**Breast Surgery**

**Day Surgery/Admitted Patient**

**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 a.m. and 4:00 p.m.

Monday to Friday

This booklet is intended to provide you with information to prepare you for your hospital stay and discharge. Your safety and complete recovery is our priority following your surgery. For this reason, we ask you to follow these instructions. **PLEASE USE THIS BOOKLET AS A REFERENCE TOOL FOR ALL DATES AND TIMES AND BRING THIS BOOKLET WITH YOU TO ALL YOUR APPOINTMENTS AND ON YOUR SURGICAL DAY.**

Your hospital stay will follow a plan of care. In this booklet you will find information about your surgery and the patient version of the Breast Surgery Day Stay care plan. It has been prepared so that you, your family, and all members of your healthcare team know your plan of care, including what tests, treatments and diet you require as well as the education and planning necessary for discharge.

The patient version of the Breast Surgery Day Stay care plan gives you an idea of what to expect when you arrive at the hospital until your discharge.

After you and/or your family have read the information, please feel free to ask your nurse or other members of the healthcare team any questions.

For information call

Before your surgery:

Contact your surgeon’s office or Pre-Operative Assessment Clinic 613-721 2000 ext. 2920 between 8:00 a.m. to 4:00 p.m. Monday to Friday

After your surgery:

Contact your surgeon’s office

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 healthcare needs.

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Mastectomy Surgery

Types of Breast Surgery Performed

## Breast Seed Localization

**What is radioactive seed localization?**

You will be undergoing breast surgery to remove the lump in your breast. Although your lump may not be felt, it will need to be localized for the surgeon. A radioactive seed is a titanium seed about the size of a grain of rice containing a small quantity of the radioactive element Iodine-125.

Similar to how a lump can be seen with ultrasound or mammography, it can be localized using a radioactive seed.

Using ultrasound or mammography guidance, a radiologist will place a radioactive seed into your lump several days before your surgery. The radioactive seed emits a tiny amount of radiation that can be detected with a special probe. The radiation dose is equivalent to two mammogram images when it is in the breast for 5-7 days. This radioactive seed will be removed during surgery.

**Who will insert the radioactive seed?**

The procedure will be performed by a radiologist who specializes in breast imaging. A specially trained X-Ray technologist or Ultrasound sonographer will assist during the procedure.

**Do I need to follow any special instructions to be ready for a radioactive seed placement?**

If you are taking anticoagulants (blood thinners) such as Coumadin or Aspirin or other ASA containing medications, you should consult your physician or surgeon as it may be necessary to adjust your medication one week prior to the procedure. Otherwise, you are not required to have any special preparation for the radioactive seed placement.

|  |  |
| --- | --- |
| Breast depicted before surgery | 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. |
| Depicting where the lymph nodes in the breast are | **Sentinel Lymph Node Biopsy**On the morning of your surgery a radioactive isotope is injected into the breast nipple area. There may be some initial discomfort for a short period of time. This X-ray procedure allows the surgeon to track the sentinel lymph node. |
| Depicting the wedge of breast tissue to be removed from a lumpectomy | Segmental Mastectomy (Lumpectomy)A wedge of the breast including the tumour and some surrounding normal tissue is removed. |
| Depicting where the lymph nodes in the under arm area will be removed | Axillary DissectionSurgical removal of lymph nodes from the underarm.  |
| Depicting the full area of breast tissue and lymph nodes that will be removed | Modified Radical MastectomyAll the breast tissue and the axillary lymph nodes are removed. |
| Depicting only the breast tissue that will be removed | Total or Simple MastectomyAll the breast tissue is removed, but nothing else. |

Lymph nodes and lymphatic’s 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.



Welcome to Queensway Carleton Hospital

Queensway Carleton Hospital (QCH) is a patient and family-centered hospital providing a broad range of acute care services through the dedicated care of healthcare professionals. We look forward to helping you throughout your hospital stay. Please be sure to ask any questions you may have at any time.

