Breast Cancer Surgery

It is normal to have questions about your surgery. This handout gives you information about what will happen before, during, and after your surgery. If you still have questions, ask your nurse or doctor for more information.

What should I do before surgery?

- **Do not** drink, eat, smoke or chew gum after midnight.
- On the morning of surgery, take **only** the medicines that your doctor said were okay for you to take. Take these medicines with a tiny sip of water.
- If you have artificial nails, completely remove the nail from the middle finger of the hand on the opposite side of your breast surgery.
- If you do not have artificial nails, remove all nail polish.
- When packing for the hospital, you should bring the following:
  - A roomy shirt or robe that buttons or zips down the front
  - A soft, front-closure supportive sports bra (no under wires)
  - A pillow or two to support your arm on the way home in the car
  - Personal care supplies
- Try to get a good night’s sleep before your surgery. If you live out of town, you may want to stay at one of the hotels near the hospital the night before your surgery. Reduced rates are given to patients and families coming to The James.
- **Do not** take aspirin, ibuprofen, Advil, Motrin, naproxen or Aleve starting 5 to 7 days before your surgery.
Important Medicine Information

Talk to your doctor about any medicines you take to thin your blood or prevent clots. You may need to change these medicines or adjust the amount you take before surgery.

These medicines include:

- Aspirin
- Clopidogrel, brand name Plavix
- Prasugrel, brand name Effient
- Ticagrelor, brand name Brilinta
- Apixaban, brand name Eliquis
- Ticlopidine, brand name Ticlid
- Warfarin, brand name Coumadin
- Enoxaparin, brand name Lovenox
- Dabigatran, brand name Pradaxa
- Fondaparinux, brand name Arixtra
- Rivaroxaban, brand name Xarelto
- Cilostazol, brand name Pletal
- Edoxaban, brand name Savaysa

If you have a stent, do not stop taking your medicines to prevent clots without first talking to the doctor who put in the stent. For more information, ask a member of your health care team for the patient education handout on protecting your stent.

If you take aspirin or medicines like aspirin for arthritis pain, your doctor may have you take a different medicine in the weeks before your surgery or procedure.

If your surgery or procedure is canceled for any reason, call your doctor because you may need to restart the medicines you take to thin your blood or prevent clots.

Day of Surgery

- A nurse practitioner or surgical resident will ask you questions about your health and your surgery. These questions may be asked during pre-admission testing, or in the Ambulatory Surgery Unit (ASU).
- Your doctor may order more tests to make sure you are healthy for surgery.
You will be asked not to wear or to remove these items before surgery:

- Nail polish
- Make up
- Jewelry, including rings
- Hair clips or pins
- Dentures or partial plates
- Contact lenses or eyeglasses
- Hearing aids
- Wig or head covering

Bring a storage case for your glasses and hearing aids to give to a family member or friend to keep for you until after your surgery.

When your surgery is scheduled, you will be given the time you should be at the hospital (usually 2 hours before your surgery time).

You will also receive directions about where to park and information about the valet services.

You will be told when your scheduled admission date is and where to check in when you get to the hospital.

Note: If you are scheduled for needle-localization procedure or sentinel lymph node injection, you will be told where to check in when you get to the hospital. After checking in, you will be taken to the area where the procedure will be done.

You and one family member or friend will be taken to the pre-surgical area. Your family and friends will be told where to wait for you. Your doctor will call or come to the waiting area after your surgery is over to talk with your family and friends.

When you arrive in the pre-surgical area, a nurse will talk with you. The nurse will check your identification (ID) band and ask if you have any allergies. You will also meet the anesthesiologist and the other staff who will be with you in surgery. Tell the staff if there is anything special you want them to know.

Your hair will be covered with a paper net and your vital signs (blood pressure, temperature, pulse and breathing rate) will be checked.
• The nurse will put a needle into your vein (IV) to give you fluid and medicines. The IV will be put in the arm opposite your breast surgery. You will be given medicine to help you relax and make you drowsy.

**During Surgery**

• The staff in the operating room will be wearing special gowns, caps and masks. The room has bright lights and is kept cool.

• You will see special equipment and tables with supplies and instruments. The staff will explain to you what will be done before each step in the process.

• You will be made comfortable on the operating table. You will be covered with an extra blanket if you are cold and your arms may be tucked in at your sides or put on an arm board.

• During your surgery your vital signs will be closely checked. You will be hooked up to a monitor to count your heart rate. A small clip (pulse oximeter) will be placed on your finger to measure your pulse and the amount of oxygen in your blood.

• The time it takes for your surgery is an estimate. If your surgery takes longer than you were told, it does not mean that anything is wrong.

