your guide to breast cancer surgery preparation and recovery
Let Us Help

Learning that you have cancer can cause many different thoughts and feelings such as anger, confusion, sadness, and even guilt. Many thoughts may rush through your mind all at once: What will happen to me? Will I be able to work? Will I be able to take care of myself and my family? Will anyone want to be around me? Who will help me? Will I survive? All of these thoughts and feelings are normal, and it is healthy for you to express them. Facing breast cancer and breast surgery is a life-changing experience. We want to help you through this time.

You will get through all of this. The first thing to do is to get the facts. Read, talk with others, ask questions and surf the Internet (make sure that the websites you choose are reliable and provide up-to-date information). Gaining knowledge about your diagnosis can help you decide about your care and treatment.

A whole team of healthcare professionals, including doctors, nurses, social workers, physical therapists and dietitians, are here to help you. Hearing the word “cancer” can cause you to feel out of control. Being the leader of your healthcare team will help you gain back some sense of control. This is very important in your healing.

This booklet will provide accurate, up-to-date information that will help you during your surgery and recovery. The women who wrote this booklet include a registered nurse who had breast cancer and breast reconstruction as well as a team that treats patients with cancer. We’ve used our experience to put together a booklet we hope will be valuable to you.
Before Breast Surgery

Preparing for Breast Surgery
A lot of information has been given to you and you have had to make many decisions quickly. This can be overwhelming. Having the right information will help you be an active participant in your care and the decisions impacting you.

In this booklet we give you self-help tips, comfort measures and exercises that will help you prepare for and recover from your breast cancer surgery. If you are like most women, you are probably the caregiver for your family. It may be hard for you to let others care for you. However, this is a time when you need their help and support. This is a time when you need to let go and let others help you.

Most people really want to help but don’t know what to do. Give them a specific task you know they can manage, such as doing household chores, running errands or cooking meals. By letting others take care of the household, you can use your energy to make decisions about your breast cancer treatment. Everyone will feel better!

As you read this booklet, you will probably have questions. Write them down as you think of them. We’ve provided blank pages at the end of this booklet for just that purpose.

Family and friends often want to share personal stories of struggles and triumphs of dealing with cancer and other illnesses. These stories can provide good information that may help you, but don’t include their advice or information in your treatment plan until you have talked to your doctor. Every situation is a little different, so a treatment plan needs to be tailored specifically for you.

Acceptance is often difficult, but there are steps in this process as well. The following stages of healing were gathered from the personal experiences of a registered nurse who had breast cancer, and from many women with breast cancer.

1. Hearing the diagnosis
2. Making surgical and medical choices
3. Undergoing surgery
4. Looking at the incision for the first time and caring for the wound
5. Looking at the word “oncology” as you visit your cancer doctor for the first time
6. Realizing that your body image may be changed forever
7. Realizing that your partner may also have issues and concerns regarding image, sexuality and femininity
8. Making temporary choices for prostheses as you begin to heal and socialize
9. Facing chemotherapy and radiation
10. Feeling anxious as you face each and every checkup for the rest of your life

Take one day at a time so that your journey to healing can begin.

“This was my treatment plan, and the one I felt would give me the peace of mind I needed. I have never looked back. That was 13 years ago.” – Thirteen-year survivor
Making Arrangements at Home and at Work
As you prepare for your surgery, you will need to make arrangements to give yourself some “responsibility-free” time after you go home.

It is also important to make arrangements at work. Obtain work excuses or return-to-work slips and/or Family Medical Leave Act (FMLA) forms from your doctor’s office at your pre-op visit.

The following checklists may be helpful in your planning. (Check as completed)

☐ You MUST arrange for transportation to and from the hospital. You cannot drive yourself home.

☐ When possible, make arrangements for someone to care for your children, parents, pets or other dependents while you are in the hospital and after you are home.

☐ Children must be with an adult at all times if they visit you in the hospital. You, the patient, may NOT be the caregiver. Please inform family and friends to not bring sick children to the hospital to visit you. Be sensitive to other patients – playing or crying children might disturb them.

☐ Arrange to have someone such as family, friends, church members and/or neighbors available to help you when you return home.

☐ Cook and freeze nutritious meals so you will have some rest from the kitchen after surgery.

☐ When friends offer to help, ask them to provide a meal after your surgery or ask them to bring lunch and visit with you at the same time. You could also ask if they would run an errand for you.

☐ Stock up on groceries and routine medications for yourself and your family before you have surgery.

☐ Rearrange furniture items and sleeping quarters for your convenience if needed.

☐ Check your home for fall hazards such as slippery surfaces and scatter rugs. Consider purchasing safety items such as a bathtub mat, a shower bench or a rail if needed.

☐ Call Woman’s Social Services at 225-924-8456 if you have special needs for home care or sitter services. Social Services can work with you to explore available community resources.

☐ Clean your house and do your laundry before surgery. You may not be able to do these tasks for a period of time after surgery.

☐ Call your health insurance company to be sure they have approved your surgery and give you precertification numbers if needed.

☐ If you have a separate cancer insurance policy, be sure to call the insurance company to discuss your available benefits.

☐ Obtain work excuses or return-to-work slips and/or Family Medical Leave Act (FMLA) forms from your doctor’s office at your pre-op visit.
Pre-Surgery Evaluation with Your Doctor(s)

At your pre-surgery appointment with your doctor, discuss any questions you have. Knowing what to expect helps relieve any anxiety you may have about your surgery.

Some frequently asked questions about surgery include:

- What type of pain will I have after surgery?
- Where will the pain occur, and how long is it likely to last?
- When can I eat after surgery?
- How long will I stay in the hospital?
- When can I return to work?
- When can I ride in a car, and when can I drive myself?
- When can I walk for exercise at home?
- When can I return to my exercise program?
- When can I resume sexual relations?

Inform your doctor of all medical conditions you have; for example, asthma, diabetes, thyroid problems, back/neck pain, mitral valve prolapse, etc. Your doctor will determine if it is necessary to have clearance from any other doctors before you have surgery.

If you smoke, discuss with your doctor prior to your surgery whether medication (patches, pills, nasal spray) is needed during your hospital stay to help you cope with not smoking. Woman’s is a smoke-free environment and can provide you with resources to help you quit smoking if desired.

If you are being followed by other doctors for special medical conditions, please notify them you are going to have surgery, and ask which medications that they prescribe need to be continued at the hospital.

Tell your doctor ALL medications you are taking, including:

- Prescription
- Non-prescription
- Herbs
- Diet pills
- Vitamins

Ask your doctor when to stop taking any of these medications before your surgery.

Your doctor may give you a prescription for medicine you will need after your surgery. Please have this filled before your surgery date so that you will have it when you get home.

If you feel sick (have fever, sore throat or any type of infection) between now and the time for your surgery, tell your doctor. Also, tell your doctor if you have a staph infection of the skin or any skin sores or ulcers with redness, warmth, swelling, drainage or pain. Do not wait until the day of surgery.
Pre-Surgery Center Appointment
Either your doctor’s office will make your Pre-Surgery Center appointment, or they will ask you to call 225-924-8604 to make your appointment.

Your appointment at Woman’s Pre-Surgery Center will take one to two hours. We suggest that you do not bring young children with you to this appointment. It may cause delays for you and other patients.

Bring a current printout of all prescription medicines from your pharmacy with you. Also bring a list of all non-prescription medications, herbal medications and vitamins with you. The staff will review and record each of the medicines you take.

You should also bring:
• Your insurance card
• Your driver’s license
• A copy of your living will, if you have one
• A list of any special needs you may require (like a nebulizer or CPAP machine.)

Your admission paperwork will be completed, and the staff will ask you questions about your medical history. They will measure your height and weight. Any lab work or other tests ordered by your doctor will also be done. The staff will tell you where to park on the day of surgery, and where you should check in.

Preparing Yourself for Surgery
It is very important to prepare yourself for surgery.
• Eat and drink healthy. Your body needs good nutrition and plenty of liquids to heal, fight infection and avoid dehydration. This is NOT a time for dieting. Drink at least six 8 oz. glasses of fluid per day, preferably water. Other fluids that would be good to drink are fruit juice, lemonade and decaffeinated beverages.
• Practice the postoperative exercises in this booklet daily so that you are familiar with them. You will need to do them during and after your hospital stay.
• Learn about managing pain after surgery on page 10.
• Share questions and concerns with your doctor.

