What to do

- **DO** begin the exercises in the Canadian Cancer Society booklet *Exercises After Breast Surgery: A Guide for Women*
- **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** use your arm as normally as possible, within the limits of pain and pulling at the incision site, for the activities of daily living (ADL) such as grooming, washing, and eating
- **DO** check with your surgeon if you have any questions about an activity.
- **DO** watch for signs of constipation 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 four to six weeks after surgery or as directed by your surgeon
- **DO NOT** use your arm to push or pull yourself into or out of bed or a chair
- **DO NOT** make sudden unexpected movements with your affected arm
- **DO NOT** use deodorant, talcum powder or shave under the arm until the axillary (armpit) wound is healed.
- **DO NOT** put Vitamin E on incisions for six weeks. Some surgeons believe that Vitamin E may widen scars and irritate the incision.



## 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 to do so.

## Incision care

Most sutures are dissolvable. Your incisions will be covered with steri-strips (small tape-like bandages) with a light (Mepore) dressing over top. Steri-strips often peel off on their own. If they don't, leave them until you see your surgeon. Apply a small band aid or dry gauze to any weeping areas. Dressings should be changed every one to two days or more often if there is drainage that soaks through. If you have a drain, a dressing should always be worn over the drain site.

## Bathing

When your plastic surgeon says it is ok to shower, remove the outer (Mepore) dressing first, but leave the steri-strips intact. 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
- Aiming the showerhead at your incision(s).

After bathing/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.

## About drains

Breast drains prevent fluid from building up around the breast incision; axillary drains prevent fluid from building up in the underarm incision. You may have one to three drains each held in place by a stitch. The drain is best worn under clothing. This keeps it from pulling apart.

An inch or more of tubing visible outside the body indicates that the drain is coming out. *Contact your surgeon.*

## Removing drain(s)

Your general surgeon will remove axillary drain(s) when drainage is less than 20-30cc in a 24-hour period. This is usually seven to fourteen days after surgery, but can be longer. Your plastic surgeon typically removes breast drain(s) within seven days of the surgery.

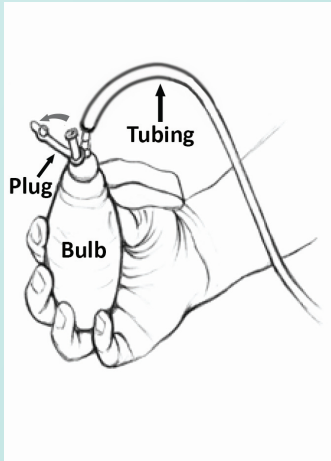
IF needed, your nurse will arrange home nursing care to help with your drains and dressings at home, prior to discharge from the hospital.

## Drain care

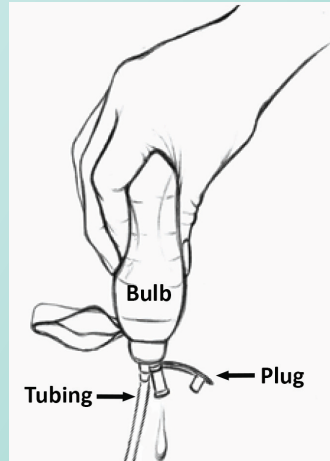
The nurse will show you how to empty your drain(s) before you go home and will provide several dressings and a small container for measuring drainage. Detailed instructions follow.



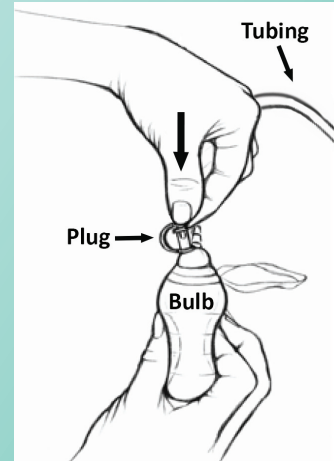
1. Open Plug    2. Empty & Measure    3. Reset



**Figure 1:**  
Wash your hands.  
Hold the drainage  
bulb upright and  
open the plug.



**Figure 2:**  
Turn the bulb over.  
Empty the fluid into  
a container.  
Measure and record  
the drainage.



**Figure 3:**  
Push the plug back  
in while squeezing  
the bulb.  
This resets the  
drain's suction action.

- **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 Drain Record table provided on page 18. Bring your Drain Record to your next surgeon's appointment.
- Drainage is often pink, it often becomes yellow or clear and the amount will decrease over time.
- If the tubing accidentally disconnects from the drainage bulb cleanse the connection site with 70% isopropyl alcohol before reconnecting it.
- Follow the steps to reset the drain.
- If the drainage plug accidentally opens, follow the steps 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 an abrupt decrease in drainage and fluid may leak out where the tube enters the body. To release clots or tissue:

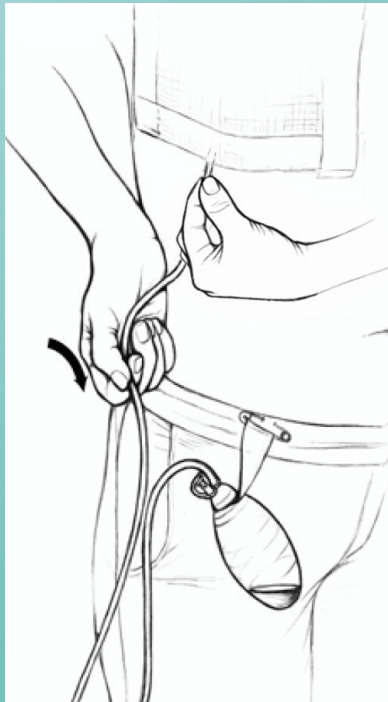
Support the drain site with one hand and pinch the tubing between your thumb and index finger close to where the drain enters your body. (Fig. 4)

With the thumb and index finger of the 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)

Repeat 2-3 times

Contact your surgeon or homecare nurse, if arranged, if the blockage does not clear. 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.

**Figure 4:**



**Figure 5:**



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



## When to call your surgeon

Contact your surgeon if you have a low grade fever (37.5C-37.9C or 98.5F-101.2F) that lasts for three days.

Contact your surgeon or homecare nurse (if arranged) if you have any of the following problems with your drain(s):

- The drain falls off and cannot be reconnected with tape
- The drain does not remain compressed
- The directions provided do not unclog the drain(s)
- Drainage increases, is foul smelling or changes in consistency
- The incision opens up

Contact your surgeon if you experience 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.

### Contact your surgeon immediately if you:

- Have a high grade fever of 38.5C/101.3F or greater
- Experience shortness of breath.
- Experience calf pain.

If you cannot reach your surgeon:

- Call your family doctor
- Go to a walk-in medical clinic; or
- If it is after clinic hours go to a hospital emergency
- Call the B.C. Nurse Line toll-free at 1-866-215-4700



## 7 Follow-up after Surgery

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### Follow-up with your surgeon(s)

Your plastic surgeon will want to meet with you one to two weeks after surgery. Call their office to arrange this appointment. If you are newly diagnosed with breast cancer, your general surgeon will discuss your pathology results with you, once available. (Final results are usually available within 2-3 weeks). Call the Surgeon's office to arrange the follow up plan (telephone or in person appointment).

### Expanding the tissue

Your plastic surgeon may add saline solution to the expander during the first visit and subsequent visits, usually every two weeks depending on how your wounds are healing. The expansion process takes about twenty minutes. You may experience tightness and discomfort during the expansion process and for a few days afterwards. Take pain medication as needed.

You can return to work or do light housekeeping activities after each expansion, but **avoid lifting heavy objects for two weeks after each expansion**. Avoid straining for the duration of the expansion process.

### 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 one to three weeks)
- 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 pounds) for four weeks on your surgical side.



## When further treatment is needed

After breast cancer surgery (and sometimes before), you will consult with an oncologist (cancer doctor) to discuss the need for further treatment or adjuvant therapies. These therapies can be one or a combination of chemotherapy, radiation or hormone therapy. Further tests are often ordered after this appointment.

The BC Cancer Agency's Vancouver Island Cancer Centre (VICC) will phone you with the date and time of your oncology appointment. You will be seen four to six weeks after your surgery date.

### Adjuvant Therapies

- If radiation therapy is recommended, it can begin two to three weeks after the first visit and can last three to six weeks.
- If chemotherapy is recommended, it can begin one to two weeks after the first visit and can last four to six months.
- If both are recommended, chemo is usually done first.

## New patient information

To prepare for your first visit to the BC Cancer Agency, please visit the Victoria website:

[www.bccancer.bc.ca/our-services/centres-clinics/bc-cancer%E2%80%93victoria](http://www.bccancer.bc.ca/our-services/centres-clinics/bc-cancer%E2%80%93victoria)

Click on **“Patient Journey”** & **“How To Prepare”**

This will provide a checklist of what to bring with you to your first visit as well as links to a "guidebook for patients" and the **“New Patient Video”**.



## 8 Road to Recovery

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### Physical recovery

#### Exercises following breast surgery

You may experience stiffness in your affected shoulder and arm after breast surgery. The *CCS Exercises after Breast Surgery: A Guide for Women* is included with your information email. 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 nodes have been removed, or 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, months or even years later. It can be a temporary or a long-term condition.

