# About Your Breast Surgery

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# About Your Surgery

This guide will help you prepare for your surgery, learn what to expect on the day of your surgery, and help guide you through your recovery. We recommend that you bring this guide with you to all of your appointments, including your surgery.

This guide contains information about several types of breast surgeries. The surgery you are having is called a:

- ☐ Total mastectomy
- ☐ Total mastectomy and sentinel lymph node biopsy
- ☐ Total mastectomy and sentinel lymph node biopsy; possible axillary lymph node dissection
- ☐ Total mastectomy and axillary node dissection (also called a modified radical mastectomy)
- ☐ Other_____

If you're having breast reconstruction, you will receive additional information from your plastic surgeon.

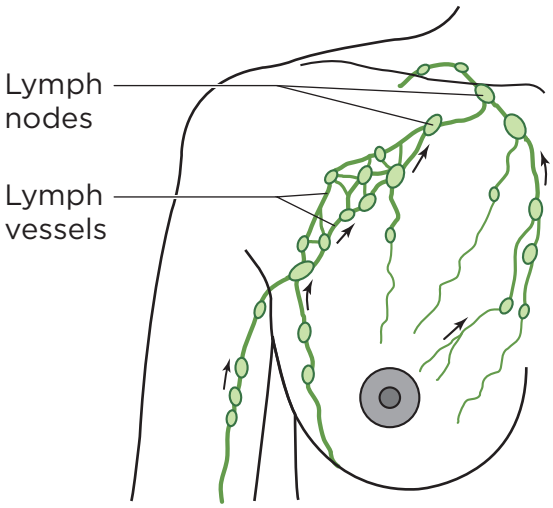
**Total mastectomy** is removal of all the breast tissue. The surgery is usually done through an incision (surgical cut) across the chest; however it can be done using different techniques. Your breast surgeon will talk with you about which option is right for you.

The lymph nodes in your armpit may be examined during your surgery to determine if the cancer has spread. In most cases, lymph nodes are examined by performing a sentinel lymph node biopsy.

**Sentinel lymph node biopsy** is removal of the first node(s) in your armpit that receives drainage from the breast tumor. This node(s) is identified by injecting a special dye into the breast. More information about this procedure is included later in this guide.

After the sentinel lymph node(s) is removed, it may be examined by the pathologist during your surgery. If any cancer cells are found in the sentinel node(s), an axillary lymph node dissection may then be performed.

**Axillary lymph node dissection** is the removal of most or all of the nodes found in the armpit. The number of nodes varies from person to person.




Normal lymph drainage

Understanding how your lymphatic system works can be helpful as you prepare for and recover from breast surgery. Your lymphatic system is made up of:

- **Lymph nodes** are small, bean-shaped structures located along your lymphatic vessels. Your lymph nodes filter out bacteria, viruses, cancer cells, and other waste products.
- **Lymphatic vessels** are tiny tubes, similar to blood vessels, which carry fluid to and from your lymph nodes.
- **Lymphatic fluid** is the clear fluid that travels though your lymphatic system. It carries cells that help fight infections and other diseases.

Notes

The information in this section will help you prepare for your surgery. Read through this section when your surgery is scheduled and refer to it as your surgery date gets closer. It contains important information about what you need to do before your surgery. Write down any questions you have and be sure to ask your doctor or nurse.

# Preparing for Your Surgery

You and your healthcare team will work together to prepare for your surgery.

## Preventing Pregnancy

If there is any chance that you could become pregnant before your surgery, be sure to use a form of birth control that does not have hormones. For example you may use a male condom, a diaphragm, or a Copper T IUD. If you have any questions about birth control, or for help deciding the type of birth control that's right for you, talk with your healthcare provider.

## About Drinking Alcohol

The amount of alcohol you drink can affect you during and after your surgery. It is important that you talk with your healthcare providers about your alcohol intake so that we can plan your care.

- Stopping alcohol suddenly can cause seizures, delirium, and death. If we know you are risk for these complications, we can prescribe medication to help prevent them.
- If you use alcohol regularly, you may be at risk for other complications during and after surgery. These include bleeding, infections, heart problems, greater dependence on nursing care, and longer hospital stay.

Here are things you can do to prevent problems before your surgery:

- Be honest with your healthcare provider about how much alcohol you drink.
- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea, increased anxiety, or cannot sleep after you stop drinking, tell your doctor right away. These are early signs of alcohol withdrawal and can be treated.
- Tell your healthcare provider if you cannot stop drinking.
- Ask us any questions you have about drinking and surgery. As always, all of your treatment information will be kept confidential.

Help us keep you safe during your surgery by telling us if any of the following statements apply to you, even if you aren't sure.

- I take a blood thinner. Some examples are heparin, warfarin (Coumadin®), clopidogrel (Plavix®), and tinzaparin (Innohep®). There are others, so be sure your doctor knows all the medications you're taking.
- I take prescription medications.
- I take any over-the-counter medications, herbs, vitamins, minerals, or natural or home remedies.
- I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.
- I have sleep apnea.
- I have had a problem with anesthesia in the past.
- I have allergies, including latex.
- I am not willing to receive a blood transfusion.
- I drink alcohol.
- I smoke.
- I use recreational drugs.

## About Smoking

People who smoke can have breathing problems when they have surgery. Stopping even for a few days before surgery can help. If you want to quit, call our Tobacco Treatment Program at 212-610-0507. You can also ask your nurse about the program.

## About Sleep Apnea

Sleep apnea is a common breathing disorder that causes a person to stop breathing for short periods while sleeping. The most common type is obstructive sleep apnea (OSA). This means that the airway becomes completely blocked during sleep, so no air can get through. OSA can cause serious problems when you have surgery. Please tell us if you have sleep apnea or if you think you might have it. If you use a breathing machine (CPAP) for sleep apnea, bring it with you the day of your surgery.

# Within 30 Days of Your Surgery

## Presurgical Testing

Before your surgery, you will have an appointment for presurgical testing (PST). The date, time, and location of your PST appointment will be printed on the appointment reminder from your surgeon's office.

You can eat and take your usual medications the day of your PST appointment. During your appointment, you will meet with a nurse practitioner who works closely with anesthesiology staff (doctors and specialized nurses who will be giving you medication to put you to sleep during your surgery). He or she will review your medical and surgical history with you. You will have tests, including an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests necessary to plan your care. Your nurse practitioner may also recommend you see other healthcare providers.

Your nurse practitioner will talk with you about which medications you should take the morning of your surgery. To help you remember, we've left space for you to write these medications down on page 12 of this guide. It is very helpful if you bring the following with you to your PST appointment:

- ☐ A list of all the medications you're taking, including patches and creams
- ☐ Results of any tests done outside of MSK, such as cardiac stress test, echocardiogram, or carotid doppler study
- ☐ The name(s) and telephone number(s) of your doctor(s)

## Complete a Health Care Proxy

If you haven't already completed a Health Care Proxy Form, we recommend you complete one now. A health care proxy is a legal document that identifies the person who will speak for you if you are unable to communicate for yourself. The person you identify is called your health care agent. If you are interested in completing a Health Care Proxy Form or to learn more, talk with your nurse. If you have already completed one or if you have any other advance directive, bring it with you to your next appointment.

# 10 Days Before Your Surgery

## Purchase Hibiclens® Skin Cleanser

Hibiclens® is a skin cleanser that kills germs for 6 hours after using it. Showering with Hibiclens® the day before and the morning of your surgery will help reduce your risk of infection after surgery. You can pick up Hibiclens® before leaving the Evelyn H. Lauder Breast Center, or from your local pharmacy without a prescription.

## Make Travel Arrangements

If you will be going home the day after your surgery, someone who is 18 years or older must come to the hospital to take you home. Please make arrangements for someone to pick you up by noon. If you don't have someone who can do this, one of the agencies listed below can help you find someone to take you home.

- Partners in Care: 888-735-8913
- Caring People: 877-227-4649

## Stop Taking Certain Medications

If you take vitamin E, stop taking it 10 days before your surgery. If you take aspirin, ask your surgeon whether you should continue. Medications such as aspirin, medications that contain aspirin, and vitamin E can cause bleeding. More information is located in the "Medications" section of this guide.

# 7 Days Before Your Surgery

## Stop Taking Certain Medications

Stop taking herbal remedies 7 days before your surgery. More information is located in the "Medications" section of this guide.

# 2 Days Before Your Surgery

## Stop Taking Certain Medications

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (e.g., Advil®, Motrin®), and naproxen (e.g., Aleve®). These medications can cause bleeding. More information is located in the "Medications" section of this guide.

# 1 Day Before Your Surgery

## Note the Time of Your Surgery

A clerk from the Admitting Office will call you after 2:00 pm the day before your surgery. He or she will tell you what time you should arrive at the hospital for your surgery. If you are scheduled for surgery on Monday you will be called on Friday. The Admitting clerk will tell you where to go on the day of your surgery. This will be either the Surgical Day Hospital (SDH) or the Presurgical Center (PSC). If you do not receive a call by 7:00 pm, please call 212-639-5014.

Use this area to write in information when the clerk calls:

Date_____ Time_____

Both locations are at 1275 York Avenue between East 67th and East 68th streets.

☐ Surgical Day Hospital (SDH), M elevator to 2nd Floor

☐ Presurgical Center (PSC), B elevator to 6th Floor

## Lymphatic Mapping with Sentinel Lymph Node Biopsy

If you are having a sentinel lymph node biopsy, you may have lymphatic mapping as part of your surgery. The mapping will be performed the day before or the morning of your surgery.

Use this area to write in the time and location of your lymphatic mapping, if you wish:

Date _____ Time _____

☐ The Evelyn H. Lauder Breast Center, 300 East 66th Street (at Second Avenue); elevator to 6th floor

☐ Nuclear Medicine Department, 1250 First Avenue (Between East 67th and East 68th Street); elevator to 2nd floor

### Lymphatic Mapping

During your lymphatic mapping, you will lie on an exam table while you receive an injection of a small amount of a radioactive liquid near the site of the cancer. During the injection, you may feel a stinging or burning sensation. The radioactive liquid will travel to the sentinel node(s) so they can be seen later during your scan. While you wait for your scan, you can either stay in the hospital or leave for a while. However, you must return on time for your scan, so be sure to note the time you're told to return.

When it's time for your scan, your technologist will take you to the scanning room. You will lie on a narrow table while he or she takes a series of pictures. Each picture takes 5 minutes, and you must lie very still during this time. If you feel uncomfortable staying in any position for 5 minutes, ask your technologist to count down the time for you. The scan will take 10 to 15 minutes.

The pictures taken during your scan will show the flow of the radioactive liquid and which lymph nodes absorb the radioactive dye. This information will be used by your surgeon as a guide (or map) to determine the location of the sentinel node(s).

If you are having surgery the same day as your mapping, you will be escorted from the scanning room to the operating room. In most other cases, you will go home after the mapping.

### Sentinel Node Biopsy

Your sentinel lymph node biopsy will take place during surgery. After you are asleep from the anesthesia, your surgeon will inject a small amount of blue dye underneath your nipple or near the site of the cancer. This dye will travel in your lymphatic fluid to the sentinel node(s), staining them blue. If you had lymphatic mapping, your surgeon will also use a small device that measures radioactivity from the liquid that was injected. Once the sentinel node(s) are located, your surgeon will make a small incision. The sentinel nodes will be blue from the blue dye, allowing your surgeon to see them. He or she will remove the sentinel node(s) and they will be examined by the Pathology department to see if they contain cancer cells. If they do contain cancer cells, you may need to have additional lymph nodes removed. This is called an axillary lymph node dissection.

