



Getting Prepared for Your Pre and Post-operative Breast Surgical Path:



Welcome

Thank you for choosing Kaleida Health for your breast surgery. We are dedicated to helping you through this very challenging time of your life.

Our team is proud to serve you and we are focused on helping you achieve the best possible outcome with quality medical treatment, attentive bedside care, and the latest rehabilitation therapies.

Each patient progresses differently, so your program will be designed to meet your specific needs. We want you to achieve a full recovery so you can get back to your life as quickly as possible, but this can only be accomplished if everyone works together. The skill and dedication of your physicians, nurse practitioners, nurses and therapists are only half of the team. You (the patient) and your family represent the other half of the team and will play a big role in your successful recovery. We are honored to be your preferred service provider.

Pre-Admission

General Information

What to Bring to the Hospital

- Pack a small pillow for the trip home to help with any bumps along the way (the pillow will also help with the pressure of the seat belt).
- Personal care items such as chapstick, hairbrush, glasses, denture supplies and hearing aids
- picture ID, insurance card and your healthcare proxy and advanced directives if in place

Clothing/Undergarments

- The day of surgery, dress comfortably with loose fitting clothes that open in the front to make getting dressed for the trip home easier. Front closing pajama tops can also be helpful during your recovery.
- With lumpectomy surgery, wear a supportive bra without an underwire. It is usually recommended to wear this bra around the clock for at least a week
- If you are having a mastectomy, your surgeon may or may not have a surgical bra placed on you after surgery. There are also garments that can be purchased to assist with the drains that will be in place during the recovery period. Please check with your breast surgeon/plastic surgeon to determine their preference.

What to Leave Home

- Valuables, such as credit cards, wallets, money and jewelry
- Personal medications, unless specifically advised to bring them
- Electrical equipment such as fans, hair dryers, curling or flat iron.

Important To Remember

***You are not allowed to eat or drink anything after midnight the night before surgery.**

***Check with your medical care provider if any medications should be taken the morning of surgery with a small sip of water.**

Medications and Vitamins

Tell your doctor about any medications, vitamins, supplements or herbal remedies you are taking.

Certain medications, vitamins and supplements such as fish oil, can cause your blood to become thin or interfere with its ability to clot (stop bleeding), and some herbal supplements may cause a negative reaction to anesthesia.

Nutrition

Nutrition is important in the preparation for, and recovery from, your surgery. Eating a well-balanced diet and increasing your fluid intake will help with the healing process.

- We recommend that you increase daily fiber and fluids to maintain regular bowel movements. You may take over-the-counter laxative and/or stool softeners (if needed) to stay regular both before and after surgery.
- Drink 6-8 full glasses of water each day for 3 days prior to surgery. This will get your body well hydrated for surgery and will help flush out the anesthetic agents.
- Limit your daily caffeine intake for one week prior to surgery, since caffeine is a natural diuretic (water pill).
- Alcohol consumption should be decreased. Please discuss alcohol consumption with your primary care doctor.
- Remember the importance of a well-balanced diet.

Hospital Course

Day of Surgery

What to Expect:

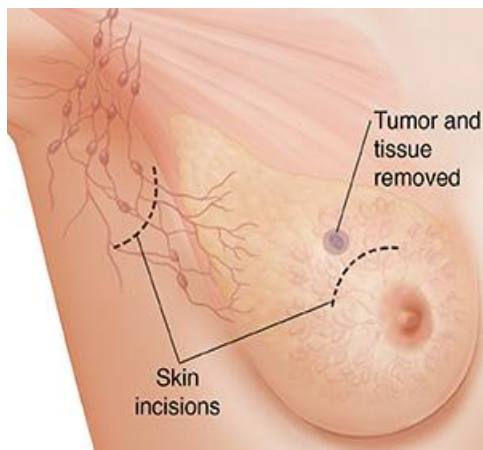
- You will go directly to the Surgical Care Unit where the admitting staff will complete the admission process. Your support person will be able to join you once the nursing staff completes your admission to the Surgical Care Unit.
- You will change into a hospital gown. All clothes and personal items will be put into a labeled bag, which will be locked in a locker for you.
- Please remove eye make-up, contact lenses, nail polish and all jewelry, including body piercings.
- An intravenous infusion (IV) will be started. Your IV line is inserted into your vein so we can give you fluids, medications, and antibiotics.