**After Surgery**

• After your surgery you will be taken to the Post Anesthesia Care Unit (PACU).

• A nurse will watch you closely and take your vital signs often as you are waking up. Your pulse and the amount of oxygen in your blood will be checked. If you need oxygen, you will feel a tube on your face with little prongs in your nose.

• When you first wake up, you may feel cold and you may shiver. This is normal if you have had general anesthesia. Warm blankets are available for you. There will be other patients and a lot of activity and noise in this area.

• If you have pain, ask your nurse to give you pain medicine. When you are awake and your vital signs are normal, you will be moved to the Ambulatory Surgery Unit (ASU) or to your hospital room. At this time, your family and friends will be allowed to visit.
Recovery from Surgery

- You may be released to go home the day of your surgery if you had a lumpectomy with or without a sentinel lymph node biopsy. If you had a lumpectomy and all your lymph nodes removed or a mastectomy, you will be spending at least one night in the hospital. If you had a mastectomy with reconstruction, you will spend 1 to 4 nights in the hospital.

- When you arrive to your hospital room you will be put in the bed and made comfortable. Do not lie on the arm or the side where you had surgery. Your arm may be elevated on one or two pillows to help with comfort and circulation. Use your arm as able, but make sure you follow the instructions you are given about raising your arm.

- You may have compression garments on your lower legs. These are used to prevent blood clots and should be kept on while you are in bed.

- The nursing staff will get you up the night of your surgery and may have you walk in the room.

- To help keep your lungs clear after surgery, your nurse will ask you to cough and to take deep breaths 5 to 6 times, every 1 to 2 hours. You may be taught to use a breathing exerciser (incentive spirometer) to help you take deep breaths.

- Until you are fully awake, you will only be given ice chips to help with your thirst. Once you are awake, you can have fluids. If you feel nauseated, you will continue with liquids and be offered crackers or toast. When you can take pills by mouth, it is helpful to take the medicine with food to help prevent nausea.

Pain Control

You are encouraged to use your pain medicine so you will be comfortable when you turn, cough, deep breathe and walk. Ask your nurse for pain medicine before your pain becomes severe. Pain medicine works best if you take it before the pain gets out of control. Pain medicine may be given through your IV or in pill form while in the hospital.
Incision Care

- You will have 1 to 2 incisions, depending on your type of surgery. If you had a lumpectomy, you will have an incision on your breast. If you had your lymph nodes removed with your lumpectomy, you will have a second incision below your armpit. Your stitches will be on the inside.

- If you had a mastectomy (with or without lymph node removal), you will have an incision that starts near your breastbone and continues across your chest into your armpit. Your stitches will be on the inside. If you have a drainage tube(s), there will be a stitch on the outside to hold the tube(s) in place.

- **The nurse will put a check (√) by the information about how your incision was closed:**
  - Special tape (steri-strips)
  - Surgical glue (Dermabond)

- **The nurse will put a check (√) by the information about your dressing:**
  - A dressing will be put over the incision(s). The dressing can be removed 2 days after surgery.
  - A surgical bra will be put on you after surgery. This should be kept on for: ___________ days.
  - You will be wrapped in an ace bandage and given instructions on when the bandage can be removed.

Drains

If you had a mastectomy or if you had all your lymph nodes removed with your lumpectomy, you will have 1 or 2 drains. The drains help remove fluid and blood from the area to speed healing. A tube will come out of your skin below your armpit on the side of your surgery. A small collection device at the end of each tube gently suctions and collects the fluid. These will be emptied and measured every 8 hours while you are in the hospital. The drainage can range from a few teaspoons to a few ounces.

You and your caregiver will be taught how to care for your drain(s) before you leave the hospital. The drain(s) will remain in place as long as they are needed (usually 7 to 14 days). Your Patient Care Resource
Manager (PCRM) will arrange for a home care nurse and your dressing supplies. You will be sent home with enough supplies to last until yours arrive at your home.

Your Feelings
It is normal to have a mixture of emotions after your surgery. A common concern for patients after breast surgery is the change in their physical appearance. It often takes several months for the skin and tissues to relax and soften. Your nurse will tell you what changes may happen, so you will know what to expect. The James has staff available to talk with you about your feelings or to teach you relaxation techniques. Ask your doctor or nurse about these services.

A permanent prosthesis can be fitted about 3 months after surgery. You will be given a prescription for a permanent prosthesis once you are completely healed (about 12 weeks after your surgery). Hope’s Boutique, a specialty store located at The Stefanie Spielman Comprehensive Breast Center (1145 Olentangy River Road, Columbus, OH) has caring, trained professionals to help you look and feel your best.

Care at Home
Your nurse will go over instructions with you before you leave the hospital. Here are some things to remember as you recover from your surgery.

- **Activity**
  - You can use the arm on the side of your surgery to eat, comb hair and do light activities. The nurse will put a check (✓) in the box for how high you can raise your arm:
    - 45 degrees
    - 90 degrees
  - Until the drain(s) are removed, **do no lift** anything with your arm that weighs more than:
    - 1 pound (A gallon of milk weighs 8.6 pounds)
    - 2 pounds
  - **Do not drive** until your drains are removed.
  - **Do not drive** if you are taking pain medicines.
Elevate your arm on pillows while sitting or at night for one week after your surgery.

You may have sex whenever you feel comfortable, but do not put pressure on your incision(s) or breast.

You may be told to wear a bra. Choose a soft, tight fitting bra like a sports bra with a front closure. If you had a lumpectomy, a bra will give you added support. If you had a mastectomy, you may use a temporary prosthesis or soft padding in your bra about 1 month after your surgery.

**Incision Care**

- Leave your incision(s) open to air and keep it clean and dry.
- Check your incision(s) each day and call your doctor if you see any signs of infection including:
  - Redness
  - A lot of drainage
  - Foul smelling drainage
- Call your doctor if you have a fever of 100.4 degrees Fahrenheit (38 degrees Celsius) or higher.
- You may take a sponge bath while you have drain(s). If you want to take a tub bath, the water level must be kept below where the tube comes out of your skin.
- You may shower _________ days after surgery. Stand with your back to the water to keep water from spraying directly on your incision(s) or drainage tubes(s). Do not scrub your incisions. You may want cover your incision(s) with plastic wrap to keep water out. It may be helpful to wear an old belt in the shower and clip your drain collection device to it. For your safety, have someone nearby to help you if needed.
- If you have a drain, change the dressing where the tube comes out of your skin after showering.
- Do not use deodorant or powder until your incision(s) are completely healed. Do not use any products that have caused a rash or irritated your skin.
Do not shave your armpits until completely healed. If you had lymph nodes removed, shave with an electric razor to keep from cutting your skin and to protect yourself from infection or lymphedema.

- If you have steri-strips, leave the steri-strips on until they fall off by themselves. If the strips have not come off 2 weeks after your surgery, you may remove them.

- If your incision was closed with surgical glue (Dermabond), do not use any creams, lotions, moisturizers or Neosporin on the incision area.

**Drain Care**

- Empty, measure and write down the amount of drainage in the drain collection device 2 times a day or more often, if needed. **Call your doctor if the drainage becomes foul smelling.**

- If you have more than one drain, make sure you label each one. You may want to label them drain A and drain B. Write down the amount of drainage from each drain.

- Change the dressing where the tube comes out of your skin each day or if it becomes wet. Clean around the site with a medicated swab (Betadine or alcohol), then apply a clean dressing.

- Gently strip the tubing two times a day to keep clots loosened. Call your doctor if you are unable to find the area of a clog or cannot move the clot(s) down the tube.

- Call your doctor if fluid leaks from the site where the tube comes out of your skin.

- Call your doctor if the drain collection device does not hold its suction.

- If you wear a bra, make sure the drainage tube(s) are flat under the bra and do not have any kinks.

- See the Patient Education handout [Home Care for Your Wound Drain](#).

**Medicines**

- A prescription for an antibiotic may be given to you. Take this medicine until your drains are removed.
A prescription for pain medicine will be given to you. Remember to take pain medicines with food to prevent nausea. To help prevent constipation, drink plenty of fluids (8 to 10 glasses of water each day) and eat plenty of fruits and vegetables. If the prescription medicine is too strong or is no longer needed, you may take:

- Advil/Ibuprofen/Motrin (200 mg). Take 2 tablets every 4 to 6 hours as needed for pain. Do not take this medicine if you have stomach problems, a history of ulcers or are taking blood thinners such as Coumadin.

- Tylenol Extra Strength/Acetaminophen (325 – 500mg). Take 2 tablets every 4 to 6 hours as needed for mild pain. Do not take if you have liver disease.

Ask your health care team if you have questions about using these over the counter medicines.

Follow-up Appointment
Make sure you schedule an appointment with your doctor for about one week after your surgery. If you have any questions after you leave the hospital call your doctor or nurse practitioner.

Helpful Phone Numbers
- OSU Wexner Medical Center Emergency Department (614) 293-8333
- OSU Wexner Medical Center Operator (614) 293-8000. Ask for the surgical oncology resident on call.