Because blue dye was used during your procedure, your skin, urine, and stool may be a bluish-green color for 24 to 48 hours.

### Shower with Hibiclens®

The night before your surgery, shower using the Hibiclens® solution. To use Hibiclens®, open the bottle and pour some solution into your hand or a washcloth. Rub gently over your body from your neck to your waist and rinse. Do not let the solution get into your eyes, ears, mouth, or genital area. Dry with a clean towel after your shower.

**! Do not eat or drink anything after midnight the night before your surgery. This includes water, hard candy, and gum.**

## Morning of Your Surgery

### Shower with Hibiclens®

Shower using Hibiclens® just before you leave for the hospital. Use the Hibiclens® the same way you did the night before. Do not put on any lotion, cream, powder, deodorant, makeup, or perfume after your shower.

## Take Your Medications as Instructed

If your doctor or nurse practitioner instructed you to take certain medications the morning of your surgery, take only those medications with a small sip of water. Depending on what medications you take and the surgery you're having, this may be all, some, or none of your usual morning medications.

| Medication | Dose | Doctor/Nurse |
|---|---|---|
| Medication | Dose | Doctor/Nurse |
| Medication | Dose | Doctor/Nurse |
| Medication | Dose | Doctor/Nurse |
| Medication | Dose | Doctor/Nurse |

## Things to Remember

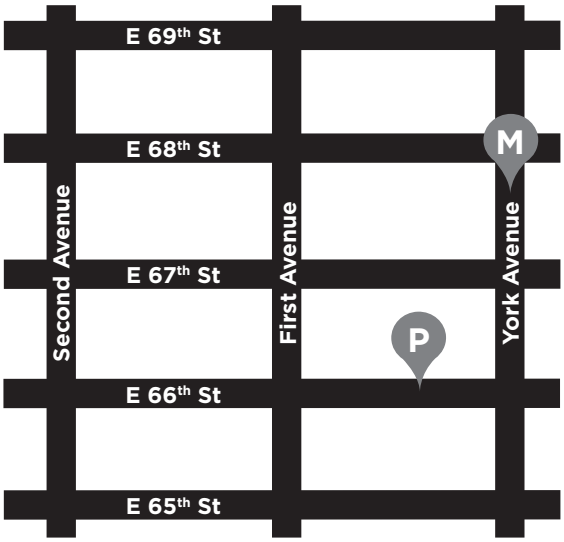
- Do not put on any lotion, cream, powder, deodorant, makeup, or perfume.
- Do not wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.
- Leave valuables, such as credit cards, jewelry, and your checkbook, at home.
- Before you are taken into the operating room, you will need to remove your eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles, such as a rosary.
- If you wear contact lenses, wear your glasses instead.
- _____
- _____
- _____

## What to Bring

- ☐ A button-down or loose fitting top.
- ☐ Only the money you may need for a newspaper, bus, taxi, or parking.
- ☐ A CD player and CDs or iPod, if you choose. However, someone will need to hold it for you when you go into surgery.
- ☐ Your breathing machine for sleep apnea (such as your CPAP), if you have one.
- ☐ If you have a case for your personal items, such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles such as a rosary, bring it with you.
- ☐ Your Health Care Proxy Form, if you have completed one.
- ☐ This guide. Your healthcare team will use this guide to teach you how to care for yourself after your surgery.
- ☐ _____
- ☐ _____
- ☐ _____

## Parking When You Arrive

Parking at MSK is available in the garage on East 66th Street between York and First Avenues. To reach the garage, enter East 66th Street from York Avenue. The garage is located about a quarter of a block in from York Avenue, on the right-hand (north) side of the street. There is a tunnel that goes from the garage into the hospital. There are also garages nearby: four on East 69th Street between First and Second Avenues, one on East 67thStreet between York and First Avenues, and three on East 65th Street between First and Second Avenues. For questions about prices, call 212-639-2338.




P = Parking
M = Memorial Sloan Kettering

## Once You're in the Hospital

You will be asked to state and spell your name and birth date many times. This is for your safety. Patients with the same or similar names may be having surgery on the same day.

### Get Dressed for Surgery

You will be given a hospital gown, robe, and nonskid socks. Do not bring anything extra with you. Storage space is very limited.

## Meet With Your Nurse

Your nurse will meet with you before your surgery. Tell him or her the dose of any medications (including patches and creams) you took after midnight and the time you took them. Your nurse will insert an intravenous (IV) line into a vein in your arm.

## Meet With Your Anesthesiologist

He or she will:

- Review your medical history with you.
- Talk to you about your comfort and safety during your surgery.
- Talk to you about the kind of anesthesia you will receive.
- Answer any questions you may have about your anesthesia.

## Marking Your Surgical Site

In addition to being asked your name and birth date, you may also be asked the name of your surgeon, what operation you are having, and which side is being operated on. Your surgeon or another member of the surgical team will use a marker to initial the site on your body that will be operated on. This is for your safety; it ensures that all members of the surgical staff are clear about the plan for your surgery.

# Information for Family and Friends for the Day of Breast Surgery

## Before the Surgery

Upon arrival to the hospital, the patient will be asked to provide contact information for the person who will be speaking to the surgeon after the surgery. If the patient is having an outpatient procedure, he or she will also be asked to provide contact information for the person who will be taking the patient home.

Once the patient is checked in, he or she will go to the Presurgical Center (PSC) to be examined before surgery. One person may come along, but others should wait in the waiting area. If the patient wishes, other people may join him or her when the nurse has finished the examination.

When the operating room (OR) is ready, the surgical team will take the patient there. They will prepare the patient for surgery, which usually takes 15 to 30 minutes, then the surgery will begin.

Please remember the following:

- Do not bring food or drinks to the waiting area or the PSC. Patients are not allowed to eat or drink before their surgery or procedure.
- If the patient brought any valuables, such as a cell phone, iPod, iPad, etc., please keep it safe for them.
- Children under the age of 11 are not allowed to go into the PSC. They must wait in the waiting area with a responsible adult.

## During the Surgery

After the patient is taken to the OR, all visitors should go to the PSC waiting area.

- Food and drinks are available on the 1st floor in the cafeteria and in the gift shop. You can also bring your own food and eat it in the cafeteria.
- The coat-check room is at the bottom of the escalator on the ground level. It is open Monday through Friday from 11:00 am to 4:00 pm.
- Wireless Internet access is available in most areas of the hospital. You may also use the computers in the rooms off the main lobby.
- Please use the designated cell phone area to accept and make calls. It may be useful to bring your phone charger to the hospital. Please be courteous and mindful of others while using your cell phone.
- The Mary French Rockefeller Chapel, an interfaith chapel near the main lobby on the 1st floor, is open at all times for meditation and prayer.
- The Patient Recreation Pavilion is open daily from 9:00 am to 8:00 pm for patients and their visitors over the age of 11. Arts and crafts, a library, an outdoor terrace, and scheduled entertainment events are available in this area. To get there, take the M elevators to the 15th floor.

- If you leave the PSC area, be sure we have your cell phone number so we can reach you with updates. The Unit Assistant at the concierge desk will:
  - Give you information about the patient
  - Prepare you for your meeting with the surgeon
  - Prepare you for visiting the patient in the Post-Anesthesia Care Unit (PACU)

## After the Surgery

When the patient's surgery is done, we will call you to come back to the concierge desk. The concierge staff will bring you to a private consultation room to speak with the surgeon.

After you have met with the surgeon, you should return to the waiting area.

After surgery, the patient will be taken to the PACU. It can take up to 90 minutes before the patient is ready to have visitors. You can use this time to take a walk or just relax in the waiting area until the patient is ready to see you.

Once the patient is ready for visitors, a staff member will take you to the PACU, where the nurse will update you on the patient's condition. Please remember that a limited number of visitors can go into the PACU. This is to keep the area quiet and avoid crowding.

### While Visiting in the PACU

- Silence your cell phone.
- Apply hand sanitizer before entering the room.
- Keep noise to a minimum. All patients in the room need to rest.
- Do not wander away from the patient's bedside. It's important to respect each patient's right to privacy.
- Do not bring food or flowers into the PACU.

The information in this section will tell you what to expect after your surgery, both during your hospital stay and after you leave the hospital. You will learn how to safely recover from your surgery. Write down any questions you have and be sure to ask your doctor or nurse.

# What to Expect

After your surgery, you will be taken to the Post Anesthesia Recovery Unit (PACU). You will be monitored there until you have recovered enough to be discharged to a room on one of the hospital floors. You should plan to be discharged from the hospital before noon the next day. You will receive a kit with supplies and an extra surgical bra to take home.

Below are 2 examples of ways you can help yourself recover safely.

- It is important to walk around after surgery. Walking every 2 hours is a good goal. This will help prevent blood clots in your legs.
- Use your incentive spirometer. Your nurse will show you how. This will help your lungs expand, which prevents pneumonia.

## Will I have pain?

Your doctor and nurse will ask you about your pain often and give you medication as needed. If your pain is not relieved, tell your doctor or nurse. You will be given a prescription for pain medication before you leave the hospital. Pain medication may cause constipation (having fewer bowel movements than what is normal for you).

## How can I prevent constipation?

- Go to the bathroom at the same time everyday. Your body will get used to going at that time.
- If you feel the urge to go, do not put it off. Try to use the bathroom 5 to 15 minutes after meals.
- After breakfast is a good time to move your bowels because the reflexes in your colon are strongest then.
- Exercise if you can; walking is an excellent form of exercise.
- Drink eight, 8-ounce glasses (2 liters) of liquids daily, if you can. Drink water, juices, soups, ice cream shakes, and other drinks that do not have caffeine. Beverages with caffeine, such as coffee and soda, pull fluid out of the body.
- Slowly increase the fiber in your diet to 25 to 35 grams per day. Fruits, vegetables, whole grains, and cereals contain fiber. If you have an ostomy or have had recent bowel surgery, check with your doctor or nurse before making any changes in your diet.
- Both over-the-counter and prescription medications are available to treat constipation. Start with 1 of the following over-the-counter medications first:
  - Docusate sodium (Colace®) 100 mg. Take _____ capsules _____ times a day. This is a stool softener that causes few side effects. Do not take it with mineral oil.
  - Polyethylene glycol (MiraLAX®) 17 grams daily.
  - Senna (Senokot®) 2 tablets at bedtime. This is a stimulant laxative, which can cause cramping.
- If you haven't had a bowel movement in 2 days, call your doctor or nurse.

## Is it normal to feel new sensations?

As you are healing from your surgery, you may feel a variety of different sensations in your arm, breast, or chest wall. Tenderness, numbness, and twinges are common examples. After your mastectomy, you may also feel like your breast or nipple is still present. This is called a phantom sensation.

These sensations usually come and go, and often decrease within the first few months after surgery. However, some may last months, even 5 years or longer. This is because the nerves are the slowest part of your body to heal. Most people report that the sensations are not severe or distressing.

Because of the change in sensation, do not place anything hot or cold directly on your surgical site (e.g., hot water bottles, heating pads, or ice packs).