Please refer to our Patient Handbook for more information about QCH and what you need to know as a patient while you are here.

**IMPORTANT: If your surgeon or healthcare team gives you different recommendations than what has been provided in this booklet, please follow the directions from the surgeon or healthcare team.**

**DO NOT bring any valuables to the hospital.**

**My date of surgery is:**

Call the Queensway Carleton Hospital Patient Scheduling Department the weekday (Monday to Friday) before surgery to determine the time of admission.

The number to call is 613-721-4840 between 11 a.m. and 3 p.m.

Call for your admission time on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Antibiotic Resistant Bacteria

**If you have ever been told you had or have an antibiotic resistant bacteria such as MRSA (Methicillin Resistant Staph Aureus)/ESBL (Extended Spectrum Beta-Lactamase producing bacteria), please tell the Pre Operative Assessment Clinic (POAC) staff.**

Queensway Carleton Hospital is taking steps to prevent and control antibiotic resistant bacteria. This bacteria does not usually cause problems in healthy people, but it can cause infections in people who have weakened immune systems or have had major surgery. If you have stayed overnight in a healthcare facility within the last year, you will be screened for resistant bacteria at the time of your pre-operative visit.

# Will I need to see a social worker?

A social worker may call if you feel there are any issues that make it difficult for you to manage at home on discharge. If you are already on Home Care through the Local Health Integration Network Home and Community Care (LHIN HCC), please make sure that your Care Coordinator 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 guide you to do it when you come to Pre-operative Assessment Clinic (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.

# Care Partner & Visitor Policy

Please refer to the QCH Patient Handbook for detailed information about our care partner and Visitor Policy while you are at QCH.

**Please ensure that visitors are aware of the Queensway Carleton Hospital scent-free policy. Please do not bring scented flowers or wear scented products to the hospital.**

# Care Partner 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 then further contact the rest of your family and/or friends. The name of this person will be written on the chart. Please let your family and friends know who this person will be.

My family contact is:

Phone number: Home:

 Work:

 Cell:

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

■ Your health card.

■ All current medications in their original bottles, boxes, dossettes or blister packs. Please bring a current list of all medications in a print out from your pharmacy. If not needed after surgery, your family can take your medications home once you have been admitted.

■ A list of allergies, including the type of reaction.

* A shirt that buttons or zips up in the front.

■ Comfortable walking shoes.

* If you have sleep apnea and are using a CPAP/BiPAP machine at home, please bring in the machine, tubing and mask (all labeled with your name) the morning of your surgery.

If you are being admitted:

* Bring in your personal bag on the day of your surgery including one set of comfortable loose-fitting clothing, like jogging pants or shorts and a shirt that buttons or zips up in the front that you can dress in during the day and wear home.
* Your own reusable water bottle.
* Toothbrush, toothpaste, soap, deodorant, shaving cream, razor, brush or comb and Kleenex™.
* If applicable you will be asked to bring your walker and/or any equipment that you use at home with name labels.

**Preparing for your surgery**

You must follow these rules or your surgery may be cancelled:

1. **Do not eat any solid food after midnight the night before your surgery.**
2. **If you are thirsty, you may drink clear fluids apple juice, water or giner-ale™ until you leave to come to the hospital.**
3. **Please drink one cup (250 mLs or 8 oz) clear fluid either apple juice, water or ginger-ale™, before leaving to come to hospital.**

You should take your regular prescription medications (no vitamins or herbal products) with water the morning of surgery as advised by the nurse or doctor you spoke with in POAC.

You **must** stoptaking all supplements **except** vitamin D, calcium, or iron/iron supplements one week before surgery.

If you are taking Aspirin or other blood thinners, please inform your surgeon or nurse. You will be given specific instructions.

Other pre-operative instructions:

**We will advise you to purchase two scrub brushes of Chlorhexidine soap. They can be purchased at the QCH Gift Box on the main floor next to the front lobby.**

QCH Gift Box Hours

Monday to Friday 9 a.m. to 8 p.m.