- Sequential Compression Devices that are sleeves are put on each leg and then connected to an air pump. They support and promote blood circulation in your legs during and after the surgery.
- If you are having lumpectomy surgery or surgical biopsy, you will be transported to the Radiology Department where the radiologist will insert a thin wire prior to surgery – which is called a wire or **needle localization**. Needle localization is performed using mammography. Breast needle localization is a procedure used to identify the precise location of abnormal breast tissue for the purpose of removing it in the operating room.
- The anesthesiologist will meet with you to discuss the anesthesia, and pain management method appropriate for you.
- The nursing staff will review your final preparations before surgery. When you are ready for surgery, you will be transported to the operating room.
- During the surgery, your support person may stay in the surgical waiting area.

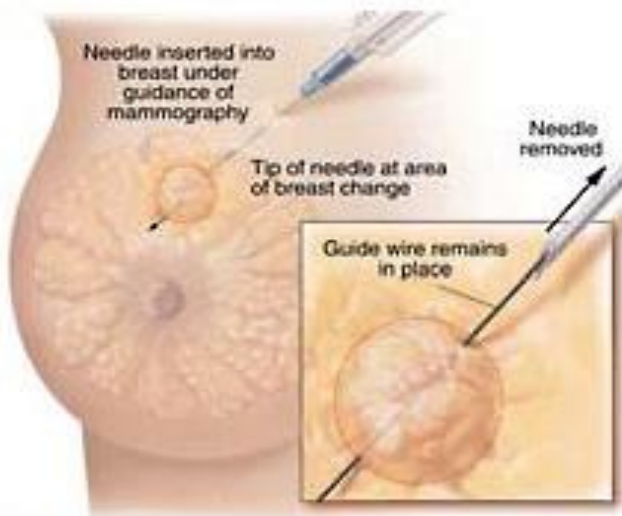
Breast Surgery

Lumpectomy: is the removal of the breast tumor (the "lump") and some of the normal tissue that surrounds it. A radiologist in the radiology department will insert a thin wire prior to surgery – which is called a wire or needle localization. Breast needle localization is a procedure used to identify the precise location of abnormal breast tissue for the purpose of removing it in the operating room.

Lumpectomy (Illustration provided by surgery.usc.edu)

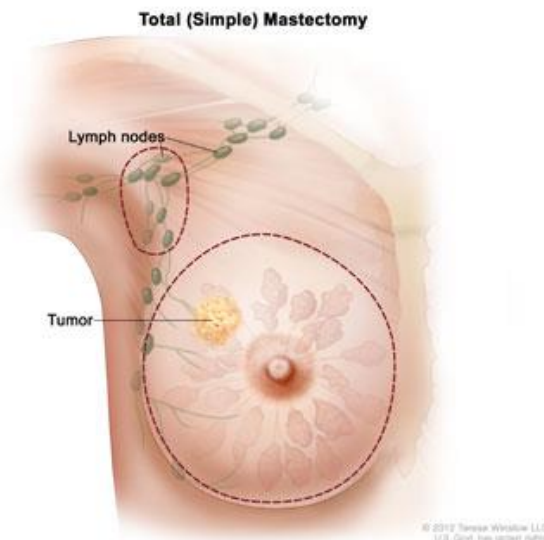


Needle Localization (Illustration provided by surgery.usc.edu)