As you continue to heal, you may feel scar tissue along your incision site(s). It will feel hard. This is common and will soften over the next several months.

## Will I have any drains when I go home?

You will leave the hospital with at least one Jackson Pratt® drain in place. This is a soft catheter that is inserted near your incision to drain extra fluid. The drain is usually removed about 1 to 2 weeks after your surgery, however it may be left in longer depending on how much fluid is draining. Your nurse will teach you how to care for the drain before you leave the hospital. Instructions on how to care for your Jackson Pratt® drain are included in the "Resources" section of this guide.

## How do I care for my incisions?

Your incision(s) will be closed with stitches under your skin. These stitches dissolve on their own, so they do not need to be removed. If you have small pieces of surgical tape (Steri-Strips®) over your incision(s), your surgeon or nurse will remove them when they see you at your follow-up appointment. If you have surgical glue (Dermabond®) over your incision, it will dissolve on it's own over time.

## When can I shower?

If you've had reconstruction, talk with your plastic surgeon about when you can shower and if there are any special instructions.

If you have not had reconstruction, you can shower 24 hours after your surgery. Before you're discharged from the hospital, your nurse will teach you how to secure your drains while showering.

When you are ready to shower, remove your surgical bra and any gauze pads that are covering the incision. If you have steri-strips on your incision, do not remove them. Gently wash your incision(s) with soap and water, letting the shower water run over them. Pat your incisions dry with a clean towel. Put your surgical bra back on and secure the drains to your bra. If it feels more comfortable, you can place a clean gauze pad over your incision.

Avoid baths, hot tubs, saunas, and swimming pools until your doctor or nurse tell you it's ok. Also, speak with your doctor or nurse before you use deodorant, lotion, powder, or perfume anywhere near your surgery site.

## Can I wear a bra?

If you were given a surgical bra, continue wearing it until your drains have been removed, then talk with your doctor or nurse about what to wear. Your bra will provide support, help keep you comfortable, and hold your drains in place. You should wear your bra while you sleep, but remove it before you shower.

While you are healing from your surgery or going through the different stages of breast reconstruction, your bra can be padded to help balance your appearance. One way to fill your bra is to temporarily use a soft breast form. You can get one at the boutique on the 2nd floor of the Evelyn H. Lauder Breast Center. This form is a lightweight nylon pouch, and its size can be adjusted to match your opposite breast by adding or removing the cotton fluff inside. You can wash the nylon pouch using a mild soap such as Woolite® or Ivory®, then let it air-dry. You can line the bra with soft gauze, but if you do you should replace the gauze frequently to make sure it's always clean.

## Can I wear a prosthesis (breast form)?

If you are interested in wearing a breast prosthesis, talk with your surgeon or nurse. If you have not had reconstruction, you can usually start wearing the prosthesis about 4 to 6 weeks after your surgery.

Your doctor can give you a prescription for a breast prosthesis during your follow-up appointment. Check with your insurance company regarding their policy for reimbursement for your breast prosthesis.

There are many types of breast prostheses. Mastectomy boutiques and lingerie stores sell them, and the boutique at the Evelyn Lauder Breast Center also carries a full range. A fitter will help you find the best prosthesis for you. If you prefer to shop closer to home, contact the Reach to Recovery program at the American Cancer Society by calling 1-800-ACS-2345 to get a list of stores in your area.

## When can I resume my normal activities?

You can resume most activities right after your surgery, but below are some exceptions:

- Do not drive while you are taking prescription pain medication. These medications can make you drowsy and unsafe for you to drive. Also, do not drive until:
  - Your drain(s) have been removed;
  - You have recovered your full range of motion; and
  - You can comfortably turn the steering wheel.
- If you have had reconstruction, do not lift objects heavier than 5 pounds until your surgeon says it's safe. This is usually about 6 weeks after your surgery.
- If you have not had reconstruction, follow the instructions given to you by your surgeon, nurse, or physical therapist.
- Avoid strenuous activity until your surgeon tells you it's safe. Your physical therapist will give you written instructions on what exercises and movements you can do while your incisions are healing. Talk with him or her before starting heavy exercises, such as running, jogging, or lifting weights.
- Talk with your surgeon or nurse about when you will be able to return to work.

## Should I perform any exercises after surgery?

The scar tissue that forms around your surgical site can limit the range of motion of your arm and shoulder. If you have had reconstruction, you may also experience muscle pain or tightness. Please review the information in *Exercises After Breast Surgery* in the "Resources" section of this guide for examples of exercises that will help you regain motion in your arm and shoulder. If you are having discomfort, you may find it helpful to take some pain medication about a half hour before starting the exercises.

## Are there services to help me adjust emotionally?

The diagnosis and treatment of cancer can be a very stressful and overwhelming event. You may feel depressed, anxious, confused, afraid, or angry. You may have strong feelings about any permanent changes. These changes can have an impact on your emotional well-being. Help is available for you at any time. If you would like counseling, your nurse can give you a referral to see a social worker, psychiatrist, or counselor.

## When can I resume sexual activity?

You can resume sexual activity when you feel ready. Having sexual relations will not harm your surgical area.

It may be helpful to let your partner see your incision soon after surgery. This may decrease any anxiety you both may feel. Your partner might worry that touching the incision(s) will hurt you. Let your partner know what is and is not comfortable. Avoid putting pressure on the surgical site in the first weeks after surgery. Try placing a small pillow or towel over the surgical area. If you have any questions talk to your nurse.

You may have concerns about the effects of cancer and your treatment on how you look or on your sexuality. Our Female Sexual Medicine and Women's Health Program is available to help you. For more information or to make an appointment, call (646) 888-5076.

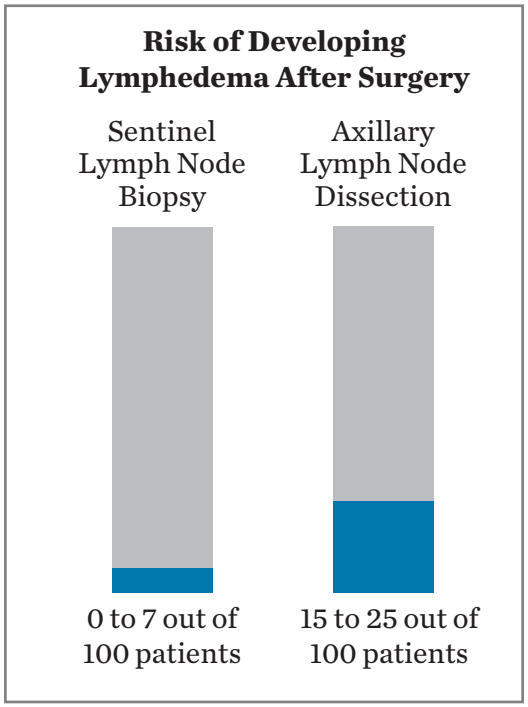
If there is any chance you can become pregnant, be sure to use contraception (birth control). However, you cannot use any form of hormonal birth control. Your options are to use a male condom or diaphragm each time you have sex or to have your gynecologist place a Copper T IUD in your uterus. This type of IUD can be kept in place for a long as 10 years, or can be removed earlier. Continue to use birth control throughout your treatment and until your doctor tells you it is safe to attempt pregnancy. Additional information can be found in the resource *Sexual Activity During Cancer Treatment: Information for Women* on page 63 of this guide.

## Am I at risk for lymphedema?

If you have had axillary lymph nodes removed, the way fluid circulates in your arm may have changed. This means you are at risk for lymphedema. Lymphedema is an abnormal swelling that can occur in the arm, hand, breast, or torso on the side where your lymph nodes were removed.

Most women will not develop lymphedema, but some will. It's difficult to determine the risk of developing lymphedema because:

- There is no standard test for diagnosing lymphedema.
- Disruption of lymph nodes affects people differently.
- Lymphedema can develop soon after surgery, or years later.
- Current cases of lymphedema can be caused by older treatment methods.



Studies show the risk of developing lymphedema varies based on how the lymph nodes are removed. There are 2 types of surgeries used to remove lymph nodes:

- During a sentinel lymph node biopsy, between one and a few lymph nodes are removed to check for cancer. With a sentinel lymph node biopsy, studies show the risk of developing lymphedema is very low.
- During an axillary lymph node dissection, a wider incision is made and more lymph nodes are removed from the armpit. This is done to remove additional lymph nodes that may have cancer. With axillary lymph node dissection, studies show the risk of developing lymphedema is higher than sentinel node biopsy.

## How can I reduce my risk of developing lymphedema?

There is no way to know who will develop lymphedema, but there are things you can do to reduce your risk:

- Try to maintain your normal weight, or safely work towards a more ideal body weight.
- Exercise and stretch your muscles on a regular basis. When you resume exercise and activity, make sure to build up slowly and gradually. If you feel discomfort, stop and take a break. Talk with your surgeon, nurse, or physical therapist about which exercises are right for you.
- Try to minimize your risk of infection to your hand and arm. Ask your doctor or nurse how best to care for cuts, scratches, and burns.

If you have had an axillary dissection, you will receive additional information in the resource called *Hand and Arm Care After Removal of the Axillary Lymph Nodes.*

## What are the signs of lymphedema?

Some mild swelling after surgery is normal and will go away with time. You may also feel pain or other sensations, such as twinges and tingling, after surgery. These feelings are common and are not necessarily signs of lymphedema.

If you're at risk of developing lymphedema, it's a good idea to watch for signs of it developing. For example:

- A feeling of heaviness or aching in your breast, arm, hand, or fingers.
- The skin of your arm, hand, or breast feels tight.
- Decreased flexibility in your arm, hand, or fingers.
- Swelling or changes in your skin, such as tightness or pitting (skin that stays indented after being pressed).

If you have any signs of lymphedema, or you're not sure, it's important you talk with your doctor or nurse so that a correct diagnosis can be made.

## What if I have other questions?

If you have any questions or concerns, please talk with your doctor or nurse. You can reach them Monday through Friday from 9:00 am to 5:00 pm. Call their offices directly at the numbers listed below.

Doctor: _____ Telephone: _____

Nurse: _____ Telephone: _____

After 5:00 pm, during the weekend, and on holidays, please call (212) 639-2000 and ask for the doctor on call.

**! Call your doctor immediately if you have:**

- A temperature of 101° F (38.3° C) or higher
- Drainage from the incision line
- Shortness of breath
- Warmer than normal skin around your incision
- Increased discomfort in the area
- Increased redness around your incision
- New or increased swelling around your incision

The information in this section contains important information about what medications, herbal remedies, and other dietary supplements you will need to stop taking before your surgery. Read through this section before your surgery so that you are prepared. Write down any questions you have and be sure to ask your doctor or nurse.

# Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

This information will help you identify medications that contain aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs). It's important to stop these medications before many cancer treatments.

Medications such as aspirin and other NSAIDs, vitamin E, and COX-2 inhibitors can increase your risk of bleeding during cancer treatment. These medications affect your platelets, which are blood cells that clot to prevent bleeding. If you take aspirin or other NSAIDs, vitamin E, or a COX-2 inhibitor such as celecoxib (Celebrex®), tell your doctor or nurse. He or she will tell you if you need to stop taking these medications before your treatment. You will also find instructions in the information about the treatment you're having.

