

Breast cancer surgery

The information in this brochure is to help you learn about breast surgery for cancer.

Hearing that you have breast cancer is very frightening. Many women have told us that one of the most helpful things we can do is to provide them with information about breast surgery and care after their surgery.

As you read the handout, you may think of questions you would like to ask. It helps to keep track of your questions by writing them down. On the back you will find space for writing questions and notes. Take the question list to your next appointment with the doctor or nurse and review the list together.

One of the most common questions women ask after surgery is "Will the cancer come back?" To answer this question, the nurse and doctor need to learn more about you and the type of cancer you have. There are many treatments available that may decrease your risk of having the cancer come back. When you start your cancer treatment you will see a nurse and doctor who have a special interest in treating women with breast cancer. They can explain how different treatments can help prevent breast cancer from coming back.

**For more information call the Cancer Information Service,
Call your Breast Cancer Nurse or your Surgeon's office**

We are here to help you through this difficult time. Please talk with us about your concerns.

*Hamilton Health Sciences
Juravinski Cancer Centre*

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Information about the breast

The breast has 3 main parts: fibrous tissue, glandular tissue and fat.

Fibrous tissue

- Anchors the breast to the chest and supports the breast.

Glandular tissue

- Makes and secretes milk through the nipple for breastfeeding.

Fat

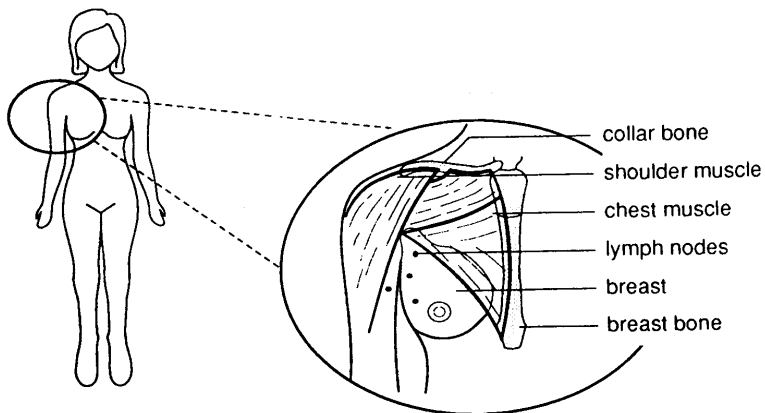
- Surrounds the glandular tissue and helps determine the size and shape of the breast.
- There are 2 other areas that affect the breast: the lymph nodes and the muscles under the breast.

Lymph nodes

- Are found under the breast and in the axilla or armpit.
- Drain and filter fluid from the breast.
- Lymph nodes help protect the body against disease.

Muscles

- Are behind the breasts and are used for shoulder movements.



Breast conserving surgery

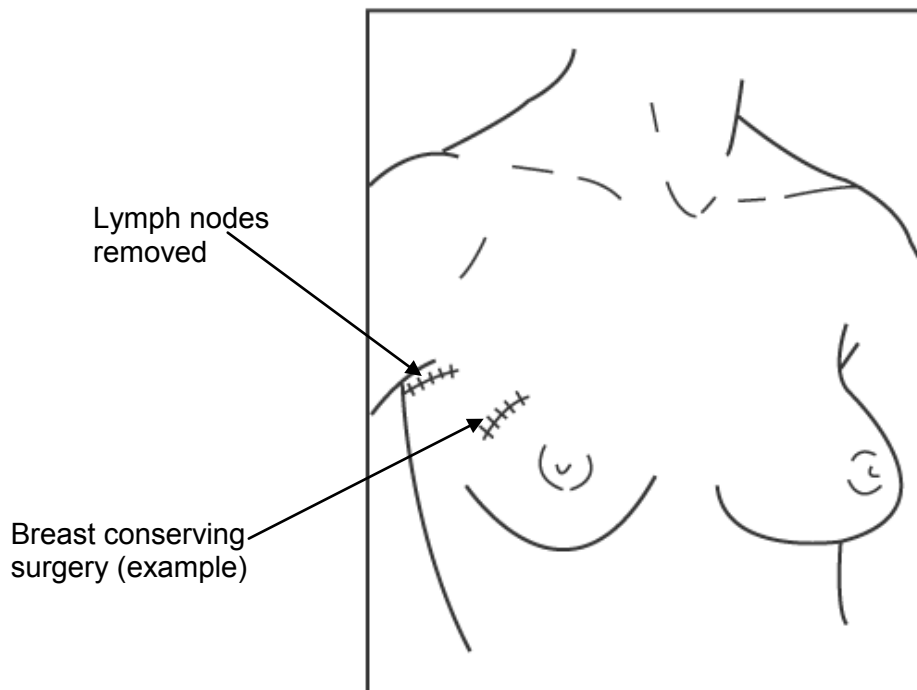
Breast conserving surgery removes only the breast tumour and a part of the surrounding tissue.

