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About Your Surgery

This guide will help you get ready for your mastectomy at Memorial Sloan Kettering (MSK). It will also help you understand what to expect during your recovery.

Read through this guide at least once before your surgery and use it as a reference in the days leading up to your surgery.

Bring this guide with you every time you come to MSK, including the day of your surgery. You and your healthcare team will refer to it throughout your care.

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

- Total mastectomy
- Total mastectomy and sentinel lymph node biopsy
- Total mastectomy and sentinel lymph node biopsy with a 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 get more information from your plastic surgeon.

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

The lymph nodes in your armpit may be removed and tested during your surgery to see 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 means that cancer cells may spread to it. Your doctor can identify the node by injecting a special dye into your breast and seeing which lymph nodes contain the dye. More information about this procedure is included later in this guide.

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

**Axillary lymph node dissection** is the removal of most or all of the nodes found in your armpit. The number of nodes removed varies from person to person.
About Your Lymphatic System

Understanding how your lymphatic system works can be helpful as you get ready for and recover from your breast surgery. Your lymphatic system has 2 functions:

- 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 chest

Notes

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The information in this section will help you get ready for your surgery. Read through this section when your surgery is scheduled and refer to it as your surgery date gets closer. It has important information about what you need to do before your surgery.

Write down your questions and be sure to ask your doctor or nurse.
Getting Ready for Your Surgery

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

Preventing Pregnancy
If there’s any chance that you could become pregnant before your surgery, be sure to use a form of birth control that doesn’t have hormones. For example, you may use a male condom, a diaphragm, or a Copper T intrauterine device (IUD). If you have any questions about birth control or need help deciding the type of contraception (birth control) that’s right for you, talk with your gynecologist (GYN doctor).

Fertility Preservation
Avoid becoming pregnant during your 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. For more information, read the resource Fertility Preservation: Options for Women Who Are Starting Cancer Treatment (www.mskcc.org/pe/fertility_women_starting_treatment).

About Drinking Alcohol
The amount of alcohol you drink can affect you during and after your surgery. It’s important to talk with your healthcare providers about how much alcohol you drink. This will help us plan your care.

- If you stop drinking alcohol suddenly, it can cause seizures, delirium, and death. If we know you’re at risk for these complications, we can prescribe medications to help keep them from happening.
- If you drink alcohol regularly, you may be at risk for other complications during and after your surgery. These include bleeding, infections, heart problems, and a longer hospital stay.

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 aspirin, heparin, warfarin (Coumadin®), clopidogrel (Plavix®), enoxaparin (Lovenox®), dabigatran (Pradaxa®), apixaban (Eliquis®), and rivaroxaban (Xarelto®). There are others, so be sure your healthcare provider knows all the medications you’re taking.
- I take prescription medications (medications prescribed by a healthcare provider), including patches and creams.
- I take over-the-counter medications (medications I buy without a prescription), including patches and creams.
- I take 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 sleep apnea.
- I have had a problem with anesthesia (medication to make you sleep during surgery) in the past.
- I am allergic to certain medication(s) or materials, including latex.
- I am not willing to receive a blood transfusion.
- I drink alcohol.
- I smoke.
- I use recreational drugs.
Here are things you can do before your surgery to keep from having problems:

- Be honest with your healthcare providers about how much alcohol you drink.
- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea (feeling like you're going to throw up), increased anxiety, or can't sleep after you stop drinking, tell your healthcare provider right away. These are early signs of alcohol withdrawal and can be treated.
- Tell your healthcare provider if you can't stop drinking.
- Ask your healthcare provider questions about drinking and surgery. As always, all of your medical information will be kept confidential.

**About Smoking**

If you smoke, you can have breathing problems when you have surgery. Stopping even for a few days before surgery can help. If you smoke, your nurse will refer you to our Tobacco Treatment Program. You can also reach the program by calling 212-610-0507.

**About Sleep Apnea**

Sleep apnea is a common breathing disorder that causes you to stop breathing for short periods of time while sleeping. The most common type is obstructive sleep apnea (OSA). With OSA, your airway becomes completely blocked during sleep. OSA can cause serious problems during and after surgery.

Please tell us if you have sleep apnea or if you think you might have it. If you use a breathing machine (such as a CPAP machine) for sleep apnea, bring it with you the day of your surgery.

**Within 30 Days of Your Surgery**

**Presurgical Testing (PST)**

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 (NP) who works closely with anesthesiology staff (doctors and specialized nurses who will give you anesthesia during your surgery). Your NP will review your medical and surgical history with you. You may have tests, such as an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests needed to plan your care. Your NP may also recommend that you see other healthcare providers.

Tell your NP if you're breastfeeding or pumping your breastmilk for your child.

Your NP will talk with you about which medications you should take the morning of your surgery.
It’s very helpful to bring the following things to your PST appointment:

- A list of all the medications you’re taking, including prescription and over-the-counter medications, 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).

**Identify Your Caregiver**

Your caregiver plays an important role in your care. You and your caregiver will learn about your surgery from your doctor and nurse. After your surgery, your caregiver should be with you when you’re given your discharge instructions so they’re able to help you care for yourself at home. Your caregiver will also need to take you home after you’re discharged from (leave) the hospital.

**Complete a Health Care Proxy Form**

If you haven’t already completed a Health Care Proxy form, we recommend you complete one now. If you have completed one already, or if you have any other advance directives, bring them to your next appointment.

A health care proxy is a legal document that identifies the person who will speak for you if you can’t communicate for yourself. The person you identify is called your health care agent.

Talk with your nurse if you’re interested in completing a health care proxy. You can also read the resources [Advance Care Planning](http://www.mskcc.org/pe/advance_care_planning) and [How to Be a Health Care Agent](http://www.mskcc.org/pe/health_care_agent) for information about health care proxies, other advance directives, and being a health care agent.

**Arrange for Someone to Take You Home**

You must have a responsible care partner take you home after your procedure. Make sure to plan this before the day of your procedure.

If you don’t have someone to take you home, call one of the agencies below. They will send someone to go home with you. There’s usually a charge for this service, and you will need to provide transportation.

**Agencies in New York**

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

**Agencies in New Jersey**

- Caring People: 877-227-4649
**Days Before Your Surgery**

**Stop Taking Vitamin E**

If you take vitamin E, stop taking it 10 days before your surgery. Vitamin E can cause bleeding. For more information, read *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)*, located in the “Medications” section of this guide.

**Buy Hibiclens® Skin Cleanser**

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

**Days Before Your Surgery**

**Stop Taking Certain Medications**

If you take aspirin, ask your doctor if you should keep taking it. Aspirin and medications that contain aspirin can cause bleeding. For more information, read *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)*, located in the “Medications” section of this guide.

**Stop Taking Herbal Remedies and Supplements**

Stop taking herbal remedies or supplements 7 days before your surgery. If you take a multivitamin, ask your doctor or nurse if you should keep taking it. For more information, read *Herbal Remedies and Cancer Treatment*, located in the “Medications” section of this guide.