Weekends 12 p.m. to 4 p.m.

* **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 sponge. Pat yourself dry with a fresh clean soft towel, put on clean pajamas or clothes and put on freshly laundered bed linens on your bed if you are able. 
2. The morning of surgery repeat your bath or shower using the Chlorhexidine 4% soap sponges.

**(Chlorhexidine 4% soap sponges are available at the QCH Gift Box)**

* If you have had breast seeding, leave tegaderm dressing on even when showering (it must not be removed).
* 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.
* Do not drink alcohol 24 hours before surgery.
* On the day of surgery, **do not** wear make-up, any jewelry, body piercings, nail polish, deodorant or contact lenses. If you are unable to remove rings from operative site you must have them removed by a jeweller. Remove body piercing and replace with plastic plugs.
* QCH is scent-free. **Please do not wear any scented products, to the hospital.**
* It is advisable to have someone drive you or come with you to the hospital on the day of your surgery so that they may take your car home for you. You will not be able to drive your car yourself when you are discharged from the hospital.

YOUR DRIVE HOME ***MUST*** BE AVAILABLE FOR THE ENTIRE DAY OF YOUR SURGERY

Please indicate the name and phone number of the person taking you home below: **(Day Surgery Patients Only)**

**Name**:

**Home phone #:**

**Work phone #:**

**Cell phone #**:

**Note: Notify your surgeon by calling their office before your surgery if you develop a cold, have any open wounds, have an active virus (e.g. shingles), or have any other illness.**

This is important for your well-being and the safety of others because there is a risk for everyone if you go to surgery with an infection.

During Your Hospital Stay

**Arrival at Hospital**

* Report to Patient Registration Desk on the main level. Please bring your health card, insurance cards and this booklet. Please do not bring valuables to the hospital.
* From Patient Registration, you will be directed to the Day Surgery Unit (DSU). One care partner can accompany you and stay with you once you are admitted. You may designate this care partner to be the person to call after surgery.
* Staff will show you where to change into a hospital gown. Your clothes will be placed in a bag. If you are being admitted your bag of clothes will be transferred with you to your room. You will then lie down on a stretcher.
* Your nurse will start an IV and will give you any needed medications.
* The surgeon, anesthetist and operating room (OR) nurse will see you and answer any questions that you may have.
* In DSU, you will be covered with a special blanket to keep you warm. This will be removed before taking you to the OR. Keeping you warm helps to prevent post-operative infections and helps to manage your pain.

**During surgery:**

* You may be offered a nerve block which is a long lasting sedation for pain management.
* You will be given an anesthetic medication through your intravenous.
* Your anesthesiologist will discuss these with you prior to your surgery.

**After surgery: Post Anesthetic Care Unit (PACU)**

**(Day Surgery Patients)**

* After surgery you are moved to the Post Anesthetic Care Unit (Recovery Room).
* Your nurse will monitor your vital signs, including your pulse and blood pressure and will look at your incision(s) frequently.
* You will have an intravenous (IV).
* You may have an oxygen mask on temporarily.
* If you feel any pain or nausea, tell your nurse. You will be given medication to help you feel better.
* You will be transferred to the Day Surgery Unit (DSU) when the nurse determines it is safe to move you.
* You may have one designated care partner stay at your bedside in the DSU. 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. You may give a phone number to the DSU clerk for the surgeon to contact your designated care partner after your surgery.
* The nurse will ensure you have all your post-operative instructions before you leave the hospital.

**After surgery: Post Anesthetic Care Unit (PACU)**

**(Admitted Inpatients)**

You will be admitted to Hospital the day of your surgery and will remain at least one night. Your surgeon will determine the length of stay in Hospital.