**If you're having surgery:**

- Stop taking medications that contain aspirin or vitamin E 10 days before your surgery or as directed by your doctor. If you take aspirin because you've had a problem with your heart or you've had a stroke, be sure to talk with your doctor before you stop taking it.
- Stop taking NSAIDs 48 hours before your surgery or as directed by your doctor.
- Ask your doctor if you should continue taking a COX-2 inhibitor.

**If you're having a procedure in Radiology (including Interventional Radiology, Interventional Mammography, and General Radiology):**

- If you take aspirin because you've had a problem with your heart or you've had a stroke, be sure to talk with your doctor before you stop taking it. If your doctor instructs you to stop taking aspirin, you should stop 5 days before your procedure or as directed by your doctor.
- Stop taking NSAIDs 24 hours before your procedure.
- Stop taking medications that contain vitamin E 10 days before your procedure, or as directed by your doctor.

**Chemotherapy can decrease your platelet count, which can increase your risk of bleeding. Whether you're just starting chemotherapy or you've been receiving it, talk with your doctor or nurse before taking aspirin or NSAIDs.**

Medications are often called by their brand name, which can make it difficult to know their ingredients. To help you identify medications that contain aspirin, other NSAIDs, and vitamin E, please review the list of common medications in this leaflet. While this list includes the most common products, there are others. Please check with your healthcare provider if you aren't sure. Always be sure your doctor knows all the medications you're taking, both prescription and over-the-counter.

**The following common medications contain aspirin:**

Alka Seltzer®
Anacin®
Arthritis Pain Formula
Arthritis Foundation Pain Reliever®
ASA Enseals®
ASA Suppositories®
Ascriptin® and Ascriptin A/D
Aspergum®
Asprimox®
Axotal®
Azdone®
Bayer® (most formulations)
BC® Powder and Cold Formulations
Bufferin® (most formulations)
Buffets II®
Buffex®
Cama® Arthritis Pain Reliever
COPE®
Dasin®
Easprin®
Ecotrin (most formulations)
Empirin® Aspirin (most formulations)
Epromate®
Equagesic Tablets
Equazine®
Excedrin® Extra-Strength Analgesic Tablets and Caplets
Excedrin Migraine
Fiorgen ®
Fiorinal® (most formulations)
Fiortal®
Gelpirin®
Genprin®
Gensan®
Heartline®
Headrin®
Isollyl®
Lanorinal®
Lortab® ASA Tablets
Magnaprin®
Marnal®
Micrainin®
Momentum®
Norgesic Forte® (most formulations)
Norwich® Aspirin
PAC® Analgesic Tablets
Orphengesic®
Painaid®
Panasal®
Percodan® Tablets
Persistin®
Robaxisal® Tablets
Roxiprin®
Saleto®
Salocol®
Sodol®
Soma® Compound Tablets
Soma Compound with Codeine Tablets
St. Joseph® Adult Chewable Aspirin
Supac®
Synalgos® DC Capsules
Tenol-Plus®
Trigesic®
Talwin® Compound
Vanquish® Analgesic Caplets
Wesprin® Buffered
Zee-Seltzer®
ZORprin®

**The following common medications are NSAIDs that do not contain aspirin:**

Advil®
Advil Migraine
Aleve®
Anaprox DS®
Ansaid®
Arthrotec®
Bayer Select Pain Relief Formula Caplets
Celebrex
Children's Motrin®
Clinoril®
Daypro®
Diclofenac
Etodolac®
Feldene®
Fenoprofen
Flurbiprofen
Genpril®
Ibuprofen
Indomethacin
Indocin®
Ketoprofen
Ketorolac
Lodine®
Meclofenamate
Mefenamic Acid
Meloxicam
Menadol®
Midol®
Mobic®
Motrin
Nabumetone
Nalfon®
Naproxen
Naprosyn®
Nuprin®
Orudis®
Oxaprozin
PediaCare Fever®
Piroxicam
Ponstel®
Relafen®
Saleto 200
Sulindac
Toradol®
Voltaren®

**Most multivitamins contain vitamin E, so if you take a multivitamin be sure to check the label. The following products contain vitamin E:**

Amino-Opt-E
Aquasol E
Aquavit
D'alpha E
E-400 IU
E-1000 IU Softgels
E complex-600
Vita-Plus E

**Acetaminophen (Tylenol®) is generally safe to take during your cancer treatment. It doesn't affect platelets, so it will not increase your chance of bleeding. The following common medications contain acetaminophen; those in bold require a prescription:**

Acephen®
**Aceta® with Codeine**
**Acetaminophen with Codeine**
Aspirin-Free Anacin
Arthritis Pain Formula Aspirin-Free
**Darvocet-N 100®**
Datril®
**Di-Gesic®**
Esgic®
Excedrin P.M.
**Fiorcet®**
**Lorcet®**
**Lortab**
Naldegesic®
**Norco®**
Panadol®
**Percocet®**
**Repan**
**Roxicet®**
Talacen®
Tempra®
Tylenol
**Tylenol with Codeine No. 3**
Vanquish
**Vicodin®**
**Wygesic®**
**Zydone®**

**Read the labels on all your medications.**

Acetaminophen (Tylenol) is a very common ingredient found in over-the-counter and prescription medications. It's often an ingredient in pain relievers, fever reducers, sleep aids, and cough, cold, and allergy medications. The full name acetaminophen is not always written out, so look for these common abbreviations, especially on prescription pain relievers: APAP, AC, Acetaminoph, Acetaminop, Acetamin, and Acetam.

Acetaminophen is safe when used as directed, but there is a limit to how much you can take in 1 day. It's possible to take too much acetaminophen without knowing because it's in many different medications, so always read and follow the label on the product you are taking. Do not take more than 1 medication at a time that contains acetaminophen without talking with a member of your healthcare team.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at _____. After 5:00 pm, during the weekend, and on holidays, please call_____. If there's no number listed, or you're not sure, call (212) 639-2000.

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# Herbal Remedies and Cancer Treatment

One week before you have surgery or start chemotherapy or radiation therapy, you must stop taking any herbal or botanical home remedies or other dietary supplements because they can:

- Interact with other drugs
- Increase or lower blood pressure
- Thin the blood and increase the risk of bleeding
- Make radiation therapy less effective
- Lower the effects of medications that suppress the immune system
- Increase the effects of sedation or anesthesia

## Below are examples of common herbs and a description of their effects.

### Echinacea

- Can cause an allergic reaction such as a rash or difficulty breathing
- Can lower the effect of drugs used to suppress the immune system

### Garlic

- Can lower blood pressure, fat, and cholesterol levels
- Can prevent platelets (the blood cells that help stop bleeding) from sticking together, which increases the risk of bleeding

### Gingko (also known as gingko biloba)

- Can change how platelets function, which can increase the risk of bleeding

### Ginseng

- Can act as a stimulant, which can decrease the effects of anesthesia or sedation
- Can interfere with platelet function, which can increase the risk of bleeding
- Can lower blood glucose (sugar) level

### Turmeric

- Can reduce the antitumor action of chemotherapy drugs

### St. John's Wort

- Can interact with medications given during surgery
- Can make the skin more sensitive to laser treatment

### Valerian

- Can have a sedative effect, which can increase the effects of anesthesia or sedation

### Herbal formulas

- Many herbal formulas contain different herbs. We don't know their side effects. You must also stop taking these products 1 week before and during treatment

For more information about herbs and botanicals, visit the About Herbs, Botanicals & Other Products website at mskcc.org/aboutherbs.

You can also download the Memorial Sloan Kettering About Herbs app from the Apple App Store at itunes.apple.com/us/app/about-herbs/id554267162?mt=8.

This information does not cover all possible side effects. Please share any questions or concerns with your doctor or nurse.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at _____. After 5:00 pm, during the weekend, and on holidays, please call_____. If there's no number listed, or you're not sure, call (212) 639-2000.

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This section contains a list of MSK support services, as well as the resources that were referred to throughout this guide. These resources will help you prepare for your surgery and recover safely. Write down any questions you have and be sure to ask your doctor or nurse.

# Caring for Your Jackson-Pratt Drainage System

This information describes how to care for your Jackson-Pratt® drainage system after you leave the hospital. Your nurse will also review this with you.

The Jackson-Pratt® is easy to use and you will be able to care for it yourself. Below is a video demonstration of how to care for your Jackson-Pratt® drainage system.

> Please visit http://www.mskcc.org/cancer-care/patient-education/resources/caring-your-jackson-pratt-drainage-system to watch this video.

The Jackson-Pratt® system has a soft plastic bulb with a stopper. A catheter is attached to it (see Figure 1). The drainage end of the catheter is inserted near your incision. When the bulb is compressed with the stopper in place, a vacuum is created. This causes a constant gentle suction, which helps draw out fluid that collects under your incision. The bulb should be compressed at all times, except when you are emptying the drainage.

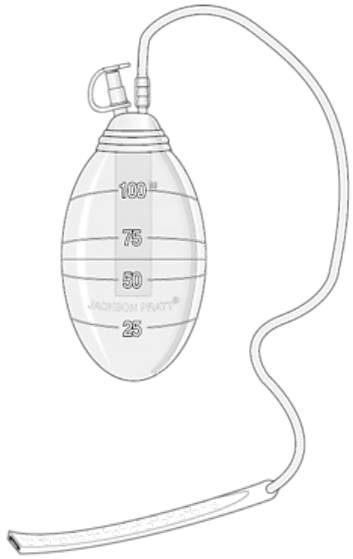

Figure 1: Jackson Pratt® drain

How long you will have your Jackson-Pratt® depends on your surgery and the amount of drainage you're having. Drainage is very individual; some people drain a lot, some only a little. The Jackson-Pratt® is usually removed when the drainage is 30 mL (30 cc) or less over 24 hours. Your doctor and nurse will know how much your Jackson-Pratt® is draining because you will record this at home in the drainage log in this guide. It's important to bring the log with you to your follow-up appointments.

## Caring for Your Jackson-Pratt® at Home

Caring for your Jackson-Pratt® at home will involve the following:

- Milking the tubing to help move clots
- Emptying it twice a day and recording the amount of drainage on the Jackson-Pratt® Drainage Record
  - If you have more than 1 drain, make sure to measure and record the drainage of each one separately. Do not add them together.
- Caring for your insertion site, the area where the catheter enters your skin
- Recognizing when there is a problem

## Milking the Tubing

These steps will help you move clots through the tubing and keep the drainage flowing. Do this before you empty and measure your drainage.

1. Wash your hands thoroughly with soap and warm water. Dry them completely.
2. Look in the mirror at the tubing. This will help you see where your hands need to be.
3. At the point closest to your insertion site, pinch and hold the tubing between the thumb and forefinger of 1 hand.
4. With the thumb and forefinger of your other hand, pinch the tubing right below your other fingers. Keeping your fingers pinched, slide them down the tubing as far as they will reach. If there is still tubing between the fingers of your lower hand and the bulb, keep the lower fingers pinched and release your upper fingers. Pinch the tubing right below the fingers of your lower hand. Slide them down the tubing as far as they will reach. Repeat until you reach the bulb. You may want to use alcohol swabs to help you slide your fingers down the tubing.
5. Repeat steps 3 and 4 as necessary to push clots from the tubing into the bulb. If you are not able to move a clot into the bulb, call your doctor or nurse.
6. The fluid may leak around the insertion site if a clot is blocking the drainage flow. If there is fluid in the bulb and no leakage at the site, then the drain is working.

