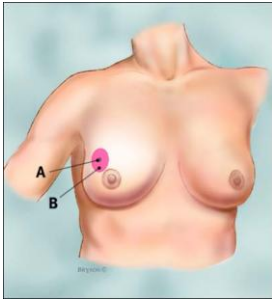


## **AFTER YOUR BREAST LUMPECTOMY**



Woman with lumpectomy.

**A** = dark area indicates tumor

**B** = light pink highlighted area indicates tissue removed at lumpectomy

### **Activities:**

- After your discharge, you may be up and around as much as you desire.
- Resume simple activities and avoid heavy lifting.
- Avoid vigorous activities until you have been seen in follow up.

### **Care for the drains:**

- You may have a drain inserted during your surgery for 2-7 days after your surgery.
- Empty out the reservoir every 8 hours and measure the amount of fluid, recording the amount in cc's every 24 hours using the attached form (Drainage Record). Bring this form to your postoperative visit.
- The fluid may need to be emptied more frequently if the drainage is heavy. Fluid will be red at first, then turn pink, and finally yellow as the wound heals.
- You may notice stringy material in your drain, do not worry this is common. Do not strip the drainage tube or apply ointments or lotion around the drainage site.
- Apply a clean gauze dressing around the drain site.
- Do not shower until your drain is removed.
- You may apply an ice pack to the site to lessen any discomfort and bruising that may occur.
- If you notice leakage around the drain site, reinforce the dressings and call our office.
- The drains may be removed in the office once they are less than 30cc in a 24 hour period. When this occurs, please call our office to schedule an appointment for drain removal.

### **Care for the incision:**

- Bruising around the incision is normal and not a cause for concern.
- Apply ice to the site to lessen any discomfort and bruising that may occur.
- If you notice any bright red bleeding, apply pressure to the area and call our office immediately.

- Call our office if you develop any of the following:
  - Fever over 100 degrees
  - Cough
  - Pain in chest or calf
  - Shortness of breath
  - Increased pain, warmth, swelling or redness near the surgical site.
  - Drainage from the incision
  - Bleeding that soaks through the bandage
  - Nausea and vomiting
  
- If you do not have a drain you may remove the dressings and shower 24 hours after your surgery.
- If there are any white tapes (steri-strips) across the incision, leave them in place.
- Reapply a light gauze dressing if you wish.
- Do not disturb the sutures. We will remove them in the office at your post op appointment.
- You may apply an ice pack to the site to lessen any discomfort and bruising that may occur.

**Needle (Wire) Localization:**

- This type of biopsy is performed when you have an abnormally seen on mammogram that cannot be felt.
- It is an outpatient biopsy that is done in two steps on the same day as the surgical procedure.
- One or more guide wires may be placed in your breast before the biopsy. These thin wires help mark the tissue that is to be removed.
- A mammogram or ultrasound is used to direct the wire's placement. Then you are taken to the operating room for surgery.
- The wire is removed during the biopsy.

**Sentinel Node Biopsy:**

- If you have had a sentinel node biopsy, care for this incision the same way you would care for the lumpectomy incision (see above).
- You may note a blue discoloration of the breast which may persist for several weeks.
- Your urine may turn green or blue for 24 hours because of the sentinel node dye used.

**Axillary Lymph Node Dissection:**

- Axillary lymph nodes dissection (the nodes in the underarm or axilla area) may be done at the time of a lumpectomy.
- The procedure may be scheduled following positive biopsy results.
- The surgeon will generally remove between five and thirty nodes during a traditional axillary dissection.
- Your physician will inform you if any lymph nodes were involved (and if so, how many), as well as the extent of tumor involvement in each node.
- Care for this incision the same way you would care for the lumpectomy incision (see above).

**Diet:**

- For the first 24 hour after your surgery, you may not have much of an appetite or feel able to tolerate heavy foods.

- We encourage you to keep up with your liquids.
- There are no dietary restrictions. Eat what your system can tolerate.

**Medication:**

- You may be given a prescription for pain medication. Take this as directed for postoperative pain.
- If you experience only mild discomfort, you may find that over the counter medication, such as Tylenol, Advil or Motrin may be all you need for comfort.

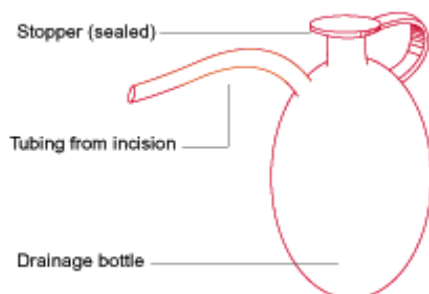
**Follow-up:**

- We will see you in the office 7 to 10 days after your surgery. Prior to your surgery, you should have made an appointment for your postoperative visit. If for some reason that appointment was not scheduled, please call our office at (703) 359-8640 as soon as you return home.
- If you have a drain, generally it will be removed at a separate appointment 2-3 days postoperatively.
- A pathologist will examine your specimen and the final report will be available at your post-operative appointment.

