

After Your Breast Surgery: A Guide to Recovery

This booklet has been written for you, your family, and friends. It describes what will happen after your surgery, the self-care you will need to do, and your follow-up care.

DESCRIPTION OF THE SURGERY

If you had a lumpectomy and axillary lymph node dissection, you will most likely have two incisions. One will be on the breast and one will be under the armpit. If your breast was removed, you will have one incision. It will go from your breast bone in the center of your chest to your underarm. All incisions are closed with stitches under the skin. These stitches dissolve on their own and do not need to be removed. The skin is usually closed with small pieces of paper tape called Steri-Strips®. These will come off on their own as your skin heals. If you wish, you may remove them 10 days after your surgery.

During your surgery, drainage tubes may have been placed in the surgical area to exit near your incision. These tubes help drain fluid to reduce swelling and promote healing. The drainage tubes are stitched in place so they will not fall out. They are connected to a container which collects the drainage.

While you are in the hospital, a bulky gauze dressing covers the incision. It is held in place with a surgical bra. The dressing may reduce discomfort. Your surgeon or nurse will change the dressing the morning after your surgery and as long as you are in the hospital.

Self-Care Activities after Surgery

Pain Control

Your surgeon has prescribed pain medicine. If you cannot take fluids and food by mouth, it will be given by injection or through a vein. Once you are able to eat and drink, pills will provide effective pain control. The medicine you get depends on how you feel, what medicine works best for you, what the surgeon has ordered, and your general health.

Pain medicine may cause constipation, especially when you are less active than normal. To prevent this:

- Drink plenty of fluids.
- Eat a diet rich in fiber.
- Stay as active as your doctor permits.

Good sources of fiber are fresh fruit, bran, and vegetables. Stool softeners or laxatives may also help. If these measures do not relieve constipation, contact your doctor or nurse.

Referred Sensations

After breast surgery you may feel strange sensations in the arm, breast, or chest wall. Examples of such sensations include tenderness, numbness, and twinges. These are called *referred sensations*. If your breast has been removed, your nerve pathways will take time to sense the loss. Because of this, you may feel that your nipple and/or breast is still present. These are called *phantom sensations*. Most women have some or all of these sensations. They usually diminish within the first few months after surgery. However, some may last months, even up to five years and possibly longer. This is because the nerves are the slowest part of your body to heal. Most people report that the sensations are not distressing or severe.

Incision

Your incision will be covered with a dressing while you are in the hospital. You may shower 48 hours after the surgery. Wash your incision with soap, and rinse it with water. Pat it dry with a clean towel. You can leave the incision uncovered or cover it with a gauze dressing. Do not apply deodorants, lotions, powder, or perfume near the incision until 10 days after your surgery.

Drainage System

Draining fluid from the surgical area helps to heal the space created by the removal of lymph nodes and breast tissue. The drainage is very red at first. Over time, it changes to a straw color. The drain will be taken out when the drainage is 30 ml or less for 24 hours. If you have two drains, the drainage in each must be 30 ml or less in 24 hours. This usually happens about 7 to 14 days after the surgery.

Before you leave the hospital, your nurse will show you how to empty and care for your drain(s). You will also receive a booklet that your nurse will review with you. It tells you how to manage your drain(s) and record the amount of drainage.

Breast Forms

If you have had your breast removed, you will be given a temporary breast form (prosthesis) before you leave the hospital. We call it “fluff.” This form, made of cotton and fiberfill, is lightweight so as not to put too much pressure on your incision. It can be washed by hand.

When your incision has fully healed, you can begin wearing a permanent prosthesis. This breast form is matched to your other breast for a natural appearance. If both breasts have been removed, you can wear two matching prostheses. Most insurance companies cover some part of the cost, often up to 80%. Ask how much they will pay and how often you can replace them. Your doctor will give you a prescription to submit to the insurance company.

There are many types of permanent breast forms. Mastectomy boutiques and department or lingerie stores sell them. The boutique at the Evelyn H. Lauder Breast Center has a full range. A fitter will help you find the best prosthesis for you. If you prefer to shop closer to your home, contact *Reach to Recovery* at the American Cancer Society by calling 1-800-ACS-2345. The volunteers can give you a list of stores in your area.

Do not buy your permanent breast form until your incision has fully healed. Most women can start wearing the prosthesis the fourth week after surgery. Check with your nurse to be sure. It might be helpful to take a close friend or family member with you when you select your prosthesis. To help you choose one that will suit you, wear a form-fitting garment or sweater or bring one with you. That way you can see how different types of breast forms will look. There are many different sizes, styles, and prices. A breast prosthesis should provide the comfort, peace of mind, and security of a natural look.