* You are moved from the Operating Room to the Post Anesthetic Care Unit (Recovery Room).
* Your nurse will monitor your vital signs, including your pulse and blood pressure and will look at your Incisional dressing frequently.
* You will have an intravenous (IV).
* You may have an oxygen mask on temporarily.
* If you feel any pain, nausea or itchiness tell your nurse. You will be given medication to help you feel better.
* You may be drowsy after the surgery, as you become more alert we will encourage you to do ankle exercises and deep breathing exercises. These exercises will help to prevent post-operative complications.
* You will be transferred to your room when the nurse determines it is safe to move you and when your room is ready. Your personal belongings will accompany you to your room.
* If you have sleep apnea, you may be required to be monitored in the PACU for a longer period of time. If you have your own CPAP machine, you need to bring it with you to the hospital.
* You will then be transferred in your stretcher/bed to your room on the inpatient unit. Your family will be able to visit you after you are admitted to your room.

**Protecting your skin from pressure injuries**

During and after your surgery, you are at risk for developing a pressure injury (bed sore, pressure ulcer). A pressure injury is skin breakdown that develops, usually over the tailbone and the heels, from sitting and lying in the same position for long periods of time or from sliding down in bed. Some key things that can be done to protect your skin are: avoid sitting in bed with the head of the bed higher than 30 degrees for long periods of time, reposition yourself or ask for help, about every 2 hours, when you turn on your side, put a pillow between your legs and when you lie on your back, use pillows under your lower legs, so your heels “float” off the bed

**Ankle exercises:**

Point your toes toward your head, then toward the foot of the bed. Make your feet go around in circles 5 times. This exercise should be done 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 these 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 scale**

Your nurse will ask you to rate your pain on either the number or FACES scale (see below). Pain is rated from 0 (no pain) to 10 (worst pain).

****

**General post-operative instructions**

**(Day Surgery patients)**

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

* You should have someone available to stay with you overnight upon returning home.
* Your surgeon will instruct you as to when you can drive a car or operative machinery but in the absence of such instructions, not for at least 24 hours after the procedure.
* You should limit activity requiring full concentration for 24 hours; e.g. making important personal or business decisions, as full mental alertness may not return for several hours.
* You should 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.
* You should eat lightly for the first meal following your procedure.
* You should 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 through his/her office or follow the directions on your surgeon’s message machine regarding reaching another surgeon.
* If you are unable to contact your surgeon or the surgeon covering his/her practice, come to the Emergency Department of the hospital where you will be seen by an emergency physician.

Deep Vein Thrombosis (DVT) is a blood clot in a deep vein and is a major health concern that should be discussed with your physician.

You may be at risk for developing a DVT for any of the following reasons:

* Recent surgery
* Immobility
* Previous DVT
* Problems with circulation
* Obesity
* Increasing age
* Acute medical illness

DVT’s most commonly occur in the legs, usually the calf. Signs and symptoms to watch for include: calf pain or swelling, redness or discolouration, a knot in the calf that you can feel and that is warm to touch, fever, shortness of breath, rapid heart rate or chest pain.

If you experience any of these symptoms go to the Emergency Department or call 911 for immediate assistance.

**Return appointment reminder**

DATE:

TIME:

LOCATION: [ ]  Doctor’s office

 [ ]  Other:

**Post-operative dressing**

* We advise you to purchase these supplies before your surgery.
* We suggest that you get a small package of sterile 4” X 4” gauze pads and a roll of tape at the drugstore before your surgery
* Other:

If you have any questions about the dressing type to purchase, please check with your nurse in the Pre-Operative Assessment Clinic (POAC).

**Pick up information**

The care partner/family members are encouraged to remain at the hospital. If partner/family are not able to stay, please ensure that they are within 10 minutes of the hospital.

For those who cannot remain and are collecting a patient you will be contacted by the hospital as to when to pick your friend/family member. Please drive to the James Beach Health Care Centre West Entrance door and bring a wheelchair into the Day Surgery Unit. Inside the building there is a wall mounted telephone on the right hand side with the phone number to the Day Surgery Unit (DSU) posted.