**Days Before Your Surgery**

**Stop Taking Certain Medications**

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil®, Motrin®) and naproxen (Aleve®), 2 days before your surgery. These medications can cause bleeding. For more information, read *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)*, located in the “Medications” section of this guide.
Day Before Your Surgery

Note the Time of Your Surgery

A staff member from the Admitting Office will call you after 2:00 PM the day before your surgery. If your surgery is scheduled for a Monday, they will call you on the Friday before. If you don’t get a call by 7:00 PM, please call 212-639-5014.

The staff member will tell you what time to arrive at the hospital for your surgery. Use the area to the right to write down your surgery date and scheduled arrival time.

Lymphatic Mapping with Sentinel Lymph Node Biopsy

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

Lymphatic Mapping

During your procedure, you will lie on a reclining chair for about 20 minutes. While you’re in the reclining chair, a doctor or nurse will inject a small amount of a radioactive liquid under your skin below the areola of your affected breast. You might feel stinging or burning during the injection.

After the injection, you will massage the area of the injection site for 10 minutes. This will help the radioactive liquid travel to the sentinel node(s). Then, a technologist will measure the radioactivity in your breast and axilla (armpit), on your affected side to see how much of the liquid was absorbed. There are 2 ways they can do this.

- Your radiation technologist might use a small handheld device called a neoprobe.
- You might have an imaging scan done using a larger machine that you lie down on. Read the section “Nuclear Medicine Scan” for more information.

Both ways work equally well. Your doctor or nurse will tell you what to expect.

Nuclear Medicine Scan

If you need an imaging scan after your injection, your technologist will take you to the scanning room. You will lie on a table while the technologist takes pictures. The pictures will show the flow of the radioactive liquid through your body and which of your lymph nodes absorbed it. Each picture takes 5 minutes to complete, 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. They will also show which lymph nodes absorb the liquid. This creates a “map” of your lymphatic system. Your surgeon will use this map to find the location of your sentinel node(s).

If you’re having surgery the same day as your mapping, you’ll be taken from the scanning room to the operating room. If you’re having surgery at the Josie Robertson Surgical Center (JRSC), your care team will arrange for you to take an MSK van to the JRSC after your procedure. In most other cases, you’ll go home after the mapping.


**Sentinel Node Biopsy**

Your sentinel lymph node biopsy will take place during surgery. During this procedure, 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) and will turn them blue. If you had a lymphatic mapping procedure, your surgeon will also use a small device that measures radioactivity from the liquid that was injected during that procedure.

Once the sentinel node(s) are located, your surgeon will make an incision. The sentinel nodes will be blue from the blue dye, which will let your surgeon see them. The surgeon will remove the sentinel node(s) and then the Pathology department will examine them to see if they contain cancer cells. If they do contain cancer cells, you may need to have more lymph nodes removed. 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 procedure, your skin, urine (pee), and stool (poop) may be a bluish-green color for 1 to 2 days after your procedure.

**Shower With Hibiclens**

The night before your surgery, shower using Hibiclens.

1. Use your normal shampoo to wash your hair. Rinse your head well.
2. Use your normal soap to wash your face and genital area. Rinse your body well with warm water.
3. Open the Hibiclens bottle. Pour some solution into your hand or a clean washcloth.
4. Move away from the shower stream to avoid rinsing off the Hibiclens too soon.
5. Rub the Hibiclens gently over your body from your neck to your feet. Don’t put the Hibiclens on your face or genital area.
6. Move back into the shower stream to rinse off the Hibiclens. Use warm water.
7. Dry yourself off with a clean towel after your shower.
8. Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

**Sleep**

Go to bed early and get a full night’s sleep.

**Instructions for eating and drinking before your surgery**

- Do not eat anything after midnight the night before your surgery. This includes hard candy and gum.
- Between midnight and up until 2 hours before your scheduled arrival time, you may drink a total of 12 ounces of water (see figure).
- Starting 2 hours before your scheduled arrival time, do not eat or drink anything. This includes water.
The Morning of Your Surgery

Take Your Medications as Instructed
If your doctor or NP told you to take certain medications the morning of your surgery, take only those medications with a 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.

Shower With Hibiclens
Shower using Hibiclens just before you leave for the hospital. Use the Hibiclens the same way you did the night before.

Don’t 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.
- Don’t wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.
- Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne.
- Leave valuable items (such as credit cards, jewelry, and your checkbook) at home.
- If you’re menstruating (have your monthly period), use a sanitary pad, not a tampon. You’ll get disposable underwear, as well as a pad if needed.
- Before you’re taken into the operating room, you will need to remove your hearing aids, dentures, prosthetic device(s), wig, and religious articles.
What to Bring

- A button-down or loose-fitting top.
- Your breathing machine for sleep apnea (such as your CPAP machine), if you have one.
- Your Health Care Proxy form and other advance directives, if you have completed them.
- Your cell phone and charger.
- Only the money you may want for small purchases (such as a newspaper).
- A case for your personal items (such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles), if you have one.
- This guide. Your healthcare team will use this guide to teach you how to care for yourself after your surgery.

Once You Arrive for Your Surgery

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

Get Dressed for Surgery

When it’s time to change for surgery, you will get a hospital gown, robe, and nonskid socks to wear.

Meet With Your Nurse

You will meet with your nurse before surgery. Tell them the dose of any medications (including patches and creams) you took after midnight and the time you took them.

Your nurse may place an intravenous (IV) line into one of your veins, usually in your arm or hand. If your nurse doesn’t place the IV, your anesthesiologist will do it later once you’re in the operating room.

Meet With Your Anesthesiologist

Your anesthesiologist will:

- Review your medical history with you.
- Ask you if you’ve had any problems with anesthesia in the past, including nausea or pain.
- Talk with you about your comfort and safety during your surgery.
- Talk with you about the kind of anesthesia you will have.
- Answer your questions 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 surgery you’re having, and which side is being operated on. Your surgeon or another member of the surgical team will use a marker to mark the place on your body that will be operated on. This is for your safety. This helps make sure all members of your surgical team know the plan for your surgery.

Get Ready for Your Surgery

Once your nurse has seen you, 1 or 2 visitors can keep you company as you wait for your surgery to start. When it’s time for your surgery, your visitor(s) will be taken to the waiting area.

You will either walk into the operating room or be taken in on a stretcher. A member of the operating room team will help you onto the operating bed. Compression boots will be placed 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 will fall asleep. You will also get fluids through your IV line during and after your surgery.

During Your Surgery

After you’re fully asleep, a breathing tube will be placed through your mouth and into your windpipe to help you breathe.

Once your surgery is finished, your incision will be closed with sutures (stitches) under your skin. You may also have Steri-Strips™ (thin pieces of surgical tape) or Dermabond® (surgical glue) over your incisions. Your incisions may be covered with a bandage.

Your breathing tube is usually taken out while you’re still in the operating room.
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 your questions and be sure to ask your doctor or nurse.
In the Post-Anesthesia Care Unit (PACU) or Recovery Room

When you wake up after your surgery, you will be in the Post-Anesthesia Care Unit (PACU) or your recovery room.