**PLEASE CALL US IF ANY PROBLEMS OR QUESTIONS ARISE. WE CAN BE REACHED ANY TIME, INCLUDING EVENINGS AND WEEKENDS, BY CALLING OUR OFFICE NUMBER (703) 359-8640.**

## Drains

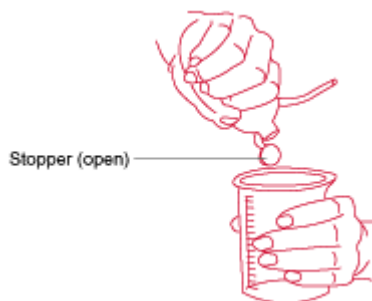
After surgery, you will have a drain(s). This device suctions and collects fluid from your surgical area. The drain promotes healing and recovery, and reduces the chance of infection. The drain will be in place until the drainage slows enough for your body to reabsorb fluid on its own. While you are hospitalized the nursing staff will care for the drain and teach you to continue to do so at home.



### How to Empty your Drain:

1. Wash your hands thoroughly before emptying your drain(s).
2. Have the plastic measuring cup from the hospital ready to collect and measure the drainage.
3. Unpin the drain from your clothing.

4. Open the top of the drain. Turn the drain upside down and squeeze the contents of the bulb into the measuring cup. Be sure to empty the bulb as completely as possible.

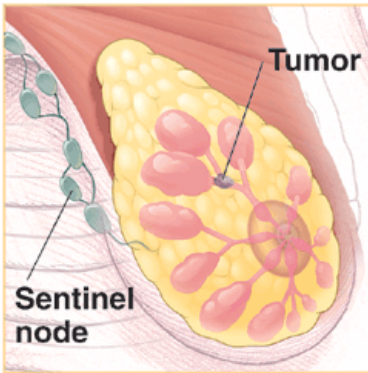


5. Use the chart to record the amount of drainage twice a day or any time the bulb is full. Record the total for 24 hours. If you have more than one drain, remember to record the drainage from each drain separately.
6. To prevent infection, do not let the stopper or top of the bottle touch the measuring cup or any other surface.

7. Use one hand to squeeze all of the air from the drain. With the drain still squeezed, use your other hand to replace the top. This creates the suction necessary to remove the fluids from your body.







## What Is Sentinel Node Breast Biopsy?

### What Is Sentinel Node Breast Biopsy?

A **sentinel node** is the first lymph a tumor drains into. So, it's the first place that cancer is likely to spread. In breast cancer, the sentinel node is usually one of the axillary lymph nodes in the armpit. A **sentinel node breast biopsy** can be performed at the same time as a lumpectomy or a mastectomy. During the biopsy, one or more lymph nodes are removed. These are sent to the lab to be studied. If there are cancer cells in the sentinel node, this means the cancer has likely spread outside the breast. But if no cancer cells are found in the sentinel node, this means the cancer has probably not spread. A sentinel node biopsy gives the doctors valuable information, with less risk to you than some other procedures.

### How Is the Sentinel Node Found?

There are two methods for finding the sentinel node. Your surgeon may do one or both of these techniques:

- Before surgery, a small amount of a safe radioactive solution is given in the Nuclear Medicine Department. This is a quick visit immediately before your surgery. Four tiny injections (the size of an insulin needle) are given above, below, and on each side of the areola. The bee sting feeling from the injection will only last a couple of minutes. A gamma detector is then used in surgery to find the "hotspot," which is the node where the solution has collected.
- During surgery, a blue dye may be injected near the breast mass by your surgeon. Then, the dye's path into the lymph node is tracked. The dye collects in the sentinel node. Your urine will have a blue tint for 2-3 days after the surgery. Also, there will be mild color changes to your skin, which are only temporary.

**DURING SURGERY A FROZEN SECTION IS PERFORMED ON THE SENTINEL NODE BY THE PATHOLOGIST. A FROZEN SECTION HELPS TO DETERMINE WHETHER CANCER CELLS ARE PRESENT. THE PATHOLOGIST EXAMINES THE SPECIMEN UNDER THE MICROSCOPE. THE PROCEDURE ONLY TAKES A FEW MINUTES. THIS REPORT IS A PRELIMINARY REPORT AND THE PATHOLOGY RESULTS MAY CHANGE. THE PATHOLOGIST FOLLOWING SURGERY WILL CONTINUE TO EXAMINE ALL THE SAMPLES OF TISSUE AND WILL ISSUE A FINAL PATHOLOGY REPORT.**

## WHAT IS AXILLARY NODE DISSECTION?

Traditionally, if your breast cancer is invasive, an axillary lymph node dissection is recommended by your surgeon in order to see if the cancer has spread to the lymph nodes underneath the arm.

- During an axillary lymph node dissection the surgeon makes an incision underneath your arm, and removes between five and thirty nodes during a traditional axillary dissection. The total number of lymph nodes “involved” (showing evidence of cancer) is more important than the extent of cancer in any one node.

There are three levels of axillary lymph nodes (the nodes in the underarm or “axilla” area):

- Level I is the bottom level, below the lower edge of the pectoralis minor muscle.
- Level II is lying underneath the pectoralis minor muscle.
- Level III is above the pectoralis minor muscle.

A traditional axillary lymph node dissection usually removes nodes in level I and II. For women with invasive breast cancer, this procedure accompanies a mastectomy. It may be done at the same time as or after a lumpectomy ( through a separate incision).

Your doctor will let you know if any lymph nodes were involved (and if so, how many), as well as the extent of tumor involvement in each node.

### Understanding the Risks

Lymph node surgery involves certain risks. Your surgeon can discuss them with you. These include:

- Infection
- Bleeding
- Fluid collection (seroma)
- Pain or numbness
- Long-term swelling of the arm (lymphedema)