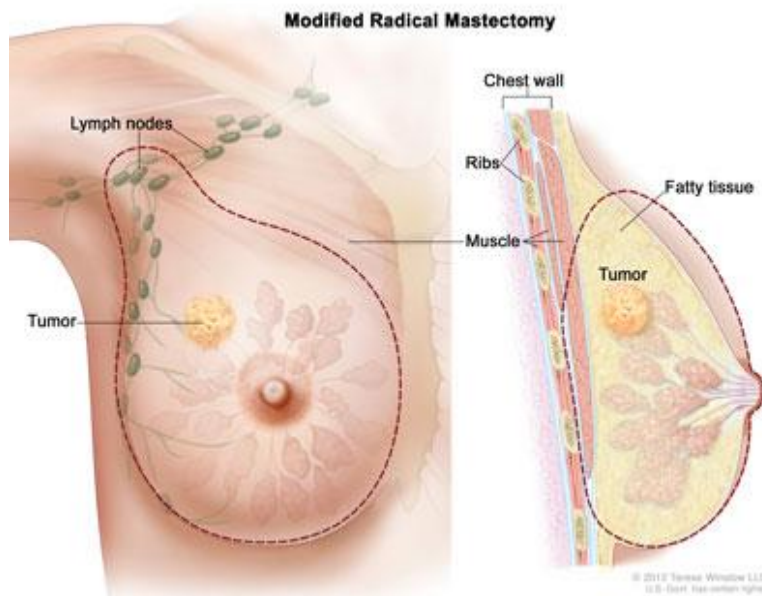
Mastectomy: Surgery to remove all or part of the breast. There are different types of mastectomy and your surgeon will discuss the best option for you. A drain on the side of the mastectomy is typical.

(Illustrations provided by cancer.gov)



- Nipple-sparing mastectomy - only the breast tissue is removed.
- Total (simple) mastectomy - the breast tissue and skin are removed. The surgeon also takes out one or more of the lymph nodes under your arm.

- **Modified radical mastectomy** - the whole breast is removed, along with many of the lymph nodes under your arm, and the lining over your chest muscles.



Prophylactic Mastectomy: Removal of the breast to prevent breast cancer - for those with high risk.

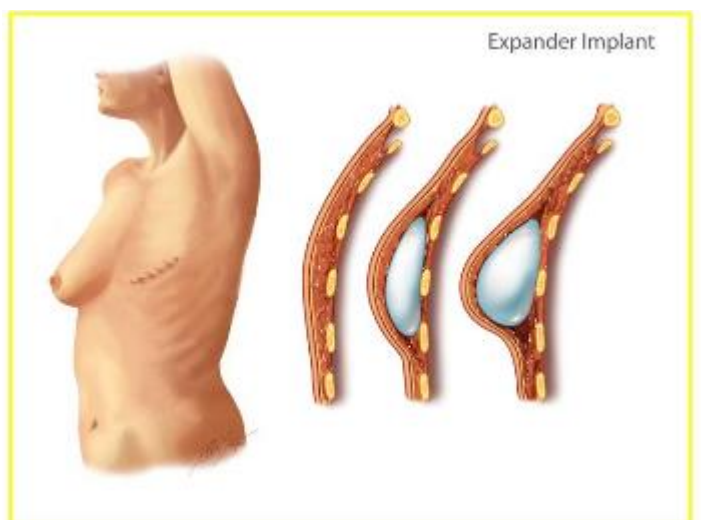
Surgical Breast Biopsy: Removal of all or part of the abnormal lump and often a small amount of normal looking tissue known as the margin. A radiologist in the radiology department will insert a thin wire prior to surgery- this is called needle localization.

Sentinel Node Biopsy: A sentinel node is the first lymph node to which cancer cells will spread from a primary tumor. This is a procedure to identify the sentinel node and remove it for analysis. In the operating room, your breast surgeon will inject a radioactive isotope into your breast so that the sentinel node can be easily located during surgery.

Axillary Node Dissection: is a procedure where affected lymph nodes in the axilla are removed for analysis. Axillary dissection removes more tissue than a sentinel node biopsy. This procedure may or may not require drain insertion.

Breast Reconstruction: Surgery done to rebuild the breast shape after mastectomy. Reconstruction can be done at the time of mastectomy or may be done later.

- **Tissue expander:** either inserted above or below the pectoralis muscle (decided by your plastic surgeon) – it is balloon-like and will be gradually filled with saline over the course of weeks to stretch the skin. (Illustration provided by hopkinsmedicine.org)



- **Implant reconstruction:** Inserting an implant that is filled with salt water (saline), silicone gel, or a combination of the two.
- **Autologous or "flap" reconstruction:** a reconstructive plastic surgeon builds a new breast-like shape from muscle, fat, and skin, using tissue transplanted from another part of your body (such as your belly, thigh, or back). Autologous reconstruction also may include an implant.