A nurse will be monitoring your body temperature, pulse, blood pressure, and oxygen levels. You may be getting oxygen through a thin tube that rests below your nose or a mask that covers your nose and mouth. You will also have compression boots on your lower legs.

Tubes and Drains

You will have a surgical bra around your chest to cover your surgical site and at least 1 Jackson-Pratt® (JP) drain (see Figure 2) attached to the bra. The JP drain will help drain the fluid from your incision and prevent swelling. You will get supplies and an extra surgical bra to take home to help you care for your incision(s) and drain(s).

Visitors

Your visitors can see you briefly in the PACU, usually within 90 minutes after you arrive there. A member of the nursing staff will explain the guidelines to them. Your healthcare provider will let you know how long you will need to stay in the PACU.

Managing Your Pain

You will have some pain after your surgery. To help you manage this:

- You will get pain medication in your IV line.
- Once you’re able to eat normal food, you will get oral pain medication (medication you swallow).

Your doctor and nurse will ask you about your pain often and give you medication as needed. If your pain isn’t relieved, tell your doctor or nurse. It’s important to control your pain so you can use your incentive spirometer and move around. Controlling your pain will help you recover better.

You will be given pain medication before you leave the hospital. Talk with your doctor or nurse about possible side effects and when you should start switching to over-the-counter pain medications.

Moving Around and Walking

Moving around and walking will help lower your risk for blood clots and pneumonia (lung infection). It will also help stimulate your bowels so you start passing gas and having bowel movements (pooping) again. Your nurse, physical therapist, or occupational therapist will help you move around.
**Exercising Your Lungs**

It’s important to exercise your lungs so they expand fully. This helps prevent pneumonia.

- Use your incentive spirometer 10 times every hour you’re awake. For more information, read the resource *How to Use Your Incentive Spirometer* (www.mskcc.org/pe/incentive_spirometer)
- Do coughing and deep breathing exercises. A member of your care team will teach you how to do these exercises.

**Eating and Drinking**

First, you can drink water or juice. Then, you can start eating solid foods, such as crackers. After that, you can start eating your normal foods again, as tolerated.

If you have questions about your diet, ask to see a clinical dietitian nutritionist.

**Learning to Care for Your Tubes and Drains**

You will go home with at least 1 JP drain in place. The drain(s) will usually be removed about 1 to 2 weeks after your surgery but may be left in longer. Your nurse will teach you how to care for the drain(s) before you leave the hospital. For more information, read *Caring for Your Jackson-Pratt® Drainage System*, located in the “Educational Resources” section of this guide.

It’s helpful if your caregiver also learns how to care for your JP drain(s). This will make it easier for them to help you care for yourself at home.

**Planning for Your Discharge**

Your first appointment after surgery will usually be within 1 to 2 weeks after you leave the hospital. Your nurse will give you instructions on how to make this appointment, including the phone number to call.

**Leaving the Hospital**

Before you leave the hospital, look at your incision with your nurse and caregiver. Knowing what your incision looks like will help you notice any changes later.

On the day of your discharge, you should plan to leave the hospital between 8:00 am and 11:00 am. You will need a responsible care partner to take you home once you’re discharged.

Before you leave, your doctor will write your discharge orders and make sure you have all the prescriptions you need. You will also get written discharge instructions. Your nurse will review these instructions with you before you leave.
At Home

Read the resource *What You Can Do to Avoid Falling* to learn about what you can do to stay safe and keep from falling at home and during your appointments at MSK. It’s located in the “Educational Resources” section of this guide.

Managing Your Pain

People have pain or discomfort for different lengths of time. You may still have some pain when you go home and you will have pain medication available for this if needed. Some people have soreness, tightness, or muscle aches around their incision for 6 months or longer. This doesn’t mean that something is wrong.

Follow the guidelines below to help manage your pain at home.

- Take your medications as directed and as needed.
- Call your doctor if the medication prescribed for you doesn’t ease your pain.
- Don’t drive or drink alcohol while you’re taking prescription pain medication.
- As your incision heals, you will have less pain and need less pain medication. An over-the-counter pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil®) will ease aches and discomfort. Follow your doctor or nurse’s instructions for stopping your prescription pain medication.
  - Don’t take more acetaminophen than the amount directed on the bottle or as instructed by your doctor or nurse. Taking too much acetaminophen can harm your liver.
- Pain medication should help you resume your normal activities. Take enough medication to do your exercises comfortably. However, it’s normal for your pain to increase a little as you start to be more active.
- Keep track of when you take your pain medication. It works best 30 to 45 minutes after you take it. Taking it when your pain first begins is better than waiting for the pain to get worse.

Pain medication may cause constipation (having fewer bowel movements than what’s normal for you).

Managing Constipation

Talk with your nurse about how to manage constipation. You can also follow the guidelines below.

- 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 move your bowels. The reflexes in your colon are strongest at this time.
- Exercise, if you can. Walking is an excellent form of exercise.
- Drink 8 to 10 (8-ounce) glasses (2 liters) of liquids daily, if you can. Drink water, juices (such as prune juice), soups, ice cream shakes, and other drinks that don’t have caffeine. Drinks with caffeine (such as coffee and soda) pull fluid out of your body.
• Slowly increase the fiber in your diet to 25 to 35 grams per day. If you have an ostomy or have had recent bowel surgery, check with your doctor or nurse before making any changes in your diet. Foods high in fiber include:
  − Bran
  − Whole-grain cereals and breads
  − Unpeeled fruits and vegetables
  − Mixed green salads
  − Apricots, figs, and raisins

• Both over-the-counter and prescription medications are available to treat constipation. Try one of the following over-the-counter medications first.
  − Docusate sodium (Colace®): This is a stool softener (medication that makes your bowel movements softer) that causes few side effects. Don’t take it with mineral oil.
  − Polyethylene glycol (MiraLAX®): This is a laxative (medication that causes bowel movements) that causes few side effects. Take it with 8 ounces (1 cup) of a liquid.
  − Senna (Senokot®): This is a stimulant laxative, which can cause cramping. It’s best to take it at bedtime.

  Follow the instructions on the label or from your healthcare provider.

For more information, read the resource Constipation (www.mskcc.org/pe/constipation).

**The Healing Process and New Sensations**

As you’re healing from your surgery, you may feel many different sensations in your arm, chest, or chest wall. You may feel sensations such as tenderness, numbness, twinges, or all 3. You may also feel the sensation of liquid going down your arm, when there is no actual liquid. This can happen because your nerves were cut during surgery.

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 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 that the sensations aren’t severe or distressing.

Because of the change in sensation, don’t place anything hot or cold directly on your surgical site (such as 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 it will soften over the next few months.

**Caring for Your Incision**

Your incision(s) will be closed with sutures (stitches) under your skin. These sutures dissolve on their own, so they don’t 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 at your follow-up appointment. If you have surgical glue (Dermabond) over your incision, it will dissolve on its own over time.

Follow your doctor’s instructions on how often to clean your incisions.
Call your doctor’s office if:

- The skin around your incision is very red.
- The skin around your incision is getting more red.
- You see drainage that looks like pus (thick and milky).

**Eating and Drinking**

You can eat all the foods you did before your surgery, unless your doctor gives you other instructions. Eating a balanced diet will help you heal after surgery. Try to eat a good protein source (such as meat, fish, or eggs) at each meal. You should also try to eat fruits, vegetables, and whole grains.

It’s also important to drink plenty of liquids. Choose liquids without alcohol or caffeine. Try to drink 8 to 10 (8-ounce) glasses of liquids every day.

If you have questions about your diet, ask to see a clinical dietitian nutritionist.

**Showering**

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

If you haven’t had reconstruction, you can shower 24 hours after your surgery. Before you go home, your nurse will teach you how to secure your drains while showering.

When you’re ready to shower, remove your surgical bra and any gauze pads that are covering the incision(s). If you have Steri-Strips on your incision, don’t remove them. Gently wash your incision(s) with soap and water, letting the shower water run over them. After showering, 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 under the bra.

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

**Wearing a Bra**

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

While you’re 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 the bra is to use a soft breast form (temporary breast prosthesis). This breast form is a lightweight nylon pouch. You can adjust the size of the pouch to match your opposite breast by adding or taking out 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 get the breast form from the Breast Boutique at the Evelyn H. Lauder Breast Center. The Breast Boutique is located at 300 East 66th Street, at 2nd Avenue. To reach the boutique, call 646-888-5330.
You can also line your bra with soft gauze, which you can get from your nurse. Replace the gauze often to make sure it’s always clean.

**Breast Prosthesis**

A breast prosthesis is a more permanent breast form than the soft nylon pouch. If you’re interested in wearing a breast prosthesis, talk with your doctor or nurse. If you haven’t had breast 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 to find out what’s covered for your breast prosthesis.

There are many types of breast prostheses. Mastectomy boutiques and lingerie stores sell them, and the boutique at the Evelyn H. 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 800-ACS-2345 (800-227-2345) to get a list of stores in your area.

**Physical Activity and Exercise**

If you have had reconstruction, don’t lift objects heavier than 5 pounds (2.27 kilograms) until your doctor says it’s safe. This is usually about 6 weeks for people who had surgery with tissue transfers and 4 to 6 weeks for people who had surgery with tissue expanders. Your doctor will tell you how long you should avoid heavy lifting.

Avoid strenuous activities (such as jogging and tennis) until your doctor 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 your doctor or nurse before starting any heavy exercises, such as running, jogging, or lifting weights.

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 have muscle pain or tightness.

Review the information in *Exercises After Breast Surgery* (located in the “Educational Resources” section of this guide) for examples of exercises that will help you regain motion in your arm and shoulder. If you’re having discomfort, you may find it helpful to take some pain medication 30 minutes before starting the exercises.

**Sexual Activity**

You can start sexual activity again when you feel ready. Having sexual intercourse won’t harm your surgical area.

It may be helpful to let your partner see your incision soon after surgery. This may ease any worries you both might have. Let your partner know what is and isn’t 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 with 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’s any chance you can become pregnant, be sure to use birth control. Do not use any form of hormonal birth control. Your birth control options are:

- Male condoms
- Diaphragm
- Copper T IUD. If you’re interested in this method, talk with your gynecologist. 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 during your treatment and until your doctor tells you it’s safe to try to get pregnant. For more information, read the resource *Sexual Activity During Cancer Treatment: Information for Women*, located in the “Educational Resources” section of this guide.

**Going Back to Work**

Talk with your doctor or nurse about your job and when it may be safe for you to start working again. If your job involves lots of movement or heavy lifting, you may need to stay out a little longer than if you sit at a desk.

**Driving**

Don’t drive while you’re taking prescription pain medication. These medications can make you drowsy, making it unsafe for you to drive. Also, don’t drive until:

- Your drain(s) have been removed.
- You have recovered your full range of motion.
- You can comfortably turn the steering wheel.

If you have questions about when it’s safe for you to drive, talk with your healthcare provider.

**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 your lymph nodes were removed. This extra fluid causes swelling called lymphedema.

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

Most people won’t develop lymphedema, but some will. It’s hard to know someone’s risk of developing lymphedema because:

- There isn’t a standard test for diagnosing lymphedema.
- The removal of lymph nodes can affect everyone differently.
- Lymphedema can develop soon after you have surgery, or it can develop many years later.
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:

- If you had a sentinel lymph node biopsy, the risk of developing lymphedema is low.
- If you had an axillary lymph node dissection, studies show the risk of developing lymphedema is higher than with a sentinel node biopsy.

**Signs of Lymphedema**

Some mild swelling after surgery is normal. The swelling may last for up to 6 weeks, but it shouldn’t last forever and will slowly go away. You may also feel pain or other sensations, such as twinges and tingling, after surgery. These feelings are common and likely aren’t signs of lymphedema.

If you're at risk of developing lymphedema, watch for these signs:

- A feeling of heaviness or aching in your chest, arm, hand, or fingers.
- A tight feeling in the skin of your arm, hand, or chest.
- Less 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, talk with your doctor or nurse.**

**Lowering Your Lymphedema Risk**

There's no way to know who will develop lymphedema, but there are things you can do to lower your risk of getting it:

- Maintain or safely work towards a healthy body weight.
- Exercise and stretch your muscles regularly. When you start exercising and being physically active again, start out slowly, then build up to doing more. If you feel discomfort, stop and take a break. Talk with your healthcare team about which exercises are right for you.
- If you get a cut or scratch on your affected arm or hand, clean the area with soap and water and put an antibacterial ointment on it such as Bacitracin® or Neosporin®. Cover the area with a bandage.
- If you get a mild burn on your affected arm or hand, put a cold pack or cold water on the area for 15 minutes, clean the area with soap and water, and cover it with a bandage.

If you notice any signs of infection such as increased redness, pain, swelling, or heat, call you doctor or nurse. If you had an axillary dissection, you will get more information in the resource *Hand and Arm Guidelines After Your Axillary Lymph Node Dissection* (www.mskcc.org/pe/hand_arm_guidelines).

If you're worried about developing lymphedema, talk with your healthcare provider.
Managing Your Feelings

After surgery for a serious illness, you may have new and upsetting feelings. Many people say they felt weepy, sad, worried, nervous, irritable, and angry at one time or another. You may find that you can’t control some of these feelings. If this happens, it’s a good idea to seek emotional support.

The first step in coping is to talk about how you feel. Family and friends can help. Your nurse, doctor, and social worker can reassure, support, and guide you. It’s always a good idea to let these professionals know how you, your family, and your friends are feeling emotionally. Many resources are available to you and your family. Whether you’re in the hospital or at home, the nurses, doctors, and social workers are here to help you and your family and friends handle the emotional aspects of your illness.

Using MyMSK

MyMSK (my.mskcc.org) is your MSK patient portal account. You can use MyMSK to send and receive messages from your healthcare team, view your test results, see your appointment dates and times, and more.

If you don’t have a MyMSK account, you can visit my.mskcc.org, call 646-227-2593, or call your doctor’s office for an enrollment ID to sign up. You can also watch our video How to Enroll in the Patient Portal: MyMSK (www.mskcc.org/pe/enroll_mymsk). For help, contact the MyMSK Help Desk by emailing mymsk@mskcc.org or calling 800-248-0593.

When to Contact Your Doctor or Nurse

Call your doctor or nurse if you have:

- A fever of 101° F (38.3° C) or higher
- Drainage from your incision(s)
- Trouble breathing
- Warmer than normal skin around your incision(s)
- Increased discomfort in the area
- Increased redness around your incision(s)
- New or increased swelling around your incision(s)
- Any questions or concerns

Monday through Friday from 9:00 AM to 5:00 PM, contact your doctor’s office.

After 5:00 PM, during the weekend, and on holidays, call 212-639-2000 and ask to speak to the doctor on call for your doctor.
This section contains a list of support services that may help you get ready for your surgery and recover safely.

Write down your questions and be sure to ask your doctor or nurse.

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MSK Support Services

**Admitting Office**
212-639-7606
Call if you have questions about your hospital admission, including requesting a private room.

**Anesthesia**
212-639-6840
Call if you have questions about anesthesia.

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

**Bobst International Center**
888-675-7722
MSK welcomes patients from around the world. If you’re 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 Memorial Hospital’s main lobby 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. To make an appointment, ask your healthcare provider for a referral or call the number above.

**Food Pantry Program**
646-888-8055
The food pantry program provides food to people in need during their cancer treatment. For more information, talk with your healthcare provider or call the number above.

**Integrative Medicine Service**
646-888-0800
The 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.

**MSK Library**
library.mskcc.org
212-639-7439
You can visit our library website or speak with the library reference staff to find more information about your specific cancer type. You can also visit LibGuides on MSK’s library website at libguides.mskcc.org.
Patient and Caregiver Education
www.mskcc.org/pe
Visit the Patient and Caregiver Education website to search our virtual library. There, you can find written educational resources, videos, and online programs.

Patient and Caregiver Peer Support Program
212-639-5007
You may find it comforting to speak with someone who has been through a treatment similar to yours. You can talk with a former MSK patient or caregiver through our Patient and Caregiver Peer Support Program. These conversations are confidential. They may take place in person or over the phone.

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 if you have 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 Nursing Office
212-639-6892
You 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.

Sexual Health Programs
Cancer and cancer treatments can have an impact on your sexual health. MSK’s Sexual Health Programs can help you take action and address sexual health issues before, during, or after your treatment.

- Our Female Sexual Medicine and Women’s Health Program helps women who are dealing with cancer-related sexual health challenges, including premature menopause and fertility issues. For more information, or to make an appointment, call 646-888-5076.
- Our Male Sexual and Reproductive Medicine Program helps men who are dealing with cancer-related sexual health challenges, including erectile dysfunction. For more information, or to make an appointment, call 646-888-6024.

Social Work
212-639-7020
Social workers help patients, family, and friends deal with issues that are common for people with cancer. 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 refer you to community agencies and programs, as well as financial resources if you’re eligible.
Tobacco Treatment Program
212-610-0507
If you want to quit smoking, MSK has specialists who can help. Call for more information.

Virtual Programs
www.mskcc.org/vp
MSK's Virtual Programs offer online education and support for patients and caregivers, even when you can't come to MSK in person. Through live, interactive sessions, you can learn about your diagnosis, what to expect during treatment, and how to prepare for the various stages of your cancer care. Sessions are confidential, free, and led by expert clinical staff. If you're interested in joining a Virtual Program, visit our website at www.mskcc.org/vp for more information.

For more online information, visit the “Cancer Types” section of www.mskcc.org.

External Support Services

General Support Services

Access-A-Ride
web.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 aren’t able 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-ACS-2345 (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 resource for education, tools, and events for employees with cancer.

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

Cancer Support Community
www.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.

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

**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.

**Good Days**
www.mygooddays.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 Good Days formulary.

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

**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**
www.lgbtcancer.org
Provides support and advocacy for the LGBT community, including online support groups and a database of LGBT-friendly clinical trials.

**LIVESTRONG Fertility**
www.livestrong.org/we-can-help/fertility-services
855-744-7777
Provides reproductive information and support to cancer patients and survivors whose medical treatments have risks associated with infertility.

**Look Good Feel Better Program**
www.lookgoodfeelbetter.org
800-395-LOOK (800-395-5665)
This program offers workshops to learn things you can do to help you feel better about your appearance. For more information or to sign up for a workshop, call the number above or visit the program's website.
National Cancer Institute  
www.cancer.gov  
800-4-CANCER (800-422-6237)

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.org  
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  
Helps 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 get medications that they have trouble affording.
Breast Cancer Support Services

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
Provides information and support services for those with breast cancer.

Triple Negative Breast Cancer Foundation
www.tnbcfoundation.org
Provides information to help people understand triple negative breast cancer.
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 your questions and be sure to ask your doctor or nurse.

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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.

Aspirin, other NSAIDs (such as ibuprofen), and vitamin E can increase your risk of bleeding during cancer treatment. These medications affect your platelets, which are blood cells that clot to prevent bleeding.

Read the section “Examples of Medications” to see if your medications contain aspirin, other NSAIDs, or vitamin E.

If you take aspirin, medications that contain aspirin, other NSAIDs, or vitamin E, tell your doctor or nurse. They 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.

Before Your Surgery

If you’re having surgery, follow the instructions below.

- Stop taking medications that contain vitamin E 10 days before your surgery, or as directed by your doctor.
- Stop taking medications that contain aspirin 7 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.

Examples of Medications

Medications are often called by their brand name, which can make it hard to know their ingredients. To help you identify medications that contain aspirin, other NSAIDs, and vitamin E, please review the lists below.

These lists include the most common products, but there are others. Check with your healthcare provider if you aren’t sure. **Always be sure your doctor knows all of the medications you’re taking, both prescription and over-the-counter (not prescription).**

<table>
<thead>
<tr>
<th>Common Medications that Contain Aspirin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggrenox®</td>
</tr>
<tr>
<td>Alka Seltzer®</td>
</tr>
<tr>
<td>Anacin®</td>
</tr>
<tr>
<td>Arthritis Pain Formula</td>
</tr>
<tr>
<td>Arthritis Foundation Pain Reliever®</td>
</tr>
<tr>
<td>ASA Enseals®</td>
</tr>
<tr>
<td>ASA Suppositories®</td>
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<tr>
<td>Ascriptin® and Ascriptin A/D®</td>
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<tr>
<td>Aspergum®</td>
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<tr>
<td>Common Medications that are NSAIDs that Don’t Contain Aspirin</td>
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<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Advil®</td>
</tr>
<tr>
<td>Advil Migraine®</td>
</tr>
<tr>
<td>Aleve®</td>
</tr>
<tr>
<td>Anaprox DS®</td>
</tr>
<tr>
<td>Ansaid®</td>
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<tr>
<td>Arthrotec®</td>
</tr>
<tr>
<td>Bayer® Select Pain Relief Formula Caplets</td>
</tr>
<tr>
<td>Celebrex®</td>
</tr>
<tr>
<td>Celecoxib</td>
</tr>
<tr>
<td>Children’s Motrin®</td>
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</table>
Products that Contain Vitamin E

<table>
<thead>
<tr>
<th>Product</th>
<th>Vitamin Formulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amino-Opt-E</td>
<td>E-400 IU E complex-600</td>
</tr>
<tr>
<td>Aquasol E</td>
<td>D’alpha E E-1000 IU Softgels Vita-Plus E</td>
</tr>
</tbody>
</table>

Most multivitamins contain vitamin E. If you take a multivitamin, be sure to check the label.

About Acetaminophen

Acetaminophen (Tylenol®) is generally safe to take during your cancer treatment. It doesn’t affect platelets, so it won’t increase your chance of bleeding. However, talk with your doctor before taking acetaminophen if you’re getting chemotherapy.

Medications that Contain Acetaminophen

<table>
<thead>
<tr>
<th>Medication</th>
<th>Brand Name</th>
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</thead>
<tbody>
<tr>
<td>Acetaminophen with Codeine</td>
<td>Esgic®</td>
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<tr>
<td>Acetaminophen with Codeine</td>
<td>Panadol®</td>
</tr>
<tr>
<td>Acetaminophen with Codeine</td>
<td>Tylenol® with Codeine No. 3</td>
</tr>
<tr>
<td>Acetaminophen with Codeine</td>
<td>Excedrin P.M.®</td>
</tr>
<tr>
<td>Acetaminophen with Codeine</td>
<td>Percocet®</td>
</tr>
<tr>
<td>Acetaminophen with Codeine</td>
<td>Vanquish®</td>
</tr>
<tr>
<td>Aspirin-Free Anacin®</td>
<td>Fiorcet®</td>
</tr>
<tr>
<td>Aspirin-Free Anacin®</td>
<td>Repan</td>
</tr>
<tr>
<td>Aspirin-Free Anacin®</td>
<td>Vicodin®</td>
</tr>
<tr>
<td>Arthritis Pain Formula® Aspirin-Free</td>
<td>Lorcet®</td>
</tr>
<tr>
<td>Arthritis Pain Formula® Aspirin-Free</td>
<td>Roxicet®</td>
</tr>
<tr>
<td>Arthritis Pain Formula® Aspirin-Free</td>
<td>Wygesic®</td>
</tr>
<tr>
<td>Darvocet-N 100®</td>
<td>Lortab®</td>
</tr>
<tr>
<td>Darvocet-N 100®</td>
<td>Talacen®</td>
</tr>
<tr>
<td>Darvocet-N 100®</td>
<td>Zydone®</td>
</tr>
<tr>
<td>Datril®</td>
<td>Naldegesic®</td>
</tr>
<tr>
<td>Datril®</td>
<td>Tempra®</td>
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</table>

Read the labels on all your medications

Acetaminophen is safe when used as directed, but there’s 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.
Make sure to always read and follow the label on the product you’re taking. Acetaminophen 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 isn’t always written out. Look for the common abbreviations listed below, especially on prescription pain relievers.

<table>
<thead>
<tr>
<th>Common Abbreviations for Acetaminophen</th>
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<tbody>
<tr>
<td>APAP</td>
</tr>
<tr>
<td>Acetamin</td>
</tr>
</tbody>
</table>

Don’t take more than 1 medication that contains acetaminophen at a time without talking with a member of your healthcare team.
Herbal Remedies and Cancer Treatment

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

One week before you have surgery or start chemotherapy or radiation therapy, you must stop taking any herbal or botanical (plant-based) home remedies or other dietary supplements. This is because they can:

- Interact with your other medications.
- Increase or lower your blood pressure.
- Thin your blood and increase your risk of bleeding.
- Make radiation therapy less effective.
- Increase the effects of sedation or anesthesia (medications to make you sleepy).

You can continue to use herbs in your food and drinks, such as using spices in cooking and drinking tea. However, you must stop taking herbal supplements before your treatment. Herbal supplements are stronger than the herbs you would use in cooking.

Common Herbal Supplements and Their Effects

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

Echinacea

- Can cause an allergic reaction, such as a rash or trouble breathing.
- Can lower the effects of medications used to weaken the immune system.

**Garlic**

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

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

- Can increase your risk of bleeding.

**Ginseng**

- Can lower the effects of sedation or anesthesia.
- Can increase your risk of bleeding.
- Can lower your blood glucose (sugar) level.

**Turmeric**

- Can make chemotherapy less effective.

**St. John’s Wort**

- Can interact with medications given during surgery.
- Can make your skin more sensitive to radiation or laser treatment.

**Valerian**

- Can increase the effects of sedation or anesthesia.

**Herbal formulas**

- Herbal formulas contain different herbs. We don’t know their side effects. You must also stop taking these products 1 week before treatment. Do not start taking herbal formulas again until your doctor tells you it’s safe.

This information doesn’t cover all herbal remedies or possible side effects. Talk with your healthcare provider if you have any questions or concerns.
For more information about herbs and botanicals, visit the Memorial Sloan Kettering (MSK) Integrative Medicine Service website at www.aboutherbs.com.
This section contains the educational resources that were referred to throughout this guide. These resources will help you get ready for your surgery and recover safely after surgery.

Write down your questions and be sure to ask your doctor or nurse.
Caring for Your Jackson-Pratt Drainage System

This information explains how to care for your Jackson-Pratt® drainage system while you’re at home. You may also find it helpful to watch the video below.

Please visit mskcc.org/pe/jackson_pratt to watch this video.

About Your Jackson-Pratt Drainage System

The Jackson Pratt drainage system (JP drain) draws out fluid that collects under your incision (surgical cut) after your surgery.

It has a soft plastic bulb with a stopper and flexible tubing attached (see Figure 1). The drainage end of the tubing (flat white portion) is placed into your surgical site through a small opening near your incision. This area is called the insertion site. A suture (stitch) will hold it in place. The rest of the tube will extend outside your body and will be attached to the bulb.

When the bulb is compressed (squeezed) with the stopper in place, a constant
gentle suction is created. The bulb should be compressed at all times, except when you are emptying the drainage.

How long you will have your Jackson-Pratt depends on your surgery and the amount of drainage you’re having. Everyone’s drainage is different. Some people drain a lot, some only a little. The Jackson-Pratt is usually removed when the drainage is 30 mL or less over 24 hours. You will record the amount of drainage in the drainage log. 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 the drain 2 times 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.
- Recognizing when there is a problem.

**Milking the tubing**

These steps will help you move clots through the tubing and keep the drainage flowing.

Milk the tubing before you open the stopper to empty and measure your drainage. You should also do this if you see fluid leaking around the insertion site.

1. Clean your hands. To wash your hands with soap and water, wet your hands, apply soap, rub them together thoroughly for 15 seconds, then rinse. Dry your hands with a disposable towel, and use that same towel to turn off the faucet. If you’re using an alcohol-based hand sanitizer, cover all of your hands with it, rubbing them together until they’re dry.
2. Look in the mirror at the tubing. This will help you see where your hands
need to be.

3. Pinch the tubing close to where it goes into your skin between the thumb and forefinger of your hand. This will help to make sure that you’re not tugging on your skin, which can be painful.

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, pushing any clots down toward the drainage bulb. You may want to use alcohol wipes 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 and there is little or no drainage in the bulb, call your doctor or nurse.

**Emptying your Jackson-Pratt drain and recording the drainage**

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

**Supplies**

- Measuring container your nurse gave you
- Jackson-Pratt Drainage Record
- Pen or pencil

**Instructions**

1. Prepare a clean area to work on and gather your supplies. This can be done in your bathroom or in an area with a dry, uncluttered surface.

2. Clean your hands. To wash your hands with soap and water, wet your hands, apply soap, rub them together thoroughly for 15 seconds, then rinse. Dry your hands with a disposable towel, and use that same towel to turn off the faucet. If you’re using an alcohol-based hand sanitizer, cover all of your hands with it, rubbing them together until they’re dry.
3. If the drainage bulb is attached to your surgical bra or wrap, first remove it from there.

4. Unplug the stopper on top of the bulb. 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.

5. Turn the bulb upside down, gently squeeze the bulb, and pour the drainage into the measuring container (see Figure 2).

6. Turn your bulb right side up.

7. Squeeze the bulb until your fingers feel the palm of your hand.

8. Continue to squeeze the bulb while you replug the stopper.

9. Check to see that the bulb stays fully compressed to ensure a constant gentle suction.

10. Do not let the drain dangle.

   ○ If you are wearing a surgical bra, there will be either a plastic loop or Velcro® straps attached at the bottom. Attach the drainage bulb to the bra.

   ○ If you are wearing a wrap, attach the drainage bulb to the wrap.

   ○ A fanny pack or belt bag may be helpful to hold the drain.

11. Check the amount and color of drainage in the measuring container. The first couple of days after surgery, the fluid may be dark red in color. This is normal. As you continue to heal it may appear pink or pale yellow.

12. Record this amount and the color of drainage on your Jackson-Pratt Drainage Record.

13. Flush the drainage down the toilet and rinse the measuring container with water.

14. 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. If you have more than 1 drain, measure and record each one separately.
Caring for the Insertion Site

Once you have emptied the drainage, clean 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, or if you have a temperature of 101° F (38.3° C) or higher, you may have an infection. Call your doctor’s office.

Sometimes the drain causes redness about the size of a dime at your insertion site. This is normal. Your healthcare provider will tell you if you should place a bandage over the insertion site.

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

Problems You May Have With Your Jackson-Pratt

<table>
<thead>
<tr>
<th>Problem</th>
<th>Reason</th>
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<tbody>
<tr>
<td>The bulb is not compressed.</td>
<td>The bulb wasn’t squeezed tightly enough.</td>
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<td></td>
<td>The stopper is not closed securely.</td>
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<td>The tubing has been dislodged and is leaking.</td>
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What to do

- Compress the bulb using steps 2 through 9, outlined in “Emptying your Jackson-Pratt drain and recording the drainage.”
- If the bulb remains expanded after following the steps above, call your doctor or nurse during business hours.

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<tr>
<th>Problem</th>
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<tr>
<td>There is:</td>
<td>Sometimes string-like clots clump together in the tubing. This can block the flow of drainage.</td>
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<td>No drainage.</td>
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<tr>
<td>A sudden decrease in the amount of drainage.</td>
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<tr>
<td>Drainage around the tubing insertion site or on the bandage covering the tubing.</td>
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What to do

- Milk the tubing as described above.
- If there is no increase in drainage flow, call your doctor’s office during business hours. If it occurs after business hours, call the next day.

<table>
<thead>
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<th>Problem</th>
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<tr>
<td>The tubing falls out of your insertion site.</td>
<td>This can happen if the tubing is pulled. It rarely happens because the tubing is held in place with sutures.</td>
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</table>

What to do

- Place a new bandage over the site and call your doctor’s office.
Once you know how to care for your Jackson-Pratt, you will do it on your own. Your nurse will watch 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 while you’re at home, call your doctor’s office.

**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 over the past 24 hours
- The tube falls out of the insertion site
- You cannot compress the bulb

**Caring for Your Skin After Your Drain Is Removed**

Your drain will be removed at your doctor’s office. You will have a bandage over the insertion site.

It is important for you to keep your insertion site and the area around it clean and dry. This will help to prevent infection and promote healing of your skin. Caring for your skin after your drain is removed will be different if you had reconstructive surgery.
Caring for your skin without reconstructive surgery

- Remove the bandage after 24 hours.
- You may shower after you have removed the bandage but do not take a tub bath or submerge the area in water until your incision is completely closed and there is no drainage.
- Wash the site gently with soap and rinse the area with warm water. Pat the area dry.
- Inspect the site, using a mirror if necessary. It is normal to have:
  - Slight redness
  - Mild swelling
  - Tenderness
  - A small amount of clear or slightly bloody drainage on the gauze pad

Caring for your skin with reconstructive surgery

- Change the bandage every 12 hours as needed.
- Your surgeon will let you know how long to wait before showering. This is usually 24 to 48 hours after your drain is removed.
- Do not take a tub bath or submerge the area in water until 6 weeks after your reconstructive surgery.
- Wash the site gently with soap and rinse the area with warm water. Pat the area dry.
- Inspect the site, using a mirror if necessary. It is normal to have:
  - Slight redness
  - Mild swelling
  - Tenderness
  - A small amount of clear or slightly bloody drainage on the gauze pad
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 around the surgical sites
- A temperature higher than 101° F (38.3° C)
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# Jackson-Pratt Drainage Record

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Exercises After Breast Surgery

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

Deep Breathing Exercise

Deep breathing can help you relax and ease discomfort and tightness around your incision (surgical cut). This is also a very good exercise to relieve stress during the day.

1. Sit comfortably in a chair.
2. Take a slow, deep breath through your nose. Let your chest and belly expand.
3. Then exhale slowly through your mouth.
4. Repeat as many times as needed.

Arm and Shoulder Exercises

Doing arm and shoulder exercises will help you get back your full range of motion on the side where you had your surgery, which is called your affected side. With full range of motion, you’ll 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.

You should do each of the exercises below 5 times a day. Keep doing this until you have a full range of motion again, 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 reduced movement in your arm before...
surgery, your goal will be to regain as much movement as you had before.

If you quickly regain your full range of motion, keep doing these exercises once a day, instead of 5 times 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 still have trouble moving your shoulder 4 weeks after your surgery, tell your doctor. They will let you know if you need more rehabilitation, such as physical or occupational therapy.

Before you start, gather the following supplies:

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

**Exercises**

If you had 1 of the following surgeries, you may do the following set of exercises on the first day after your surgery, as long as your doctor tells you it’s safe.