**Notes**

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## How to Empty Your Jackson-Pratt® and Record the Drainage

You will need to empty your Jackson-Pratt® in the morning and in the evening.

**Equipment needed**

- Measuring container given to you by your nurse
- Jackson-Pratt® Drainage Record included in this section

**Instructions**

1. Prepare a clean area to work on and gather your equipment.
2. Wash your hands thoroughly with soap and warm water. Dry them completely.

3. Unplug the stopper on top of your Jackson-Pratt®. This will cause the bulb to expand. Do not touch the inside of the stopper or the inner area of the opening on the bulb.
4. Turn your Jackson-Pratt® upside down, gently squeeze the bulb, and pour the drainage into the measuring container (see Figure 2).
5. Turn your Jackson-Pratt® right side up.
6. Squeeze the bulb until your fingers feel the palm of your hand.
7. Continue to squeeze the bulb while replugging the stopper.
8. Check to see that the bulb stays fully compressed to ensure a constant gentle suction.
9. Pin the collar of your Jackson-Pratt® securely to a piece of your clothing or feed it through the Velcro® straps attached at the bottom of your surgical bra, if you have one. Do not let the drain dangle. A fanny pack or belt bag may be helpful to hold the drain.
10. Check the amount and color of drainage in the measuring container.
11. Record this amount and the color of drainage on your Jackson-Pratt® Drainage Record.

Figure 2: Emptying the bulb

12. Flush the drainage down the toilet and rinse the measuring container with water.
13. At the end of each day, add up the total amount of drainage for the 24-hour period and record it in the last column of the drainage record.
14. If you have more than 1 drain, measure and record each one separately.

## Caring for the Insertion Site

Once you have emptied the drainage, wash your hands again. Check the area around the insertion site. Look for tenderness, swelling, or pus from the insertion site. If you have any of these symptoms or a temperature of 101° F (38.3° C) or higher, you may have an infection. Call your doctor or nurse.

Sometimes, the drain causes redness the size of a dime at your insertion site. This is normal. Your doctor or nurse will tell you if a bandage should be placed over your insertion site.

## Problems You May Encounter With Your Jackson-Pratt®

**Problem**

The bulb is not compressed.

**Why?**

- The bulb was not compressed all the way because it wasn't squeezed tightly enough.
- The stopper is not closed securely.
- The suction catheter has been dislodged and is leaking.

**What to Do**

- Compress the bulb using steps 2, 3, 4, 7, and 8 outlined in "How to Empty Your Jackson Pratt® and Record the Drainage."
- If the bulb remains expanded after following the steps above, notify your doctor or nurse during business hours.

**Problem**

There is:

- No drainage
- A sudden decrease in the amount of drainage
- Drainage on or outside the catheter bandage

**Why?**

Sometimes, string-like clots clump together in the catheter. This can block the flow of drainage.

**What to Do**

- Milk the tubing as described above.
- If there is no increase in drainage flow, notify your doctor or nurse during business hours. If it occurs at night, call them the next day.

**Problem**

The catheter falls out of your insertion site.

**Why?**

This can happen if the catheter is pulled. It rarely happens, because the catheter is held in place with sutures (stitches).

**What to Do**

If this happens, place a new bandage over the site and call your doctor or nurse during business hours.

**Problem**

You have redness greater than the size of a dime, swelling, heat, or pus around your insertion site.

**Why?**

These may be signs of an infection.

**What to Do**

- Take your temperature. Call your doctor or nurse and describe the signs of infection around your insertion site. Let them know if your temperature is 101° F (38.3° C) or higher.

- Keep your insertion site clean and dry by washing it with soap and water and then gently patting it dry.

Once you know how to care for your Jackson-Pratt®, you will do it on your own. Your nurse will supervise you the first time you empty the drainage to make sure you are doing it correctly. Even after you have begun to care for it yourself, you can always ask for help. If you have any problems after discharge, call your doctor or nurse.

**Call your doctor or nurse right away if you have:**

- Bright red drainage
- A temperature of 101° F (38.3° C) or higher
- Increased redness, tenderness, swelling, or pus at your insertion site

**Call your doctor or nurse during business hours if:**

- The amount of drainage suddenly drops or has increased 100 mL (100 cc) over the past 24 hours
- The catheter falls out
- You cannot compress the bulb

## Instructions After Your Drain Is Removed

After your drain is removed, please follow the instructions below. These guidelines will help you:

- Keep your insertion site and the area around it clean and dry
- Prevent infection and promote healing of the skin after the drain is removed

**Instructions**

1. Remove the bandage after 24 hours.
2. You may shower (no tub bath) after you have removed the dressing.
3. Wash the site gently with soap and rinse the area with warm, running water.
4. Pat the area dry.
5. Inspect the site (using a mirror if necessary). You can expect the following:
   - Slight redness
   - Swelling
   - Tenderness
   - A small amount of clear or slightly bloody drainage on the gauze pad
6. If you were instructed to see your doctor or nurse for a follow-up visit, use this space to write in when. _____

**Call your doctor if you have any questions, or if you have:**

- Increased redness
- Increased pressure or swelling

- Skin that is hot to the touch
- A temperature higher than 101° F (38.3° C)

**Jackson-Pratt® Drainage Record** JP# _____

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If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at _____. After 5:00 pm, during the weekend, and on holidays, please call_____. If there's no number listed, or you're not sure, call (212) 639-2000.

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# Exercises After Breast Surgery

This information describes how to perform arm and shoulder exercises, a breathing exercise, and scar massage after your breast surgery.

Ask your surgeon when it's safe for you to start doing these exercises.

If you had breast surgery without reconstruction, you may do the exercises in this booklet on the first day after your surgery, as long as your surgeon tells you it's safe.

> A video demonstrating how to perform exercises after breast surgery without reconstruction can be found on MSK's website at: www.mskcc.org/videos/exercises-after-breast-surgery-without-reconstruction.

If you had breast surgery with reconstruction, talk with a member of your plastic surgery team about when it’s safe to do each of these exercises. A member of your plastic surgery team will also tell you how much you need to limit your range of motion after your surgery: 45, 60, or 90 degrees. You may find it helpful to write in your restriction below the illustration of the exercises.

Videos demonstrating how to perform exercises after breast surgery with reconstruction can be found on MSK's website.

> If you've had reconstruction using a tissue expander, visit: www.mskcc.org/videos/exercises-after-breast-surgery-reconstruction-using-tissue-expander.

> If you've had reconstruction using tissue transfer, visit: www.mskcc.org/videos/exercises-after-breast-surgery-reconstruction-using-tissue-transfer.

## Deep Breathing Exercise

Exaggerated deep breathing can help you relax and ease discomfort and tightness around your incision. This is also a very good technique to relieve tension during the day.

To perform this technique, sit comfortably in a chair and take a slow, deep breath through your nose. Let your chest and belly expand. Now, exhale slowly through your mouth. You can repeat this several times.

## Arm and Shoulder Exercises

Performing arm and shoulder exercises will help you regain full range of motion on the side where you had your surgery, which is called the affected side. With full range of motion, you will be able to:

- Move your arm over your head and out to the side
- Move your arm behind your neck

- Move your arm to the middle of your back

Do 10 repetitions of each exercise below 5 times a day until you have regained full range of motion and can use your arm as you did before surgery in all of your normal activities. This includes activities at work, at home, and in recreation or sports. If you had limited movement in your arm before surgery, your goal will be to regain as much movement as you had before.

If you quickly regain full range of motion, continue doing these exercises once a day. This is especially true if you feel any tightness in your chest, shoulder, or under your affected arm. These exercises can help prevent scar tissue from forming in your armpit and shoulder. Scar tissue can limit your arm movements later.

If you continue to have difficulty moving your shoulder 4 weeks after your surgery, tell your surgeon. He or she will determine if you need further rehabilitation, such as physical or occupational therapy.

Before you begin, gather the following supplies:

- 4 pieces of tape (to mark your progress on a wall)
- A stopwatch, timer, or watch with a second hand (you will need to hold some of the exercises for a full minute)

### Shoulder rolls

The shoulder roll is a good beginning exercise, since it provides a gentle stretch to the chest and shoulder muscles. If your surgeon says it's safe, you can start doing this exercise on the first day after your surgery.

Figure 1: Shoulder rolls

- Stand or sit comfortably with your arms relaxed at your sides (see Figure 1).
- In a circular motion, bring your shoulders forward, up, backward, and down. Try to make the circle as large as you can and get both of your shoulders to move at the same time.
- If you have some tightness across your incision or chest, begin with smaller circles, but increase the size as the tightness lessens. You may find that this direction is a little tighter across your chest than the forward direction, which you'll perform next. This will get better with practice.
- Now, switch directions and do 10 shoulder rolls in the forward direction. Bring your shoulders backward, up, forward, and down.

### Shoulder wings

If you had breast surgery with reconstruction, the shoulder wings exercise (see Figure 2) will help you regain outward movement of your shoulder. You can perform this exercise while sitting or standing.

- Place your hands on your chest or collarbone.
- Raise your elbows out to the side.
- Slowly lower your elbows.

- After 10 repetitions, slowly lower your hands back down to your lap.

If you experience discomfort while performing this exercise, hold your position and do the deep breathing exercise. If the discomfort doesn't go away, do not raise your elbows any higher.

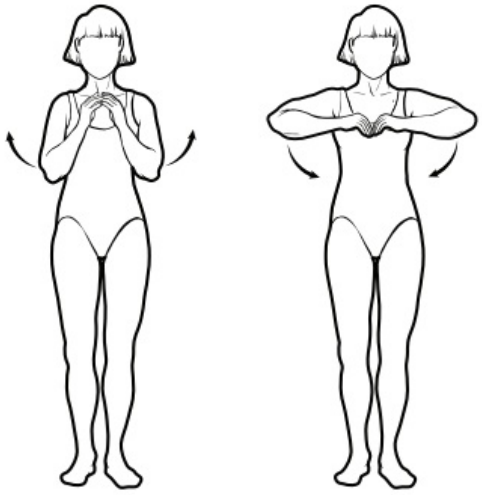

Figure 2: Shoulder wings

Range of motion: _____ degrees

### Arm circles

If you had surgery on both breasts, do this exercise with both arms, one arm at a time. Do not do this exercise with both arms at the same time. This will put too much pressure on your chest. If your surgeon says it's safe, you can start doing this exercise on the first day after your surgery.

- Stand with your feet slightly apart for balance. Raise your affected arm out to the side as high as you can (see Figure 3). Begin making slow, backward circles in the air with your arm. Be sure the movement is occurring at your shoulder and not at your elbow. Keep your elbow straight.
- Increase the size of the circles until they are as large as you can comfortably make them. Be sure to complete at least 10 full backward circles. If you feel any aching or if your arm is tired, take a break. Continue doing the exercise when you feel better.
- Slowly lower your arm to your side. Rest your arm for a moment.

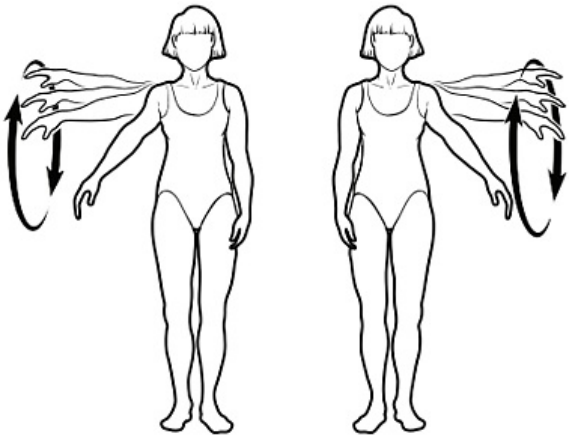

Figure 3: Arm circles

Range of motion: _____ degrees

- To perform the second part of the exercise, raise your affected arm out to the side as high as you can. Begin making slow, forward circles.
- Increase the size of the circles until they are as large as you can comfortably make them. Be sure to complete at least 10 full forward circles. If you feel any aching or if your arm is tired, stop before 10

circles.

- Lower your arm to your side.

### W exercise

The W exercise can be done standing, sitting, or lying on your back. Doing this exercise with your back against the wall may help you position yourself properly. If your surgeon says it's safe, you can start doing this exercise on the first day after your surgery.

- Form a "W" with your arms out to the side and palms facing forward (see Figure 4). Try to bring your hands up so that they are even with your face. If you can't raise your arms that high, bring them to the highest comfortable position.

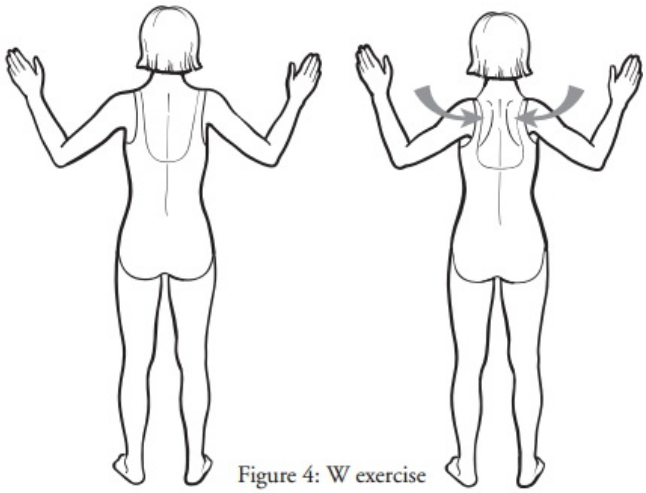

Figure 4: W exercise

Range of motion: _____ degrees

- Pinch your shoulder blades together and downward, as if you are squeezing a pencil between your shoulder blades.

- If you feel discomfort in the area near your incision, stop at that position and do the deep breathing exercise. If the discomfort passes, try to bring your arms back a little further. If the discomfort does not pass, do not reach any further. Hold the furthest position you can and squeeze your shoulder blades together for 5 seconds.

- Slowly bring your arms back down to the starting position. Repeat this exercise 10 times

### Back climb

The back climb can be performed in a sitting or standing position. You can start doing this exercise on the first day after your surgery. If you had breast surgery **without reconstruction**, or if you had breast surgery **with reconstruction using a tissue expander**, you can start doing this exercise on the first day after your surgery as long as your surgeon tells you it's safe. If you had a different type of reconstructive surgery, ask a member of your plastic surgery team when it's safe to do this exercise.

Figure 5:
Back climb

Range of motion: _____ degrees

- Place your hands behind your back and grasp the hand on your affected side with your other hand (see Figure 5). If you had surgery on both breasts, use whichever arm moves most easily to assist the other. Perform this stretch for one arm at a time only; do not perform the stretch with both arms at the same time.

- Slowly slide your hands up the center of your back as far as possible. Hold the highest position for 1 minute.

- If you feel pulling or stretching near your incision, stop at that position and do the deep breathing exercise. If the tightness goes away, try to slide your hands up a little further. If it's still there, do not slide your hands up any further.

- Hold the highest position you can for 1 minute. You should feel a gentle stretch in your shoulder area.
- After 1 minute, slowly lower your hands.

### Hands behind neck

The hands behind neck exercise may be performed in a sitting or standing position. If you had breast surgery **without reconstruction**, you can start doing this exercise on the first day after your surgery, as long as your surgeon tells you it's safe. If you had breast surgery **with reconstruction**, ask a member of your plastic surgery team when it's safe to do this exercise.

- Stand or sit comfortably with your feet on the floor. Clasp your hands together on your lap. Slowly raise your hands toward your head, keeping your elbows together in front of you and not out to the sides (see Figure 6). Keep your head level; do not bend your neck or head forward.
- Slide your hands over your head until you reach the back of your neck. When you get to this point, spread your elbows out to the side. Hold this position for 1 minute. If you are not able to get into this position, reach up and stretch your elbows back as best you can.
- If you have some tightness across your incision or chest, hold your position and do the deep breathing exercise. If the tightness decreases, continue with the movement. If the tightness stays the same, hold the position you are most comfortable in for 1 minute.
- Breathe normally. Do not hold your breath as you stretch your body.
- Slowly come out of the stretch by bringing your elbows back in front of you and sliding your hands over your head. Then, slowly lower your arms to your lap.

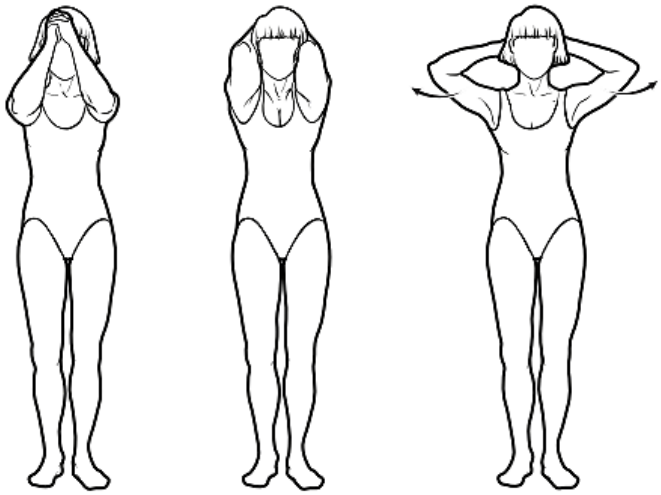

Figure 6: Hands behind neck

Range of motion: _____ degrees

### Forward wall crawls

You will need 2 pieces of tape for the forward wall crawl exercise. If you had breast surgery **without reconstruction**, you can start doing this exercise on the first day after your surgery as long as your surgeon tells you it's safe. If you had breast surgery **with reconstruction**, ask a member of your plastic

surgery team when it's safe to do this exercise. Stand facing a wall. Your toes should be about 6 inches from the wall (see Figure 7).

- Reach as high as you can with your unaffected arm and mark that point with a piece of tape. This will be the goal for your affected arm. If you had surgery on both breasts, set your goal using the arm that moves most comfortably.
- Place both hands against the wall at a level that's comfortable. Crawl your fingers up the wall as far as possible, keeping them even with each other. Try not to look up toward your hands or arch your back.
- When you get to the point where you feel a good stretch, but not pain, do the deep breathing exercise.
- Return to the starting position by crawling your fingers back down the wall.
- Repeat the wall crawl 10 times. Each time you raise your hands, try to crawl a little bit higher.
- On the tenth crawl, use the other piece of tape to mark the highest point you reached with your affected arm. This will allow you to see your progress each time you do this exercise.

As you become more flexible while doing this exercise, it may be necessary to take a step closer to the wall so that you can reach a little higher.

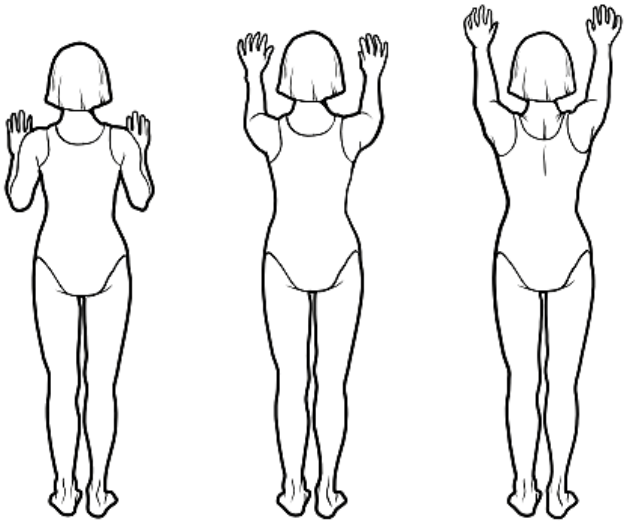

Figure 7: Forward wall crawls

Range of motion: _____ degrees

### Side wall crawls

You will also need 2 pieces of tape for the side wall crawl exercise. If you had breast surgery **without reconstructio**n, you can start doing side wall crawls on the first day after your surgery as long as your surgeon tells you it's safe. If you had breast surgery **with reconstruction**, ask a member of your plastic surgery team when it's safe to do this exercise. Stand with your unaffected side facing the wall, about a foot away from the wall (see Figure 8).

- Reach as high as you can with your unaffected arm and mark that point with a piece of tape. As with the forward wall crawl, this will be the goal for your affected arm. If you've had surgery on both breasts, set your goal using the arm that moves most comfortably.
- Turn your body so that your affected side is now facing the wall. Crawl your fingers up the wall as far as possible. When you get to the point where you feel a good stretch, but not pain, do the deep breathing exercise. Return to the starting position by crawling your fingers back down the wall.
- Repeat this exercise 10 times.
- On your tenth crawl, use the other piece of tape to mark the highest point you reached with your affected arm. This will allow you to see your progress each time you do the exercise.

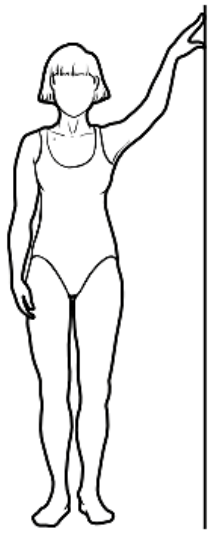

Figure 8: Side wall crawls

Range of motion: _____ degrees

You should not feel pain while doing this exercise. It is normal to feel some tightness or pulling across the side of your chest. Focus on your breathing until the tightness decreases. You should breathe normally throughout this exercise. Do not hold your breath.

Also, be careful not to turn your body toward the wall while doing this exercise. Keep your body at a 90-degree angle to the wall.

## Scar Massage

Many women feel uncomfortable touching their skin in the area of their scar. It is very important that you become comfortable moving the skin over this area. Moving the skin will help improve the circulation and soften the tissue.

Do not start doing the massage until your incision has fully healed and your nurse tells you it's safe. There should be no open wounds or scabbed areas. The area of the scar may be numb or extra sensitive at first. Both of these feelings are normal after surgery.

To do the massage, place 2 or 3 fingers over the scar and gently move the skin in all directions. Pick up your fingers and move them an inch or two over, and then repeat the massage. Do not squeeze your breast tissue. Do this massage once a day for 5 to 10 minutes.

## Swelling

After your surgery, you may have some swelling or puffiness in your hand or arm on your affected side. This is normal and will usually go away on its own. If you notice swelling in your hand or arm, raise your arm above your head several times a day while doing hand pumps. The elevation and pumping action of the muscles help drain the fluid out of your arm. To do hand pumps, slowly open and close your fist 10 times.