You do not need to wear special clothing after your breast surgery. You can still wear tight-fitting blouses, V-shaped necklines, bathing suits, and lingerie. A certified fitter can help you with your clothing concerns.

Activity Guidelines

Scar tissue that forms near the surgical area can limit the motion of your shoulder. To prevent this, use your arm for your daily activities. Use the arm on the operated side to brush your hair, bathe, and get dressed. You will also learn some arm and shoulder exercises. These are taught in a class you will attend before you go home. You will also be given a DVD or video that shows you how to do them. Do the exercises three times a day until you have full range of motion, generally in four to six weeks.

It is normal to feel tired after breast surgery. It may be helpful to set aside rest time during the day. As you feel stronger, you can begin to get back to your normal routine. Ask your doctor or nurse when you can go back to work. Do not drive a car until your drain is out and you are off all pain medicine. Do not drive until you have

enough range of motion in your arm to turn the wheel suddenly in an emergency. Do not lift more than 10 lbs with the arm on the affected side until your incision has healed completely.

Hand and Arm Care

If you have had axillary lymph nodes removed, the way fluid circulates in your arm may have changed. Follow the hand and arm care guidelines your nurse will give you. They may help minimize the risk of infection or lymphedema. Your nurse will review them with you.

Adjusting Emotionally

Physical recovery from breast surgery is very quick. Emotional recovery may take longer. Feelings of fear, anger, and loss are common. Your operation may have changed how you look and perhaps even how you feel about yourself. You may wonder if and how the breast surgery will affect your life and relationships. You might even be unsure of how to act toward your family and friends.

Telling your healthcare providers and the people you love how you feel can be important emotional medicine. Let others know what is helpful to you. Many family members and friends are unsure of what to do or say. If you share your feelings with them, it may help you get the support you need. It will also allow them to let you know how much they care.

If you would like counseling, your nurse can make a referral for you. You can see a social worker, psychiatrist, or psychologist. You may want to speak with a patient-to-patient volunteer who has had breast cancer. Our Post-Treatment Resource Program (PTRP) provides support services after your treatment is finished. To learn more about their services, call (212) 717-3527.

Intimacy

It is important to feel and stay close to your partner. After breast surgery, you can resume all levels of intimacy. The surgical area will not be harmed by sexual relations.

It may be helpful to let your partner see your incision soon after surgery. This may decrease any anxiety you both may feel. Your nurse can tell you what to expect as the incision heals. Some partners worry that touching the incision(s) will hurt you. Let your partner know what is and is not comfortable. Try different positions to find the one most comfortable for lovemaking. You may not want pressure on the surgical site in the first weeks after surgery. Try placing a small pillow or towel over the surgical area.

Your partner may hold back from sex in an effort not to rush you. You may not feel as attractive as before. You may want reassurance, but you may also hold your partner at arm's length. Be open with your partner. Share your thoughts and feelings. Being willing to discuss these intimate matters will help you have the closeness, warmth, and pleasure of a loving relationship.

FOLLOW-UP CARE

You will return to your doctor's office for your pathology report about a week after you go home. This is your post-operative visit. If you need more treatment, your doctor will arrange it. During this visit we will also see how you are doing after the surgery and look at your wound and drainage.

If your drain(s) is in place and the amount of drainage has decreased enough, the drain will be removed. If not, the drain will be left in place until the fluid has decreased to 30 ml or less per day for 24 hours. When the drainage has decreased to this amount, call your doctor's office to make an appointment with your nurse. After the drain is removed, fluid may collect underneath the skin. This fluid is called a seroma. It is common. It may look puffy or swollen (like Jell-O® under the skin), but should not be painful. If you have a seroma, let your doctor or nurse know. They may remove the fluid in the office with a needle and syringe. Because the area is numb, it is not painful to remove the fluid. Many patients feel more comfortable and can move their arms better once it is done.

You may need to return a few times to have all the fluid removed. Your nurse will schedule these appointments with you.

Your surgeon will tell you how often you will need to be seen in the future. Some patients need more treatment. In this case, you may see one doctor one month and another a few months later. These visits are to provide you with close monitoring. You may call your doctor or nurse between visits if you have any questions or concerns.

When to Call Your Doctor or Nurse

Call your doctor or nurse if you have:

- An increase in pain in your chest or arm that is not relieved with activity or pain medicine.
- A fever (over 101°F or 38.3°C) or chills.
- Increasing redness, swelling, or drainage at or near the incision, your arm, hand, or under your arm.

We hope this booklet has helped you understand your surgery and how you can help yourself recover from it. If you have any questions, don't hesitate to ask. You may use the area below to write important numbers for your convenience:

Surgeon _____

Telephone _____

Nurse _____

Telephone _____

Social Worker _____

Telephone _____

Physical Therapist _____

Telephone _____



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