#### Learn about lymphedema

- Read pages 20-22 in the CCS booklet *Exercises after Breast Surgery: A guide for women*.
- Chapter 33 in the book *The Intelligent Patient Guide to Breast Cancer* this book can be purchased on line or borrowed from the BCCA or public libraries.
- **Attend a free information session about Lymphedema: Learn more about signs & symptoms, risk factors, prevention and treatment available. Class held the last Tuesday of each month 3:30- 4:30 PM at**
- **Inspire Health, Suite 212- 2187 Oak Bay Ave. Please call 250- 595-7125 to register for the class.**

If you experience changes in your affected arm or hand once recovered from surgery, during cancer treatments, or following these treatments: Please call the Breast Health Centre (250-727-4467) to speak with a nurse to discuss symptoms and treatment options available.



## Physiotherapy after breast surgery

If you have been recommended for radiation treatment, and are unable to lift your affected arm above your head you may obtain a doctor's referral for *Out-Patient Physiotherapy* at the Royal Jubilee Hospital; this service is covered by Health Insurance BC (MSP). Private physiotherapy clinics also have the expertise to provide these services for a fee.

## Self Scar tissue massage

Scar tissue massage is a popular technique that may improve healing after breast surgery. You can start two to four weeks after surgery, when there is no longer any scabbing on your incisions.

Discontinue scar massage during radiation and check with your radiation oncologist as to when it will be safe to resume.

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

## Massage therapy after breast surgery

Following the *Exercises after Breast Surgery* and doing self massage are not always enough to release deeper scar tissue that may develop after surgery and/or radiation therapy.

If you are experiencing cording, pulling, tightness, prolonged swelling or fluid collection resulting in discomfort and decreased range of motion (ROM); you may benefit from seeing a Registered Massage Therapist (RMT) with experience working in this area. Please call the Breast Health Nurse to discuss your symptoms and what treatments may be of benefit to you (250-727-4467).

RMT's work in private clinics and provide their services for a fee.



## *Emotional support*

### *Vancouver Island Cancer Centre (VICC)*

The Vancouver Island Cancer Centre is located at 2410 Lee Avenue in Victoria on the Royal Jubilee Hospital Site. Services offered include professional counselling, relaxation group, therapeutic touch clinic and nutrition counselling all at no cost. For more information please call 1-800-670-3322. To make an appointment with Patient and Family counselling please call 250-519-5525.

### *CancerConnection*

The Canadian Cancer Society offers an online peer support community for patients, family, and friends. [www.cancerconnection.ca](http://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 are able to share their experiences and feelings with other women who have travelled the same road. There are several groups in the Victoria area that meet at various locations and times. You are welcome to attend at any time in your journey. Please call the Canadian Cancer Society's Cancer Information Line 1-888-939-3333 to find a support group in your area, or go to [www.cancer.ca](http://www.cancer.ca) and click on support and services.

### *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 greater public awareness about breast cancer. All ages and physical abilities are welcome. Please call the Canadian Cancer Society's Cancer Information Line at 1-888-939-3333 to find a dragon boat team in your community.

### *Look good feel better program (LGFB)*

This free two hour workshop provides hands on tips to enhance your appearance during cancer treatment. Information about wigs, hats, head scarves and make-up application are covered. It can be helpful to attend before your treatment starts. Please register online at [www.LGFB.ca](http://www.LGFB.ca) or call 1-800-914-5665.

## 9 Post-Reconstruction

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### *Breast self-examination and mammography*

It is important to check both your natural breast and your reconstructed breast(s) each month. Check with your plastic surgeon about when to start and how to do breast self-examination on your reconstructed breast.

A yearly mammogram of your natural breast is recommended. Mammography is not required on the reconstructed breast.

### *Removing the tissue expander*

The expander is removed and replaced with an implant about twelve weeks after the expansion process has achieved maximum stretch. This surgery takes about one hour. You will return home the day of the surgery and be able to return to work one to two weeks after the surgery.

### *Nipple and areola reconstruction*

Nipple reconstruction is usually done a few months after the expander has been removed and replaced by the implant. This allows time for the breast mound to heal and settle into its final shape and position and allows the plastic surgeon to align the reconstructed nipple with the natural nipple. Nipple reconstruction is most commonly performed by using tissue from the breast mound. This is a relatively minor day surgery done under local anaesthetic. The reconstructed breast or nipple will not have the same sensation as a natural breast.

The areola is usually created using a tattoo. A minimum of 12-24 weeks is required for healing prior to having nipple/areola micropigmentation (tattooing) done. The procedure is performed by trained nurses and requires a referral from your plastic surgeon's office. Professional tattoo studios and permanent makeup specialists also perform nipple/areola tattooing for a fee.