Other names for this type of surgery are:

- lumpectomy
- segmental or partial mastectomy
- wedge resection

} Breast conserving surgery – different names for the same type of surgery

Very often your surgeon will recommend the removal of some lymph nodes. This is called an axillary node dissection. This is done to see if the tumour has spread to the lymph nodes.

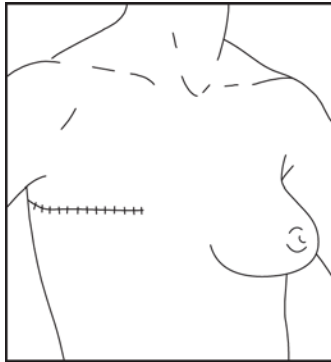


Mastectomy surgery

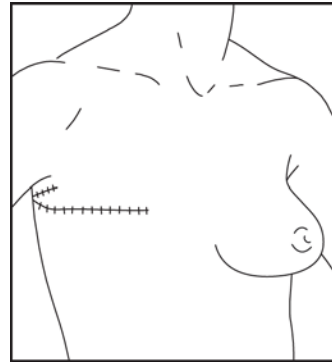
There are 2 types of mastectomy surgery:

- Total mastectomy is removal of all breast tissue. The lymph nodes and muscles remain. This surgery does not affect your arm.
- Modified mastectomy removes all of the breast tissue and some of the lymph nodes under the arm. This may cause discomfort under the arm.

Total mastectomy



Modified mastectomy



What type of surgery will I have?

The type of surgery you will have depends on:

- the treatment decision made by you and your surgeon
- the size and type of the tumour in your breast
- the location of your tumour
- the size of your breast

Before your surgery, you and your surgeon will have discussed the type of surgery you need.

When will I go home after surgery?

How long you stay in hospital depends on the type of surgery you have. You may go home the same day as your surgery.

When can I get back to work and my routine?

You may feel tired for several weeks after surgery and during the course of your treatment.

Get back to your regular activities and exercise slowly. When you feel tired, stop and rest. It is important to rest when you are tired. Rest time and naps can make you feel better and help your body heal.

Before your surgery you will need to arrange time off work. The length of time off work depends on:

- how well you are recovering
- the type of work you do
- your treatment after surgery either chemotherapy and/or radiation
- the type of surgery you had

Talk with your surgeon about when you can return to work.

Before surgery you may find it helpful to:

- make sure that you have all the medications you need
 - shop, prepare meals and freeze them ahead of time
 - arrange for someone to help you around the house, help with children and do errands for you
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Before your surgery

Pre-op Clinic visit

A few days before your surgery, you will need to visit the Pre-op Clinic. The nurse in the clinic will give you information about what to expect before and after surgery and answer any questions that you may have at that time.

During this visit you may:

- have blood tests and an ECG, or electrocardiogram
- see the anesthesiologist, a doctor who will examine and talk with you about the medication that makes you sleep during surgery.

You will be given a "**Patient's Checklist for Surgery**" to help you prepare for surgery. Check each item as you get ready to come to the hospital.

What happens during breast surgery?

An intravenous tube called an IV will be put into a vein in your arm. The IV is used to give you fluids and medications.

For breast surgery, a general anesthetic is given to make you sleep during the surgery.

What should I expect right after breast surgery?