Your Anesthesiologist and Anesthesia

What is an Anesthesiologist?

Anesthesiologists help ensure the safety of patients undergoing surgery. The anesthesiologist provides care for the patient to prevent the pain and distress they would otherwise experience. This may involve general anesthesia (“putting the patient to sleep”), sedation (intravenous medications to make the patient calm and/or unaware) or regional anesthesia (injections of local anesthetic near nerves to “numb up” the part of the body being operated on (i.e. nerve blocks)).

The anesthesiologist also watches over your breathing, heart rate and reactions to anesthesia during the operation, after your operation and can assist with acute pain control.

Initial Recovery after Surgery in the Post Anesthesia Care Unit (PACU)

After surgery, you will need careful monitoring while you recover from anesthesia and gradually awaken. You will be moved directly from the operating room to a recovery room, which we call PACU, while your anesthesia wears off.

- You may be able to start drinking and eating shortly after your transfer to the PACU, depending on your progress.
- Continue to do the anti-thrombotic exercises of ankle pumps/circles.
- You will be asked to rate your pain regularly using the pain scale.
- Your nurse will monitor your temperature, blood pressure and pulse.

Beginning your Pain Management Program

You may begin to feel postoperative pain in the PACU. This is normal. Your doctor will order medications to manage your pain while in the PACU, where you will remain until your recovery is stabilized.

Visitation while in the PACU

Visitation while in the PACU is limited in order to promote privacy for all patients, decrease the risk of infection, and to enhance the healing process. However, parents/guardians of patients under the age of 18 and patients with special needs (language barrier) will be allowed in the PACU on a controlled basis.

When your surgery is complete, either the surgeon or a member of the surgical team will come to the surgical waiting room to talk to your family/coach. Together they will go to a private area where they will learn about your status and be encouraged to ask questions.

Following mastectomy with or without reconstruction, you will be transferred to a post-surgical floor. Your family/support person may visit you once the nursing staff has admitted you to the floor.

Things to Know

Drain:

Following a mastectomy and possibly with an axillary dissection a JP drain will be put in at the time of surgery; if required, it will remain in place for one to two weeks. **You will receive full instruction on everything you need to know about the JP drain and you will receive written instruction at discharge along with a drainage output log.**

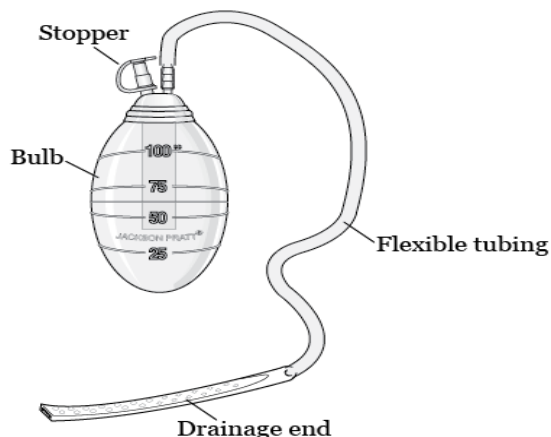


Illustration provided by mskcc.org

Call button:

A device you can use when you need something. Please do not hesitate to call for any needs.

Pulse Oximeter:

This machine tells us how much oxygen is in your blood. A clip with a long cord will be placed on your fingertip. Wearing the clip allows your body to send this information to the pulse oximeter. It is painless.

Vital Signs:

This includes taking your temperature, blood pressure, pulse (counting your heartbeat), respirations (counting your breaths), and pain level.

Post-Operative Course

We treat each patient as an individual, but we find most patients fit into the plan outlined below:

- Lumpectomy patients will be discharged home after being stabilized in the post anesthesia care unit (PACU).

- Mastectomy patients will be transferred to a floor for an overnight stay. A JP drain(s) will be in place.
- Mastectomy surgery with tissue expander placement requires an overnight stay. A JP drain will be in place. You can perform gentle range of motion avoiding pain. Your physician will give you more instructions regarding weight restrictions and what you can lift.
- Reconstruction with an Autologous or Flap Breast Reconstruction Surgery will necessitate several nights stay (this is up to your surgeon to decide how many nights). A JP drain will be in place. No heat or ice should be applied to the flap. Your surgeon will give you more instructions regarding weight restrictions and daily activities.
- Discomfort, swelling and bruising are normal after lumpectomy and mastectomy surgery. You may also experience spasms, shooting pain or numbness.
- Following mastectomy with reconstruction, it is typical to feel tightness across the chest.
- An occupational therapist will meet with you to review gentle range of motion and restrictions.