Please pick up the phone and dial 2912 to let them know you have arrived and you will be given further instructions.



# 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.Drain before it has been emptied | To empty, remove the plug and empty drainage fluid into a measuring cup and record the amount of fluid.Removing the plug to empty the drain | 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.Drain being squeezed in hands while plug is being replaced |

#

# 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 or as per your surgeons instructions

* 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 and only if you have a drain with home care arranged).
* Do not get your dressing wet: take a sponge bath at the sink or take a shallow bath.
* If there is no drain and you have clear dressings that look like saran™ wrap (food wrap) you may shower the day after your surgery.
* A tensor bandage may be applied after surgery to provide comfort and support. The tensor bandage can be removed for a shower and then you may reapply the tensor bandage or a sports bra (no underwire) for 3 days (72 hours) after your surgery.

After day five

* Your dressing and if any drain(s) may be removed day five by a nurse 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 once the original dressing and drain is 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 have a bath but keep your incisions out of the bath water for 2 weeks.
* You may remove any Steri-strips™ (white paper tapes) along the incision after day 10. If the Steri-strips™ fall off sooner do not be concerned.
* 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. You may also have blue-green stained urine, you are encouraged to drink lots of fluids over the next 24 hours.

# 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 ­­­35 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 4.5 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.

*Exercise illustration and text* *reproduced with permission from The Canadian Cancer Society’s “Exercises after Breast Surgery: A Guide for Women” pamphlet.*

## 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](http://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.

1. 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.

1. 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.

**Avoid heavy lifting**

During this stage of healing, don’t lift anything heavier than about 4.5 kg (10 lbs)

**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.

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***Position 2***

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

***Position 3***

Repeat with palms facing up (under grip) 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 center and then bend to the left.

Repeat 5 to 10 times.

**Doorway stretches**

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 risk of developing 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. Speak to your surgeon of your risks of developing lymphedema.

Lymphedema can happen soon after treatment, months or even years later. It can be a temporary or long-term condition.

**What can I do to prevent lymphedema?**

Recommendation for patients after axillary surgery

* Avoid weight gain.
* Perform regular exercise - exercise such as walking, light aerobics, bike riding, swimming and dancing.
* Maintain a healthy diet – refer to “What should I eat section Page 36.
* Continue with
* Air Travel
* Blood pressure measurements and intravenous lines on the side of the surgery
* Exercise

**Call your surgeon or go to the nearest Emergency Department if you have any of the following.**

* There is a sudden increase in pain, swelling, or tenderness at the surgical site.
* Elevated temperature (38oC or 100.4oF) and/or chills lasting more than 24 hours.
* 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*?*

**Planning a Healthy Diet**

Nutrition gives your body the nutrients it needs and eating well is an excellent way to nourish, repair and heal your body.

Guidelines for a healthy diet:

1. Eat a low fat plant based diet:

The diet should encourage whole grains, vegetables and fruit as well as legumes more often. .

* Choose whole grains which include cereals such as oats, brown or wild rice, breads and tortillas made with whole grains, whole grain pasta and quinoa.
* Eat plenty of fruits and vegetables (aim to consume brightly colored fruit and vegetables).
* Choose beans, lentils and dried peas more often instead of meat.
* Limit dietary fats like butter, full fat dairy, poultry skin and fatty meats.
* Choose healthy fats such as canola or olive oil but keep the amount small (no more than 30-45 mL or 2-3 tablespoons per day).
* Other sources of healthy fats include avocado, nuts, seeds and fatty fish like salmon, mackerel, sardines and albacore tuna (fish contain good sources of Omega 3 fats).
* Limit processed foods that are high in sugar and fat such as chips, chocolate bars, and some crackers.

A plant based diet does not mean that foods from animals need to be eliminated. The diet can include dairy, meat, fish and poultry but in smaller portions.

2. Achieve and maintain a healthy weight:

* Check with your doctor before you increase your physical activity.
* Regular exercise can help you stay at a healthy weight and may lower your risk of breast cancer returning.
* Aim for 150 minutes of moderate (e.g. walking or swimming) to vigorous (e.g. running or tennis) physical activity per week in bouts of 10 minutes or more.

3. Alcohol

* Is a strong risk factor for many cancers.
* Is high in calories with little nutritional value.
* Avoiding alcohol may be the best choice to reduce your risk of breast cancer.
* If you choose to drink alcohol, limit your intake to no more than 1 drink per day.
* 1 drink is equal to 5 oz (145 mL) wine, 12 oz (355 mL) beer or 1.5 oz (45 mL) of spirits.

4. Soy:

* As a whole food, soy is safe for breast cancer. Examples include miso, tempeh, tofu, soya sauce, edamme, soy milk and soy nuts.
* Is a rich source of plant estrogens known as PHYTOESTROGENS.
* Phytoestrogens are naturally found in plant foods and act like the hormone estrogen.
* It is best to choose soy from food sources and avoid soy supplements.
* Your diet can include 2 servings per day.
* Sources include:
	+ Soybeans (1 cup or 250 mL)
	+ Tofu (1/2 cup or 125 mL)
	+ Soy milk ( 1 cup or 250 mL)
	+ Soy nuts (1/4 cup)

5. Bone Health

* Some breast cancer treatments can increase your risk of bone loss.
* Calcium and Vitamin D are needed for strong bones.
* Aim to meet your needs through foods.
* Food sources of calcium and vitamin D include:
	+ Low fat dairy products
	+ Fortified soymilk
	+ Fatty fish
	+ Eggs
	+ 10 -15 minutes of direct sunlight
* Amounts needed are:

|  |  |  |  |
| --- | --- | --- | --- |
| Vitamin/Mineral | Age | Recommended | Do Not Exceed (Food + Supplements) |
|  Calcium | 19 – 50 years | 1000 mg/day | 2500 mg/day |
|  | Over 50 years | 1200 mg/day | 2000 mg/day |
|  |  |  |  |
| Vitamin D | 19 – 70 years | 600 IU/day | 4000 IU/day |
|  | Over 70 years | 800 IU/day | 4000 IU/day |

* Health Canada suggests everyone over the age of 50 take a daily Vitamin D supplement providing 400 IU.
* It is better to get calcium through food sources than from supplements.

6. Prepare your body for recovery:

* Post-op your body is quickly trying to heal itself. Without good nutrition, healing can be slow.
* It is important to try to have a protein source at each meal.
* Protein helps build, maintain and repair your body.
* Protein choices include:
	+ Meat, fish and poultry
	+ Eggs
	+ Dried beans and lentils
	+ Nuts
	+ Milk, yogurt, cheese
	+ Protein powders (not soy based)

Talk to a doctor or dietitian to determine your individual needs and discuss nutrition questions. Nurses can contact /refer to the dietitian as needed.

# 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

Care Plan Patient Version

**Breast Surgery Day Stay**

|  |  |
| --- | --- |
| **Process** | **Pre-admission (2-3 weeks before surgery)** |
| **Assessment** | * Your nurse will take your weight, height, blood pressure and pulse.
* Your nurse will also complete and admission assessment. She/he will ask questions about your health, past history including alcohol intake and smoking status.
 |
| **Tests** | * Blood tests, urine sample, electrocardiogram (ECG) 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.
 |
| **Nutrition** | * You may continue with your normal diet.
* Do not eat any solid food after midnight the night before your surgery.
* Morning of surgery drink 1 cup (250 mLs) or 8 ounces of clear fluid before leaving home to come to the hospital.
 |
| **Rest and activity** | * You can continue with normal activity.
 |
| **Education** | * 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 may review arm exercises with you.
 |
| **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.
 |

|  |  |
| --- | --- |
| **Process** | **OR Day** |
| **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 ajuice 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.
 |