



# About Your Lumpectomy and Axillary Surgery

This guide will help you get ready for your lumpectomy and axillary surgery at MSK. It will also help you know what to expect as you recover.

Use this guide as a source of information in the days leading up to your surgery. Bring it with you on the day of your surgery. You and your care team will use it as you learn more about your recovery.

## Your care team

Doctor: \_\_\_\_\_

Nurse: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

## Your caregiver

Your caregiver will learn about your surgery with you. They'll also help you care for yourself while you're healing after surgery. Write their name below.

Caregiver: \_\_\_\_\_



Visit [www.msk.org/pe/lumpectomy-axillary-surgery](http://www.msk.org/pe/lumpectomy-axillary-surgery) to view this guide online.

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# About your surgery

This guide has information about several types of breast surgeries. The surgery you're having is called a:

- Lumpectomy and sentinel lymph node biopsy
- Lumpectomy and sentinel lymph node biopsy with possible axillary lymph node dissection
- Lumpectomy and axillary node dissection
- Other: \_\_\_\_\_

## Lumpectomy

A lumpectomy is a surgery to remove a malignant (cancerous) tumor from your breast. Only the tumor and a small area of normal tissue around it are removed. A lumpectomy is a breast-conserving surgery that allows you to keep your breast shape and, usually, your nipple.

During your surgery, your surgeon may also remove 1 or more lymph nodes from your armpit. A pathologist will examine the lymph node(s) to see if the cancer has spread to them. In most cases, lymph nodes are examined by performing a sentinel lymph node biopsy.

## Sentinel lymph node biopsy

A sentinel lymph node biopsy is when sentinel lymph nodes are removed and checked for cancer cells. Sentinel lymph nodes are the first lymph node(s) in your armpit that receive drainage from the breast tumor. If cancer cells spread, the sentinel lymph nodes are usually the first place they go. Your surgeon will identify the sentinel node(s) by injecting a special dye into your breast.

If you're having a sentinel lymph node biopsy, you may have lymphatic mapping as part of your surgery. More information about this procedure is included later in this guide.

Your surgeon may send the sentinel lymph node(s) to the pathologist during your surgery. If the pathologist sees any cancer cells, your surgeon may then do an axillary lymph node dissection.

## Axillary lymph node dissection

An axillary lymph node dissection is when most or all of the lymph nodes in your armpit are removed. The number of lymph nodes removed varies from person to person.

## Breast seed localization

Some people may also need to have a breast seed localization. This is a procedure to place a tiny metal seed into the abnormal breast tissue. The metal seed will help your surgeon find the tissue during your surgery. If you're having a breast seed localization, your nurse will give you more information about it.

## About your lymphatic system

Understanding how your lymphatic system works can be helpful, especially when you're having a sentinel lymph node biopsy or an axillary node dissection. Your lymphatic system has 2 jobs:

- It helps fight infection.
- It helps drain fluid from areas of your body.

Your lymphatic system is made up of lymph nodes, lymphatic vessels, and lymphatic fluid (see Figure 1).

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

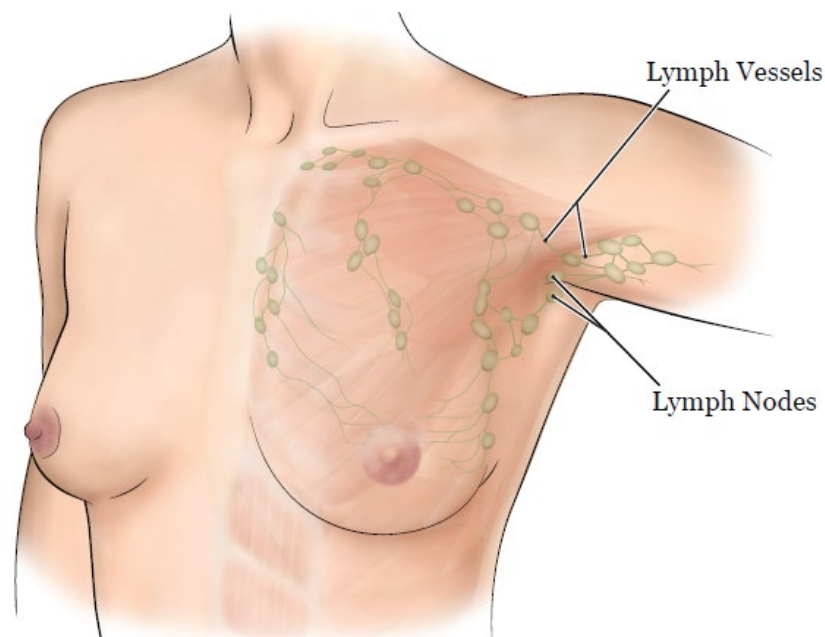


Figure 1. Your lymphatic system in your breast and armpit



# Getting ready for surgery

You and your care team will work together to get ready for your surgery. Help us keep you safe by telling us if any of these things apply to you, even if you're not sure.

- I take any prescription medicines. A prescription medicine is one you can only get with a prescription from a healthcare provider. Examples include:
  - Medicines you swallow.
  - Medicines you take as an injection (shot).
  - Medicines you inhale (breathe in).
  - Medicines you put on your skin as a patch or cream.
- I take any over-the-counter medicines, including patches and creams. An over-the-counter medicine is one you can buy without a prescription.
- I take any dietary supplements, such as herbs, vitamins, minerals, or natural or home remedies.
- I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.
- I have had a problem with anesthesia (A-nes-THEE-zhuh) in the past. Anesthesia is medicine to make you sleep during a surgery or procedure.
- I'm allergic to certain medicines or materials, including latex.
- I'm not willing to receive a blood transfusion.
- I use recreational drugs, such as marijuana.

**Always be sure your healthcare providers know all the medicines and supplements you're taking.**

You may need to follow special instructions before surgery based on the medicines and supplements you take. If you do not follow those instructions, your surgery may be delayed or canceled.

## Preventing pregnancy

If there's any chance you could become pregnant before your surgery, be sure to use a form of birth control (contraception) that doesn't have hormones. For example, you can use a condom, a diaphragm, or a copper (Paragard®) intrauterine device (IUD).

If you have questions about birth control or want help choosing the type of birth control that's right for you, talk with your gynecologist (GYN doctor).

## Fertility preservation

Many people should avoid becoming pregnant during their treatment. If your doctor told you to avoid getting pregnant for some time and you want to have children in the future, you may want to think about freezing your eggs. To learn more, read *Fertility Preservation Before Cancer Treatment: Options for People Born with Ovaries and a Uterus*. You can find it online at [www.msk.org/pe/fertility-starting-treatment](http://www.msk.org/pe/fertility-starting-treatment) or ask for a print copy.

## GLP-1 medicines for weight loss

It's important to tell your healthcare provider if you take a GLP-1 medicine. You will need to follow special eating and drinking instructions before your surgery or procedure. **It is very important to follow these instructions. If you do not follow them, your surgery may be delayed or canceled.**

- **Follow a clear liquid diet the day before your surgery.** Do not eat any solid food. Read *Clear Liquid Diet* to learn more. You can find it at [www.msk.org/pe/clear-liquid-diet](http://www.msk.org/pe/clear-liquid-diet) or ask for a printed copy.
- **Stop drinking 8 hours before your arrival time.** Do not eat or drink anything after this time, including clear liquids. You can have small sips of water with your medicines.

Read *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* to learn more. You can ask for a printed copy or find it at [www.msk.org/pe/eat-drink-glp1](http://www.msk.org/pe/eat-drink-glp1).

Here are some examples of GLP-1 medicines. There are others, so be sure your care team knows all the medicines you take. Sometimes, these are prescribed to help manage diabetes or other conditions. Other times, they are prescribed for weight loss.

- Semaglutide (Wegovy®, Ozempic®, Rybelsus®)
- Dulaglutide (Trulicity®)
- Tirzepatide (Zepbound®, Mounjaro®)
- Liraglutide (Saxenda®, Victoza®)

## About drinking alcohol

It's important to talk with your healthcare providers about how much alcohol you drink. This will help us plan your care.

If you drink alcohol regularly, you may be at risk for problems during and after your surgery. These include bleeding, infections, heart problems, and a longer hospital stay.

If you drink alcohol regularly and stop suddenly, it can cause seizures, delirium, and death. If we know you're at risk for these problems, we can prescribe medicine to help prevent them.

Here are things you can do before surgery to keep from having problems.

- Be honest with us about how much alcohol you drink.
- Try to stop drinking alcohol once your surgery is planned. Tell us right away if you:
  - Get a headache.
  - Feel nauseous (like you're going to throw up).
  - Feel more anxious (nervous or worried) than usual.
  - Cannot sleep.

These are early signs of alcohol withdrawal and can be treated.

- Tell us if you cannot stop drinking.
- Ask us questions about drinking and surgery. We will keep all your medical information private, as always.

## About smoking

If you smoke or use an electronic smoking device, you can have breathing problems when you have surgery. Vapes and e-cigarettes are examples of electronic smoking devices. Stopping for even a few days before surgery can help prevent breathing problems during and after surgery.

We will refer you to our Tobacco Treatment Program if you smoke. You can also reach the program by calling 212-610-0507. To learn more, visit [www.msk.org/tobacco](http://www.msk.org/tobacco)

## About sleep apnea

Sleep apnea is a common breathing problem. If you have sleep apnea, you stop breathing for short lengths of time while you're asleep. The most common type is obstructive sleep apnea (OSA). With OSA, your airway becomes fully blocked during sleep.

OSA can cause serious problems during and after surgery. Tell us if you have or think you might have sleep apnea. If you use a breathing device, such as a CPAP machine, bring it on the day of your surgery.

## Using MSK MyChart

MSK MyChart ([mskmychart.mskcc.org](http://mskmychart.mskcc.org)) is MSK's patient portal. You can use it to send and read messages from your care team, view your test results, see your appointment dates and times, and more. You can also invite your caregiver to make their own account so they can see information about your care.

If you do not have an MSK MyChart account, you can sign up at [mskmychart.mskcc.org](http://mskmychart.mskcc.org). You can also ask a member of your care team to send you an invitation.

If you need help with your account, call the MSK MyChart Help Desk at 646-227-2593. They are available Monday through Friday between 9 a.m. and 5 p.m. (Eastern time).

## Within 30 days of your surgery

### Presurgical testing (PST)

You'll have a PST appointment before your surgery. You'll get a reminder from your surgeon's office with the appointment date, time, and location. Visit [www.msk.org/parking](http://www.msk.org/parking) for parking information and directions to all MSK locations.

You can eat and take your usual medicines the day of your appointment.

It's helpful to bring these things to your appointment:

- A list of all the medicines you're taking, including prescription and over-the-counter medicines, patches, and creams.
- Results of any medical tests done outside of MSK in the past year, if you have them. Examples include results from a cardiac stress test, echocardiogram, or carotid doppler study.

- The names and telephone numbers of your healthcare providers.

You'll meet with an advance practice provider (APP) during your PST appointment. They work closely with MSK's anesthesiology (A-nes-THEE-zee-AH-loh-jee) staff. These are doctors with special training in using anesthesia during a surgery or procedure.

Your APP will review your medical and surgical history with you. You may have tests to plan your care, such as:

- An electrocardiogram (EKG) to check your heart rhythm.
- A chest X-ray.
- Blood tests.

Your APP may recommend you see other healthcare providers. They'll also talk with you about which medicines to take the morning of your surgery.

## Identify your caregiver

Your caregiver has an important role in your care. Before your surgery, you and your caregiver will learn about your surgery from your healthcare providers. After your surgery, your caregiver will take you home when you're discharged. They'll also help you care for yourself at home.



### For caregivers

Caring for a person going through cancer treatment comes with many responsibilities. We offer resources and support to help you manage them.

Visit [www.msk.org/caregivers](http://www.msk.org/caregivers) or read *A Guide for Caregivers* to learn more. You can ask for a printed copy or find it at [www.msk.org/pe/guide-caregivers](http://www.msk.org/pe/guide-caregivers)

## Fill out a Health Care Proxy form

If you have not already filled out a Health Care Proxy form, we recommend you do now. If you already filled one out or have any other advance directives, bring them to your next appointment.

A health care proxy is a legal document. It says who will speak for you if you can't communicate for yourself. This person is called your health care agent.

- To learn about health care proxies and other advance directives, read *Advance Care Planning for People With Cancer and Their Loved Ones*. You can find it at [www.msk.org/pe/advance-care-planning](http://www.msk.org/pe/advance-care-planning) or ask for a printed copy.
- To learn about being a health care agent, read *How to Be a Health Care Agent*. You can find it at [www.msk.org/pe/health-care-agent](http://www.msk.org/pe/health-care-agent) or ask for a printed copy.

Talk with a member of your care team if you have questions about filling out a Health Care Proxy form.

## Arrange for someone to take you home

You must have a responsible care partner take you home after your surgery. A responsible care partner is someone who can help you get home safely. They should be able to contact your care team if they have any concerns. Make sure to plan this before the day of your surgery.

If you don't have a responsible care partner to take you home, call one of the agencies below. They'll send someone to go home with you. There's a charge for this service, and you'll need to provide transportation. It's OK to use a taxi or car service, but you still need a responsible care partner with you.

### Agencies in New York

- VNS Health: 888-735-8913
- Caring People: 877-227-4649

### Agencies in New Jersey

- Caring People: 877-227-4649

## Buy a 4% chlorhexidine gluconate (CHG) solution antiseptic skin cleanser, such as Hibiclens®

4% CHG solution is a skin cleanser that kills germs for 24 hours after you use it. Showering with it before your surgery will help lower your risk of infection after surgery. You can buy a 4% CHG solution antiseptic skin cleanser before leaving the Evelyn H. Lauder Breast Center or at your local pharmacy without a prescription.

## Buy 325-milligram acetaminophen tablets, such as Tylenol® Regular Strength

Acetaminophen is an over-the-counter pain medicine. You'll use it after your surgery to help manage your pain at home. It's helpful to buy it ahead of time. You can get it at your local pharmacy without a prescription. Always follow the instructions on the container or from your healthcare provider when taking any medicine.

## 7 days before your surgery

### Follow your healthcare provider's instructions for taking aspirin

Aspirin can cause bleeding. If you take aspirin or a medicine that has aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Follow your healthcare provider's instructions. **Do not stop taking aspirin unless they tell you to.**

To learn more, read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil*. You can find it in the "Educational resources" section of this guide.

## **Stop taking vitamin E, multivitamins, herbal remedies, and other dietary supplements**

Vitamin E, multivitamins, herbal remedies, and other dietary supplements can cause bleeding. Stop taking them 7 days before your surgery. If your healthcare provider gives you other instructions, follow those instead.

To learn more, read *Herbal Remedies and Cancer Treatment*. You can find it in the “Educational resources” section of this guide.

## **2 days before your surgery**

### **Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs)**

NSAIDs, such as ibuprofen (Advil® and Motrin®) and naproxen (Aleve®), can cause bleeding. Stop taking them 2 days before your surgery. If your healthcare provider gives you other instructions, follow those instead.

To learn more, read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil*. You can find it in the “Educational resources” section of this guide.

## **1 day before your surgery**

### **Note the time of your surgery**

A staff member will call you after 2 p.m. the day before your surgery. If your surgery is scheduled for a Monday, they'll call you the Friday before. If you do not get a call by 7 p.m., call 212-639-5014.

The staff member will tell you what time to get to the hospital for your surgery. They'll also remind you where to go. Visit [www.msk.org/parking](http://www.msk.org/parking) for parking information and directions to all MSK locations.

### **Lymphatic mapping**

If you're having a sentinel lymph node biopsy, you may have a lymphatic mapping procedure the day before or the morning of your surgery. This will help your surgeon find the sentinel lymph node(s) during your surgery. If you're also having breast seed localization, it may be scheduled before your lymphatic mapping.

If you're having lymphatic mapping, your nurse will give you the resource *About Your Lymphatic Mapping Procedure*. You can also find it online at [www.msk.org/pe/lymphatic-mapping](http://www.msk.org/pe/lymphatic-mapping) or ask for a printed copy.

If you're having surgery the same day as your mapping, a staff member will bring you to the operating room after your mapping. In most other cases, you'll go home after the mapping.

## Shower with a 4% CHG solution antiseptic skin cleanser, such as Hibiclens

Shower with a 4% CHG solution antiseptic skin cleanser before you go to bed the night before your surgery.

1. Wash your hair with your usual shampoo and conditioner. Rinse your head well.
2. Wash your face and genital (groin) area with your usual soap. Rinse your body well with warm water.
3. Open the 4% CHG solution bottle. Pour some into your hand or a clean washcloth.
4. Move away from the shower stream. Rub the 4% CHG solution gently over your body from your neck to your feet. Do not put it on your face or genital area.
5. Move back into the shower stream to rinse off the 4% CHG solution. Use warm water.
6. Dry yourself off with a clean towel. Do not put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

## Instructions for eating

**Important:** If you take a GLP-1 medicine, do not follow these instructions. Follow the instructions in *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* ([www.msk.org/pe/eat-drink-glp1](http://www.msk.org/pe/eat-drink-glp1)) instead.



**Stop eating at midnight (12 a.m.) the night before your surgery.**  
This includes hard candy and gum.

Your healthcare provider may have given you different instructions for when to stop eating. If so, follow their instructions. Some people need to fast (not eat) for longer before their surgery.

## The day of your surgery

### Instructions for drinking


**Important:** If you take a GLP-1 medicine, do not follow these instructions. Follow the instructions in *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* ([www.msk.org/pe/eat-drink-glp1](http://www.msk.org/pe/eat-drink-glp1)) instead.

**Between midnight (12 a.m.) and 2 hours before your arrival time, only drink the liquids on the list below.** Do not eat or drink anything else. Stop drinking 2 hours before your arrival time.

- Water.
- Clear apple juice, clear grape juice, or clear cranberry juice.
- Gatorade or Powerade.
  - Black coffee or plain tea. It's OK to add sugar. Do not add anything else.
    - Do not add any amount of any type of milk or creamer. This includes plant-based milks and creamers.
    - Do not add flavored syrup.

If you have diabetes, pay attention to the amount of sugar in your drinks. It will be easier to control your blood sugar levels if you include sugar-free, low-sugar, or no added sugar versions of these drinks.

It's helpful to stay hydrated before surgery, so drink if you are thirsty. Do not drink more than you need. You will get intravenous (IV) fluids during your surgery.

	<p><b>Stop drinking 2 hours before your arrival time.</b> This includes water.</p> <p>Your healthcare provider may have given you different instructions for when to stop drinking. If so, follow their instructions.</p>
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## Take your medicines as instructed

A member of your care team will tell you which medicines to take the morning of your surgery. Take only those medicines with a sip of water. Depending on what you usually take, this may be all, some, or none of your usual morning medicines.

## Shower with a 4% CHG solution antiseptic skin cleanser, such as Hibiclens

Shower with a 4% CHG solution antiseptic skin cleanser before you leave for the hospital. Use it the same way you did the night before.

Do not put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

## Things to remember

- If you wear contact lenses, wear your glasses instead. Wearing contact lenses during surgery can damage your eyes.
- Do not wear any metal objects. Take off all jewelry, including body piercings. The tools used during your surgery can cause burns if they touch metal.
- Leave valuable items at home.
- If you're menstruating (have your monthly period), use a sanitary pad, not a tampon. We'll give you disposable underwear and a pad if you need them.

## **What to bring**

- A button-down or loose-fitting top.
- A supportive bra, such as a sports bra, to wear after your surgery.
- Your breathing device for sleep apnea (such as your CPAP machine), if you have one.
- Your Health Care Proxy form and other advance directives, if you filled them out.
- Your cell phone and charger.
- Only the money you may want for small purchases, such as a newspaper.
- A case for your personal items, if you have any. Eyeglasses, hearing aids, dentures, prosthetic devices, wigs, and religious articles are examples of personal items.
- This guide. You'll use it to learn how to care for yourself after surgery.

## **Once you arrive for your surgery**

Many staff members will ask you to say and spell your name and birth date. This is for your safety. People with the same or a similar name may be having surgery on the same day.

We'll give you a hospital gown, robe, and nonskid socks to wear when it's time to change for surgery.

## **Meet with a nurse**

You'll meet with a nurse before surgery. Tell them the dose of any medicines you took after midnight (12 a.m.) and the time you took them. Make sure to include prescription and over-the-counter medicines, patches, and creams.

Your nurse may place an IV line in one of your veins, usually in your arm or hand. If your nurse does not place the IV, your anesthesiologist (A-nes-THEE-zee-AH-loh-jist) will do it in the operating room.

## **Meet with an anesthesiologist**

You'll also meet with an anesthesiologist before surgery. They will:

- Review your medical history with you.
- Ask if you've had any problems with anesthesia in the past, such as nausea or pain.
- Talk with you about your comfort and safety during your surgery.
- Talk with you about the kind of anesthesia you'll get.
- Answer your questions about your anesthesia.

## **Marking your surgical site**

Along with asking your name and birth date, staff members may ask what your surgeon's name is, what surgery you're having, and which side is being operated on. Your surgeon or another member of your surgical team will use a marker to mark the place on your body that will be operated on. This is for your safety. It helps make sure all members of your surgical team know the plan for your surgery.

## **Get ready for surgery**

When it's time for your surgery, you'll take off your eyeglasses, hearing aids, dentures, prosthetic devices, wig, and religious articles.

You'll either walk into the operating room or a staff member will bring you there on a stretcher. A member of the operating room team will help you onto the operating bed. They'll put compression boots on your lower legs. These gently inflate and deflate to help blood flow in your legs.

Once you're comfortable, your anesthesiologist will give you anesthesia through your IV line and you'll fall asleep. You'll also get fluids through your IV line during and after your surgery.

## **During your surgery**

If you're having a sentinel lymph node biopsy, your surgeon will inject a small amount of blue dye underneath your nipple or near the tumor. 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 injected during that procedure.

Once they locate the sentinel lymph node(s), your surgeon will make a small incision and remove them. They may send them to the Pathology department to be checked for cancer cells during your surgery. If the pathologist sees cancer cells, your surgeon may remove more lymph nodes. This is called an axillary lymph node dissection. Your surgeon will discuss this with you in more detail, if needed.

Because blue dye was used during your sentinel lymph node biopsy, your skin, urine (pee), and stool (poop) may be bluish-green for 1 to 2 days after your surgery.

Your surgeon will close your incision(s) with sutures (stitches) under your skin once they finish your surgery. They may also place Steri-Strips™ (thin pieces of surgical tape) or Dermabond® (surgical glue) over your incision(s). They may cover your incision(s) with a bandage.





## **In the Post-Anesthesia Care Unit (PACU) or your recovery room**

You'll be in the PACU or your recovery room when you wake up after your surgery. A nurse will be keeping track of your temperature, pulse, blood pressure, and oxygen levels. You'll be getting oxygen through a thin tube resting below your nose.

### **Tubes and drains**

If you had an axillary lymph node dissection, you'll have a soft catheter (flexible tube) called a Jackson-Pratt (JP) drain inserted near the incision in your armpit. It will drain extra fluid from the area and will still be in place when you're discharged from the hospital. Your nurse will give you information to help you take care of it at home.

### **Managing your pain**

We will ask you about your pain often and give you medicine as needed. We'll also give you pain medicine to take at home. Talk with your healthcare provider about possible side effects. Ask them when to start switching to over-the-counter pain medicine.

### **Leaving the PACU or your recovery room**

Once you're awake and your pain is under control, you can go home with your responsible care partner. Before you leave, look at your incision(s) with one of your healthcare providers. Knowing what they look like will help you notice any changes later.

## **At home**

Read *What You Can Do to Avoid Falling* to learn what you can do to keep from falling at home and during your appointments at MSK. You can find it at [www.msk.org/pe/avoid-falling](http://www.msk.org/pe/avoid-falling) or ask for a printed copy.

### **Filling out your Recovery Tracker**

We want to know how you're feeling after you leave the hospital. To help us care for you, we'll send questions to your MSK MyChart account. We'll send them every day for 10 days after you're discharged. These questions are known as your Recovery Tracker.

Fill out your Recovery Tracker every day before midnight (12 a.m.). It only takes 2 to 3 minutes to complete. Your answers to these questions will help us understand how you're feeling and what you need.

Based on your answers, we may reach out to you for more information. Sometimes, we may ask you to call your surgeon's office. You can always contact your surgeon's office if you have any questions.

To learn more, read *Common Questions About MSK's Recovery Tracker*. You can find it at [www.msk.org/pe/recovery-tracker](http://www.msk.org/pe/recovery-tracker) or ask for a printed copy.

## **Caring for your incision(s)**

Look at your incision(s) every day. Call your healthcare provider if you see any redness or drainage.

Your incision(s) will be closed with sutures under your skin. These sutures dissolve on their own and don't need to be removed.

If you have Steri-Strips or Dermabond on your incision(s), they usually loosen and fall or peel off on their own. If not, your healthcare provider may take them off when they see you at your follow-up appointment. If they haven't fallen off after 14 days, you can take them off.

A week or two after your surgery, a pocket of fluid may form under the skin of your armpit or breast where tissue was removed. This is called a seroma, and it's harmless. The area may feel soft and puffy. It may also feel tender.

Seromas often go away on their own. If you develop a seroma that's large or feels uncomfortable, call your healthcare provider's office to discuss with your doctor or nurse.

## **New sensations (feelings) in your breast**

As you're healing, you may feel a few different sensations in your breast or arm. Tenderness, numbness, and twinges are common examples.

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

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

## **Showering**

You can shower 24 hours after your surgery. Taking a warm shower is relaxing and can help lessen discomfort.

When you're ready to shower, take off your bra and any gauze pads covering your incision(s). If you have Steri-Strips or Dermabond on your incision(s), do not take them off. Gently wash your incision(s) with soap and water, letting the water run over them. Pat the areas dry with a clean towel.

You can leave your incision(s) uncovered, unless you have drainage. If you have drainage, call your healthcare provider. If it feels more comfortable, you can place a clean gauze pad over your incision(s).

Do not take tub baths, swim, or use hot tubs or saunas until talking with your healthcare provider at your first appointment after surgery.

Also, talk with your healthcare provider before using deodorant, lotion, powder, or perfume anywhere near your surgery site.

## Managing your pain

People have pain or discomfort for different lengths of time. Follow these guidelines to help manage your pain at home.

- Take your medicines as directed and as needed.
- Call your healthcare provider if the medicine prescribed for you does not help your pain.
- Do not drive or drink alcohol while you're taking prescription pain medicine. Some prescription pain medicines can make you drowsy (very sleepy). Alcohol can make the drowsiness worse.
- You'll have less pain and need less pain medicine as your incision(s) heal. An over-the-counter pain reliever will help with aches and discomfort. Acetaminophen (Tylenol) and ibuprofen (Advil or Motrin) are examples of over-the-counter pain relievers.
  - Follow your healthcare provider's instructions for stopping your prescription pain medicine.
  - Do not take too much of any medicine. Follow the instructions on the label or from your healthcare provider.
  - Read the labels on all the medicines you're taking. This is very important if you're taking acetaminophen. Acetaminophen is an ingredient in many over-the-counter and prescription medicines. Taking too much can harm your liver. Do not take more than one medicine that has acetaminophen without talking with a member of your care team.
- Pain medicine should help you get back to your usual activities. Take enough to do your activities and exercises comfortably. You may have a little more pain as you start to be more active.
- Keep track of when you take your pain medicine. It works best 30 to 45 minutes after you take it. Taking it when you first have pain is better than waiting for the pain to get worse.

Some prescription pain medicines, such as opioids, may cause constipation. Constipation is when you poop less often than usual, have a harder time pooping, or both.

## Preventing and managing constipation

Talk with your healthcare provider about how to prevent and manage constipation. You can also follow these guidelines.

- Go to the bathroom at the same time every day. Your body will get used to going at that time. But if you feel like you need to go, don't put it off.
- Try to use the bathroom 5 to 15 minutes after meals. After breakfast is a good time to go. That's when the reflexes in your colon are strongest.
- Exercise, if you can. Walking is a great type of exercise that can help prevent and manage constipation.

- Drink 8 to 10 (8-ounce) cups (2 liters) of liquids daily, if you can. Choose water, juices (such as prune juice), soups, and milkshakes. Limit liquids with caffeine, such as coffee and soda. Caffeine can pull fluid out of your body.
- Slowly increase the fiber in your diet to 25 to 35 grams per day. Unpeeled fruits and vegetables, whole grains, and cereals contain fiber. If you have an ostomy or recently had bowel surgery, ask your healthcare provider before changing your diet.
- Both over-the-counter and prescription medicines can treat constipation. Ask your healthcare provider before taking any medicine for constipation. This is very important if you have an ostomy or have had bowel surgery. Follow the instructions on the label or from your healthcare provider. Examples of over-the-counter medicines for constipation are:
  - Docusate sodium (Colace®). This is a stool softener (medicine that makes your bowel movements softer) that causes few side effects. You can use it to help prevent constipation. Do not take it with mineral oil.
  - Polyethylene glycol (MiraLAX®). This is a laxative (medicine that causes bowel movements) that causes few side effects. Take it with 8 ounces (1 cup) of a liquid. Only take it if you're already constipated.
  - Senna (Senokot®). This is a stimulant laxative, which can cause cramping. It's best to take it at bedtime. Only take it if you're already constipated.

If any of these medicines cause diarrhea (loose, watery bowel movements), stop taking them. You can start again if you need to.

Call your healthcare provider if you have not had a bowel movement in 2 days.

## Physical activity and exercise

You can start doing most activities again right away, but it's best to pace yourself as you return to your daily routine. Talk with your healthcare provider before starting strenuous exercise (such as running, jogging, or lifting weights).

### Exercises after surgery

If you had a lumpectomy, sentinel lymph node biopsy, or axillary lymph node dissection, read *Exercises After Your Lumpectomy or Axillary Lymph Node Procedure*. It has exercises that you can do to help you regain motion in your arm and shoulder. You can find it in the "Educational Resources" section of this guide.

### Driving

You can start driving again as long as you aren't taking prescription pain medicine that may make you drowsy. You should also have full range of motion of your arm and be able to comfortably turn the steering wheel.

You can ride in a car as a passenger at any time after you leave the hospital.

### About lymphedema

Sometimes, removing lymph nodes can make it hard for your lymphatic system to drain properly. If this happens, lymphatic fluid can build up in the area where the lymph nodes were removed. This extra fluid causes swelling called lymphedema.

Lymphedema can develop in the arm, hand, breast, or torso on your affected side (the side where your lymph nodes were removed).

Most people don't develop lymphedema, but some do. It's hard to know a person's risk of developing lymphedema because:

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

Your risk of developing lymphedema depends on how your lymph nodes are removed (see Figure 2).

During a sentinel lymph node biopsy, between 1 and a few lymph nodes are removed from your armpit and checked for cancer cells. The risk of developing lymphedema after a sentinel lymph node biopsy is low. About 0 to 7 out of every 100 people who have a sentinel lymph node biopsy develop lymphedema.

During an axillary lymph node dissection, more than a few lymph nodes are removed from your armpit. This is done to remove additional lymph nodes that may have cancer cells. The risk of developing lymphedema after an axillary lymph node dissection is higher than it is after a sentinel node biopsy. About 15 to 25 out of every 100 people who have an axillary lymph node dissection may develop lymphedema.

There's no way to know for sure who will develop lymphedema.

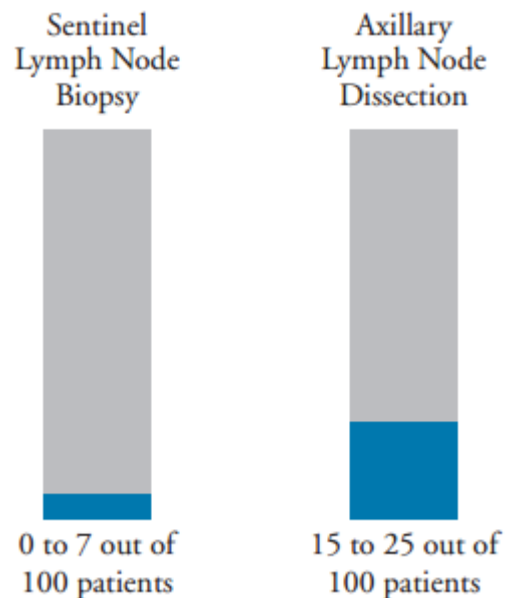


Figure 2. Approximate risk of developing lymphedema

## Lowering your risk of developing lymphedema

Doing the following things may help lower your risk of developing lymphedema.

- Stay at or safely work towards a healthy body weight.
- Exercise and stretch your muscles regularly. Talk with your surgeon or nurse about which exercises are right for you.
  - When you go back to doing exercise and activity, make sure to build up slowly and gradually. If you feel discomfort, stop and take a break. Exercise should not cause pain.
- Try to minimize your risk of infection to your hand and arm. Ask your healthcare provider how best to care for cuts, scratches, and burns.

If you had a sentinel lymph node biopsy:

- It's OK to use your affected arm for blood draws, injections (shots), IV lines, and blood pressure measurements. Ask your healthcare providers to try to use your unaffected arm if it's available.
- If you start to notice any signs of lymphedema, always use your unaffected arm. If this isn't possible, talk with your healthcare provider about which arm is safest to use.

If you had an axillary lymph node dissection:

- Read *Hand and Arm Guidelines After Your Axillary Lymph Node Dissection* to learn about lowering your lymphedema risk after your procedure. You go to [www.msk.org/pe/hand-arm-guidelines](http://www.msk.org/pe/hand-arm-guidelines) to find it online. One of your healthcare providers will also give you a copy.

## Signs of lymphedema

Some mild swelling after surgery is normal. The swelling may last for up to 6 weeks. It's often temporary and will gradually go away. You may also feel pain or other sensations, such as twinges and tingling, after surgery. These feelings are common and aren't necessarily signs of lymphedema.

If you're at risk of developing lymphedema, watch for these signs in your affected arm, hand, breast, and torso:

- A feeling of heaviness, aching, or pain
- A tight feeling in your skin
- Less flexibility
- Skin changes, such as tightness or pitting (skin that stays indented after pressing on it)

If you have any signs of lymphedema or aren't sure, contact your healthcare provider.

For more information about lymphedema, you can also read the New York State Department of Health's resource *Understanding Lymphedema*. You can go to [www.health.ny.gov/publications/0399](http://www.health.ny.gov/publications/0399) to find it online.

## Sexual activity

You can start sexual activity when you feel ready. It won't harm your surgical area. 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.

It may be helpful to let your partner see your incision(s) soon after surgery. This may ease any anxiety you both may feel. Your partner might worry that touching your incision(s) will hurt you. Let them know what is and isn't comfortable.

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, call 646-888-5076.

## Follow-up appointment

Your follow-up appointment will be 1 to 2 weeks after your surgery. Your healthcare provider will talk with you about your pathology results during this appointment.

## Managing your feelings

You may have new and upsetting feelings after a surgery for a serious illness. Many people say they felt weepy, sad, worried, nervous, irritable, or angry at one time or another. You may find that you cannot control some of these feelings. If this happens, it's a good idea to seek emotional support. Your healthcare provider can refer you to MSK's Counseling Center. You can also reach them by calling 646-888-0200.

The first step in coping is to talk about how you feel. Family and friends can help. We can also reassure, support, and guide you. It's always a good idea to let us know how you, your family, and your friends are feeling emotionally. Many resources are available to you and your family.

We're here to help you and your family and friends handle the emotional aspects of your illness. We can help no matter if you're in the hospital or at home.

## When to call your healthcare provider



Call your healthcare provider if:

- You have a fever above 101 °F (38.3 °C).
- You have shortness of breath.
- The skin around your incision(s) is warmer than usual.
- You have more discomfort in the area.
- The area around your incision(s) is getting redder.
- The area around your incision(s) is starting to swell.
- Swelling around your incision(s) is getting worse.
- There's discharge coming from your incision(s).

## Contact information

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call.

If you're not sure how to reach your healthcare provider, call 212-639-2000.



# MSK support services

## **Admitting Office**

212-639-7606

Call if you have questions about your hospital admission, such as asking for a private room.

## **Anesthesia**

212-639-6840

Call if you have questions about anesthesia.

## **Blood Donor Room**

212-639-7643

Call for information if you're interested in donating blood or platelets.

## **Bobst International Center**

[www.msk.org/international](http://www.msk.org/international)

888-675-7722

We welcome patients from around the world and offer many services to help. If you're an international patient, call for help arranging your care.

## **Counseling Center**

[www.msk.org/counseling](http://www.msk.org/counseling)

646-888-0200

Many people find that counseling helps them. Our Counseling Center offers counseling for individuals, couples, families, and groups. We can also prescribe medicine to help if you feel anxious or depressed. Ask a member of your care team for a referral or call the number above to make an appointment.

## **Food Pantry Program**

646-888-8055

We give food to people in need during their cancer treatment. Talk with a member of your care team or call the number above to learn more.

## **Integrative Medicine and Wellness Service**

[www.msk.org/integrativemedicine](http://www.msk.org/integrativemedicine)

Our Integrative Medicine and Wellness Service offers many services to complement (go along with) traditional medical care. For example, we offer music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy. Call 646-449-1010 to make an appointment for these services.

You can also schedule a consultation with a healthcare provider in the Integrative Medicine and Wellness Service. They'll work with you to make a plan for creating a healthy lifestyle and managing side effects. Call 646-608-8550 to make an appointment for a consultation.

## **MSK Library**

[library.mskcc.org](http://library.mskcc.org)

You can visit our library website or email [asklibrarian@mskcc.org](mailto:asklibrarian@mskcc.org) to talk with the library reference staff. They can help you find more information about a type of cancer. You can also visit [libguides.mskcc.org/patienteducation](http://libguides.mskcc.org/patienteducation) to see the library's Patient Education Resource Guide.

### **Nutrition Services**

[www.msk.org/nutrition](http://www.msk.org/nutrition)

212-639-7312

Our Nutrition Service offers nutritional counseling with one of our clinical dietitian nutritionists. Your clinical dietitian nutritionist will talk with you about your eating habits. They can also give advice on what to eat during and after treatment. Ask a member of your care team for a referral or call the number above to make an appointment.

### **Patient and Community Education**

[www.msk.org/pe](http://www.msk.org/pe)

Visit our patient and community education website to search for educational resources, videos, and online programs.

### **Patient Billing**

646-227-3378

Call if you have questions about preauthorization with your insurance company. This is also called preapproval.

### **Patient Representative Office**

212-639-7202

Call if you have questions about the Health Care Proxy form or concerns about your care.

### **Perioperative Nurse Liaison**

212-639-5935

Call if you have questions about MSK releasing any information while you're having surgery.

### **Private Duty Nurses and Companions**

646-357-9272

You can request private nurses or companions to care for you in the hospital and at home. Call to learn more.

### **Rehabilitation Services**

[www.msk.org/rehabilitation](http://www.msk.org/rehabilitation)

Cancers and cancer treatments can make your body feel weak, stiff, or tight. Some can cause lymphedema (swelling). Our physiatrists (rehabilitation medicine doctors), occupational therapists (OTs), and physical therapists (PTs) can help you get back to your usual activities.

- **Rehabilitation medicine doctors** diagnose and treat problems that affect how you move and do activities. They can design and help coordinate your rehabilitation therapy program, either at MSK or somewhere closer to home. Call Rehabilitation Medicine (Physiatry) at 646-888-1929 to learn more.
- An **OT** can help if you're having trouble doing usual daily activities. For example, they can recommend tools to help make daily tasks easier. A **PT** can teach you exercises to help build strength and flexibility. Call Rehabilitation Therapy at 646-888-1900 to learn more.

### **Resources for Life After Cancer (RLAC) Program**

646-888-8106

At MSK, care does not end after your treatment. The RLAC Program is for patients and their families who have finished treatment.

This program has many services. We offer seminars, workshops, support groups, and counseling on life after treatment. We can also help with insurance and employment issues.

### **Sexual Health Programs**

Cancer and cancer treatments can affect your sexual health, fertility, or both. MSK's sexual health programs can help you before, during, or after your treatment.

- Our **Female Sexual Medicine and Women's Health Program** can help with sexual health problems such as premature menopause or fertility issues. Ask a member of your MSK care team for a referral or call 646-888-5076 to learn more.
- Our **Male Sexual and Reproductive Medicine Program** can help with sexual health problems such as erectile dysfunction (ED). Ask a member of your care team for a referral or call 646-888-6024 to learn more.

### **Social Work**

[www.msk.org/socialwork](http://www.msk.org/socialwork)

212-639-7020

Social workers help patients, families, and friends deal with common issues for people who have cancer. They provide individual counseling and support groups throughout your treatment. They can help you communicate with children and other family members.

Our social workers can also help refer you to community agencies and programs. If you're having trouble paying your bills, they also have information about financial resources. Call the number above to learn more.

### **Spiritual Care**

212-639-5982

Our chaplains (spiritual counselors) are available to listen, help support family members, and pray. They can contact community clergy or faith groups, or simply be a comforting companion and a spiritual presence. Anyone can ask for spiritual support. You do not have to have a religious affiliation (connection to a religion).

MSK's interfaith chapel is located near Memorial Hospital's main lobby. It's open 24 hours a day. If you have an emergency, call 212-639-2000. Ask for the chaplain on call.

### **Tobacco Treatment Program**

[www.msk.org/tobacco](http://www.msk.org/tobacco)

212-610-0507

If you want to quit smoking, MSK has specialists who can help. Call to learn more.

### **Virtual Programs**

[www.msk.org/vp](http://www.msk.org/vp)

We offer online education and support for patients and caregivers. These are live sessions where you can talk or just listen. You can learn about your diagnosis, what to expect during treatment, and how to prepare for your cancer care.

Sessions are private, free, and led by experts. Visit our website to learn more about Virtual Programs or to register.







These are the educational resources mentioned in this guide. You can find them online or ask a member of your care team for a printed copy.

- ***A Guide for Caregivers*** ([www.msk.org/pe/guide-caregivers](http://www.msk.org/pe/guide-caregivers))
- ***About Your Lymphatic Mapping Procedure*** ([www.msk.org/pe/lymphatic-mapping](http://www.msk.org/pe/lymphatic-mapping))
- ***Advance Care Planning for People With Cancer and Their Loved Ones*** ([www.msk.org/pe/advance-care-planning](http://www.msk.org/pe/advance-care-planning))
- ***Common Questions About MSK's Recovery Tracker*** ([www.msk.org/pe/recovery-tracker](http://www.msk.org/pe/recovery-tracker))
- ***Exercises After Your Lumpectomy or Axillary Lymph Node Procedure*** ([www.msk.org/pe/exercises-lumpectomy-axillary-procedure](http://www.msk.org/pe/exercises-lumpectomy-axillary-procedure))
- ***Fertility Preservation Before Cancer Treatment: Options for People Born with Ovaries and a Uterus*** ([www.msk.org/pe/fertility-starting-treatment](http://www.msk.org/pe/fertility-starting-treatment))
- ***Hand and Arm Guidelines After Your Axillary Lymph Node Dissection*** ([www.msk.org/pe/hand-arm-guidelines](http://www.msk.org/pe/hand-arm-guidelines))
- ***Herbal Remedies and Cancer Treatment*** ([www.msk.org/pe/herbal-remedies](http://www.msk.org/pe/herbal-remedies))
- ***How to Be a Health Care Agent*** ([www.msk.org/pe/health-care-agent](http://www.msk.org/pe/health-care-agent))
- ***How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil*** ([www.msk.org/pe/check-med-supplement](http://www.msk.org/pe/check-med-supplement))
- ***Understanding Lymphedema*** ([www.health.ny.gov/publications/0399](http://www.health.ny.gov/publications/0399))
- ***What You Can Do to Avoid Falling*** ([www.msk.org/pe/avoid-falling](http://www.msk.org/pe/avoid-falling))



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PATIENT & CAREGIVER EDUCATION

# Exercises After Your Lumpectomy or Axillary Lymph Node Procedure

This information explains the exercises you will do after your lumpectomy or axillary lymph node procedure. Doing these exercises will help you get back your full range of motion.

You can do these exercises on the first day after your procedure if your surgeon tells you it's safe.

## Deep breathing exercise

Deep breathing can help you relax and ease discomfort and tightness around your incision (surgical cut). It's also a good way to relieve stress during the day.

1. Sit comfortably in a chair.
2. Take a slow, deep breath in through your nose. Let your chest and belly expand.
3. Breathe out slowly through your mouth.

Repeat as many times as you want to.

## Arm and shoulder exercises

Doing arm and shoulder exercises will help you get back your full range of motion on your affected side. Your affected side is the side where you had your procedure. Your range of motion is how much you can safely move a

part of your body.

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.

## **When to do these exercises**

Do these exercises 3 times every day until you can move your affected arm the way you did before your procedure. After that, keep doing them once a day. This often is important if you still feel tightness in your chest, shoulder, or under your affected arm. These exercises can help keep scar tissue from forming in your armpit and shoulder. Scar tissue can limit your arm movements later.

If you still have trouble moving your shoulder 4 weeks after your procedure, tell your surgeon. They will tell you if you need more rehabilitation, such as physical or occupational therapy.

## **Supplies**

You will need these supplies:

- A stopwatch, timer, or watch with a second hand. You will use this to time some exercises.
- 4 pieces of tape. You will use these to mark your progress with some exercises.

## **Instructions**

Do the exercises in the order they're listed here. Remember to follow your care team's instructions for when to start each exercise.

## Backward shoulder rolls

This is a good exercise to start with. It gently stretches your chest and shoulder muscles.

1. Stand or sit comfortably with your arms relaxed at your sides.
2. In a circular motion, bring your shoulders forward, up, backward, and down (see Figure 1). Try to make the circle as big as you can and move both shoulders at the same time.

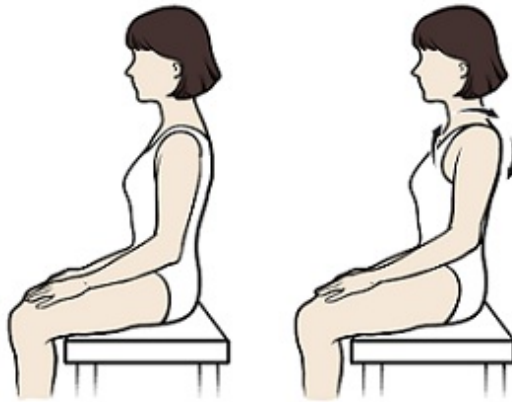


Figure 1. Backward shoulder rolls

3. Repeat this movement 5 times. If you feel tightness across your incision or chest, start with smaller circles. Make them bigger as the tightness lessens.

When this exercise starts to feel easier, start doing the movement an extra time. Build up to repeating it 10 times.

## Shoulder wings

This exercise will help you get back outward movement of your shoulder. You can do it while sitting or standing.

1. Place your hands on your chest or collarbone.
2. Raise your elbows out to the side. Raise them as high as you can, up to shoulder level (see Figure 2).
  - If you feel discomfort near your incision, hold your position and do the deep breathing exercise. If the discomfort goes away, raise your

elbows a little higher. If the discomfort does not go away, do not raise your elbows any higher.

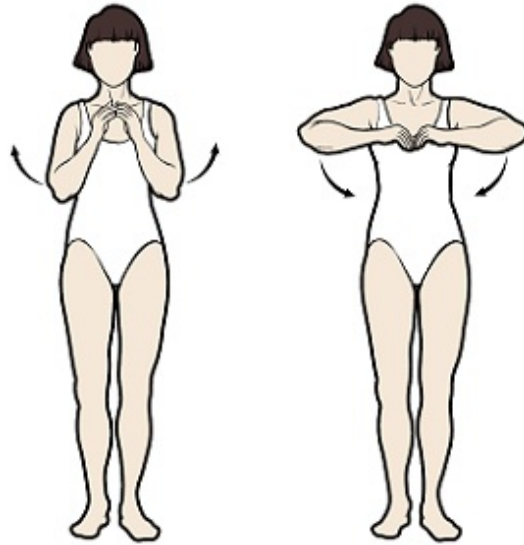


Figure 2. Shoulder wings

3. Slowly lower your elbows.
4. Repeat this movement 5 times. When you're done, slowly lower your hands.

When this exercise starts to feel easier, start doing the movement an extra time. Build up to repeating it 10 times.

## **Backward arm circles**

If your procedure was done on both breasts, do this exercise with one arm at a time. Doing it with both arms at once will put too much pressure on your chest.

1. Stand with your feet slightly apart for balance. Raise your affected arm out to the side as high as you can (see Figure 3).

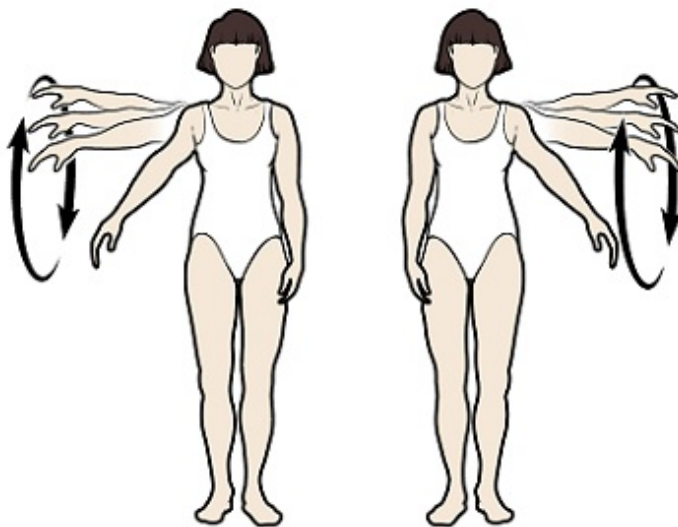


Figure 3. Backward arm circles

2. Start making slow, backward circles in the air with your arm. Make sure you're moving your arm from your shoulder, not your elbow. Keep your elbow straight.
3. Repeat this movement 5 times. Make each circle larger until they're as big as you can comfortably make them.
  - If you feel any aching or if your arm gets tired, take a break. Keep going when you feel better.
4. When you're done, slowly lower your arm to your side.

When this exercise starts to feel easier, start doing the movement an extra time. Build up to repeating it 10 times.

### **Forward arm circles**

Follow the same instructions as for backward arm circles but make slow, forward circles.

Make sure to rest your arm for a moment between doing backward and forward arm circles.

## W exercise

You can do this exercise while sitting or standing.

1. Form a “W” with your arms out to the side and palms facing forward (see Figure 4). Try to bring your hands up so they’re even with your face. If you cannot raise your arms that high, bring them to the highest comfortable position.

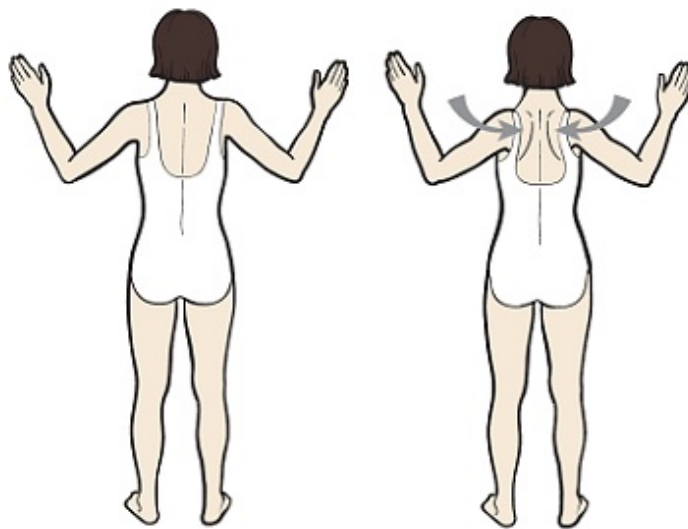


Figure 4. W exercise

2. Pinch your shoulder blades together and downward, as if you’re squeezing a pencil between them. Keep squeezing them together and downward for 5 seconds.
  - If you feel discomfort near your incision, hold your position and do the deep breathing exercise. If the discomfort goes away, try to bring your arms back a little further. If the discomfort does not go away, do not reach any further. Hold the furthest position you can and squeeze your shoulder blades together for 5 seconds.
3. Slowly bring your arms back to the starting position.
4. Repeat this movement 5 times. When you’re done, slowly lower your hands.

When this exercise starts to feel easier, start doing the movement an extra time. Build up to repeating it 10 times.

## Back climb

You can do this exercise while sitting or standing. You will need a stopwatch, timer, or watch with a second hand for this exercise.

1. Place your hands behind your back. Hold the hand on your affected side with your other hand (see Figure 5). If your procedure was done on both breasts, use the arm that moves most easily to hold the other.



Figure 5. Back climb

2. Slowly slide your hands up the center of your back as far as you can. You should feel a gentle stretch in your shoulder area. Remember to breathe normally.
  - If you feel tightness near your incision, hold your position and do the deep breathing exercise. If the tightness lessens, try to slide your hands up a little further. If it does not, leave your hands where they are.
3. Hold this position for 30 seconds. Use a stopwatch, timer, or watch with a second hand to keep track. After 30 seconds, slowly lower your hands.

When this exercise starts to feel easier, start holding the position for a little longer. Build up to holding it for 60 seconds (1 minute).

## Hands behind neck

You will need a stopwatch, timer, or watch with a second hand for this exercise.

The first few times you do this exercise, do it while lying comfortably on your back on your bed. Place a pillow under your head. You can also roll up a small or medium towel and place it under the middle of your back, along your spine. This will help open up the front of your chest.

Once you're comfortable doing this exercise while lying on your back, you can do it while sitting or standing.

1. Put your hands together on your lap or in front of you.
2. Slowly raise your hands toward your head. Keep your elbows together in front of you, not out to the sides (see Figure 6). Keep your head level. Do not bend your neck. Keep your shoulder blades squeezed together.

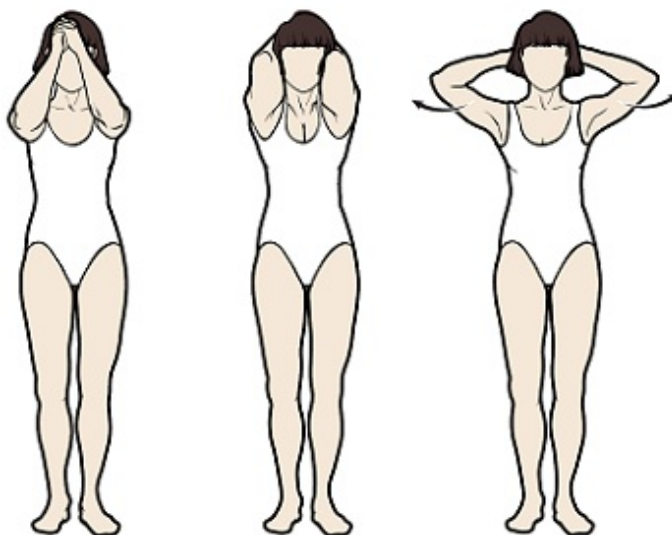


Figure 6. Hands behind neck

3. 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 sides.
  - If you feel tightness across your incision or chest, hold your position and do the deep breathing exercise. It's OK to rest your hands on your head if you need to. If the tightness lessens, continue with the movement. If it does not, do not move any further.

4. Hold the highest position you can for 30 seconds. Use a stopwatch, timer, or watch with a second hand to keep track. Remember to breathe normally. After 30 seconds, slowly bring your elbows back together, slide your hands over your head, and lower your arms.

When this exercise starts to feel easier, start holding the position for a little longer. Build up to holding it for 60 seconds (1 minute).

## **Side wall crawls**

You will need 2 pieces of tape for this exercise.

You should not feel pain while doing this exercise. It's normal to feel some tightness or pulling across the side of your chest. Focus on your breathing until the tightness lessens.

Be careful not to turn your body toward the wall while doing this exercise. Make sure only the side of your body faces the wall.

If your procedure was done on both breasts, start with step 3.

1. Stand with your unaffected side closest to the wall, about 1 foot (30.5 centimeters) away from the wall. Your unaffected side is the side where you did not have your procedure.
2. Reach as high as you can with your unaffected arm. Mark that point with a piece of tape (see Figure 7). This will be the goal for your affected arm.

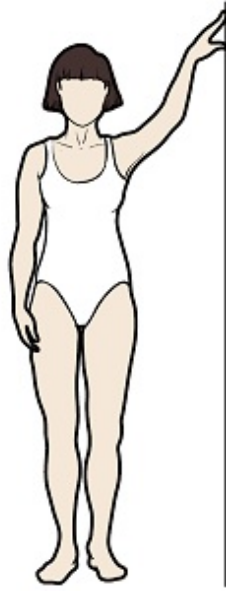


Figure 7. Side wall crawls

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3. Turn your body so your affected side is now closest to the wall. If your procedure was done on both breasts, start with either side closest to the wall.
4. Crawl your fingers up the wall as far as you can. Remember to breathe normally.
5. When you get to the point where you feel a good stretch, but not pain, do the deep breathing exercise.
6. Return to the starting position by crawling your fingers back down the wall.
7. Repeat this movement 5 times.
8. After your last crawl, use a piece of tape to mark the highest point you reached with your affected arm. This will let you see your progress each time you do the exercise.
9. If your procedure was done on both breasts, repeat the exercise with your other arm.

When this exercise starts to feel easier, start doing the movement an extra time. Build up to repeating it 10 times.

## Forward wall crawls

You will need 2 pieces of tape for this exercise.

1. Stand facing a wall. Your toes should be about 6 inches (15 centimeters) from the wall.
2. Reach as high as you can with your unaffected arm. Mark that point with a piece of tape. This will be the goal for your affected arm. If your procedure was done on both breasts, set your goal using the arm that moves most comfortably.
3. Place both hands against the wall at a level that's comfortable. Crawl your fingers up the wall as far as you can, keeping them even with each other (see Figure 8). Try not to look up toward your hands or arch your back.

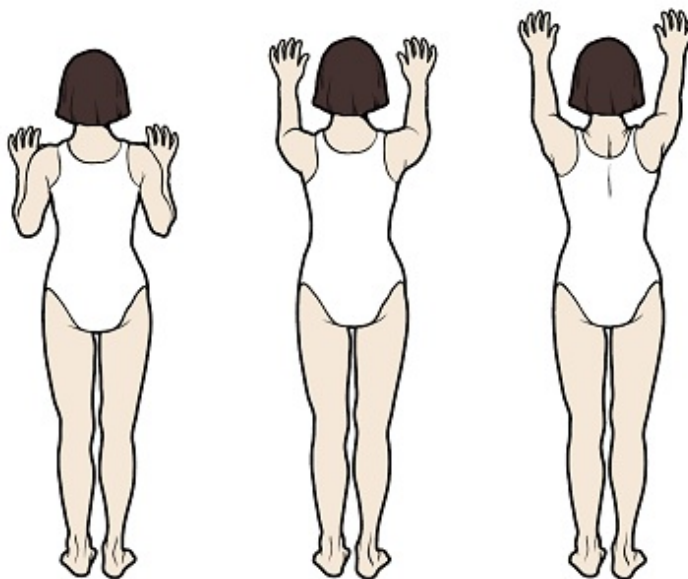


Figure 8. Forward wall crawls

4. When you get to the point where you feel a good stretch, but not pain, do the deep breathing exercise.
5. Return to the starting position by crawling your fingers back down the wall.
6. Repeat this movement 5 times. Each time you raise your hands, try to crawl a little bit higher.
7. After the last crawl, use the other piece of tape to mark the highest point

you reached with your affected arm. This will let you see your progress each time you do the exercise.

As you become more flexible, you may need to take a step closer to the wall. This will let you reach a little higher.

When this exercise starts to feel easier, start doing the movement an extra time. Build up to repeating it 10 times.

## **Tips for managing swelling**

After your procedure, you may have some swelling or puffiness in your hand or arm on your affected side. This is normal and usually goes away on its own.

If you notice swelling in your hand or arm, follow these tips to help the swelling go down.

- Raise your arm above the level of your heart and do hand pumps several times a day.
  - To do hand pumps, slowly open and close your fist 10 times. This will help drain the fluid out of your arm.
  - Do not hold your arm straight up over your head for more than a few minutes. This can cause your arm muscles to get tired.
- Raise your arm to the side a few times a day for about 20 minutes at a time. To do this, sit or lie down on your back. Rest your arm on a few pillows next to you so it's raised above the level of your heart.
- If you're able to sleep on your unaffected side, place 1 or 2 pillows in front of you. Rest your affected arm on them while you sleep.

If the swelling does not go down within 4 to 6 weeks, call your surgeon or nurse.

If you have any questions, contact a member of your care team directly. If you're a patient at MSK and you need to reach a provider after 5 p.m., during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit [www.mskcc.org/pe](http://www.mskcc.org/pe) to search our virtual library.

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Exercises After Your Lumpectomy or Axillary Lymph Node Procedure - Last updated on June 29, 2023

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PATIENT & CAREGIVER EDUCATION

# Herbal Remedies and Cancer Treatment

This information explains herbal remedies and how they can affect your treatment.

## About Herbal Remedies

Herbal remedies are any herbs, botanical (plant-based) supplements, or dietary supplements you take for their health benefits. These may come as tablets, capsules, powders, teas, liquid extracts, and fresh or dried plants.

Some herbal remedies can help prevent or manage side effects of cancer or your treatment. The herbal remedies that can help you depend on what symptoms you have and what treatment you're getting.

Even though herbal remedies can feel safe, they may not all be safe. Herbal remedies do not go through the same testing as prescription medications to make sure they work and are safe.

Some herbal remedies may be harmful. This is because they can:

- Affect how your other medications work.
- Raise or lower your blood pressure.
- Thin your blood and increase your risk of bleeding.
- Keep radiation therapy from working as well as it should.
- Change how your body reacts to sedation (medication to make you calmer) or general anesthesia (medication to make you sleepy).

Talk with your healthcare provider about any herbal remedies or other

supplements you are taking. They can provide an open and safe space to talk about these products.

For more information about herbs and supplements, visit [www.aboutherbs.com](http://www.aboutherbs.com) or call MSK's Integrative Medicine Service at 646-608-8550.

## **Stop taking herbal remedies before your treatment**

**Stop taking herbal remedies and other dietary supplements 7 days (1 week) before you:**

- Have surgery.
- Start chemotherapy.
- Start radiation therapy.
- Have certain procedures. Your healthcare provider will let you know if you need to stop taking herbal remedies before your procedure.

Herbal remedies and other dietary supplements can cause bleeding and affect your treatment. Follow your healthcare provider's instructions for when to restart taking herbal remedies.

You can still use some herbs in your food and drinks, such as using spices in cooking and drinking tea. Herbal remedies are stronger than the herbs you cook with.

## **Common Herbal Remedies and Their Effects**

These are some commonly used herbs and their side effects on cancer treatments.

### **Echinacea (EH-kih-NAY-shuh)**

- Can cause rare but serious allergic reactions, such as a rash or trouble breathing.
- Can keep medications that weaken your immune system from working as well as they should.

## **Garlic**

- Can lower your blood pressure and cholesterol levels.
- Can increase your risk of bleeding.

## **Gingko (also known as Gingko biloba)**

- Can increase your risk of bleeding.

## **Ginseng (JIN-seng)**

- Can keep sedation or general anesthesia from working as well as they should.
- Can increase your blood pressure.
- Can increase your risk of bleeding.
- Can lower your blood glucose (sugar) level.

## **Turmeric (TER-mayr-ik)**

- Can keep chemotherapy from working as well as it should.

## **St. John's Wort**

- Can keep some medications from working as well as they should.
- Can make your skin more sensitive to radiation or laser treatment.

## **Valerian (vuh-LEER-ee-un)**

- Can make sedation or general anesthesia affect you more than they should.

## **Herbal formulas**

- Herbal formulas contain many different herbs and dosages.
- Stop taking these products 7 days (1 week) before treatment. Do not start taking herbal formulas again until your healthcare provider tells you it is safe.

This information does not cover all herbal remedies or possible side effects. Talk with your healthcare provider if you have any questions or concerns.

## Contact Information

- To schedule a consultation with a healthcare provider in Integrative Medicine, call 646-608-8550.
- To make an appointment for Integrative Medicine Service's therapies, classes, and workshops, call 646-449-1010.

