

AFTER YOUR MASTECTOMY(Without Reconstruction)

Activities:

- After your discharge you may be up and around as much as you desire.
- Resume simple activities and avoid heavy lifting.
- Begin passive range of motion exercises as soon as you can (see attached sheet).
- Avoid vigorous activities until you have been seen in follow up.

Care for the drains:

- You will 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.

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 dye used.

Axillary Node Dissection:

- Axillary lymph nodes dissection (the nodes in the underarm or axilla area) may be done at the time of a mastectomy.
- 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 mastectomy 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.

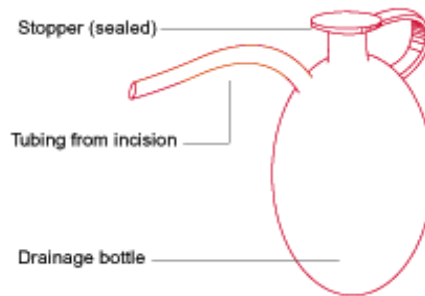
Follow-up:

- 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.
- 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

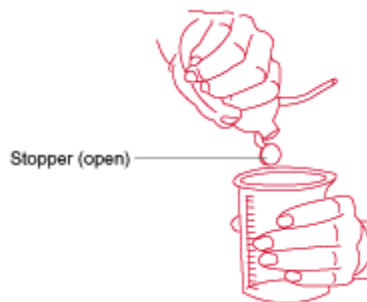
After surgery, you will have a drain(s). This device suctions and collects fluid from your surgical area. The drain promotes healing and recovery, and reduces the chance of infection. The drain will be in place until the drainage slows enough for your body to reabsorb fluid on its own. While you are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

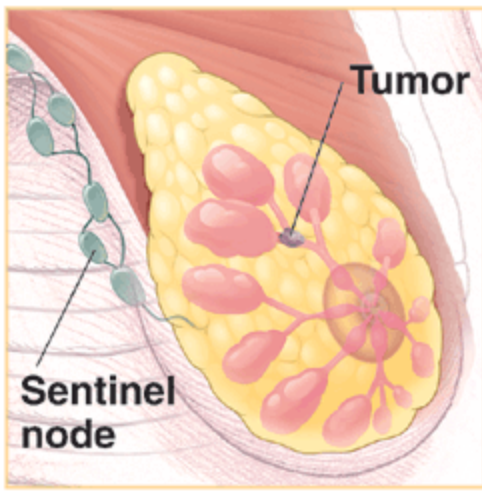


5. Use the chart to record the amount of drainage twice a day or any time the bulb is full. Record the total for 24 hours. If you have more than one drain, remember to record the drainage from each drain separately.
6. To prevent infection, do not let the stopper or top of the bottle touch the measuring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



8. Pin the drain back on your clothing to avoid pulling it out accidentally.
9. Wash your hands again. Remember to wash your hands before and



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.

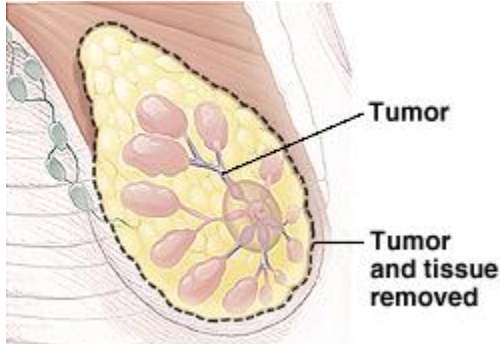
Understanding the Risks

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)

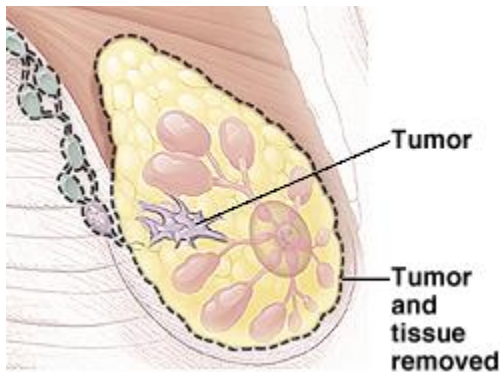
Mastectomy

Mastectomy is surgery to remove the breast. The most commonly done mastectomies are called **simple** and **modified radical**. During these procedures, the chest muscle is not removed. As a result, arm strength remains. Keeping the chest muscle also makes reconstruction easier.



Simple Mastectomy

During a simple mastectomy, the breast tissue (lobules, ducts, and fatty tissue) and a strip of skin containing the nipple are removed. This surgery most often requires a hospital stay. Based on the results of surgery and follow-up tests, further treatment may be needed.



Modified Radical Mastectomy

This type of mastectomy is usually done to treat invasive cancer. During the mastectomy the breast tissue and a strip of skin with the nipple is removed. Some of the axillary lymph nodes are also removed. The removed nodes are tested for cancer. Sometimes a surgical drain is placed to keep fluid from building up. This drain is removed 3–4 days after surgery. Modified radical mastectomy almost always requires a hospital stay. Based on the results of the surgery and follow-up tests, further treatment may also be needed.

Mastectomy: Follow-Up Care

Successful treatment of your cancer is the first step toward a healthy future. Now you can begin a follow-up program. This lifelong program should include visits to your healthcare provider, mammograms, and breast self-exams. Maintaining each part of this program will help give you peace of mind as you begin your life after treatment.

Visit Your Doctor

Even after treatment, your doctor will want to watch your health closely. See your doctor as directed. You may be asked to come in twice a year or more. Other members of your healthcare team will also want to see you. At these visits, report any changes in your breasts or problems with your general health.

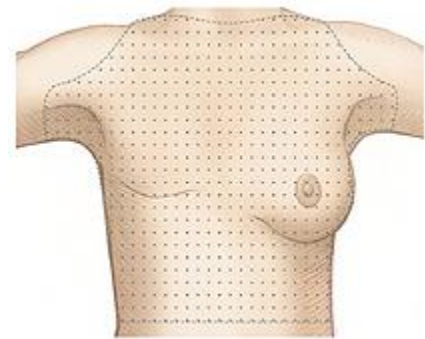
Schedule Mammograms

Your doctor will tell you how often to have mammograms. During your appointment, extra x-rays may be taken. There is no need for concern. This is common after treatment for breast cancer.

Perform Breast Self-Exams

Be sure to do monthly breast self-exams. If you've had breast surgery or treatment, your breasts probably look and feel different. Ask your doctor how to do the exams and what to look for. Remember to check:

- Both the left and right side of the chest.
- The skin over the chest wall.
- Any incisions or scars.
- Above and below the collarbone.
- The armpits.
- The entire chest wall, down to the bottom of the ribs.



Feel for changes in the shaded area shown above.

Mastectomy: Healing at Home



After surgery, your body needs time to recover. You will receive information about helping your body heal. You may also be given a temporary prosthesis to wear during this time. And you'll learn what complications to watch for.

Wearing a Prosthesis

After surgery, you may be given a temporary prosthesis. It's a soft breast form that fits into a bra. Some women wear breast forms to help balance weight and avoid back strain. Other women wear them for appearance. Talk to your doctor if you want a prescription for a permanent prosthesis. You may wear it when your incision feels less tender and swollen.

Lymphedema

Swelling of the arm on the side of surgery is called lymphedema. It occurs when the normal flow of lymph in the arm is reduced. This can happen if lymph nodes under the arm are removed or if the underarm is treated with radiation therapy. Lymphedema can occur long after surgery. To limit problems:

- Slowly return to normal use of the arm on the side of the surgery.
- Protect your hand and arm from infection. Wash your hands often. And wear gloves when cleaning or gardening.
- Keep the fluid moving in your operated arm. Don't wear tight sleeves, elastic cuffs, bracelets, wristwatches, or rings on that arm.
- Do exercises to help prevent swelling and improve circulation. For example, squeeze a rubber ball with your hand.

Preventing Lymphedema After Breast Surgery

After breast surgery, fluid may collect and cause swelling in the arm on the side of your surgery. This is called **lymphedema**. It occurs when lymph nodes under the arm are removed or the underarm area is treated with radiation therapy. This causes the normal flow of fluids in the arm to be reduced. To prevent lymphedema, try the tips on this handout.

Call the Doctor If Your Arm Is:

- Swollen or red
- Hot
- Painful

Avoid Excess Use

- Carry purses and heavy packages with your other arm.
- Build strength with gentle moves such as making a fist.
- Don't favor your operated arm. Use it to do light tasks such as dusting, writing, and weeding.



Carry a purse on your other arm.

Keep Fluid Moving

To prevent swelling, keep the fluid moving in your arm. Try these tips:

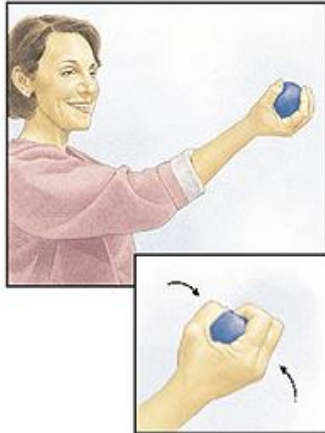
- Raise your operated arm above your heart when you sit or lie down.
- Don't wear tight sleeves, elastic cuffs, bracelets, wristwatches, or rings on that arm.



Raise the affected arm above your heart.

Exercises After Breast Surgery: Ball Squeeze, Arm Cross, Broom Stretch, Wall Climb, Chicken Wing

As you recover from breast surgery, your doctor will tell you when it is safe to begin exercising. Your goal will be to regain normal range of motion and use of your arm. For your safety, use this handout only as directed by your doctor or physical therapist.



□ Ball Squeeze

- While standing, sitting, or lying down, hold a rubber ball in your hand on the operated side.
- Keep your arm slightly bent, with your palm toward the ceiling. Lift your hand higher than your heart. Squeeze and relax the ball.
- Repeat **10** times.

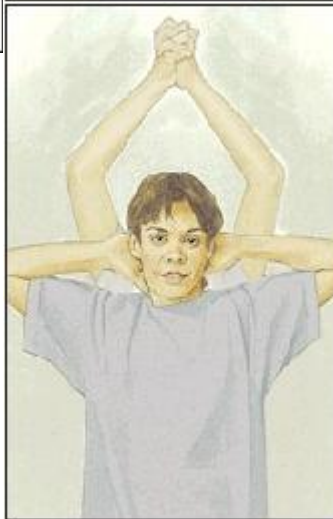
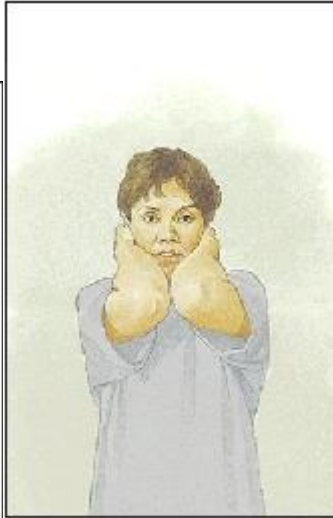


□ Arm Cross

- Stand with elbows bent and raised to shoulder level. Cross one arm on top of the other arm. Touch your elbows with your fingers.
- Push your elbows backward, squeezing your shoulder blades together.
- Repeat **10** times.

□Broom Stretch

- Place the hand on your operated side over the end of a stick (a broom or cane will work). Grasp farther down the stick with your other hand, palm down.
- Gently but firmly, push the end of the stick as high as you comfortably can. Hold this



tion for **15** seconds.

- Return to starting position.
- Repeat **10** times.

□Wall Climb

- Stand and face a wall, with your toes **4–6** inches from it.
- Place your forearms against the wall, hands at eye level.
- Walk your hands up the wall, keeping palms parallel. Stop if you feel pulling or pain.
- Hold the stretch for **15–20** seconds. Move your hands back down the wall.
- Repeat **10** times.
- As you improve, stand closer to the wall.

□Chicken Wing

- With elbows straight, clasp your fingers in front of you. Raise your arms slowly over your head.
- Keeping your fingers clasped, put your hands behind your neck.
- Pull your elbows in until they touch at chin level. (Unclasp your fingers if you need to.)
- Repeat **10** times.