Medications in the Hospital

The nurses on the unit will dispense all medications that your doctor prescribes. Do not bring any medications from home unless directed to do so. The hospital will supply all medications.

Occasionally, the hospital may not carry a specific medication you were on at home. If this is the case, we will ask you to have a family/friend bring in that particular medication.

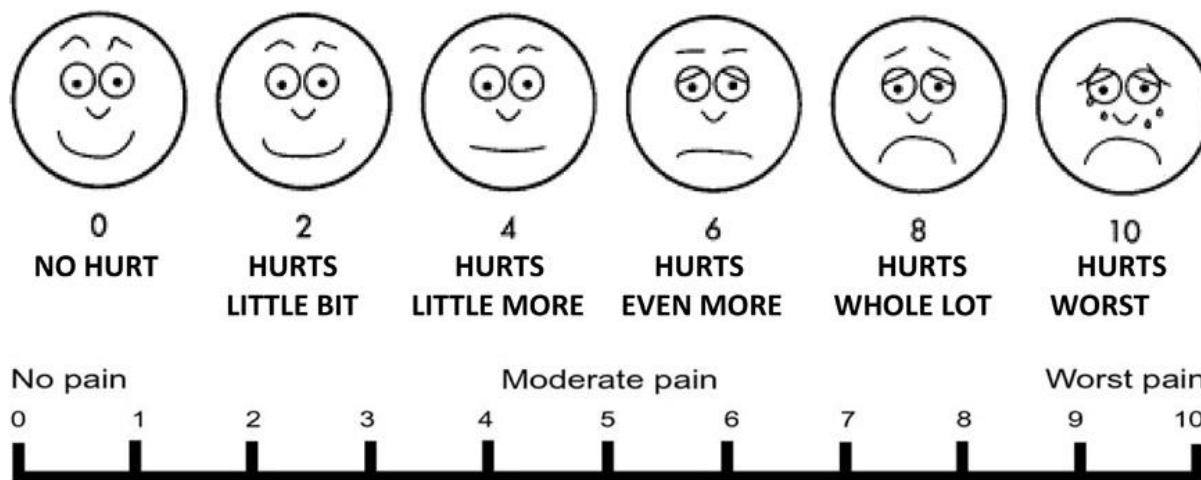
If you have any allergy medications, the pharmacist and physician will order an alternative drug.

Pain Management Program

In the past, people thought severe pain after surgery was something they just had to put up with. Today, with current pain control methods, that is no longer true.

At Kaleida Health, pain is evaluated on a numeric scale. While everyone experiences pain differently, the descriptions below will help you communicate where your level of pain is on the scale so your nurse can help you.

You will be asked to rate your pain, using the scale below. You may also be asked if the pain is acute (new) or chronic (old and familiar).



0 = no pain

2 = discomfort or mild pain

5 = pain that interrupts your ability to relax and rest

7 = pain that wakes you up from a sound sleep

10 = excruciating pain

0 – 4 is generally considered the reasonable range for post-operative pain

Deep Breathing

It is important to do the following exercises to prevent the accumulation of congestion in your lungs.

1. Incentive Spirometer (a breathing exercise using a clear cylinder with a ball inside it and a flexible tube with a mouthpiece for you to blow into): **post mastectomy**
 - Hold the cylinder in an upright position so the ball is on the bottom.
 - Exhale normally, and then place your lips tightly around the mouthpiece.
 - Inhale slowly to raise the ball in the chamber to the top.
 - Remove lips from the mouthpiece, hold for 3-5 seconds, and exhale.
 - Repeat the exercise 10 times, every hour.
2. Diaphragmatic Breathing:
 - Place a hand on either side of your lower rib cage.
 - Slowly take deep breath in through your nose. You should feel your ribs pushing into your hands.
 - Hold 3-5 seconds, exhale through your mouth.