You will go to the Post Anesethetic Care Unit, or PACU after your surgery. You will stay in the PACU until you are fully awake. You will go to your hospital room if you are staying overnight.

If you are going home the same day as your surgery, you go to the Same Day Surgery after the PACU, then home.

Home care nursing will be arranged for you if you have drains. The nurses will help you with wound and drain care.

Incisions and pain

The incisions may be swollen, bruised and painful. The incision may feel lumpy like a ridge – this is normal. You will have staples or clips that are covered by bandages or tape. Ask your nurse for pain medication or take the pain medication that your surgeon prescribed.

For comfort, wear a good support bra without underwire. Apply an ice pack – 10 minutes on and 10 minutes off. Repeat as needed for comfort. Avoid hot or warm packs as the surgery may have changed some nerves so you skin could burn easily.

Diet

You may drink a few hours after your surgery. If you feel nauseated or sick to your stomach, let your nurse know. You can have medication that will help. Your IV will be removed before you leave the hospital, or when you are drinking well.

Drains

You may have 1 or 2 tubes, called drains, in your breast or armpit. The tubes drain fluid away from the operated site into a container. It is normal for this fluid to look bloody at first, then turn pink to yellow. The amount will decrease over time.

The drains will need to be “milked” and “stripped” daily as clots will block the drain. This may result in a fluid collection in the wound and an infection could develop.

After the surgery, you and a family member will be taught how to milk and strip the drains, empty the container and measure the amount of drainage. When the amount of drainage decreases, the tubes will be removed (about 7 to 14 days). It is normal to have some redness around the skin near the tube/drain.

A visiting nurse will help you with care of the drain and its removal.

Looking at your breast

It is common for some women not to want to look at their breast after a lumpectomy or where their breast was after a mastectomy. Give yourself time. Talk it over with your partner or a friend. If you are having a hard time with this, please talk with your visiting nurse, family doctor, nurse, a breast cancer survivor or your surgeon.

What can I do after breast surgery?

Activity

You will get out of bed the day of your surgery. Ask your nurse for help the first time you get up. Moving and walking will:

- keep your muscles strong
- prevent breathing problems
- help your blood move around your body
- prevent blood clots from forming
- help keep your bowels working

It is important to do deep breathing and coughing exercises. You may place a pillow or rolled towel over your incision. This will support your incision and reduce pain when you deep breathe and cough.

Arm and shoulder movement

To restore your arm and shoulder movement please follow the exercises in the handout “**Exercises after breast or upper body lymph node surgery**”. This is very important.

Diet

Eat light meals for the first day and then begin your normal diet. Pain medication can often cause constipation. To keep your bowels moving drink plenty of fluids, 6 to 8 glasses a day. Eat food high in fibre such as fruits, vegetables and whole grain breads.

Hygiene (Check with your Team re removal of bandages!)

You will be able to get up and go to the bathroom. You can shower 24 hours after surgery. It is okay to remove the bandages. Do not scrub, rub or use a washcloth on the wound or incisions. Carefully pat the area dry.

Under the bandages you will see pieces of tape called steri-strips, or disposable sutures and/or clips, to close the incision(s). These usually stay for 10 to 14 days after surgery. It is okay if the steri-strips fall off.

Take them off if they are peeling, wet and caked with blood. There is no need to cover the wound. The wound can be open to air. Daily dressings and tape may irritate the skin.

Do not soak in the tub until your incisions are fully healed, about 3 weeks. Do not put powder, cream, deodorants or perfumes on your incisions until they are healed, about 4 to 6 weeks or until you see your surgeon after surgery.

Check your incisions every day for:

- redness
 - pus or drainage
 - swelling or warmth
-

When should I call the surgeon?

Call your surgeon if you:

- notice a rapid increase in swelling or bruising the first 24 hours after surgery
- have a temperature greater than 38°C (100°F) or higher
- notice pus or drainage from the incision
- pain increases or is not relieved by medication
- increase swelling, warmth or redness around your incision, arm or drain

When should I see the surgeon again?

You will see the surgeon about 3 weeks after surgery. Before you leave the hospital you will be given the date and time of your appointment. If you are not given the actual date and time, you will be instructed to call your surgeon's office for the appointment.