## Donating your prosthesis

If you have a gently used breast prosthesis that you would like to donate please contact the Canadian Cancer Society at 1-888-939-3333 to find a prosthetic bank in your area.

## Sexuality

Check with your plastic surgeon or nurse about returning to sexual activity. Most women can safely resume having intercourse two weeks after surgery or when they are comfortable. Some women who have had breast reconstruction surgery feel uneasy about returning to sexual activity. They worry about how their changed appearance will affect their relationship with their partner. Some men worry about making the wrong moves or saying the wrong things.

The nerve that supplies feeling to the breast and nipple is disconnected during surgery. Therefore, the feeling of pleasure from touching the breast and nipple is mostly lost. Breast reconstruction can boost a woman's feelings of wholeness and attractiveness and help her feel more comfortable with sexual intimacy.

Women differ about their need and readiness for intimacy. Some women feel it works best when a partner follows her lead and does not rush to start sexual activity. Many women have said that keeping romance in a relationship, as part of recovery, was important as it helped make the relationship feel normal. Other women have said that they needed to openly communicate their feelings and fears to their partners to improve their partner's understanding of the situation. Some women have found that their partners go through a grieving process as well.

\*Reference: Lamb, Sheila. Autologous Breast Reconstructive Surgery, Tissue transfer, Information for Patients & Family - Vancouver Hospital & Health Services Centre. Feb. 2000.



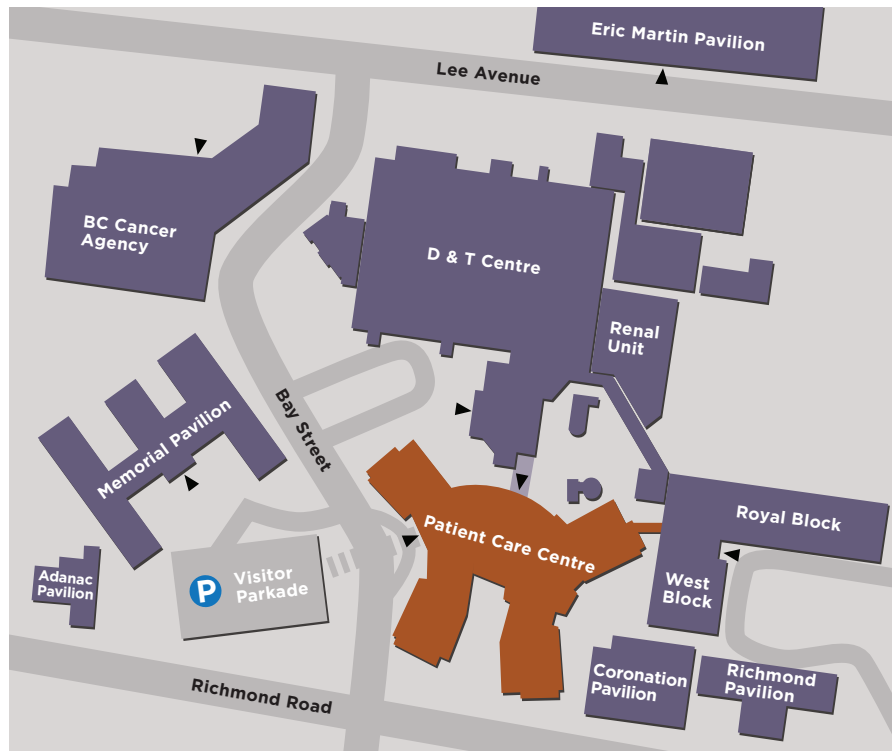








# Royal Jubilee Hospital Site and Parking



## D & T Centre

Link to BC Cancer Agency, Level 0  
Emergency, Level 1  
Medical Imaging, Level 1  
Clinics, Level 1, 2  
Surgical Day Care, Level 3  
Cardiac Short Stay, Level 3  
Coronary Care Unit (CCU), Level 3  
Cardiovascular Unit (CVU), Level 3  
Intensive Care Unit (ICU), Level 5

## Patient Care Centre

Adult / Senior Mental Health 1, 2  
Heart Health / Clinical Teaching, Level 3  
General Medicine, Level 4, 8  
Rehabilitation / Bone Health, Level 6  
General Surgery, Level 6, 7

## Richmond Pavilion

Victoria Hospice, Level 3, 4

## West Block

Nuclear Medicine, Level 1  
Outpatient Laboratory, Level 1

The Victoria Breast Health Centre color scheme and logo are inspired by Ted Harrison's print "*The Poet Who Greets the Sun*". The print was a gift from the Victoria Breast Cancer Support Group to mark the inception of the Victoria Breast Health Centre in 2001.



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