For more information, visit [www.mskcc.org/IntegrativeMedicine](http://www.mskcc.org/IntegrativeMedicine) or read *Integrative Medicine Therapies and Your Cancer Treatment* ([www.mskcc.org/pe/integrative\\_therapies](http://www.mskcc.org/pe/integrative_therapies)).

For more resources, visit [www.mskcc.org/pe](http://www.mskcc.org/pe) to search our virtual library.

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Herbal Remedies and Cancer Treatment - Last updated on May 5, 2022

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PATIENT & CAREGIVER EDUCATION

# How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil

This information will help you check if your medicines or dietary supplements have aspirin, other NSAIDs, vitamin E, or fish oil as an active ingredient. NSAID stands for nonsteroidal anti-inflammatory drug.

It's important to stop taking these medicines and supplements before many cancer treatments. They affect your platelets (blood cells that clot to prevent bleeding) and can raise your risk of bleeding.

Other dietary supplements, such as vitamins and herbal remedies, can also affect your cancer treatment. Read *Herbal Remedies and Cancer Treatment* ([www.mskcc.org/pe/herbal\\_remedies](http://www.mskcc.org/pe/herbal_remedies)) to learn more.

**Make sure your healthcare provider always knows all the prescription and over-the-counter medicines and supplements you're taking.** This includes patches and creams.

A prescription medicine is one you can only get with a prescription from your healthcare provider. An over-the-counter medicine is one you can buy without a prescription.

# What is an active ingredient?

An active ingredient is the part of a medicine or supplement that makes it work. Some medicines and supplements have just one active ingredient. Others have more. For example:

- Ibuprofen is the active ingredient in Advil® and Motrin®. Ibuprofen is an NSAID.
- Naproxen is the active ingredient in Aleve®. Naproxen is an NSAID.
- Acetaminophen is the active ingredient in Tylenol®.
- Aspirin, acetaminophen, and caffeine are the active ingredients in Excedrin®.

Generic medicines sometimes use their active ingredient as their name. But people often call medicines and supplements by a brand name, even if they're generic. This can make it hard to know their active ingredients.

## How to find a medicine or supplement's active ingredients

You can always find the active ingredients by reading the label.

### Over-the-counter medicines

Over-the-counter medicines list their active ingredients in the "Drug Facts" label (see Figure 1). Active ingredients are always the first thing on the Drug Facts label.

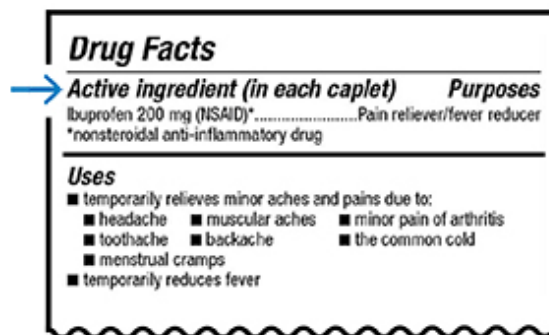


Figure 1. Active ingredients on an over-the-counter medicine label

# Prescription medicines

Prescription medicines list their active ingredients on the label. Their active ingredients and their generic name are the same thing.

Labels often look different depending on which pharmacy you use. Here's an example of where to find a medicine's active ingredients (generic name) on a label from MSK's pharmacy (see Figure 2).

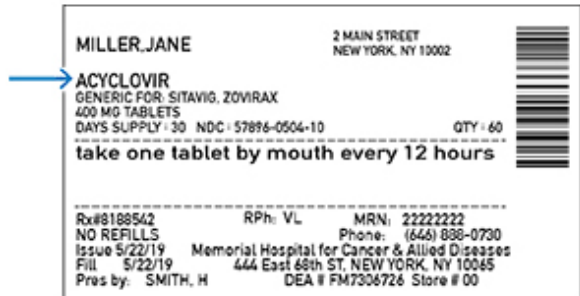


Figure 2. Active ingredients on a prescription medicine label

# Dietary supplements

Dietary supplements list their active ingredients in the "Supplement Facts" label (see Figure 3). The active ingredients always have an amount per serving and % daily value included.

	Amount Per Serving	% Daily Value
Vitamin A (as retinyl acetate and 50% as beta-carotene)	5000 IU	100%
Vitamin C (as ascorbic acid)	60 mg	100%
Vitamin D (as cholecalciferol)	400 IU	100%
Vitamin E (as di-alpha tocopheryl acetate)	90 IU	100%
Thiamin (as thiamin mononitrate)	1.5 mg	100%
Riboflavin	1.7 mg	100%
Niacin (as niacinamide)	20 mg	100%
Vitamin B <sub>6</sub> (as pyridoxine hydrochloride)	2.0 mg	100%
Folate (as folic acid)	400 mcg	100%
Vitamin B <sub>12</sub> (as cyanocobalamin)	6 mcg	100%
Biotin	30 mcg	10%
Pantothenic Acid (as calcium pantothenate)	10 mg	100%

Other ingredients: Gelatin, lactose, magnesium stearate, microcrystalline cellulose, FD&C Yellow No. 6, propylene glycol, propylparaben, and sodium benzoate.

Figure 3. Active ingredients on a supplement label

## Active ingredients to look for

If your medicine or supplement has any of these active ingredients, you may need to stop taking it before, during, or after your cancer treatment or surgery. Follow your care team's instructions.

Active ingredients to look for		
<ul style="list-style-type: none"><li>• Acetylsalicylic acid</li><li>• Alpha-linolenic acid (ALA)</li><li>• Aspirin</li><li>• Acetaminophen*</li><li>• Celecoxib</li><li>• Diclofenac</li><li>• Diflunisal</li><li>• Docosahexaenoic acid (DHA)</li><li>• Eicosapentaenoic acid (EPA)</li></ul>	<ul style="list-style-type: none"><li>• Etodolac</li><li>• Fish oil</li><li>• Fenoprofen Flurbiprofen</li><li>• Ibuprofen</li><li>• Indomethacin</li><li>• Ketoprofen</li><li>• Ketorolac</li><li>• Meclofenamate</li><li>• Mefenamic acid</li><li>• Meloxicam</li></ul>	<ul style="list-style-type: none"><li>• Nabumetone</li><li>• Naproxen</li><li>• Omega-3 fatty acids</li><li>• Omega-6 fatty acids</li><li>• Oxaprozin</li><li>• Piroxicam</li><li>• Sulindac</li><li>• Tolmetin</li><li>• Vitamin E</li></ul>

\* The full name acetaminophen isn't always written out. Look for the common abbreviations listed below, especially on prescription pain relievers.

Common abbreviations for acetaminophen		
<ul style="list-style-type: none"><li>• APAP</li><li>• Acetamin</li></ul>	<ul style="list-style-type: none"><li>• AC</li><li>• Acetam</li></ul>	<ul style="list-style-type: none"><li>• Acetaminop</li><li>• Acetaminoph</li></ul>

## About acetaminophen (Tylenol)

In general, acetaminophen is safe to take during cancer treatment. It doesn't affect platelets. That means it will not raise your chance of bleeding. If you're getting chemotherapy, talk with your healthcare provider before taking acetaminophen.

There is a limit to how much acetaminophen you can take in a day. Always follow the instructions from your care team or on the medicine's label.

Acetaminophen is in many different prescription and over-the-counter medicines. It's possible to take too much without knowing. **Always read the label on the medicines you take.** Do not take more than 1 medicine that has acetaminophen at a time without talking with a member of your care team.

## **Instructions before your cancer treatment**

Tell your healthcare provider if you take aspirin, other NSAIDs, vitamin E, or fish oil. They'll tell you if you need to stop taking it. You'll also find instructions in the information about your treatment.

### **Before your surgery**

Follow these instructions if you're having surgery or a surgical procedure. **If your healthcare provider gives you other instructions, follow those instead.**

- If you take aspirin or a medicine that has aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Follow your healthcare provider's instructions. **Do not stop taking aspirin unless your healthcare provider tells you to.**
- If you take vitamin E, fish oil, or a supplement that has vitamin E or fish oil, stop taking it 7 days before your surgery or as directed by your healthcare provider.
- If you take an NSAID or a medicine that has an NSAID, stop taking it 48 hours (2 days) before your surgery or as directed by your healthcare provider.

## Before your radiology procedure

Follow these instructions if you're having a radiology procedure (including Interventional Radiology, Interventional Mammography, Breast Imaging, and General Radiology). **If your healthcare provider gives you other instructions, follow those instead.**

- If you take aspirin or a medicine that has aspirin, you may need to stop taking it 5 days before your procedure. Follow your healthcare provider's instructions. **Do not stop taking aspirin unless your healthcare provider tells you to.**
- If you take an NSAID or a medicine that has an NSAID, you may need to stop taking it 24 hours (1 day) before your procedure. Follow your healthcare provider's instructions.

## Before and during your chemotherapy

Chemotherapy can lower your platelet count, which can increase your risk of bleeding. No matter if you're just starting chemotherapy or have been getting it, talk with your healthcare provider before taking aspirin, other NSAIDs, vitamin E, or fish oil.

If you have any questions, contact a member of your care team directly. If you're a patient at MSK and you need to reach a provider after 5 p.m., during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit [www.mskcc.org/pe](http://www.mskcc.org/pe) to search our virtual library.

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