At this visit, your incision will be checked and the stitches or clips may be removed. Your surgeon will also give your information about your appointment with the oncologist and/or **your cancer centre**

Common questions after breast surgery

When you are home after surgery you may have many questions about what happens next. Here are some common questions that many women ask:

I am worried about pain. How can I control it?

There are different reasons for pain after breast surgery, which may include:

- the type of surgery you had
- your pain tolerance
- being anxious

It is normal to have pain and/or discomfort after surgery. You may not feel pain until several hours after surgery. If you have pain, take the pain medication your doctor ordered.

Some women have sharp stabbing pain for weeks after surgery. This is normal. Please talk with your nurse, doctor or physiotherapist. There are many different ways to control pain.

I feel numbness and tingling after surgery. Is this normal?

It is normal to feel numbness and tingling in your chest, arm and fingers after surgery. Sometimes this goes away, sometimes it does not. Talk with your surgeon if you have these feelings.

When do I go to my cancer centre (CC) to meet the oncologist or cancer doctor?

Your appointment with the **CC** depends on many things including the type of cancer that you have and the treatment that you need. Your surgeon will let you know.

What is chemotherapy?

Chemotherapy is treatment with drugs that kill cancer cells. There are many drugs to treat breast cancer. If you need chemotherapy, you will meet with an oncologist to discuss treatment.

What is radiation therapy?

Radiation therapy uses high-energy radiation rays or particles to damage or destroy cancer cells. If you need radiation, you will meet with a radiation oncology to discuss treatment.

What is hormone therapy?

The hormone estrogen can cause some cancers to grow. Hormonal therapy interferes with this process and can stop or slow down the growth of cancer cells. If you need hormone therapy, you will meet with an oncologist to discuss treatment.

What about breast reconstructive surgery?

Breast reconstructive surgery depends on the type of breast cancer, related treatment and your need. Talk with your surgeon about possible breast reconstructive options for you.

What can I do to keep myself healthy before I start breast cancer treatments?

Some women find comfort in talking about their situation, others do not. Think about what may help you. There is no right or wrong way to cope at this time.

- stay involved with your current activities, if you can
- exercise regularly
- eating well

Where can I get information about a breast prosthesis?

There are many stores that provide breast prosthesis. Look under the Yellow Pages under breast prostheses or mastectomy supplies. During your first visit to the **CC**, you will be given a list of places. The Assistive Devices Program through the Ministry of Health and Long-Term Care covers some of the cost. Please talk with your nurse or oncologist at the **CC**. It is best to wait 6 weeks after surgery or radiation before being fitted for a prosthesis.

Will my daughter also get breast cancer?

If this is a concern for you, please talk with your surgeon or the specialists at the **CC**

I have heard that surgery may cause my arm to swell and increase in size. Could this happen to me?

This swelling or increase in the size of the arm, hand and/or wrist is called lymphedema. It can be caused by the removal of lymph nodes during surgery or radiation therapy. A small number of women may have problems related to lymphedema after their surgery or radiation treatments. The risk is less with sentinel lymph node surgery.

If you have lymphedema your arm may feel heavy and you may begin to have a hard time with some activities. You may notice tingling in your arm or fingers. Talk with your doctor if you have any of these feelings.

On the next page are some things you can do which may prevent problems related to lymphedema.



Here are some things you can do which may prevent problems related to lymphedema:

If possible on the affected arm:

- Do not have your blood pressure taken.
- Do not have IV's, injections or blood tests.
- If you injure, cut or scrape your skin, clean and protect the wound right away. Clean with soap and water, and use an antibiotic ointment.
- Prevent sunburns. Use sunscreen and wear protective clothing in the sun.
- Wear gloves with yard work.
- Prevent insect bites. Use insect repellents.
- Prevent pet scratches.

Housework

- Prevent burns: use an oven mitt when baking.
- Use gloves when doing the dishes and housework.
- Avoid heavy lifting.
- Avoid repetitive arm movements such as painting.

Weight

- Keep your weight under control. Women who are obese are at greater risk of developing lymphedema.
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Notes:
