Breast Surgery
Day Surgery
Patient Information Booklet

Please bring this book to your admission to the Hospital and to all of your appointments

For information call
613-721-2000 extension 2920
between 8:00 am and 4:00 pm
Monday to Friday
Be involved in your health care. Speak up if you have questions or concerns about your care.

Tell a member of your health care team about your past illnesses and your current health condition.

Bring all of your medicines with you when you go to the hospital or to a medical appointment.

Tell a member of your care team if you have ever had an allergic or bad reaction to any medicine or food.

Make sure you know what to do when you go home from the hospital or from your medical appointment.

Patient safety is very important to the Queensway Carleton Hospital and this information is provided to patients/families to help inform you of your essential role in your own safety.

The information contained in this booklet is not specific medical advice, nor a substitute for medical advice. For your safety, it is advised that you speak with your doctor and healthcare team about your particular health care needs.

Protect Yourself! Clean your hands frequently and ask your health care providers and visitors to do the same. Clean Hands Saves Lives.

Table of Contents
Mastectomy Surgery ................................................................. 5
  Wire Localization (before surgery) ............................................ 5
  Segmental Mastectomy (Lumpectomy) ........................................ 5
  Axillary Dissection .................................................................. 5
  Modified Radical Mastectomy .................................................. 6
  Total or Simple Mastectomy ..................................................... 6

Pre-Operative Assessment Visit ............................................... 7
  What happens at the pre-operative assessment visit? ............... 7
  What to bring to your POAC appointment: ............................. 7
  Family contact ........................................................................ 8
  Where do I go for my pre-operative assessment visit? ............ 9
  When is my appointment? ......................................................... 9

Your Surgery Day ........................................................................ 11
  How do I prepare for my surgery? ............................................. 11
  What should I bring to the Hospital? ........................................ 12
  What happens the day of my surgery? ..................................... 12
  Ankle and deep breathing exercises ....................................... 13
  Pain and nausea ..................................................................... 13
  How long do I have to stay in the Hospital? ............................ 15
  Instructions for patient pick up after surgery .......................... 15
Post-Operative Instructions ........................................................................ 18

What is a drain? .......................................................................................... 19
How do I look after my drain at home? ....................................................... 19
How do I care for my incision at home? ...................................................... 20
Activity and exercises ................................................................................. 21
Exercise program ......................................................................................... 22
What is lymphedema? ................................................................................. 33
What can I do to decrease my risk of lymphedema? ................................. 34
When should I call the Doctor? ....................................................... 35
What should I eat? ............................................................................. 35
Where can I get more information and support? ......................... 38
Accommodations for out of town patients and families ............. 39
Clinical Pathway Patient Version ....................................................... 41
Mastectomy Surgery

Types of Breast Surgery Performed

Wire Localization (before surgery)

This X-ray procedure is used to guide the Surgeon to locate a specific area of the breast or a lump that is difficult to feel. A hollow needle is placed into the breast and X-rays are taken to guide the needle to the specific area. A thin wire is inserted through the centre of the needle. A small hook at the end of the wire keeps it in place. The hollow needle is removed. The Surgeon uses the wire as a guide to locate the abnormal tissue to be removed.

Segmental Mastectomy (Lumpectomy)

A wedge of the breast including the tumour and some surrounding normal tissue is removed.

Axillary Dissection

Surgical removal of lymph nodes from the underarm.
Lymph nodes and lymphatics are responsible for controlling the fluid balance in your arm and in helping to fight infection. The lymphatic system is a network of vessels that collect excess fluid from the tissues in your body. The fluid is cleaned in the lymph nodes and emptied back into the main circulatory system.

Modified Radical Mastectomy

All the breast tissue and the axillary lymph nodes are removed.

Total or Simple Mastectomy

All the breast tissue is removed, but nothing else.
Pre-Operative Assessment Visit

What happens at the pre-operative assessment visit?

Your visit to the Pre-operative Assessment Clinic (POAC) may involve a 1 to 4 hour visit at the hospital. If you miss this appointment your surgery will be postponed or cancelled. In the clinic you will be officially registered for your hospital admission and a nursing assessment and pre-operative tests will be performed. These tests may include:

- X-rays
- Blood and urine tests
- ECG (electrocardiogram)

You will be given information about your hospital stay from the Nurse. The Nurse will take your health history and ask you to review your consent for surgery. The most important things you will learn during your visit to POAC are:

- The date and place for your hospital admission
- How to prepare for your surgery
- Deep breathing exercises and coughing exercises

Your Surgeon may ask that you see other healthcare professionals during your POAC visit. These may include:

- Anesthetist
- Medical Doctor
- Social Worker
- Dietitian
- Physiotherapist

What to bring to your POAC appointment:
• All your current medications in the proper bottles, including non-prescription medications, herbals, vitamins, creams, lotions, eye/ear drops
• A list of allergies including type of reaction
• Provincial health insurance card and proof of any additional health insurance
• Your substitute decision maker if they have signed the consent for you
• Your reading glasses if required
• A translator if you have difficulty understanding or speaking English
• We recommend that you bring one family member or friend with you to your appointment. This person has to be able to accompany you to your various appointments in the hospital. There is some walking involved

You will be asked if you smoke or consume alcohol on a regular basis. Please be honest, as this may affect your surgery and recovery time.

**Family contact**

Please discuss and decide with your family who will be the primary “contact” person. This should be the only person to phone the hospital staff regarding your condition. This person can further contact the rest of your family and/or friends. This name will be written on the chart. Please let your family and friends know who this person is.

**My family contact is:**

Phone number: Home: ______________________________________________________________________

Work: ______________________________________________________________________

Cell: ______________________________________________________________________

**Will I need to see a Social Worker?**
A Social Worker is available if there are any issues that may make it difficult for you to manage at home on discharge. If you are already on home care through the Community Care Access Centre (CCAC), please make sure that your Case Manager knows the date of your surgery.

If you live alone, you should plan to have someone stay with you overnight and to help make meals for a few days. You could also make meals ahead of time and freeze them. If you are worried about being alone, you may want to think about convalescent care in a retirement home. You can make these arrangements yourself or we can help you to do it when you come to POAC.

If you are the caregiver for someone else, please let us know at the time of your pre-operative visit.

If you have financial concerns that interfere with your discharge plans or other worries/stresses, please let us know. We can offer support and connect you with other services that you may not know about.

**Where do I go for my pre-operative assessment visit?**

Report to the QCH main lobby information desk. You will be directed to the Patient Registration Department to be registered and then to POAC.

**When is my appointment?**

The Pre-Admission Department from QCH will call you with your appointment information. Your POAC appointment is on

______________________________ at ________________________________

If you have any questions about your appointment please call the Pre-admission Department: Monday to Friday, 8 a.m. to 4 p.m. at 613-721-2000, ext. 2614.

You may drink and eat as usual the day of your POAC visit, unless otherwise notified by your Surgeon.
Your date of surgery is: ___________________________________________

Call Queensway Carleton Hospital Patient Scheduling Department on the
day before your surgery is scheduled to get the time for your admission.
The number to call is 613-721-4840 between 11 a.m. and 3 p.m., Monday
through Friday.

Call for your admission time on ________________________________

**NOTE:** Notify your Surgeon before your surgery if you develop a cold or
any other illness.

*On the day of your Pre Op Assessment Clinic we advise you to
purchase 2 scrub brushes of Chlorhexidine soap. They can be
purchased at the QCH Gift Box on the main floor next to the front
lobby.*
Gift Shop Hours
Monday to Friday 9 a.m. to 4 p.m. and 5 p.m. to 8 p.m.
Weekends 12 p.m. to 4 p.m.*
Your Surgery Day

How do I prepare for my surgery?

You must follow these rules if you are to have your surgery on the scheduled date:

• **DO NOT EAT ANY SOLID FOOD AFTER MIDNIGHT THE NIGHT BEFORE YOUR SURGERY OR YOUR SURGERY WILL BE CANCELLED.**

• You should drink one cup (250 mLs) 8 ounces clear fluid e.g. apple juice, water or ginger-ale, before leaving to come to hospital.

You should take your regular prescription medications with water the morning of surgery. **Bring your medications including any inhalers with you to the Hospital.**

You **may also be asked to stop** taking medications such as Vitamin E, ginkgo biloba, garlic or ginseng at least one week before surgery. These medications “thin” your blood, which could cause excessive bleeding during and after surgery. Check with your Surgeon.

• **Skin preparation:** Stop shaving in the operative area one week (7 days) before your surgery date. Shaving can cause tiny nicks in the skin that may allow germs to enter your body and cause an infection. **Do not use bath scents, powders or body lotions.**

Skin preparation:

1. The night before surgery bath or shower and wash your entire body using the Chlorhexidine soap.

2. The morning of surgery repeat your bath or shower using Chlorhexidine soap sponges.

• If you are a smoker, stop smoking 24 hours before your surgery. We can provide you with smoking cessation support to prevent nicotine withdrawal during your hospitalization.
• On the day of surgery do not wear make-up, nail polish, **deodorant**, or contact lenses. **Do not wear any scented products as the Hospital has a scent free policy. Make sure not to use any creams, powders or lotions on your breast.**

• Do not bring valuables (jewellery, credit cards, and money) to the Hospital. We do not assume responsibility for lost or stolen articles.

• Do not drive your car to the Hospital the day of surgery.

**What should I bring to the Hospital?**

• Comfortable clothing including a shirt, preferably that buttons or zippers in the front to wear home.

• All your current medications in the proper bottles, including non-prescription medication.

**What happens the day of my surgery?**

• On arrival to the hospital, report to the Patient Registration Department at the main entrance of the Hospital. Please bring your health card.

• You will be taken to the Day Surgery Unit (DSU). A friend or family member can accompany you.

• After you arrive at the changing area, you will change into a hospital gown. Your clothes will be locked in a locker.

• A Nurse will complete the paperwork for your admission to the hospital.

• You will be taken to the Operating Room.

• You will talk to your Anesthesiologist and Surgeon in the waiting area. The Nurse, Anesthesia Assistant, or Anesthetist will start an intravenous by inserting a small needle into your arm or hand. Medication and intravenous fluids are given through this needle.

• After your surgery, you will go to the Post Anaesthetic Care Unit (PACU) for monitoring.
• The Nurse will check your blood pressure, pulse, and operative site frequently.
• You may have oxygen provided.
• If you feel any pain or nausea, inform the Nurse. You will be given medication to help this.
• You will be drowsy after the surgery, but as you start to wake up you will be encouraged to do deep breathing and ankle exercises. These exercises will help to prevent complications.
• After your surgery, you will go to the Post Anesthetic Care Unit (PACU). You will be transferred to the Day Surgery Unit when the Nurse determines it is safe to move you.

You should have one designated care partner/family member stay at your bedside in the Day Surgery Unit. You and your care partner will receive your post operative instructions together for your discharge preparation.
• If your care partner has not remained at the hospital, they will be notified when you are ready for discharge.
• The Day Surgery Nurse will give you all your post-operative instructions before you leave the Hospital.
• A Day Surgery Nurse may call you the day after your surgery.

Ankle and deep breathing exercises

• Ankle exercises:
  Point your toes toward your head, then towards the foot of the bed. Make your feet go around in circles 5 times. This should be repeated at least every hour while you are awake.

• Deep breathing exercises:
  Take a deep breath in through your nose, and slowly blow out through your mouth. Repeat this 3 times. This should be done every hour while you are awake for the first day, then every 2 hours for the next 1-2 days.
Pain and nausea

Management of pain and nausea is very important for your quick and speedy recovery. Medication is ordered to help decrease pain and nausea. If you are uncomfortable, please speak to your Nurse.

Pain scale ruler

What is a pain scale ruler?
A pain scale ruler is a simple tool to measure how much pain you are having. Each Nurse will use this ruler to measure your pain.

Why do we measure your pain?
We measure your pain frequently so that we can be sure your pain medication is working.

What does a pain scale ruler look like?
One side of the ruler has numbers from 1 to 10. The other side has colors from white to deep red (shown here in shades of grey).

How does our pain scale ruler work?
Our ruler measures pain in two ways – by number or colour.

By number: the ruler is numbered from 0 to 10, with 0 being no pain and 10 being the most severe pain you can imagine.

By faces: the faces are coloured and range from happy, with 0 being no pain as shown with a clear face to sad with 10 being the most severe pain you can imagine as shown with a deep red face. (Shown in this example as shades of grey).

The Nurse will show you the ruler and ask you to choose a number or colour.
How long do I have to stay in the Hospital?

You will be going home the day of your surgery. Please have an escort available. Your Doctor will let you know if there is any change.

Please indicate the name and phone number of the person taking you home.

Name: ________________________________

Phone numbers:  Home __________________

                      Work __________________

                      Cell __________________

Instructions for patient pick up after surgery

Due to limited space and to ensure confidentiality visitors, including your escort, are not permitted to wait in the Day Surgery Unit. If they decide to stay at the hospital they are welcome to wait in the Main Lobby, Tim Hortons, or the cafeteria.
YOUR ESCORT **MUST** BE AVAILABLE FOR THE ENTIRE DAY OF YOUR SURGERY.

Your escort must keep their phone on for the entire day to be ready to receive the call from the Day Surgery Unit with a pick up time. They are not to call the unit as the Clerk cannot give information out due to patient confidentiality.

**Pick up information for escort**

When picking up your family member/friend from surgery drive to the James Beach Health Care Centre **West Entrance** and park in the free short term designated parking (illustrated on map). Proceed to the west entrance door.

Inside the James Beach Health Care Centre West Entrance door is a wall mounted telephone on the right hand side with the phone number to the Day Surgery Unit. Please pick up the phone and dial 2912 to let them know you have arrived. You may then return to your car.

Your family member/friend will then be brought out to your car by wheelchair. This may take up to 20 minutes.
Post-Operative Instructions

We want your recovery to be as safe and as comfortable as possible. For this reason, we suggest that you comply with the following advice.

• Have someone with you for the first few hours upon returning home.
• Do not drive a car or operate machinery for at least 24 hours after procedure.
• Do not make any important personal, business or legal decisions for 24 hours post surgery, as full mental alertness may not return for 24 hours.
• Do not drink any alcoholic beverages for at least 24 hours following your procedure as alcohol may influence the effects of the drugs you have been given.
• Eat lightly for the first meal following your procedure.
• Take it “easy” for a day or two.
• If you have any problems or are concerned about your condition for any reason please contact your Surgeon. If you are unable to contact your Surgeon or the Doctor on call, come to the Emergency Department.

RETURN APPOINTMENT REMINDER

Date:__________________________  Time:__________________________

Location:  □ Admitting Department Q.C.H.
Doctor’s office  □
Other: __________ □

What is a drain?

Your Surgeon may use a surgical drain. The drain is used to remove fluid that would otherwise collect at the surgical site. You will be going home with this drain in place.

How do I look after my drain at home?

Your Nurse in the hospital will show you how to empty and care for the drain at home.

• Empty the drainage system twice a day and cleanse drain closure with an alcohol swab before opening and closing.

• If the drain leaks at the site where it leaves the dressing, apply a gauze dressing.

• Normally over time, the drainage will change colour from clear red to pink, and then yellow. There is no odor.

• Wash your hands with soap and water before and after emptying your drain.
A Jackson-Pratt drain before it has been emptied. It is about the size of a large lemon.

To empty, remove the plug and empty drainage fluid into a measuring cup and record the amount of fluid.

To re-establish suction, squeeze the drain in the palm of your hands with your fingers until the inside walls of the drain touch. While maintaining pressure, replace the plug. Slowly release your grip to re-establish suction. The drain should remain somewhat flat. It should **not** be fully inflated.

### How do I care for my incision at home?

You will need 4”X4” sterile gauze pads and a role of surgical tape to care for your incision at home. You should purchase these items before your surgery.

**For the first 5 days after your surgery**

- Your post-op dressing may be left in place or as ordered by your Surgeon.

- If there is some drainage, the dressing can be reinforced by placing another gauze dressing over top of it. If necessary, a Nurse may have to change this dressing if it becomes very soiled.

- Do not get your dressing wet: take a sponge bath at the sink or take a shallow bath.

- A tensor bandage may be applied after surgery to provide comfort and support.

**After day five**
• Your dressing and any drain(s) may be removed by a Nurse on day five or as ordered by your Surgeon. When the drain is removed you may feel a pulling sensation with little pain for a few seconds. A small dressing will be placed over the drain site.

• You may change the dressing if needed – keep your dressing dry and clean.

• Some drainage of fluid from the incision(s) may occur for five to ten days following surgery. This fluid may be somewhat red in colour but contains little blood and that is normal. You may also notice some drainage from the site of the drain especially after it is removed. After removal of the drain, the site should close within three to four days.

• You may shower or take a bath once the original dressing and drain are removed. Use a mild soap and clean water to wash gently over your incision; do not use any other cleaner or ointment on your incision unless otherwise advised by your Surgeon.

• You may remove any steri-strips (white paper tapes) along the incision after day 10.

• Please note, you may have a blue-green tinge to your skin if dye was injected during the sentinel node biopsy procedure. This can last for several months.

Activity and exercises

Why do you need to exercise?

• To help you in regaining full functional motion and strength in your arm.

• To help you in having good posture.

• To help you in the proper care of your arm after surgery.

• To help in the prevention and management of swelling and lymphedema.
  (See explanation on lymphedema on page 33 of this booklet)

General activity

• Use your affected arm as normally as possible within your limits of pain.
• Use your arm for activities such as washing, taking care of your hair and eating (within your limit of pain). Pace yourself – balance activity with rest periods.

• Avoid lifting more than 1 kg (2.5 lbs) for two weeks after your surgery.

• Avoid lifting more than 4 kg (10 lbs) for a further 4 weeks.

• Do not use the side of your surgery when getting out of bed.

• Pace yourself and balance activities with periods of rest.

• Walking is a good general activity – if you feel discomfort in your surgery arm, use the pocket of a jacket to rest your arm.

• Most patients will have full return of shoulder movement within three months of surgery.

• Watching and maintaining good posture is important after your surgery. After surgery, the muscles in the front of your chest wall may become tight and result can be a rounded forward posture. Check your posture in the mirror and occasionally walk with your hands clasped behind your back while pulling your shoulder blades together.

• Elevate and support your involved arm on several pillows when sitting or lying down. Sudden movements should be avoided until the drain has been removed and the incision has healed.

• If you have a venous access device (implanted port), ask your Physician, Nurse or Physiotherapist if arm exercises need to be modified.

**Exercise program**

This section describes exercises that will increase the movement and strength of your arm on the side of your breast cancer surgery. This program has been designed by Physiotherapists.

If you have any questions about these exercises you may call the Physiotherapy Department at 613-721-2000, ext. 3700.
The following section will guide you through your exercises.

Introduction

Exercise is an important part of your treatment and recovery after surgery for breast cancer. It can help you:

• Return to your daily activities (such as bathing and dressing)
• Maintain movement in your arm and shoulder
• Improve muscle tone
• Decrease joint stiffness
• Reduce pain in the neck and back area
• Improve your overall well-being

Everyone is different and heals at their own pace. Talk to your Doctor or another member of your healthcare team before starting the exercises in this booklet, and let them know about your progress. The timelines suggested are only to guide you. Some exercises can be started right after surgery. Exercises that involve moving your shoulders and arms can usually be started once you’ve had your drain removed. Strengthening and general conditioning exercises can be added to your routine as your healing progresses.

Your Doctor may suggest particular exercises, or suggest that you see a Physiotherapist or Occupational Therapist who can help design an exercise plan for you.

These general guidelines can help you develop a successful exercise routine:

• Wear comfortable, loose clothing.
• Exercise after a warm shower when your muscles are warm and relaxed.
• Breathe deeply and often as you do each exercise.
• Do the exercises until you feel a gentle stretch, not pain.
• Do not bounce or make any jerky moves while stretching.
• Contact your Doctor if you have any unexplained swelling or pain.
• Don’t over-exercise. Exercises are daily activities which should not be painful. Increased pain, discomfort and swelling are often signs that you are doing too much.

Finding a Physiotherapist

To find a Physiotherapist in your area who works with women who have had breast cancer surgery, visit the Canadian Physiotherapy Association’s website www.thesehands.ca. You can also ask your Doctor for a referral or talk to other women who have had breast cancer.

Right after surgery

These gentle exercises should be done the first week after surgery or while the drain is still in place. It’s normal to feel the skin and tissue pull and stretch with these exercises, but take care not to make any sudden movements until the incision has healed and the drain has been removed. Repeat these exercises 3 to 4 times a day.

If you feel sore, numb or tingling

You may feel sore, numb or a tingling or burning feeling on the back of your arm or your chest wall if surgery has irritated some of your nerve endings. These feelings may increase a few weeks after surgery. Keep doing the exercises unless you notice an increase in swelling or tenderness. If this happens, tell your Doctor. Sometimes gentle rubbing or stroking the area with your hand or with a soft cloth can help make it better.

Help to reduce swelling after surgery

At the end of the day, or when resting during the day prop your arm up to help to reduce swelling after surgery.
**Pump it up**

This exercise uses your muscles as a pump to improve the circulation in your affected arm (on the same side as your surgery).

1. Try lying on your unaffected side with your affected arm straight out, above the level of your heart (use pillows if you need to). Or sit in a chair with good back support with your arm supported by pillows.

2. Slowly open and close your hand.

   Repeat 15 to 25 times.

3. Then slowly bend and straighten your elbow. Repeat 15 to 25 times.

**Shoulder shrugs and circles**

This exercise can be done sitting or standing

1. Lift both shoulders up towards your ears. Hold for 5 to 10 seconds and then slowly drop them down and relax.

   Repeat 5 to 10 times.

2. Gently rotate both shoulders forward and up, and then slowly back and down, making a circle. Switch and repeat in the opposite direction.

   Repeat 5 to 10 times each direction.
Arm lifts

This exercise can be done sitting or standing.

1. Clasp your hands together in front of your chest. Extend your elbows out.

2. Slowly lift your arms upwards until a gentle stretch is felt.

3. Hold for 1 to 2 seconds and then slowly return to the start position

Repeat 5 to 10 times.

Shoulder blade squeeze

This exercise helps improve movement in your shoulder and your posture.

1. Sit in a chair facing straight ahead without resting your back on the chair, or stand up. Your arms should be at your side with your elbows bent.

2. Gently squeeze your shoulder blades together. Keep your shoulders level and take care not to lift up or shrug your shoulders.

3. Hold for 5 to 10 seconds. Relax and return to the start position.

Repeat 5 to 10 times.

Deep breathing exercises
Deep breathing exercises will help with relaxation and to remind you to fill your lungs completely.

1. Try lying on your back and take a slow, deep breath. Breathe in as much air as you can while trying to expand your chest and stomach like a balloon.

2. Relax and breathe out slowly and completely.

   Repeat 4 or 5 times.

First stage of healing (after 5 days or once the drain is removed)

Once your drain has been removed, it is important to start working on getting back the full use of your shoulder. Begin with these easy exercises and then move on to the more advanced exercises once you feel stronger. By the end of this stage, you should have full movement of your affected arm and shoulder.

Talk to your Doctor or another member or your healthcare team before beginning any of these exercises.

<table>
<thead>
<tr>
<th>Avoid heavy lifting</th>
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<tr>
<td>During this stage of healing, don’t lift anything heavier than about 5 kg (10 lbs)</td>
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Wand exercise (3 positions)

This exercise helps improve the forward movement of your shoulder. You will need a “wand” to do this exercise – try a broom handle, stick or a cane. You should not feel any pain or pinching during these exercises. If you do, stop the movement before the point of pain or pinching.

Position 1
1. Lie on your back with your knees bent. Hold your wand with both hands (your palms should be facing down) and your hands should be shoulder-width apart.

2. Lift the wand over your head as far as you can go until you feel a stretch. Your unaffected arm will help lift the wand.

3. Hold for 1 to 2 seconds, lower arms. Repeat 5 to 10 times.

**Position 2**

Repeat with palms still facing down but slightly wider than your hips or shoulders.

**Position 3**

Repeat with palms facing up (undergrip) and hands hip-distance apart.

**Winging it**

This exercise helps improve movement in the front of your chest and shoulder. It may take several weeks of regular exercise before your elbows get close to the floor. If you feel pain or pinching in your shoulder, place a small pillow behind your head, above your affected shoulder.

1. Lie on your back with your knees bent. Clasp your hands behind your neck with your elbows pointed up to the ceiling. If you are unable to comfortably place your hands behind your neck, place your fingers on your forehead with your palms facing up.
2. Move your elbows apart and down to the bed (or floor). Hold for 1 to 2 seconds.

    Repeat 5 to 10 times.

**Posture**

This exercise helps improve movement in your shoulder and your posture. You may find it easier to check your movements by sitting in front of a mirror.

1. Sit in a chair facing straight ahead without resting your back on the chair, or stand up. Your arms should be at your side with your elbows straight and your palms facing your sides.

2. Open your chest, gently squeeze your shoulder blades together, and rotate your thumbs so your palms face forward.

3. Hold for 5 to 10 seconds. Relax and return to the start position.

    Repeat 5 to 10 times

**Wall climbing**

This exercise helps increase movement in your shoulder. Try to reach a little higher up on the wall each day.
1. Stand facing the wall, about 5 cm (2 inches) away. Place both hands on the wall at shoulder level.

2. Use your fingers to climb up or slide as high as you can go until you feel a stretch. It may help you relax if you rest your forehead on the wall.

3. Return to start position.

   Repeat 5 to 10 times.

**Snow angels**

This exercise can be done lying down on the floor or on a bed.

1. Lie on your back and extend your arms out at your sides.

2. Move them up to your head and down to your thighs, and repeat (as if you’re making an angel in the snow).

**More advanced exercises**

Once you are getting good movements in your shoulder, try these more advanced stretches.

**Side bends**

This exercise helps improve movement on both sides of your body.
1. Sit in a chair and clasp your hands together in your lap.

2. Slowly lift your arms over your head. Keep your elbows bent slightly.

3. When your arms are above your head, bend at your waist and move your body to the right. Hold 1 to 2 seconds.

4. Return to the centre and then bend to the left.
   
   Repeat 5 to 10 times.

**Doorway stretch**
This exercise helps increase movement in your shoulder.

1. Stand in a doorway and place each hand lightly on either side of the door frame.

2. Slide your hands up as far as possible.

3. Return to start position.

Repeat 5 to 7 times.

**Achieving full movement of your arm**

Continue doing these exercises until both arms are equally strong and can move easily. This may take 2 to 3 months. When you can reach across the top of your head and touch your opposite ear without feeling a stretch in your underarm, then you have achieved full movement of your arm.

**Second stage of healing (from about 6 weeks after surgery)**

As you feel stronger, you can gradually introduce strengthening and general conditioning exercises into your routine. For some women, this will mean getting back to their old routines, while for others it may mean trying out some new activities.

Talk to your Doctor or another member of your healthcare team about starting a specific strengthening program or aerobic exercise, and whether there are any special precautions you should take.

If you have pain, your shoulder is tight, or if your hand or arm begins to swell talk to your Doctor or another member of your healthcare team.

**Strengthening**
Slowly getting back to household chores, gardening or yard work are some of the ways you can continue to build up your strength.

Within 4 to 6 weeks after surgery, you can also begin doing strengthening exercises with light weights (500 g to 1 kg or 1 to 2 lbs). If you don’t have any light weights, you can use an unopened soup can or a plastic bottle filled with water. Check with your Doctor or Physiotherapist to decide what weight is best for you. They can also suggest strengthening exercises for the upper body that are suitable for you.

**General conditioning**

Regular aerobic exercise, which is any exercise that gets your heart and lungs working hard, will improve your general physical condition. It can:

- Help improve your cardiovascular fitness, which is how well your heart, lungs and blood vessels deliver oxygen to your muscles, so that you can do physical work for longer periods of time.
- Help you maintain a healthy body weight.
- Help you feel better, which may reduce stress and anxiety.
- Help you as you face the challenges of living with cancer.

Brisk walking, swimming, running, cycling, cross-country skiing and dancing are all examples of aerobic exercise.

**What is lymphedema?**

As part of your ongoing recovery following surgery, you should be aware of the possibility of lymphedema. Lymphedema is swelling caused by a buildup of lymph fluid in part of the body. The swelling happens because lymph nodes, which normally act as filters, aren’t able to do their job because they’ve been removed by surgery, or they’ve been damaged by radiation therapy or the cancer itself. 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 long-term condition.
Watch for signs of lymphedema

The start of lymphedema can be very hard to notice, but it is very important to treat it quickly. Tell your Doctor right away if you notice swelling in your hand or arm, even if it happens years after treatment. Some other signs to watch for are:

- Feeling of fullness, puffiness or heaviness in the arm
- Skin feeling tight
- Decreased flexibility of movement in the hand, wrist or arm
- Jewellery (including watches) feeling tight even though your weight hasn’t changed
- Problems fitting your arm into your sleeves
- Redness or increased warmth, which may mean that you have an infection

What can I do to decrease my risk of lymphedema?

- Do not overtire your affected arm – if it starts to ache, lie down and elevate on a small pillow or cushion.
- Avoid using your affected arm for vigorous repetitive movements against restraints.
- Do not lift more than 10 lbs with your affected arm.
- Do not carry your purse, even if it has a shoulder strap with your affected arm.
- Do not wear tight jewellery or elastic bands.
- Wear a well-fitted bra without wire supports – soft pads can be worn under the shoulder straps.
- Attempt to be fitted with the lightest prosthesis possible.
- Avoid having your blood pressure taken, needles or blood drawn from your affected arm.
• Exercise such as walking, light aerobics, bike riding, swimming and dancing are excellent activities – before starting an exercise program discuss it with your Therapist and/or Doctor.
• Avoid cuts, scratches insect bites, hang nails and sunburns.
• Wear gloves when gardening or doing housework.
• Wear insect repellent.
• Shave with an electric razor.
• Wear oven mitts when removing objects from the oven.
• Wear sunscreen when outdoors.
• Keep your arm as clean as possible – after bathing dry your arm gently and make sure to dry any creases and between your fingers.
• Report any rashes, blisters, redness, persistent swelling, or an increase in the temperature of your arm to your Surgeon.

When should I call the Doctor?

Notify your Doctor if:

• There is a sudden increase in pain, swelling, or tenderness at the surgical site.
• Your temperature becomes higher than 38°C or 100.4°F and remains elevated.
• The drainage from the surgical drain changes colour dramatically and becomes foul smelling.
• You have severe pain with no relief from pain medications.
• There is excessive bleeding.

What should I eat?
Eating guidelines for after a breast cancer surgery
The most important diet and lifestyle choices you can make are: to be a healthy weight, to eat a lower fat diet based on “Eating Well with Canada’s Food Guide”, to exercise regularly, and to drink very little alcohol (if any).

Nutritional Information reproduced with permission from The Dieticians of Canada, Eating Guidelines for After a Breast Diagnosis pamphlet, The Global Resource from Nutrition Practice © 2012

Nutrition recommendations
• Choose plenty of vegetables, fruit, whole grains, beans and lentils: at least 2/3 of your plate should be filled by foods that come from a plant and 1/3 or less from foods from an animal.
• Include low fat dairy.
• Include healthy fats (such as olive oil and canola oil) but keep the amount small – no more than 30 to 45 ml (2-3 Tbsp) per day.
• Limit processed foods that are high in sugar and fat.

For healthy blood, choose iron-rich foods and a Vitamin C source at every meal:

• The Vitamin C in juice or citrus fruit helps iron be better absorbed. Iron comes from lean meat (liver, beef and poultry), dried beans (baked beans), green vegetables (broccoli, spinach), dried fruit, whole grain breads & cereals.
• Choose iron boosters such as: Cream of Wheat ™, All-Bran™, Shreddies™, Shredded Wheat™, prune juice, poultry & eggs.

For healing, include a protein choice & a milk product at each meal:
• Protein choices include meat, fish, poultry, eggs, dried beans (baked beans) & nuts (peanut butter).
• Dairy products contain protein and calcium for healing bones: choose from milk, yogurt, cheese & pudding.

For regular bowel function, eat high fibre foods at every meal & drink plenty of fluids between meals:
• Good sources of fibre are fruits, vegetables and whole grain breads &
cereals (All Bran™, Bran Flakes™, Shreddies™, and Shredded
Wheat™).

• Drink 6-8 glasses per day of fluids (not counting tea and coffee) such as
water, juice or milk.

• Aim for the recommended amount of calcium and vitamin D. Calcium and
vitamin D are important for strong bones. Getting enough calcium and
vitamin D is important because some breast cancer treatments can
increase your risk for osteoporosis. Current recommendations for woman
are:

**Calcium:** Aim to meet your calcium needs through foods when possible.
Supplements can provide the difference between your recommended
intake and what your diet provides.

<table>
<thead>
<tr>
<th>Age</th>
<th>Aim for</th>
<th>Don’t exceed (from food and supplements)</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-50 years</td>
<td>1000 mg/day</td>
<td>2500 mg/day</td>
</tr>
<tr>
<td>Over 50 years</td>
<td>1200 mg/day</td>
<td>2000 mg/day</td>
</tr>
</tbody>
</table>

**Vitamin D:** In addition to drinking 500 ml (2cups) of milk or fortified soy
beverage every day for vitamin D, everyone over the age of 50 should take
a daily supplement providing 400 IU vitamin D. A vitamin supplement will
help you meet the recommended daily amount.

<table>
<thead>
<tr>
<th>Age</th>
<th>Aim for</th>
<th>Don’t exceed (from food and supplements)</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-70 years</td>
<td>600 IU/day</td>
<td>4000 IU/day</td>
</tr>
<tr>
<td>Over 70 years</td>
<td>800 IU/day</td>
<td>4000 IU/day</td>
</tr>
</tbody>
</table>

If you have had or are having cancer treatments that increase your risk for
bone loss, your recommended amount of calcium and vitamin D may be
higher. Speak with your Doctor or a Dietitian to determine your individual
needs.
**What about phytoestrogens?** Plant estrogens are substances found in plant foods that may act like the hormone estrogen. Plant estrogens are also called phytoestrogens. The main sources of phytoestrogens are soybeans, soy foods (such as tofu and soy milk) and ground flaxseed. In addition there are other plant foods that may contain phytoestrogens. Speak with your Doctor or a Dietitian to discuss dietary information, questions and nutritional needs.

**What if I’m on a special diet?**

Tell your Nurse if you have special dietary restrictions and he/she will ensure your needs are noted on the chart. Your Nurse can also contact the Dietitian if necessary.

**Where can I get more information and support?**

Women have different informational needs regarding their diagnosis of breast cancer and related treatment.

*For more information you can call:*

- Ottawa Regional Women’s Breast Health Centre .......... 613-761-4400
- Information Specialist at the Canadian Cancer Society .. 1-888-939-3333
- Willow: Breast Cancer Support and Resource Services . 1-888-778-5000
- Breast Cancer Action Ottawa ............................................. 613-736-5921
- Maplesoft Cancer Centre (https://survivorship.ottawacancer.ca/main.jsf) ................................................................. 613-247-3527

**Social Work Support**

Social workers can provide several types of support for you and your family/friends:

- **Practical support** – If you have needs or issues with finances (e.g. prescription cost), housing, help at home, convalescent care, relaxation methods, dealing with children, etc.
• **Emotional support** – It is possible to discuss any reactions that arise for the breast cancer diagnosis and treatment or any other issues that are causing you or your family/friends concerns. This can be provided via telephone conversations, individual meetings or support groups (e.g. “Stepping Stones”) as per your need and preference.

• **Contacting us** - You may ask to be referred to a Social Worker at any time during your treatment journey or please feel free to contact us directly through the Ottawa Regional Women’s Breast Health Centre at 613-761-4400.

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**Accommodations for out of town patients and families**

Local Accommodation: You may request a reduced rate (based on availability) for “QCH visiting families”

**Best Western Baron’s Hotel and Conference Centre**
3700 Richmond Road, Bell’s Corners (1.8 km west of QCH)
613-828-2741

**Day’s Inn**
350 Moodie Drive, Bell’s Corners (3 km west of QCH)
613-726-1717 or 1-800-616-7719

**Holiday Inn Select (Suites)**
101 Kanata Ave, Kanata (11.6 km west of QCH)
613- 271-3057

**Holiday Inn Express**
45 Robertson Rd., Bells Corners, Ottawa West, Nepean (3 km west of QCH)
613-690-0100 or 1-877-660-8550

**Algonquin College of Applied Arts and Technology**
1385 Woodroffe Avenue, Ottawa (5.2 km east of QCH)
613-727-7698 or 1-877-225-8664
(Double beds in dorm rooms are available from 2\textsuperscript{nd} week in May until 2\textsuperscript{nd} week of August). Identify yourself as QCH patient/family.

NOTES AND QUESTIONS:

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Clinical Pathway Patient Version
Breast Surgery Day Stay
### Process

#### Pre-admission (2-3 weeks before surgery)

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Your Nurse will take your weight, height, blood pressure and pulse.</th>
</tr>
</thead>
</table>
| Tests             | - Your Nurse will also complete and admission assessment. She/he will ask questions about your health, past history including alcohol intake and smoking status.  
                    - Blood tests, urine sample, electrocardiogram (EKG) and chest X-ray may be done if ordered by your Surgeon. |
| Consults          | - Anesthesia and medicine may be consulted if ordered by your Surgeon.  
                    - Dietitian, Discharge Planner or Community Care Access Center (CCAC) will also be consulted if needed. |
| Medications       | - All your medications, including non-prescription, herbal and vitamin supplements will be reviewed.  
                    - You will be advised what medications and supplements to take before your surgery and what to stop. |
| Treatments        | - You may continue with your normal diet.  
                    - Morning of surgery drink 1 cup (250 mLs) or 8 ounces of clear fluid before leaving home to come to the hospital. |
| Nutrition         | - You can continue with normal activity.  
                    - The Nurse will review the patient education booklet with you.  
                    - The Nurse will also review deep breathing and coughing exercises and will demonstrate how to care for your drain.  
                    - The Physiotherapist will review arm exercises with you. |
<p>| Discharge planning| - Your Nurse will discuss your arrangements for help at home after surgery with you and arrange for a Social Worker/discharge planner if needed. |</p>
<table>
<thead>
<tr>
<th>Process</th>
<th>OR day after surgery</th>
</tr>
</thead>
</table>
| **Assessment**       | • Your Nurse will monitor your temperature, blood pressure, pulse and oxygen level frequently.  
|                      | • Your breast dressing and drain will be monitored.                                    
|                      | • Your fluid Intake and output will be recorded.                                       |
| **Tests**            | • You may have blood work done before and after surgery if ordered by your Surgeon.    |
| **Medications**      | • Your pain level will be monitored and pain medication will be given as required.     
|                      | • If you feel nauseous, let your Nurse know she/he will give you medication for this as well. |
| **Treatments**       | • You will be given oxygen if needed.                                                  
|                      | • You will be encouraged to do deep breathing and coughing exercises.                  
|                      | • You will also be encouraged to do ankle and leg exercises every hour while awake.    
|                      | • The Nurse will administer Intravenous fluids. If applicable:                         
|                      | • Your Jackson Pratt drain will be emptied every shift.                                |
| **Nutrition**        | • You will be allowed a juice and crackers as tolerated in Hospital and regular diet as tolerated after discharge. |
| **Education**        | • Your Nurse will review the pain scale with you.                                     
|                      | • Your Nurse will also discuss methods to manage your pain or nausea with you.         |
| **Discharge planning** | • You will be going home the day of your surgery. Your Nurse will call your driver to pick you up.  
|                      | • You will receive a post-op phone call from a Nurse the day after surgery.            |
Mission, Vision & Values

OUR VISION
We will be the community hospital of choice, recognized for our exemplary patient care, people and performance in a environment of innovation and strategic partnerships.

OUR MISSION
As a patient and family-centred hospital:
- We provide a broad range of acute care services to the people of Ottawa and the surrounding region.
- We respond to the needs of our patients and families through our commitment to exemplary performance, accountability and compassion.
- We partner with other health care and community service organizations to ensure coordinated and integrated care.
- We actively promote a learning environment in which our staff, physicians, students and volunteers are progressive and responsive.
- We are an active teaching partner with colleges, universities and other healthcare programs.

Our Cornerstone Programs are:
- Emergency Services
- Medical Services
- Surgical Services
- Geriatric Services
- Acute Rehabilitation Services
- Childbirth Services
- Mental Health Services

OUR VALUES
- Accountability
- Innovation
- Respect