Please call Woman’s Social Services at 225-924-8456 if you are experiencing anxiety and need to discuss those feelings.

If you are considering breast reconstruction surgery, you may call Woman’s Cosmetic Surgery Nurse Coordinator at 225-924-8316 to discuss reconstruction surgery.

Pre-Surgery Bathing Instructions
Taking an antiseptic pre-surgery shower or cleansing before surgery can reduce the risk of surgical site infection. Your doctor may recommend Hibiclens® or a different type of antibacterial soap, such as Dial®, to use for cleansing the skin before visiting the hospital. Carefully follow the steps listed below to help you complete the pre-surgery shower/cleansing process:

1. Do not shave or wax your underarm or surgical sites for at least a week before surgery. Shaving with a razor can nick the skin. This increases the risk of getting a wound infection. Depending on the type of surgery you will be having, if hair needs to be removed, it will be done at the hospital with special clippers.
2. If your doctor recommends Hibiclens®, you will need to purchase a bottle at your local pharmacy (drugstore). If you are unable to locate Hibiclens®, please ask the pharmacist for assistance. This product contains an antibacterial skin cleanser known as chlorhexidine gluconate. You will need to use Hibiclens® or antibacterial soap to shower, bathe or clean your surgical site area the night before and the morning of your procedure.
Before Surgery

“I was able to have a lumpectomy followed by radiation therapy. My advice is to take one step at a time and have faith in your caregivers. Before you know it, it is over, and life gets back to normal.” – One-year survivor

• DO NOT use Hibiclens® on your hair, face or anywhere above your neck.
• DO NOT use Hibiclens® directly on your genital area.
• Tell the nurse if you have ever had a reaction to Hibiclens® or chlorhexidine gluconate.
• DO NOT use Hibiclens® if you are pregnant or nursing.

The Night Before Your Surgery
1. Shampoo and rinse your hair as usual, using your regular hair products (If your routine is to shampoo your hair in the morning, you can skip this step and do this on the morning of your procedure).
2. Pour one-half of the bottle of Hibiclens® onto a clean washcloth.
3. First wash the area where you are having your surgery. Then wash the rest of your body, leaving the groin area last.
   • REMEMBER – do not use Hibiclens® on your hair, face or anywhere above your neck.
   • If you cannot bathe or shower, just wash the area where you will be having your surgery.
4. Allow the Hibiclens® to stay on your body for two (2) to three (3) minutes, then rinse off completely.
5. Use a fresh, clean towel to dry off your body.
6. Do not apply any lotion or deodorant after the antiseptic shower.
7. Put on clean clothing.
8. Be sure to have clean sheets on your bed.

The Morning of Your Surgery
Follow steps one (1) through six (6) as listed above, using the second half of the bottle of Hibiclens®.

Items You Should Bring with You to the Hospital
• A comfortable set of loose-fitting clothes to wear home after surgery; button in the front tops, cotton underpants and pants with loose and comfortable waistbands.
• Toothbrush and toothpaste
• Dentures and case, if you use them
• Makeup
• Deodorant
• Contact lenses, case and supplies, or glasses and case, if you use them.
• Your inhaler, if you have asthma (leave all other medications at home)
• Special medical equipment that you use (such as walkers, canes, braces, special shoes)
   Please clearly mark these items with your name.

Do not bring valuables. The hospital is not responsible for any lost items.

Do not bring electrical appliances such as fans, heating pads or coffee makers.

Do not bring candles, incense or anything with an open flame.
• Hearing aids, if you use them
• CPAP mask, if you use it (Do not bring your CPAP unit)
• Socks
• Robe
• Nightgown that is loose, comfortable and buttons in the front
• Slippers (we recommend slippers that you can just slide your feet into)
• Your advance directive (living will), if you have one

We do not allow the use of personal or home medical equipment in the hospital (such as nebulizers, CPAP units, etc.) due to Patient Safety and Infection Control Standards. Personal walkers, canes, braces and special shoes are allowed.

We will provide the medical equipment with a physician’s order. Please communicate any special needs you may have to the nurse during the admission process.

Frequently Asked Questions About General Anesthesia

Will I need an IV? Yes, every patient who has surgery at Woman’s has an IV (intravenous) line started before going to the operating room. This IV line is used to give you medications and fluids directly into the vein.

Why will I have a tube in my throat? Usually a tube is needed to keep your airway open during surgery. The tube is placed in your throat after you are asleep and removed before you wake up. This may cause you to have a scratchy feeling in your throat after surgery. If you have questions about this, please call Anesthesia at 225-924-8149.

Will someone be with me the entire time I am asleep? Yes. The anesthesia care team includes both a doctor who is an anesthesiologist and a nurse who is a certified registered nurse anesthetist (CRNA). This type of team provides the best anesthesia care. At least one member of the team will be with you the entire time you are asleep.

Where will I wake up? After your surgery is over, you may begin to awaken as you are transported to the recovery room. There you will continue to wake up. Most people do not remember the early waking process.

Will I hurt when I wake up? Some pain after surgery is to be expected. However, the amount of pain varies depending on the individual and the type of surgery you have. Your doctor will have ordered pain medications to be given if you need them. Our staff will keep you as comfortable as possible.

Can I drive myself home from the hospital? No, you must have a responsible adult drive you home from the hospital after surgery.

“Getting rid of the cancer was the dominant issue. If it meant getting rid of my breast, then I had to do it.” – Ten-year survivor
Instructions for Eating and Drinking Before Surgery
For your safety while undergoing anesthesia, you must have an empty stomach. The
possibilities of complications are increased if any food or drink remains in the stomach.
Food may cause vomiting before, during and after the anesthetic is in your system.
Make sure you understand when to stop eating and drinking before your scheduled
surgery time.

We have provided some examples of light meals and clear liquids to help
you select food and drink before your surgery. We have also provided a list
of gas-producing foods, which should be avoided.

If your surgery is scheduled between 7:00 AM and noon:
• Eat a light meal the night before surgery.
• Do not eat or drink anything after midnight.

If your surgery is scheduled between noon and 4:00 PM:
• Eat a light meal the night before surgery.
• You may drink clear liquids until 6:00 AM the day of surgery.
• Do not eat or drink anything after 6:00 AM.

If your surgery is scheduled between 4:00 PM and 9:00 PM:
• Eat a light meal the night before surgery.
• You may drink clear liquids until 10:00 AM the day of surgery.
• Do not eat or drink anything after 10:00 AM.

Gas-Producing Foods to Avoid
• Apple, raw
• Banana
• Beans
• Broccoli
• Brussels sprouts
• Cabbage
• Cauliflower
• Corn
• Cucumber
• Egg
• Melon
• Milk
• Onion
• Peas
• Pimento
• Radish
• Rutabaga
• Sauerkraut
• Sweet potato
• Turnips
Examples of Light Meals

**Example 1:**
One small baked potato without skin OR ½ cup white rice
One small dinner roll
One 3 – 4 oz baked chicken breast OR lean roast beef
½ cup fruit sorbet OR medium fresh orange
2 tsp nonfat sour cream OR 1 tsp butter or margarine
½ cup well-cooked vegetables (such as green beans)
Decaffeinated beverages or water

**Example 2:**
Turkey sandwich with 3 – 4 oz lean turkey; two slices white bread, dressed with tomatoes, lettuce, mustard; and 1 tsp mayonnaise
10 – 15 pretzels
½ cup canned crushed pineapple OR ½ cup fruit cocktail
½ cup low-fat frozen yogurt

**Clear Liquids**
- Clear fruit juices (apple, cranberry, grape)
- Strained juices
- Coffee, tea, sports drinks, Delaware Punch®, Sprite®
- Clear broth or bouillon

Do not drink nectars, milk, cream, cocoa and juices with pulp or energy drinks.

**Important Last Minute Instructions Before Surgery**
*(Check as completed)*

- Take a shower the night before surgery with an antibacterial soap such as Hibiclens® as instructed on page 5. Put on clean, freshly washed clothes after showering.

- Take another shower the morning of surgery with antibacterial soap and put on clean, freshly washed clothes to come to the hospital. If you are unable to take a shower, you still need to wash the surgical area thoroughly with antibacterial soap. Follow instructions on page 5.

- You may brush your teeth, but do not swallow any water.

- If you have been told to take medications on the day of surgery, take with one ounce (2 tbsp) of water.

- If you are having reconstructive surgery and have markings from your doctor, use special care not to wash them off.

- **Remove ALL body piercings and jewelry.**

**What NOT to Do**
- Do not apply lotions or powders
- Do not suck on mints or chew gum
- Do NOT smoke the morning of your surgery
Managing Pain After Surgery
Managing your pain after surgery is important for your recovery as well as your comfort.

Pain control gives you these advantages
• You may enjoy greater comfort while you heal.
• With less pain, you can start walking, do your breathing exercises and get your strength back more quickly.
• People whose pain is well-controlled seem to do better after surgery. With less pain, you can increase activities. This helps to decrease your risk of having some problems such as pneumonia and blood clots.

Pain is personal and can be an unpleasant feeling such as throbbing, shooting, burning, stabbing and other sensations. The type and amount of pain you feel may not be the same as others feel— even those who have had the same operation. Our goal is to help you reach a tolerable level of pain control. Even with pain medicine, you can expect to have some pain after surgery.

You can help your doctor and nurses “measure” your pain. Your nurse will ask you to rank your pain level on a scale of 0 to 10. By using the pain rating scale below, your pain can be more effectively managed.

HOW MUCH DOES IT HURT?

You may also set a pain control goal (such as having no pain that’s worse than “2” on the scale). You will need to tell your nurse when your pain level is higher than your goal. Few people are able to meet a goal of “0.” Reporting your pain as a number helps your doctor and nurses know how well your treatment is working and whether to make any changes. You may not reach your comfort level goal. Working together, we will make every effort to keep you as comfortable as possible while maintaining your safety.

Pain medications can often cause nausea and itching. Tell your nurse if these occur. These side effects can be treated.

Medication is Only One Part of Pain Control
The methods listed below can be effective for mild to moderate pain and to boost the pain-relief effects of drugs. There are no side effects. These techniques are most effective if they are learned and practiced before your surgery.
• Visualization or “daydreaming” about pleasant things
• Listening to soothing music
• Changing positions
• Massage
• Deep breathing and relaxation exercises

Slow Rhythmic Breathing for Relaxation
1. Breathe in slowly and deeply.
2. As you breathe out slowly, feel yourself beginning to relax; feel the tension leaving your body.
3. Now breathe in and out slowly and regularly, at whatever rate is comfortable for you. You may wish to try abdominal breathing. If you do not know how to do abdominal breathing, ask your nurse for help.

4. To help you focus on your breathing and breathe slowly and rhythmically, breathe in as you say silently to yourself, “In, two, three.” Breathe out as you say silently to yourself, “Out, two, three,” or you could say a word such as “peace” or “relax.”

5. You may imagine that you are doing this in a place that is very calming and relaxing for you, such as lying in the sun at the beach.

6. Do steps 1 through 4 only once, or repeat steps 3 and 4 for up to 20 minutes.

7. End with a slow, deep breath. As you breathe out, say to yourself, “I feel alert and relaxed.”

If you intend to practice this breathing exercise for more than a few seconds, try to get in a comfortable position in a quiet place. You may close your eyes or focus on an object. This breathing exercise may be used for only a few seconds or for up to 20 minutes.

**Talk with Your Nurses and Doctors About:**
- Pain control methods that have worked well or not so well for you before
- Any concerns you may have about pain medicine
- Any allergies to medicines you may have or medication you cannot take
- Side effects that may occur with treatment
- Medicines you take for other health problems (your doctors and nurses need to know, because mixing some drugs with some pain medicines can cause problems)

After your operation, your nurses and doctors will ask you about your pain because they want you to be comfortable, and also because they want to know if something is wrong. Be sure to tell your doctors and nurses when you have pain.

**Sentinel Node Biopsy**
Depending on the size and type of breast cancer, your surgeon may recommend a sentinel node biopsy. Lymph nodes are part of your immune system and help fight infection. As many as twenty to forty nodes are normally found under each arm. Most of the lymph fluid from the breast drains to these nodes. Sentinel lymph nodes are the first lymph nodes under your arm to receive drainage of lymphatic fluid from the breast. These sentinel nodes will trap both infection and tumor cells which travel to it. Traditional breast surgery involves removal of most of the underarm nodes. Sentinel node biopsy significantly decreases the number of nodes removed down to usually one to three.

**What to Expect**
Before surgery, a small amount of radioactive liquid will be injected into the affected breast. This area will be numbed with a local anesthetic. You may feel a small prick and a small amount of burning due to the numbing medicine. The procedure will be done either the afternoon before or on the morning of your surgery. The amount of radiation is very small and roughly equals that of a regular X-ray. While in surgery, a blue dye will also be injected into the affected breast.

**After Surgery**
The blue dye may stain the skin near the injection site. This stain can last as long as six months. Your urine and general skin tone may have a blue color for up to one to three days. Because only a select few nodes are removed from your underarm, recovery is usually quicker compared to traditional surgery. As with any surgical procedure, there is a small risk of complications. These will be discussed with you before surgery.
The Day of Surgery
Arriving at the Hospital

1. **First Stop**
   **Surgical Care Unit**

   1. Check in at the Surgical Care Unit. A staff member will greet you and take you to your room. ALL family members and visitors will be asked to wait in the waiting room until your preparation for surgery is completed.

   2. Your safety is a top priority at Woman’s. There are many safety checks in place to ensure that all members of your surgical team are fully informed of the care plan designed for your hospital stay. As an additional safety measure, we ask that you be a part of this process—this means we will ask you to verify your surgical procedure, and you may be asked the same questions more than once. Your surgical site may even be marked by a member of the surgical team, if needed. These are the recommended practices for all hospitals accredited by the Joint Commission.

   3. The nurse will:
      - Review your medical history
      - Review your list of home medications
      - Explain the events of the day
      - Do a physical assessment
      - Take your vital signs: blood pressure, pulse, breathing rate, etc.
      - Start your IV and give any medications ordered by your doctor
      - Review some of your exercises
      - Explain the pain scale rating of 0 to 10

   4. You may be asked to wash your upper body with a special soap. If you are having reconstructive surgery and have markings from your doctor, use special care not to wash them off.

   5. A member of the anesthesia care team will visit you and answer any questions you may have about anesthesia. Tell your anesthesia care team if you have any problems with anesthesia.

2. **Second Stop**
   **Operating Room**

   You will be taken to the operating room. Your family and visitors will be in the family waiting room. Someone in your family should report to the volunteer desk. Your family will be notified when your doctor is ready to speak with them after your surgery is finished.
Third Stop
Recovery Room

• You will spend some time in the recovery room after your surgery.
• You will be sleepy and may not remember everything. A nurse will be with you.
• The nurse will take your vital signs often and ask you to take deep breaths.
• You will be given medications to ease discomfort or nausea.
• You may have a surgical bra, ace wrap or other dressing on your breast for extra support.
• You may have one or two bulb drains from your breast or underarm areas.
• You may receive oxygen to help you breathe easier. You may need to continue the oxygen after going to your hospital room.
• Your family cannot visit you while you are in this area.

Fourth Stop
Your Hospital Room

You will be taken to your room. The nurse will take your vital signs often. Your room has been furnished with the following items for your comfort:

• A nurse call light will be at your bedside. You or your family may press this light to call your nurse or nurse aide for help.
• A TV and telephone will be available for your use. You will be able to rest more easily if you ask your family and friends to limit phone calls.
• A temperature control is in each room so that the air can be adjusted for your comfort. If a family member will be staying with you, they should bring clothing that allows them to be comfortable when the air is set for your comfort level.
• If you stay overnight, a cot and linens will be available if you would like someone to stay with you.
• You MUST be helped by a staff member the first few times you get out of bed.
• Your bulb drain(s) will be emptied every four to eight hours or as needed. The drainage will be bloody at first. The nurse will show you or a family member how to empty the drain(s) so that you will be able to do this yourself at home. The drain(s) may be in place for one to two weeks.

“I looked in the mirror, and that was devastating. I didn’t look like myself. But, I’m a positive person and while I cried, I knew the cancer was gone. Whether I have or don’t have breasts didn’t do one thing to change who I am. I’m a very feminine person and this wasn’t going to change how I felt about myself or my femininity.” – Five-year survivor
Room Service
Room service is available for your meals. Room service allows you to order your meals when you are hungry and ready to eat. A hostess will bring you a menu consistent with your prescribed diet. To place an order, call room service. Your meal will be cooked to order and delivered to your room within 45 minutes.

Family Members and Visitors After Your Surgery
- Woman’s has visiting hours and security measures in order to give patients some needed quiet time to help with their recovery. Regular visiting hours on most units are 9:00 AM–9:00 PM.
- Please minimize talking as a courtesy to patients.
- Use waiting areas to visit or make phone calls. Please try not to make calls on your cell phone when you are in a hallway.
- Designated waiting areas are provided for visitors while not in patient rooms. Waiting in hallways of patient care areas is not permitted due to safety and privacy concerns.
- Limit the number of people in the room to one or two.
- Do not bring food or coffee into the room because food smells can make the patient feel queasy.
- Promote rest by limiting light, noise and touch. You may also turn off the ringer on the telephone.
- Do not bring infants and children to visit until a day or two after surgery.
- Healthy children (14 years and under with no fever, runny nose, cough or recent exposure to contagious illness) may visit during regular visiting hours.
- Children may not be left in the patient’s room without another adult present.
- Children may not spend the night in the hospital room.

Visiting Our Campus
- Woman’s is a smoke-free facility.
- No firearms or other weapons are allowed on the hospital campus at any time.
Visitors who refuse to adhere to hospital policies and guidelines or who behave in a disruptive manner will be asked to leave the hospital’s premises and will not be allowed to return.
Comfort
You will still be sleepy when you are taken to your room. A quiet, dimly lit room helps you to rest, which helps your pain medicine work better. Our goal is to help you reach a tolerable level of pain control. Even with pain medicine, you CAN expect to have some pain after surgery. Use your call light to ask your nurse for pain medicine.

Your nurse will ask you to rate your pain level on a scale of 0 to 10 (see page 10). By using the scale, your pain can be more effectively managed.

• You will need to tell your nurse when your pain level is higher than your goal. We encourage you to ask for your pain medicine so that it will be easier for you to turn in bed, walk, sit in a chair and do your deep breathing exercises. Severe pain can keep you from doing these activities.

• Your nurse will work with you to make a plan to manage pain. Medication is only one part of pain control. Pain can also be relieved by changing position, massage, walking, deep breathing, daydreaming about pleasant things and listening to music.

• For your relaxation, a variety of music and guided imagery videos are available on the television in your hospital room. These can be accessed under the patient education section of the main menu.

• Pain medications can often cause nausea and itching. Tell your nurse if these occur. These side effects can be treated.

• You may not reach your comfort level goal. Working together, we will make every effort to keep you as comfortable as possible while maintaining your safety.
Getting Your Medicine
Your doctor will order all medications and direct the way they will be given. Ask questions about the medications you receive. You should become familiar with the name of the medication, the reason you are taking the medication and its possible side effects. You may receive medication in one or more of the following ways:

**Patient-Controlled Analgesia (PCA) Pump:** A pump with pain medication is attached to your IV line. A certain amount of medicine is given when you push the button. It is very important that your family knows that only you should push the PCA button.

**Intravenous Medication:** The nurse prepares the medication in a syringe and gives it through your IV. Not all medication can be given this way.

**A Shot:** The nurse prepares the medication in a syringe with a needle and injects it into a muscle (usually in the hip).

**Mouth:** Pills are given by mouth. Your nurse must give you all medications while you are in the hospital. DO NOT take your own “home” medications during your hospital stay.
Activity/Exercise
After surgery, you will start turning in bed and doing deep breathing and leg exercises. You should do these activities every two hours. Your nurse does not need to be present for you to do these exercises.

Deep breathing exercises help keep the small air sacs in your lungs open. You may be given an incentive spirometer, a small plastic device that is used to help measure how much air you can breathe in.

Use a pillow to apply pressure to your incision sites when deep breathing, coughing or laughing.

Deep Breathing Exercises
• Breathe in slowly and deeply through your nose.
• Expand your lungs as if gathering a breath to shout.
• Hold your breath for 5 seconds.
• Breathe out through your mouth slowly for five seconds.
• Repeat 10 times every 1-2 hours.

Incentive Spirometer
• If your doctor orders an incentive spirometer, your nurse will help you to use it.
• Exhale completely; then close your lips around the mouthpiece with the mouthpiece held between your teeth.
• Suck air inward through the mouthpiece. The goal is to be able to breathe in as much air after surgery as you did before surgery.
• Hold your breath for 5 seconds.
• Slowly let your breath out over a 5-second period.
• Repeat 10 times every 1-2 hours.
• Cough after 10 breaths are completed.

Coughing
• Hold a small pillow against your chest and apply gentle but firm pressure to support your incision.
• Cough deeply and discard the mucus into a tissue and throw away what you cough up.

To make yourself cough deeply, take a breath in and breathe out saying “HA HA HA” without taking breaths in between each “HA” until you feel you have no air in your lungs. This will compel you to cough.
Position Changes
Turning in bed protects your skin by increasing blood flow to your skin surfaces and muscles. You will need to turn in bed at least every two hours.

- Turning also keeps you from developing poor postural habits that could later affect your ability to regain full motion in your arms.
- Due to your drains, you will probably be more comfortable lying on your back or on your unaffected side.
- As they heal after breast surgery, some women have the tendency to guard their incision sites by allowing their shoulders to round forward. This can cause tightness across the chest and affect upright posture and range of motion in the arms. To avoid this, try to maintain an upright posture while sitting and standing, with your shoulders back and a straight back.
- Avoid sitting against soft surfaces or propping against pillows that may push your shoulders into a forward position.
- Avoid guarding the arm on your affected side. Begin using your arm for activities and exercise according to the suggested time frame in this booklet.
- For comfort and to protect the involved arm, place a small pillow between your arm and your body.

Turning in Bed
- Use your own strength to turn in bed. Plan to move slowly. Move your shoulders and hips at the same time. Avoid twisting.
- Have staff or family place pillows behind your back and between your knees when you are lying on your side.
- Do not use pillows under the knees while lying on your back because this can cause blood clots.

Getting Out of Bed
- Get out of bed by rolling onto your side, dropping your legs and pushing up with your unaffected arm. This avoids a pulling sensation on the incision and protects the involved arm.
- Reverse this movement getting back into the bed.
- If you have had surgery on both of your breasts, ask your nurse to guide you in getting in and out of bed and other activities.
Exercise
Exercise increases blood flow. Leg exercises lower the risk of getting blood clots after surgery. Other exercises can help decrease your pain. Do the following exercises every 1-2 hours until you are able to walk 5 times in the hallway each day.

Ankle Pumps and Ankle Circles (Repeat each 10 times)
• Point your toes up and down to move your feet back and forth.
• Make circles with your feet.

General Exercises (Repeat each 5 times)
• Slide your heels up and down on the bed, one leg at a time.
• Gently push your knees into the bed and tighten your upper thigh muscles.
• Gently squeeze your buttocks together.
• Flex your fingers and make circles with your hands.

Walking
Walking is the best medicine you can give yourself. Walking improves blood flow, helps keep your lungs clear and increases bowel activity.
• The morning after your surgery, you will get out of bed to walk, bathe and sit in a bedside chair.
• The staff will be present until you are comfortable getting out of bed and walking on your own.
• You may feel some weakness, nausea or pain when you get out of the bed the first few times. This will get better as your activity level increases.
Bowel Function
Passing gas from the rectum is an important part of your recovery. Your caregivers will frequently ask whether you have passed gas. Passing gas is a sign that your bowels are returning to normal. You may not have a bowel movement for four to five days following surgery.

**DO:**
- Drink warm liquids.
- Walk outside your room 3 – 4 times daily.
- After meals, walk and then sit up in a chair for 30 – 60 minutes.
- Sit upright in a chair 3 – 4 times daily.
- Lie on your side rather than on your back. This will help gas to move through your bowels.
- Eat slowly.
- Eat small amounts.
- Chew your food well.

**DO NOT:**
- Drink cold beverages.
- Stay in bed for long periods during the day.
- Lie down for 30 – 60 minutes after eating.
- Eat gas-producing foods (see a complete list on page 8).
- Drink from a straw.
- Suck hard candy.

Eating small amounts of food, eating slowly and chewing your food well will help with any nausea you may experience due to sluggish bowels.

Helping Your Bladder Empty
It takes time for the bladder to adjust after surgery. If you have trouble urinating after the catheter is removed, relax and do not strain. The goal is to trigger the bladder to contract, not to bear down and hold your breath.

**Try Some of These Suggestions:**
- Sit upright on the toilet and relax.
- Pay special attention to relaxing your legs.
- Do not strain or push.
- Breathe slowly and deeply.
- Do some gentle Kegel exercises. (Gently squeeze the muscles surrounding the vagina, hold for two seconds and relax for four seconds. If the urine starts to flow, do not stop it.)
- Turn on the faucet in the bathroom, and put your hands under warm running water.
- Squirt warm water over your genital area. Ask your nurse for a peri bottle, if needed.
  If you still cannot urinate, relax and try these same suggestions again in 30 – 60 minutes.

Personal Hygiene
- Wash your hands before and after you touch your incision.
- Clean your genital area after you go to the bathroom by wiping from front to back.
- Wash your hands after you use the bathroom.
Regaining Full Movement
Exercises are an important part of your recovery. They help to decrease stiffness in your neck, shoulder and arm and decrease your chance of developing a “frozen shoulder” following breast surgery. Begin using your affected arm for light activities such as brushing your teeth, washing your face and eating.

Level 1 Exercises

Neck, Elbow, Wrist and Hand Exercises
These exercises should cause you to feel a stretch, but should not be painful. Move slowly and carefully. Do these twice a day, five times each time, until the drains are removed.

Neck Motion
• Sit up as straight as you can.
• Slowly turn your head side to side until you feel a gentle stretch. Also, facing forward, gently bend your neck to one side and then the other, as if to bring your ear toward your shoulder.

Elbow Bends
• Begin with your arms by your sides. Bend your elbows as if you were trying to touch your shoulders.
• Return slowly to the starting position.

Wrist Circles
• Make circles with your wrists in both directions.

Hand Exercises
• Squeeze a rubber or foam ball.
• Open and close your fists.
• Spread your fingers apart and bring them close together.

If you have had reconstructive surgery at the same time as your mastectomy, these are the only exercises you will do at this time.

Please read the special section on the type of reconstruction you have had for specific instructions on how to move forward with your exercises. Your physical therapist or doctor may prescribe specific exercises.

• If you had Tram Flap Reconstruction, refer to page 29 for specific exercise instructions.

• If you had Latissimus Flap Reconstruction, refer to page 30 for specific exercise instructions.

• If you had Tissue Expander and Implant Reconstruction, refer to page 31 for specific exercise instructions.

• If you had a Lumpectomy or Mastectomy only, go on to Level 2 exercises.
Level 2 Exercises

Shoulder Exercises
• Begin each exercise sitting or standing as straight as you can. You may want to do some exercises in front of a mirror to be sure you are doing them correctly.
• Move slowly until you feel a stretch. You should not have pain. Do these twice a day, five times each time, until your drains are removed.
• Remember not to raise your arm higher than your shoulder before the drains are removed.

Shoulder Rolls
• Raise shoulders toward your ears, then pull your shoulder blades together in back.
• Hold for 3 seconds, then relax.

Arm Raises
• Hold the stick with both hands. Keeping your elbows straight, slowly raise the stick until your hands are straight out in front of you, with the stick at your shoulder level.
• Lower the stick slowly to the starting position.

Sideways Motion
• Hold a stick with both hands. Raise the stick to your shoulder level.
• Move the stick side to side without twisting your body.
After Surgery

“Wall Walking” Forward
• Stand facing a wall with your involved hand touching the wall and your elbow straight.
• “Walk” your fingers up the wall until your hand is at shoulder level. Hold this position for ten seconds, then “walk” back down to the starting position.

“Wall Walking” to the Side
• Stand with the outside of your shoulder pointing toward a wall.
• “Walk” your fingers up the wall until your elbow is as high as your shoulder.
• Walk back down to the starting position.
Level 3 Exercises

Advanced Shoulder Exercises
If you have had reconstructive surgery, read the special section for instructions on when to begin these exercises. If you had a mastectomy or lumpectomy without reconstruction, begin these exercises after your drains have been removed. Exercise is important at this stage to restore full movement to your shoulder.

If, at this point, your drains have been removed, you should begin doing light activities that involve raising your affected arm above your shoulder.

• Begin using your affected arm to wash and dry your hair.
• Begin using your affected arm for light daily activities and lifting lightweight objects such as plastic cups out of cabinets, hanging clothes in the closet, dusting, light cooking and zipping up a dress from the back.

Tips for Level 3 Exercises
• When doing Level 3 exercises, you may want to place a piece of tape on the wall that you can aim to touch.
• Each day, move the tape a little higher to encourage yourself to make progress with this exercise.
• Begin each exercise sitting or standing as straight as you can. Do some exercises in front of a mirror to be sure you are doing them correctly.
• Do these twice a day, five times each time.

“I did these exercises faithfully, and I believe that’s why I have range of motion in my arm just like I did before my mastectomy. At times the exercises hurt a bit, but I kept thinking of how they might help me. So I did what I could. This is the reason I was able to regain such good use of my arms.” – Two-year survivor

“Wall Walking” Forward
• Stand facing a wall with your involved hand touching the wall.
• “Walk” your fingers up the wall past eye level until you feel a stretch.
• Hold this position for 10 seconds. Then “walk” back down to the starting position. Go farther up the wall each day.

“Wall Walking” to the Side
• Stand with the outside of your involved shoulder pointing toward a wall.
• “Walk” your fingers up the wall past shoulder level until you feel a stretch.
• Slowly “walk” back down the wall to the starting position.
"Hold-up" Exercise
• Sit or stand as straight as you can.
• Start with your arms in a "W" position as shown.
• Bring your elbows down and back, pinching your shoulder blades together.
• Hold 5 seconds, then relax.

Outstretched Arms
• Stand with your arms out to your sides and elbows straight.
• With your thumbs pointing behind you, slowly bring your arms back, pinching your shoulder blades together.
• Hold 5 seconds, then relax.
• Repeat 5 times.

Diagonals
• Stand with your arms crossed in front of you, thumbs pointing to opposite hips.
• Slowly bring your arms up over your head as if you are pulling off a T-shirt.
• End with both arms overhead, slightly out to the side. Return slowly to the starting position.
Level 4 Exercises

Strengthening

Begin using your arm for daily activities that require light resistance, such as cleaning counters, washing windows, making beds, moderate housekeeping, light gardening, etc. If you have not regained your presurgical motion in your shoulder, talk to your doctor to see if you may need physical therapy. Call Woman’s Therapy Services at 225-924-8450.

• You should have most of the movement in your shoulder 6-10 weeks after surgery.
• If you are able to do all of the Level 3 exercises and you have full motion in your shoulder, you are ready to move on to Level 4 to strengthen your muscles even more.
• Do all of the Level 3 exercises with small weights.
• Use a 16-ounce soup can in each hand.
• Use a 1-pound sack of rice or dried beans.
• Do these twice a day, five times each time.
• Be sure not to hold your breath while exercising.

All-Fours Extension

• Get on your hands and knees and gently pull in your tummy muscles.
• Lift one arm out in front of you.
• Hold for 5 seconds, then lower your arm to the starting position.
• Repeat with the opposite arm. Then lift one leg at a time.
Upper Back Exercises Lying on Your Belly
Start these when you can comfortably lie on your stomach.

Shoulder Extension
• Lie on your belly with your arms by your side.
• Raise your arms backward. As this exercise gets easier, hold small weights in your hands.

Shoulder Blade Squeeze
• Lie on your belly with your arms stretched out as shown. Rest your forehead on a folded towel.
• Raise your arms off the floor. As this exercise gets easier, hold small weights in your hands.

Corner Push-Ups
• Stand in a corner with your hands on opposite walls at shoulder level.
• With one foot in front of the other, gently shift your body weight forward until you feel a gentle stretch across your chest and shoulders.
• Hold this position for 10 seconds, then return to the starting position.
Level 5 Exercises

Exercise on Your Own
You should now be able to tolerate your pre-surgery level of daily activity for basic self-care and homemaking skills. You should be able to begin to return to higher-level exercises and hobbies.

About three months after surgery, return to your regular exercise program that you had before surgery. Ask your doctor or physical therapist if you can start exercising at a fitness club or do some other fun activities. Here are some suggestions to get you started:

• Join a line dancing class.
• Join a tai chi class.
• Join a fitness center.
• Start a regular walking program.
• Start a swimming program.
• Join a yoga class.
• Start a low-impact or no-impact aerobics class.
• Join a stretching exercise class.

The Fitness Club at Woman’s Center for Wellness offers classes tailored to women who are at different stages of fitness. Call 225-924-8300 for more information.

“I’ve had no complications from the reconstruction and I am thankful for the body I now have. Whenever I go to any medical office, they cannot believe how well everything came out, my breasts, the healing of my body.” — Four-year survivor
**TRAM Flap or DIEP Reconstruction**
If you have had Tram Flap Reconstruction, follow these guidelines for the days and weeks after your surgery.

Tell your doctor if you feel tightness or pain in your shoulder, chest, belly or back that is restricting your movement or daily activities.

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**Day One to Three**
- Begin Level 1 exercises on page 21.

**Day Three**
- Begin Level 2 exercises on page 22.
- Gradually progress your shoulder movement at a pace that is comfortable for you.

**Week Two**
- *After your drains are removed and you can comfortably perform Level 2 exercises,* you may begin Level 3 exercises on page 24.

**Weeks Two to Four**
- You may begin to return to light-duty activities.

- Get lots of rest.

- Review instructions on page 37 and continue to massage your scar.

- Begin Level 4 exercises on page 26.

- Gradually return to your usual daily routine.

- Be sure to follow precautions for lymphedema on page 38.

- Lie on your stomach with your upper body propped up on your elbows. Gradually progress to holding this position for several minutes.

- Lie on your stomach and push your head and shoulders up until your arms are straight. Gradually progress to holding this position for a minute. Repeat three times.

- Lying on your back with your knees bent, twist your body to gently lower your knees first to one side, then to the other. Repeat five times to each side.

- Standing with your hands supporting your lower back, gently and slowly bend backward, then return to the starting position. Repeat five times.

**Week Twelve**
- Begin Level 5 exercises on page 28.
Latissimus (Lat) Flap Reconstruction
If you had Latissimus Flap Reconstruction, follow these guidelines for the days and weeks after your surgery.

**Day One**
- Begin Level 1 exercises on page 21.
- Limit shoulder movement for the next 7-10 days. Try to keep your arm down by your side.
- Be sure to stand as straight as you can when you are on your feet.

**Day Ten**
- Begin Level 2 exercises on page 22.
- Gradually start to move your shoulder to perform daily activities such as brushing your teeth and washing your face, but don't lift your arm overhead yet.

**Week Two (or when your drains are removed, whichever is later)**
- Begin Level 3 exercises on page 24.
- Begin massaging your scar gently, following the guidelines on page 37.
- Gradually begin to use your shoulder for overhead activities like brushing your hair.

**Weeks Two to Four**
- Gradually return to household activities that don't involve heavy lifting. Be sure to take it slow at first so you don't overdo it!
- Review the precautions for lymphedema beginning on page 38.
- Continue to massage your scar following the guidelines on page 37.

**Weeks Six to Ten**
- Begin Level 4 exercises on page 26.
- If you are having trouble lifting your arm overhead, ask your doctor about a referral to physical therapy.
- Continue with scar massage.

**Weeks Ten to Twelve**
- Begin Level 5 exercises on page 28.
- Continue scar massage.
- Ask your doctor before starting a regular aerobic exercise program. It is generally safe to join at a fitness club three months after surgery.
- Remember that you may not have as much movement in your involved shoulder as you do on the uninvolved side. If you are unable to complete daily tasks because of limited shoulder movement, let your doctor know.

“**My breasts look and feel like natural breasts. I do have some feeling in a portion of my breasts. Although I have no feeling in my nipples, I have heard of women who have a great deal of feeling and of women who have none.**”

— Ten-year survivor
Tissue Expander and Implant Reconstruction
If you had Tissue Expander and Implant Reconstruction, follow these guidelines for the days and weeks after your surgery.

Day One
• Begin Level 2 exercises on page 22.
• Be sure to avoid movements that cause pain.
• Gradually work to moving your arm up to eye level.

Week Two (or when drains are removed, whichever is later)
• Begin Level 3 exercises on page 24.
• Review information on scar massage on page 37.

Week Six Through Ten
• Begin Level 4 exercises on page 26.
• Review precautions for lymphedema on page 38.

If you feel any tightness across your chest or shoulder that limits your movement, ask your doctor about a referral to physical therapy. You can reach Woman’s Therapy Services at 225-924-8450.

Before each expander injection, try this exercise: (It may take time to be able to do this exercise.)
• Stand in a doorway with your hands on each side of the doorway.
• With one foot in front of the other, slowly shift your weight forward until you feel a gentle stretch across your chest and shoulders.
• Hold this position for 10 seconds.
• Repeat three times.

Shoulder Exercise
• Stand with your arms straight out in front of you, then move them outward until they form the shape of the letter “V.”
• Turn your arms so that your thumbs point downward.
• Slowly raise your arms up over your head, keeping your elbows straight.
• Lower them slowly.
• Repeat five times. You may not be able to lift your arms as high overhead as before your surgery.
After You Go Home
Your nurse will give you detailed instructions for caring for yourself at home. We offer some general suggestions in this section.

Call Your Doctor if:
- You have severe chills, fever over 100.4°F for more than 4 hours or fainting.
- Your surgery site looks red, feels hot or swollen, or has unusual drainage.
- You have a reaction to the medication you are taking.
- You have severe or persistent pain.
- You have bright red or excessive drainage from the incision or in the drain(s).
- You feel overwhelmed (crying, sleeplessness, severe anxiety) and cannot be comforted by family and friends.

Call Woman’s Therapy Services at 225-924-8450 if:
- You have trouble moving your arm.
- You have trouble doing exercises for your arm and shoulder.

Diet
This is not a good time to begin a strict weight-loss diet. Your body needs good nutrition to heal.
- Drink plenty of fluids. Six to eight glasses of fluids a day are usually recommended, at least half of which should be water.
- Include plenty of fresh citrus fruits and juices high in vitamin C.
- Eat a diet high in protein to aid the healing process. Protein is found in fish, lean meats, milk, peanut butter and eggs.

Constipation
- Pain medication and decreased activity may cause constipation.
- Drink plenty of liquids and eat lots of whole grains, fresh fruits and vegetables.
- Drink warm liquids to help your bowels move.

“I looked upon my evolution in accepting my cancer in three stages. First, I looked at myself in the mirror. Secondly, I walked into the oncologist’s office with the word “oncology” on the door, a stark reminder I had cancer. Finally, I was fitted for my prosthesis.” – Two-year survivor
**Other Possible Complications After Surgery:**

**Blood Clots (also called deep vein thrombosis or DVT)**

Deep vein thrombosis (DVT) is a blood clot that forms in a vein, deep in the body, that may partially or completely block the flow of blood through the vein. Most deep vein blood clots form in the lower leg or thigh, but clots can also form in the pelvis and other parts of the body.

A blood clot in a deep vein can break off and travel through the bloodstream. The loose clot is called an embolus. When the clot travels to the lungs and blocks blood flow, the condition is called pulmonary embolism (PE). PE is a very serious condition that can be life-threatening.

**Causes of DVT**

- Damage occurs to a vein’s inner lining
- Blood flow is slower than normal
- Blood is thicker or more likely to clot than normal
- Inherited conditions, such as blood clotting disorders
- Sometimes, blood clots can form from an unknown cause.

**Risk Factors for DVT**

Some people are more likely to get blood clots. Your risk for DVT increases if you have more than one of the risk factors listed below. Talk to your doctor to see if you are at risk.

- History of blood clot or family member who has had a blood clot
- Recent surgery and age over 40 (although DVT can occur at any age)
- Broken bones requiring a cast or surgery (hip, pelvis or leg)
- Immobility (bed rest for 3 days or more)
- Cancer and recent or ongoing treatment for cancer
- Overweight or obesity
- Smoking
- Use of birth control methods that contain estrogen or hormone therapy. Smoking and older age add to this risk.
- Blood clotting disorders
- Central venous catheter or PICC line (in the past month)
- Severe varicose veins
- Certain illnesses, including heart failure, inflammatory bowel disease and some kidney disorders
- Pregnancy and the first six weeks after giving birth
- Long trips or long periods of sitting (more than an hour) in a car, airplane, bus or train.
**Symptoms of DVT**
Symptoms of DVT may occur when the clot blocks the flow of blood through the vein. Notify your doctor immediately if you have any of the following symptoms of DVT:

- Soreness or pain in your arm or leg
- New swelling and/or redness in your arm or leg
- Tenderness along a vein path
- Leg feels warmer than the other leg

**Symptoms of Pulmonary Embolism (PE)**
Some patients with a DVT do not have any symptoms until the clot moves into the lungs (pulmonary embolism.) PE is life-threatening and requires emergency treatment. Call 911 or an ambulance immediately if you have any of the following symptoms of PE:

- Shortness of breath or difficulty breathing
- Sharp or stabbing pain in your side, back or chest that may worsen with deep breaths
- Fast heart beat
- Fast breathing
- Sudden, unexplained cough (may have bloody mucus)

**Prevention of DVT Before and After Surgery**
Your doctor will assess your risk of DVT prior to surgery and order a treatment plan according to your risk.

- Your doctor may prescribe medications to prevent blood clots from forming before or after surgery or when you go home.
- You may be told to stop taking certain medications before surgery.
- During your hospital stay, you may wear special elastic stockings or inflatable boots that squeeze the leg muscles to help keep blood flowing. You may need to wear them until you are out of bed and walking or until you go home.
- The nursing staff will assist you to get up and walk around soon after your surgery.
- If you are on bed rest, exercise your legs every hour and change positions at least every two hours. Stretching your legs with “heel to toe” movements and moving feet in circles are good exercises to prevent DVT. Refer to “Activity/Exercise” in the “After Surgery” section of this booklet.
- After you go home, do not sit or lie in bed for long periods of time during the day. Continue walking around your home and changing positions frequently.

**Sepsis (also called infection in the blood):**
Sepsis is a life-threatening condition caused by an infection or its toxin spreading through the bloodstream and tissues. It usually starts as an infection somewhere in the body (bladder/kidney infection, wound infection, uterine infection, pneumonia, burn, etc.) and spreads to the blood. Sepsis affects the entire body and can result in organ damage.

**Risks Factors for Sepsis:**
- Recent illness or hospital care
- Poor health condition
- Poor immunity due to medical conditions such as cancer, diabetes or AIDS
- IV drug use
- Very young or elderly
Symptoms of Sepsis:
The first symptoms may be different depending on the site of the infection. Signs that the infection is progressing to sepsis are listed below. Sepsis is a medical emergency that requires hospitalization and immediate treatment.

Call 911 or go to the nearest emergency room if you have any of these symptoms listed below:
- Fever and chills or low temperature
- Pale skin color
- Listlessness (no energy; can’t get out of bed)
- Changes in mental status (acting differently than normal or confused)
- Breathing fast
- Fast heart rate
- Decreased urine output
- Low blood pressure
- Nausea, vomiting, diarrhea
- Problems with bleeding or clotting

Personal Care
Proper Handwashing
You will need to wash your hands before and after caring for your incisions, emptying your drains and going to the bathroom. Follow these steps:
- Take all jewelry off of your hands.
- Wet your hands, pointing them downward under warm running water.
- Add soap and wash your hands for 15 to 20 seconds (sing “Happy Birthday” or the “Alphabet Song” 2 times through). Clean under your nails also (a new toothbrush works great).
- Rinse well, keeping your hands pointed downward so that the water runs from your wrists downward off of your fingertips.
- Dry with a clean towel.
- Use a towel to turn off the faucet, so you do not get any germs on your hands from the faucet.

Bathing
Bath time is a private personal time when you may experience more intense feelings related to the change in your body. Looking at your incision and caring for your wound may be hard and bring up conflicting emotions. Many women find this is a time when they are able to cry and freely express themselves.
- Always follow your doctor’s instructions for bathing and incision care.
- At first, take your tub bath or shower when someone is at home with you in case you feel weak and need help. If your doctor permits, you may shower with your back to the shower stream.
- Until your drains are removed, it may be helpful to pin them to a cloth belt or sash that can be tied around your waist. This will provide support for the drain and prevent a pulling sensation.
- Wash your hands before and after you touch your incision.
- It is okay for your incision to get wet but you should not soak it.
- Pat your incision dry.
- Do not use creams, powders or ointments on your incision.
Clothing
Wear clothing that is:
• Comfortable
• Allows you to move freely
• Will accommodate an early prosthesis if you choose to have one
• Allows you to feel confident in social settings

Medications
• Written prescriptions will be given by your doctor as needed.
• Talk to your doctor about when you can begin taking medications, including hormones that you usually take at home.
• If you have a sore throat, use non-prescription lozenges.
• You may take stool softeners and laxatives as needed. Examples of stool softeners that you can buy at a drugstore include these brands: Senokot®, Surfak®, and Peri-colase®.

General Activities
Have a common sense approach to activity.
• Plan on resting and lying down several times during the day when you first go home from the hospital. Have short periods of activity followed by periods of rest.
• After the first two weeks, you may start taking walks around the neighborhood and doing very light housework, such as folding clothes, cooking easy meals and washing dishes if your doctor approves.
• Ask your doctor when you can drive and begin doing your other normal activities.
• Do not do heavy housework, grocery shopping, or take long outings without your doctor’s permission. Do not lift anything over five pounds, including toddlers!

Wound Drains
You may have one or more small drains. It is normal to have small particles of tissue in the drainage. This bulb should be emptied when it is full or at least every eight hours.

How to Empty the Bulb
• Wash your hands with an antibacterial soap and water.
• Remove the plug on top of the bulb.
• Tilt the bulb and squeeze to empty into the container provided.
• While squeezing the bulb replace the plug (bulb will be compressed).
• Measure the amount of drainage.
• Empty the container into the toilet.
• Rinse the measuring container.
• Secure the drain to your bra or clothing using a safety pin. Do not pin the drain to your panties or pants.
• Wash your hands with antibacterial soap and water.
• Write down the time and the amount of drainage.

If your drain has no fluid in it, you or your caregiver will need to “milk” the tubing.
**How to “Milk” the Tubing**

- Hold the tubing securely near your chest with one hand.
- Take the tubing between your thumb and first finger of your other hand.
- Slide your thumb and finger down the tubing to the bulb.
- Repeat this motion two to three times.
- You may see some small clots.

The amount of drainage will decrease as you heal. The color will change from red to pink or light yellow or tan. The drain will be removed in your doctor’s office or by a home health nurse.

**Dressing Change**

If you have a dressing, it should be changed as instructed by your doctor, and if it becomes wet or soiled. Dressing supplies can be purchased through Woman’s Home Medical Equipment by calling 225-924-8480, or at a pharmacy. They are also available from Cancer Services of Greater Baton Rouge and the American Cancer Society.

- Remove the old dressing and throw it away.
- Wash your hands with antibacterial soap and water.
- Look at your incision. Check for redness, drainage or swelling.
- Clean your incision following your doctor’s instructions.
- Place a new sterile dressing over your incision and around your drain site.
  - Secure it with paper tape or your bra. Your doctor may instruct you not to use tape.
- Wash your hands with antibacterial soap and water.

As your incision heals, it may itch. Gently slide your fingers across the skin above and below the incision line to lessen the itching.

**Scar Massage**

**Why massage the scar?**

Scar massage may help lessen discomfort and pain after surgery. After surgery, your incision heals by a process called “scar formation.” Scar tissue does not stretch easily. When scar tissue forms deep inside, it can become “stuck” and cause pain. A “free” scar will bulge upward while a “stuck” scar dips inward. Pinch the skin on your hand or arm and notice the upward bulge.

**How to Massage Your Scar**

Two weeks after surgery and when the drains have been removed, you can begin to decrease the sensitivity of the scar.

- Wash your hands with antibacterial soap and water.
- Rub a clean wet or dry washcloth over the scar to make it less sensitive and to make it ready to “touch.”
- With your finger or a washcloth, GENTLY rub in circles around the scar.
- With your finger or a washcloth, GENTLY rub up and down along the scar.
Four to Six Weeks After Surgery
Do this when the incision has completely healed.

**Push-Pull Method**
- Wash your hands with antibacterial soap and water.
- Place two fingers on the scar and move it straight up toward your head.
- When you feel the skin stop moving, hold in this position for 60 seconds.
  Do not slide across the skin.
- Continue to move the skin in other directions and hold if the scar feels stuck.
- Then push downward and hold again. Repeat to the left and the right.

**Skin Rolling**
- Wash your hands with antibacterial soap and water.
- Pinch the skin on each side of the scar line.
- Start at either end and move along the scar, rolling and raising the skin as you move.

**Tips for Scar Management**
- All massage should be gentle and smooth movements.
- Massage the scar 5 to 15 minutes every day. The benefit is greatest when you work the skin firmly just below your pain threshold. The sensation is one of strong pulling or light burning. You should never feel sharp, stabbing pain!
- You may find the massage more comfortable immediately after a shower.
- The pads of your fingers should “stick” to the skin, not slide across the skin.

**Lymphedema**
A small percentage of patients whose lymph nodes are removed may get lymphedema. Lymphedema is swelling that can begin months to years after your surgery. This may be caused by scar tissue hindering the flow of lymph fluid from the arm. If you notice that your arm looks swollen or that your clothes or jewelry feel tighter than usual, or that your arm feels heavy, call your doctor right away. The sooner you seek treatment for the swelling, the better your outcome may be. Following the guidelines in this booklet will decrease your risk of developing swelling.

**Work/Home/Hobbies/Activities**
- Break down heavy loads into smaller, lighter ones that you can manage easily. (For example, groceries and laundry.) Do not try to move heavy furniture without help.
- Break down vacuuming, scrubbing, painting, stirring and similar activities into 10-minute intervals. Avoid forceful, repetitive movements during your daily activities or during exercise.
- Remind healthcare providers to take blood and measure blood pressure on the uninvolved side.
- Protect your hands; wear oven mitts to protect from burns, gloves when gardening or doing housework, and use a thimble when sewing.
- Avoid using tools that vibrate for extended periods of time. (For example, lawn and garden equipment.)
- Avoid cuts, scrapes and bites from insects and pets. Use insect repellent when outdoors.
- Use an electric razor for shaving.
- Avoid peeling crawfish, shrimp or crabs.
Heat Exposure
Heat promotes the flow of lymph and blood to the area being heated. This increases the chances of additional fluid “leaking out” into the tissues and increasing swelling.

- Avoid hot tubs and saunas.
- Avoid staying in the sun for long periods.
- Use sunscreen when outdoors.
- Use oven mitts instead of smaller pot holders when reaching into the oven.
- Avoid sitting under hot hair dryers for long periods. Ask your hair stylist to use cool dry.
- Avoid using a heating pad on the involved arm.
- Wear clothing made of cotton or other breathable fabrics in hot weather.

Circulation
Anything that will decrease the circulation of blood flow will also limit the flow of lymph.

- Have blood pressure measured in the uninvolved arm.
- Avoid clothing with tight sleeves.
- Avoid tight watches and jewelry.
- Elevate the swollen arm when possible.
- Move the involved arm frequently.
- Avoid letting a heavy handbag or shopping bag hang over the involved arm or shoulder.

Adopt a Healthy Lifestyle
Lymph circulation will be more efficient if your heart circulation is also efficient.

- Talk to your doctor or physical therapist about starting or resuming conditioning exercises, such as walking, aerobics or swimming.
- Avoid alcohol and smoking.
- Maintain your ideal weight.
- Keep your sodium intake at a moderate level (less than 2400 mg/day).
- Eat a moderate amount of protein to maintain the health of your body’s tissue. The U.S. recommended daily amount for an adult woman, depending on her weight, is 50-60 grams per day. Ask your doctor or a dietitian what is right for you.

Skin Care
Your skin is the best defense you have against infection.

- Keep your skin clean and dry.
- Wash your hands often.
- Use moisturizer to avoid cracking and peeling.
- If you get a cut, scrape or other minor break in the skin on the involved arm, wash with soap and water, then apply an antibiotic ointment such as Neosporin® or Bacitracin®.
**Signs of Infection**
Call your doctor IMMEDIATELY if you notice:

- Increased swelling
- Redness all over or localized small red dots
- Heat or warmness in your arm
- Fever
- Pain

It is important to treat infections EARLY. Inform your doctor as soon as you notice any of the problems listed above.

> “In spite of my positive attitude, I knew I had to grieve for what I had lost. I had really nice breasts. But I decided to look for the blessings and then to move on. I have two great children. I’m not ready to go anywhere.” — Ten-year survivor

**Body Image and Sexuality**
Many women report feeling less feminine after breast surgery. You may tell yourself “it’s only a body part.” That’s true, and it’s true that a mastectomy does not have to change who you are on the inside. But, it’s also important that you allow yourself to acknowledge conflicting feelings. Breasts are a symbol in our society of femininity, fertility, motherhood and sexual expression.

Even though you accept that your breast was removed, accepting such a thought and living with the reality are two different things. You may be surprised at the intensity of grief and the conflicting emotions you feel. You may be happy that the breast is no longer there because removing it may have saved your life. At the same time you may feel confused because you miss your breast. You may feel you are being silly to mourn the loss of a breast. You are not being silly. Your feelings are legitimate and you should express them. It’s important that you mourn this loss.

Having a mastectomy is the kind of surgery that, while lifesaving, also means you have to live with the reminder of the disease every day. You are reminded when you undress at night, when you dress in the morning, when you buy clothes, and when you make love. The changes in your body image may cause unpleasant or uncomfortable feelings.

Some women report a change in their sexuality, femininity and desire to be intimate with their partner. Talking with your partner is very important. Keep lines of communication open about your feelings. Do not assume you know what your partner is thinking. If necessary, talk to a professional counselor or another woman who has been through this.

Take your time in resuming a sexual relationship. Make sure you are both comfortable before resuming sexual relations. More information on sexuality is available from the American Cancer Society.

> “I feel more feminine than ever. I had several surgeries because of breast cancer. I feel more feminine because I have faced my vulnerability and I am more accepting of myself. Being a woman is more than body parts.” — Five-year survivor
Be Kind to Yourself and Give Yourself Time
Some women are able to continue all of their previous activities with the help of a prosthesis until the time of reconstructive surgery. They may choose to not have reconstruction or may not be eligible for it. A prosthesis may help them to maintain their activities of daily living.

Whatever you do, don’t travel this road alone.

“Of course I didn’t want to have the mastectomy. I didn’t want to have the breast cancer at all. When you do, you have to make decisions that affect body image. I wanted to come out of it as normal as I could. Now that I’m looking back on it, I don’t think it’s as much of an issue as it seemed at the time. I’ve adapted.”
– Five-year survivor

Living with Cancer
Living – that is the purpose of going through the tests, surgeries and treatments – to live a good life. That means not allowing the cancer to rule your life. Ask questions, read books and talk to survivors to help you make good decisions. Then, after you have done all you can, find the strength to get on with life and to not worry each day that the cancer has returned. Don’t waste precious time worrying about something that may never happen again. Be vigilant about your checkups with your doctor but don’t place added stress on yourself.

We chose this quote from a woman who had breast cancer and a mastectomy to end our booklet. It is important that you realize you are more than “body parts.” As you read these words, it may be either right before or soon after your surgery. In the midst of all you are experiencing, you may believe you will never feel calm or unafraid. It is normal to feel that way right now.

We hope that the quotes from survivors we have included in this booklet, however, will help you realize that you can continue living, that you can live without a breast, that you do have choices, even as we recognize these choices are hard and painful. It is never easy to be diagnosed with cancer, and it is not easy to make all the decisions you have had to make.

“People forget that I’m living with cancer – not dying from cancer.”
– Two-year survivor
Questions I Have
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Founded in 1968, Woman’s is a nonprofit organization, governed by a board of community volunteers, providing medical care and services in order to improve the health of women and infants, including community education, research and outreach.