3. Coughing:

- Take a deep breath in.
- Cough from your abdomen as you breathe out.
- If this causes discomfort, try hugging a pillow against your abdomen to lessen pain.

Discharge Instructions

Discharge Instructions Status Post Breast Surgery

Activities:

- Perform the post-surgical exercise program taught to you by your physical/occupational therapist
- Do not engage in any activity that will cause pain, pulling or tightness on your affected upper extremity
- Following Mastectomy surgery - sponge bathe at first until your physician gives you permission to shower, which will usually be after drains are removed.
- Following Lumpectomy surgery, you may shower the next day.
- Use stairs only when necessary and not as an exercise.
- Sit in a chair with arms to assist with standing. Use your non-involved side to assist in the stand. For bilateral (both sides) lumpectomy or mastectomy surgery, scoot to the front of the seat and fold your arms over your chest. Use your abdominal muscles and legs to help you stand.
- When getting out of bed, put the leg closest to the side of the bed you are exiting over the side, sit up using your abdominal muscles and turn your body using your legs and abdominal muscles.
- Do not sit for more than two to three hours at a time.
- Take short, frequent walks (even around your home).
- You may benefit from sleeping in a recliner for comfort following mastectomy surgery.
- You may resume sexual activity once you receive clearance from your physician.
- No driving while on pain medications. If you feel up to it, you may drive the day following lumpectomy surgery. No driving while you have a drain in place. Your surgeon will speak to you more specifically about this.

Incision Care:

- Bruising at the surgical incision lines is not unusual
- No ice or heat to the wound.
- Keep your incision clean and dry. Do not pick at the surgical glue- it will come off naturally.

- No soaking in bathtubs, hot tubs, or swimming pools until the incision is healed and your doctor approves it.
- No creams, lotions, cocoa butter or body/deodorant sprays until the incision is healed completely.

Medications:

- Please review your individualized discharge medication reconciliation list, and take the list with you to your next doctor's appointment.

Elimination:

- Be aware that decreased activity, pain medicine and vitamin supplements can cause constipation. If needed, you may use over-the-counter laxatives or stool softeners to help resume your normal bowel routine. Increasing fluids and fiber in your diet may help, too. It is important not to strain with bowel movements. It may be helpful to purchase pre moistened disposable towels to assist you with personal cleansing.

Special Instructions:

- Drinking alcohol is strongly discouraged, as this may cause uncoordinated movements and may negatively interact with your medication.
- A follow up appointment with your surgeon should be made as soon as possible – you may already have that appointment scheduled.

Reportable signs and symptoms to notify your surgeon:

- Oral temperature greater than 101 ° F (38.8° C) for more than 24 hours.
- Redness or drainage from the incision with an odor
- Bleeding from incisions(s)
- Extreme swelling (slight swelling is normal)
- Nausea and vomiting
- Pain that does not respond to medication
- Reaction to medication
- Persistent constipation
- Rash

Contact your surgeon with any concerns

Never Stop Taking Medicine without Your Doctor's Advice.

To be aware of:

What Is Lymphedema?

Women who have been treated for breast cancer may be at risk for lymphedema. During surgery for breast cancer, the surgeon may remove at least one of the lymph nodes from the underarm area. The removal of lymph nodes changes the way lymph fluid flows in that side of the upper body.

Signs of lymphedema: Swelling in the affected breast, chest, shoulder, arm, or hand. Your arm feels full or heavy. The skin feels tight.

Notify your health care provider if you notice any swelling that last for 1 to 2 weeks. Note: this is different than post-surgical swelling.

Potential complications following Sentinel biopsy or Axillary dissection:

Axillary pain, numbness, and lymphedema

Seroma: accumulation of fluid under the armpit which causes swelling- notify your surgeons office if this is noticed, you may need to have the fluid aspirated by the doctor in the office.



Survivor Steps Cancer Rehab and Recovery program is for anyone experiencing physical impairment(s) before or after breast surgery/ cancer treatments. These impairments may include pain, weakness, fatigue, balance and gait problems, memory and concentrations issues and lymphedema. The Survivor Steps program also offers lymphedema therapy provided by certified lymphedema therapists.

Please feel free to contact with any questions:

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