You may also elevate your arm a few times a day for about 20 minutes at a time. To elevate your arm while sitting or while lying on your back, rest your arm on a few pillows next to you. Your arm should be raised

above the level of your heart. Do not hold your arm over your head for more than a few minutes. This can cause the muscles of the arm to get tired.

If you are able to sleep on the opposite side of where you had your surgery, you may place 1 or 2 pillows in front of you and rest your arm on them. If the swelling does not go down within 4 to 6 weeks, call your doctor or nurse.

If you have any questions about the exercises or any other information presented here, please call the Rehabilitation Service at (212) 639-7833.

**Related Patient & Caregiver Education Resources**

Exercises After Breast Surgery Without Reconstruction

Exercises After Breast Surgery With Reconstruction Using Tissue Transfer

Exercises After Breast Surgery With Reconstruction Using a Tissue Expander

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at _____. After 5:00 pm, during the weekend, and on holidays, please call_____. If there's no number listed, or you're not sure, call (212) 639-2000.

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# Sexual Activity During Cancer Treatment: Information for Women

Sexual activity can provide pleasure and intimacy during your cancer treatment. The information below can serve as a guide to being sexually active during this time.

If you have any questions about this information, let your doctor or nurse know. If you have any concerns about how to follow these suggestions based on your religious observances, we advise you to speak with your religious leader.

## Use Birth Control to Prevent Pregnancy

If you become pregnant with an egg damaged by exposure to radiation, chemotherapy, or other anticancer medications, there is a risk of miscarriage or birth defects. Becoming pregnant can also prevent you from receiving the best diagnostic tests and treatments for your cancer, as these may harm a fetus. If there is any chance you could become pregnant, use contraception (birth control) throughout your treatment. Do not rely on your partner withdrawing before ejaculation ("pulling out") or on avoiding sex during fertile times of your menstrual cycle ("rhythm method"). These methods are not effective in preventing pregnancy.

It is important to pick a method of birth control that fits your lifestyle but will also be effective. Make an appointment with your gynecologist, and speak with him or her to be sure you choose an option that is successful for you. No matter what method you choose, use birth control regularly or you may become pregnant. If you have any problems with your birth control, talk to your gynecologist to find another option.

### Nonhormonal Birth Control

The following forms of birth control do not contain hormones and are safe for most women:

- Diaphragm

  A diaphragm is a small reusable rubber or silicone cup that you place inside your vagina each time you have sex. Your gynecologist will determine what size you need. The diaphragm is inserted 1 to 6 hours before vaginal sex, and kept in place for 6 hours after sex. It should then be removed and cleaned. The diaphragm should not be left in the vagina for more than 24 hours because this can cause an infection.

- Copper intrauterine device (IUD)

  This is a small, T-shaped device that your gynecologist places inside your uterus. It can stay in place for 10 years or be removed earlier. Copper IUDs may cause heavier blood flow during your monthly periods, so check with your oncologist to see if this is safe for you.

- Tubal ligation (having your “tubes tied”)

  Tubal ligation is a surgical procedure that is done by a gynecologist. It may be an option for you if you are certain you don't want any (more) children.

- Condoms (used by your male partner)

  Condoms can prevent pregnancy and protect you from sexually transmitted infections (STIs), including HIV. If this is your only form of birth control, have your partner use a condom each time you have vaginal sex. See “Barrier Devices” below for information on buying and using condoms.

### Hormonal Birth Control

These forms of birth control contain hormones, either a combination of estrogen and progestin, or progestin alone. Hormonal birth control is very effective. However, some medical conditions make these unsafe, so they are not right for everyone. Women who should not take hormonal birth control include those with a hormone-sensitive tumor, a personal or family history of blood clots, a history of migraines with aura, impaired liver function, and those who are 35 years of age or older and smoke. There are other medical conditions that also make it unsafe to use hormonal birth control, so talk to your oncologist and gynecologist to see if this method is right for you and which type is best. These forms of birth control do not protect against HIV or other STIs. Hormonal forms of birth control include the following:

- Birth control pill

  These pills are taken once a day. Skipping a day or more may increase your chance of becoming pregnant.

- Injectable contraception (Depo-Provera®)

  This is a shot your gynecologist gives you every 12 weeks.

- Implantable contraception (Implanon®)

  This is a small rod your gynecologist implants under the skin of your arm. It can stay in place for 2 years or be removed earlier.

- Intrauterine device (LNG IUD, Mirena®)

  This is a small, T-shaped device that your gynecologist places inside your uterus. It releases the hormone progestin. The device can stay in place for 5 years or be removed earlier.

### Other Considerations

If you are getting chemotherapy or radiation directed to an area near your ovaries, continue to use birth control for at least 1 year after your treatment has ended. This allows time for damaged eggs to clear from your body. If you plan to have children after your treatment, ask your doctor when it is safe for you to start trying. Depending on your situation, your doctor may recommend you wait more or less time.

Some treatments may affect your fertility (the ability to become pregnant with a biologic child). If you have questions about this, ask your doctor or nurse.

## Protect Yourself from Infection or Bleeding

Patients with multiple partners are at risk for sexually transmitted infections (STIs), including HIV. In addition, certain cancer treatments can cause low blood cell counts for prolonged periods of time, which may increase your risk of infection or bleeding. Your doctor or nurse will let you know if this is a concern for you. To prevent infection or bleeding:

- Wash your hands and genitals before and after having vaginal, oral, or anal sex.
- If you have sex with multiple men, consider using a condom each time you have vaginal, oral, or anal sex throughout your treatment, even if you are using another form of birth control. Condoms protect you from STIs, including HIV.
    - Your partner can use a condom, or you can use a female condom. The female condom is a polyurethane pouch placed inside your vagina before sex. Do not use a male and female condom at the same time. Female condoms are not a very effective form of birth control, so you should not rely on them to prevent pregnancy.
- If you are expected to have very low blood cell counts for a prolonged period of time, your doctor or nurse may advise you to use a barrier device during sex—condoms or dental dams. See “Barrier Devices” below for more information.
    - In some situations, you may even be advised to avoid sex that involves penetration or contact with mucous membranes while your counts are low. This includes vaginal, oral, and anal sex or inserting fingers, vibrators, or sex toys into your vagina or anus.
    - Hugging, cuddling, gentle touching, and kissing skin are other ways you can be intimate with your partner during this time.
- Chemotherapy and radiation to the pelvis may cause your vagina to become dry and irritated. This may cause pain during vaginal sex and lead to infection. If you have vaginal discomfort, use a condom with a water-based lubricant or abstain from vaginal sex until the tissues heal. Ask your nurse for information on vaginal moisturizers and lubricants to help with vaginal dryness.
- Some women develop vaginal yeast infections during treatment, especially if they are taking steroids or antibiotics. Symptoms include vaginal itching, irritation, and white and lumpy discharge (like cottage cheese). If you suspect you have a yeast infection, avoid sexual activity and call your doctor or nurse.
- If you have had a bone marrow or stem cell transplant, you are at increased risk of infection for many months after your treatment. Until your doctor tells you that your immune system has recovered
    - Use latex condoms each time you have vaginal, oral, or anal sex.
    - Use a barrier device (condoms or dental dams) any time your partner's saliva, vaginal secretions, or semen could enter your mouth. See “Barrier Devices” below for more information.
    - Abstain from any sexual activity that could expose your mouth to feces.

## Consider Steps to Avoid Exposing Your Partner to Chemotherapy and Other Anticancer Medications

There is little data about how much anticancer medication gets into a woman's vaginal fluids, and even less on whether this poses any risk to a sexual partner. If this is a concern to you or your partner, consider using a barrier device whenever your partner may have contact with your vaginal fluids—a condom for

vaginal or anal sex and a dental dam when you are receiving oral sex. This will prevent your partner, regardless of his or her age or gender, from being exposed to any medication that may be in your vaginal fluids. We don't know how long these medications may be in vaginal fluids, but you could use barrier devices each day you have chemotherapy and for 1 week afterward. If you have multiple male partners, or if you could become pregnant and are not using any other form of birth control, use condoms throughout your treatment and until your doctor advises you that it is safe to attempt pregnancy. See "Barrier Devices" below for more information.

## Barrier Devices

### Condoms

- You can buy condoms at any drug store. We recommend latex condoms, but if you or your partner is allergic to latex, use polyurethane condoms.
- Spermicides do not provide any added protection.
- You can use lubricated condoms or a separate water- or silicone-based lubricant.
- Before you use a condom, check the expiration date on the wrapper. Expired condoms are more likely to break.
- To use a condom correctly (instructions for your male partner):

  1. Be careful when opening and handling the condom. Don't use your teeth, scissors, or other sharp objects to open the wrapper. Don't use the condom if it is torn, brittle, or stiff.
  2. Wait until your penis becomes firm before putting on the condom.
  3. While pinching the tip of the condom, unroll it over your penis as far as it will go. The extra space at the tip is needed to collect your semen.
  4. Smooth out any air bubbles—they can cause condoms to break.
  5. After you have ejaculated, but before your penis becomes soft, hold the base of the condom (where the ring is) and carefully pull your penis out of your partner so that nothing spills.
  6. Carefully slide off the condom and throw it in the trash.

- A condom can tear if it is too tight or it can fall off if it is too loose. If this happens while you are having vaginal sex, and you are of childbearing age, call a gynecologist as soon as possible. Ask about emergency contraception (the morning-after pill) if you are not using another form of birth control.

### Dental Dams

- A dental dam is a thin, rectangular sheet of latex or silicone that covers the genitals of a woman receiving oral sex.
- You can buy these online, get them from the New York City Department of Health and Mental Hygiene, or make one out of a condom.
- If you want to make a dental dam out of a condom, you may want to avoid those with a spermicide or lubricant, as the taste may be unpleasant. Cut off the tip and cut down the side of the tube to make a sheet.
- To use a dental dam, hold the sheet over your vulva or anus while your partner is giving you oral sex.

## Resources

MSKCC Female Sexual Medicine and Women's Health Program
(646) 888-5076
For help with issues related to female sexual function.

American Cancer Society: Sexuality for the Woman With Cancer
http://www.cancer.org/Treatment/TreatmentsandSideEffects/PhysicalSideEffects/SexualSideEffectsinWomen/SexualityfortheWoman/sexuality-for-the-woman-with-cancer-toc
Call 1-800-227-2345 to request printed material.

American Congress of Obstetricians and Gynecologist
http://www.acog.org/For_Patients

National Cancer Institute: Sexuality and Reproductive Issues
http://www.cancer.gov/cancertopics/pdq/supportivecare/sexuality/Patient
Call 1-800-4-CANCER to request printed materials.

Planned Parenthood
http://www.plannedparenthood.org/

New York City Department of Health and Mental Hygiene
http://www.nyc.gov/html/doh//html/condoms/condoms.shtml
For information on getting and using male and female condoms.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at _____. After 5:00 pm, during the weekend, and on holidays, please call_____. If there's no number listed, or you're not sure, call (212) 639-2000.

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# Preventing Falls: What You Can Do

This information describes how you can prevent falls while you are in the hospital and at home.

## Are You at Risk for Falls?

Anyone can fall, but some things make people more likely. Some risk factors for falls include:

- If you have fallen before
- Having a fear of falling
- Feeling weak, tired, or forgetful
- Having numbness or tingling in the legs or feet
- Having difficulty walking, or unsteady walking
- Having poor vision
- Feeling dizzy, lightheaded, or disoriented
- Using a walker or cane
- Having depression or anxiety
- Taking certain medications, such as
  - Laxatives
  - Water pills (diuretics)
  - Sleeping pills
  - Medications to prevent seizures
  - Some antidepressants
  - Pain medications
  - Fluids into a vein (called IV or intravenous fluids)
  - Any medication that makes you feel sleepy

## How to Prevent Falls While You Are Visiting MSK

- Bring someone with you who can help you get around.
- Ask a member of MSK staff, such as a security guard, for a wheelchair to use while you are at MSK.
- Have someone help you while you're in the dressing room or bathroom. Ask at the reception desk for help if there is no one with you.
- When getting up from a lying position, always sit at the side of the bed or exam table for a few minutes before you stand up.

- If you feel dizzy or weak, let someone know you need help. Many of the bathrooms have call bells that you can use to call for help.

## How to Prevent Falls While You Are Hospitalized

Even though you may be able to safely walk by yourself at home, in the hospital you may be getting treatment or medication that can affect your ability to safely walk by yourself. That's why we assess patients for their risk of falling throughout their hospitalization. Please follow the tips below to stay safe.

- Before you go to sleep, make sure that your nightlight is on. You can ask your nurse to turn it on, if needed. Keep all of your personal items (e.g., eyeglasses, water, book) within reach.
- If you feel dizzy or weak, call for help before getting out of bed.
- Before you get out of bed, sit at the side of your bed for a few minutes.
- Wear laced or closed-toe shoes or slippers with non-skid soles. Non-skid socks are available to all patients while in the hospital; ask your nurse if you need a pair. Non-skid socks can be purchased at the gift shop.
- Use the grab bars in the bathroom and railings in the hallways.
- Have your nurse take you to the bathroom whenever he or she is in your room and especially before bedtime. This is so you won't have to get up in the middle of the night to use the bathroom.

Patients at higher risk for falling have additional steps to take in order to stay safe while in the hospital. These steps will be explained to you and your caregivers by your nursing staff as part of our Fall Prevention Program, including

CALL! DON'T FALL!
Fall Prevention Program

- Calling for assistance every time you need to get out of bed.
- Avoid bending over. If you drop something, call for help.
- Avoid leaning on furniture with wheels for support, such as your bedside table, overbed table, and IV pole.
- Calling right away if you see any spills that need to be wiped up. Every time we mop the floor a yellow sign will be posted to tell you that the floor is wet.
- Always wearing your glasses or hearing aid when you're out of bed.
- Making sure we've done all we can to keep you safe, such as
  - Raising your bedrails
  - Keeping a clear path for you to get to the bathroom

## How to Prevent Falls While You Are at Home

- Set up your furniture so that you can walk around without anything blocking your way.
- Use a nightlight or keep a flashlight close to you at night.
- Remove throw rugs or other loose items from your floor. If you have an area rug covering a slippery floor, make sure the rug does not have any loose or fringed edges.
- If your bathroom is not close to your bedroom (or where you spend most of your time during the

day), get a commode. Place it near you so you do not have to walk to the bathroom.

- Install grab bars and handrails next to your toilet and inside your shower. Never use towel racks to pull yourself up because they are not strong enough to hold your weight.
- Apply anti-slip stickers to the floor of your tub or shower.
- Buy a shower chair and a hand-held shower head so you can sit while taking a shower.
- When getting up from a lying position, always sit at the side of the bed or couch for a few minutes before you stand.
- Arrange items in your kitchen and bathroom cabinets at shoulder height so that you don't have to bend too high or low.

**If you are concerned about your risk for falling, please speak with your doctor or nurse.**

## Additional Resource

For more information about how to prevent falls at home, contact the Centers for Disease Control and Prevention (CDC) for the booklet, *Check for Safety: A Home Fall Prevention Checklist for Older Adults*. Copies are available in English and Spanish at http://www.cdc.gov/ncipc/pub-res/toolkit/CheckListForSafety.htm or by calling 1-800-CDC-INFO (1-800-232-4636).

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at _____. After 5:00 pm, during the weekend, and on holidays, please call_____. If there's no number listed, or you're not sure, call (212) 639-2000.

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# MSK Resources

**Admitting Office**
212-639-5014
Call to discuss private room or luxury suite options. If you want to change your room choice after your presurgical testing visit, call 212-639-7873 or 212-639-7874.

**Anesthesia**
212-639-6840
Call with any questions about anesthesia.

**Blood Donor Room**
212-639-7643
Call for more information if you are interested in donating blood or platelets.

**Bobst International Center**
888-675-7722
MSKCC welcomes patients from around the world. If you are an international patient, call for help arranging your care.

**Chaplaincy Service**
212-639-5982
At MSK, our chaplains are available to listen, help support family members, pray, contact community clergy or faith groups, or simply be a comforting companion and a spiritual presence. Anyone can request spiritual support, regardless of formal religious affiliation. The interfaith chapel is located near the main lobby of Memorial Hospital, and is open 24 hours a day. If you have an emergency, please call the hospital operator and ask for the chaplain on call.

**Counseling Center**
646-888-0200
Many people find that counseling helps them. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed.

**Evelyn H. Lauder Breast Center Boutique**
646-888-5330
Our boutique is located on the 2nd floor of the Evelyn H. Lauder Breast Center and is open Monday through Friday from 9:00 am to 5:00 pm. The boutique offers a large selection of head wear and head coverings, prosthetics and bathing suits.

**Integrative Medicine Service**
800-525-2225
Integrative Medicine Service offers patients many services to complement traditional medical care, including music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy.

**Look Good Feel Better Program**
212-639-5665
Learn beauty techniques to help you feel better about your appearance. This program is for both women and men. There are many tips on the program website, www.lookgoodfeelbetter.org. To register for a workshop at MSK, call 212-639-LOOK. To find out if a group program is available in your area, check the www.lookgoodfeelbetter.org, or call 1-800-395-LOOK.

**Patient Financial Services**
212-639-8242
Call with any questions about preauthorization from your insurance company. This is also called preapproval. Patient Financial Services can also help you with billing and other insurance questions.

**Patient Representative Office**
212-639-7202
Call if you have any questions about the Health Care Proxy Form or if you have any concerns about your care.

**Perioperative Clinical Nurse Specialist**
212-639-5935
Call if you have any questions about MSK releasing any information while you are having surgery.

**Private Duty Nursing Office**
212-639-6892
Patients may request private nurses or companions. Call for more information.

**Resources for Life After Cancer (RLAC) Program**
646-888-8106
At MSK, care doesn't end after active treatment. The RLAC Program is for patients and their families who have finished treatment. This program has many services, including seminars, workshops, support groups, counseling on life after treatment, and help with insurance and employment issues.

**Social Work**
646-888-5271 or 646-888-5203
Social workers help patients, family, and friends deal with issues that are common for cancer patients. They provide individual counseling and support groups throughout the course of treatment, and can help you communicate with children and other family members. Our social workers can also help referring you to community agencies and programs, as well as financial resources if you're eligible.

You may also find it comforting to speak with a cancer survivor who has been through a similar treatment. Our social workers can help arrange this if you are interested.

**Tobacco Treatment Program**
212-610-0507
If you want to quit smoking, MSK has specialists who can help. Call for more information.

# External Resources

**Access-A-Ride**
http://www.mta.info/nyct/paratran/guide.htm
877-337-2017
In New York City, the MTA offers a shared ride, door-to-door service for people with disabilities who are unable to take the public bus or subway.

**Air Charity Network**
www.aircharitynetwork.org
877-621-7177
Provides travel to treatment centers.

**American Cancer Society (ACS)**
www.cancer.org
800-227-2345
Offers a variety of information and services, including Hope Lodge, a free place for patients and caregivers to stay during cancer treatment.

**Cancer and Careers**
www.cancerandcareers.org
A comprehensive resource for education, tools, and events for employees with cancer.

**CancerCare**
www.cancercare.com
800-813-4673
275 Seventh Avenue (Between 25th & 26th Streets)
New York, NY 10001
Provides counseling, support groups, educational workshops, publications, and financial assistance.

**Cancer Support Community**
http://cancersupportcommunity.org/
Provides support and education to people affected by cancer.

**Caregiver Action Network**
www.caregiveraction.org
800-896-3650
Provides education and support for those who care for loved ones with a chronic illness or disability.

**Chronic Disease Fund**
www.cdfund.org
877-968-7233
Offers financial assistance to pay for copayments during treatment. Patients must have medical insurance, meet the income criteria, and be prescribed medication that is part of the CDF formulary.

**Corporate Angel Network**
www.corpangelnetwork.org
866-328-1313
Free travel to treatment across the country using empty seats on corporate jets.

**fertileHOPE**
www.fertilehope.org
855-220-7777
Provides reproductive information and support to cancer patients and survivors whose medical treatments have risks associated with infertility.

**Gilda's Club**
www.gildasclubnyc.org
212-647-9700
A place where men, women, and children living with cancer find social and emotional support through networking, workshops, lectures, and social activities.

**Healthwell Foundation**
www.healthwellfoundation.org
800-675-8416
Provides financial assistance to cover copayments, health care premiums, and deductibles for certain medications and therapies.

**Hospital Hosts**
www.hospitalhosts.com
National resource to help reduce costs related to medical travel needs such as air, car, and lodging near hospitals.

**Joe's House**
www.joeshouse.org
877-563-7468
Provides a list of places to stay near treatment centers for people with cancer and their families.

**LGBT Cancer Project**
http://lgbtcancer.com/
Provides support and advocacy for the LGBT community, including a online support groups and a database of LGBT friendly clinical trials.

**National Cancer Institute**
www.cancer.gov

**National Cancer Legal Services Network**
www.nclsn.org
Free cancer legal advocacy program.

**National LGBT Cancer Network**
www.cancer-network.org
Provides education, training, and advocacy for LGBT cancer survivors and those at risk.

**Needy Meds**
www.needymeds.com
Lists Patient Assistance Programs for brand and generic name medications.

**NYRx**
www.nyrxplan.com
Provides prescription benefits to eligible employees and retirees of public sector employers in New York State.

**Partnership for Prescription Assistance**
www.pparx.org
888-477-2669
Help qualifying patients without prescription drug coverage get free or low-cost medications.

**Patient Access Network Foundation**
www.panfoundation.org
866-316-7263
Provides assistance with copayments for patients with insurance.

**Patient Advocate Foundation**
www.patientadvocate.org
800-532-5274
Provides access to care, financial assistance, insurance assistance, job retention assistance, and access to the national underinsured resource directory.

**RxHope**
www.rxhope.com
877-267-0517
Provides assistance to help people obtain medications that they have trouble affording.

**SHARE**
www.sharecancersupport.org
866-891-2392
Offers support groups for survivors of breast, metastatic breast, and ovarian cancer in Manhattan, Queens, Brooklyn, and Staten Island.

**Susan G. Komen for the Cure**
www.komen.org
A comprehensive resource for the fight against breast cancer.

**Triple Negative Breast Cancer Foundation**
www.tnbcfoundation.org
Provides information to help people understand triple negative breast cancer.

For additional online information, visit LIBGUIDES on MSK's library website at http://library.mskcc.org or the Breast Cancer section of MSKCC.org. You can also contact the library reference staff at 212-639-7439 for help.