- Breast surgery without reconstruction
- Breast surgery with reconstruction using a tissue expander
- Breast surgery with reconstruction using a pedicled latissimus flap (a type of surgery where tissue is taken from muscles in your back)

**If you had another type of breast surgery with reconstruction or a lymphovenous anastomosis procedure, don’t start these exercises until your doctor tells you it’s safe.**
Shoulder rolls
The shoulder roll is a good exercise to start with, since 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 large as you can and move both of your shoulders at the same time. Do this 10 times.
3. If you have some tightness across your incision or chest, start with smaller circles, and increase the size as the tightness gets better.
4. Now, switch directions and do 10 shoulder rolls in the backward direction. Bring your shoulders backward, up, forward, and down. You may find that the backward direction is a little tighter across your chest than the forward direction. This will get better with practice.

Shoulder wings
The shoulder wings exercise will help you regain outward movement of your shoulder. You can do this exercise while sitting or standing.

1. Place your hands on your chest or collarbone.
2. Raise your elbows out to the side (see Figure 2), limiting your range of motion as instructed by your healthcare team.
3. Slowly lower your elbows.
4. Do this 10 times and then slowly lower your hands back down to your lap.

If you feel discomfort while doing this exercise, hold your position and do the deep breathing exercise. If the discomfort doesn’t go away, don’t raise your
elbows any higher. If the discomfort goes away, finish the exercise in a range of motion that’s comfortable for you.

**Arm circles**

If you had surgery on both of your breasts, do this exercise with both arms, 1 arm at a time. Don’t do this exercise with both arms at the same time. This 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).

2. Start making slow, backward circles in the air with your arm. Be sure you’re moving your arm from your shoulder, not your elbow. Keep your elbow straight.

3. Increase the size of the circles until they’re as large as you can comfortably make them, limiting your range of motion as instructed by your healthcare team. 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.

4. Slowly lower your arm to your side. Rest your arm for a moment. Follow steps 1 to 4 again, but this time make slow, forward circles.
**W exercise**

The W exercise can be done standing, sitting, or lying on your back. Doing this exercise with your back against a wall may help you position yourself properly.

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 that they’re even with your face. Make sure to limit your range of motion as instructed by your healthcare team. If you can’t raise your arms that high, bring them to the highest comfortable position.

2. Pinch your shoulder blades together and downward, as if you’re squeezing a pencil between them.

3. 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 doesn’t pass, don’t reach any further. Hold the furthest position you can and squeeze your shoulder blades together for 5 seconds.

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

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**If you had breast surgery without reconstruction or with reconstruction with a tissue expander, you may do the following exercises on the first day after your surgery, as long as your doctor tells you it’s safe. If you had other breast surgeries with reconstruction or a lymphovenous anastomosis procedure, only start these exercises when your doctor tells you it’s safe.**
Back Climb

You can do the back climb in a sitting or standing position. You’ll need a timer or stopwatch for this exercise.

1. Place your hands behind your back and hold 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 grasp the other. Do this stretch for 1 arm at a time only. Don’t do the stretch with both arms at the same time.

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

3. 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 tight, don’t slide your hands up any further.

4. Hold the highest position you can for 1 minute, and time it with your stopwatch. You should feel a gentle stretch in your shoulder area.

5. After 1 minute, slowly lower your hands.

6. If you had surgery on both breasts, repeat the exercise using your other arm.
Hands behind neck

You can do the hands behind neck exercise in a sitting or standing position. You’ll need a timer or stopwatch for this exercise.

1. Stand or sit comfortably with your feet on the floor. Clasp your hands together on your lap.

2. 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. Don’t bend your neck or head forward.

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 side. Hold this position for 1 minute. If you can’t get into this position, reach up and stretch your elbows back as best as you can. Breathe normally. Don’t hold your breath as you stretch your body.

4. If you have some tightness across your incision or chest, hold your position and do the deep breathing exercise. If the tightness gets better, continue with the movement. If the tightness stays the same, hold the position you are most comfortable in for 1 minute.

5. 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.
Forward wall crawls

You’ll need 2 pieces of tape for the forward wall crawl exercise.

1. Stand facing a wall. Your toes should be about 6 inches from the wall.

2. 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.

3. 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 (see Figure 7). Try not to look up toward your hands or arch your back.

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 the wall crawl 10 times. Each time you raise your hands, try to crawl a little bit higher.

7. On the 10th crawl, use the other piece of tape to mark the highest point you reached with your affected arm. This will let you to see your progress each time you do this exercise.

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

You’ll also need 2 pieces of tape for the side wall crawl exercise.

You shouldn’t 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 decreases. You should breathe normally throughout this exercise. Don’t hold your breath.

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.

1. Stand with your unaffected side closest to the wall, about 1 foot away from the wall.

2. Reach as high as you can with your unaffected arm. Mark that point with a piece of tape (see Figure 8). 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.

3. Turn your body so that your affected side is now closest to 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.

4. Repeat this exercise 10 times.

5. On your 10th crawl, use the other piece of tape to mark the highest point you reached with your affected arm. This will let you to see your progress each time you do the exercise.

6. If you had surgery on both breasts, repeat the exercise with your other arm.
**Scar Massage**

You may feel uncomfortable touching your skin in the area of the scar. It’s very important that you become comfortable moving the skin over this area. Moving the skin will help improve the circulation and soften the tissue.

Don’t 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. Then, pick up your fingers and move them 1 or 2 inches in each direction of the area of the scar and repeat the massage. Don’t 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. To do hand pumps, slowly open and close your fist 10 times. Doing this will help drain the fluid out of your arm.

You may also raise your arm a few times a day for about 20 minutes at a time. To raise 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. Don’t hold your arm straight up over your head for more than a few minutes. This can cause the muscles of your arm to get tired.

If you’re able to sleep on your unaffected side, you may place 1 or 2 pillows in front of you and rest your arm on them. If the swelling doesn’t go down within 4 to 6 weeks, call your doctor or nurse.
Contact Information

If you have any questions, call the Rehabilitation Service at 212-639-7833.

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.
Sexual Activity During Cancer Treatment: Information for Women

This information provides guidance for women on sexual activity during cancer treatment.

If you have any questions about the information below, speak with your doctor or nurse. 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 that has been damaged by exposure to radiation, chemotherapy, or other anticancer medications, you are at risk for having a miscarriage or for your fetus having 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 birth control (contraception) 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 (the “rhythm method”). These methods are not effective in preventing pregnancy.

It is important to pick a birth control method that is effective and fits your lifestyle. Make an appointment with the healthcare provider who manages your gynecologic care (HCP), and speak with him or her to choose an option that is best for you. No matter what method you choose, use birth control as instructed or you may become pregnant. If you have any problems with your birth control, talk with your HCP 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 cover with spermicide and place inside your vagina each time you have sex. You insert the diaphragm 1 to 6 hours before vaginal sex. Keep it in place for at least 6 hours after you have sex and then remove and clean it. Do not leave the diaphragm in your vagina for more than 24 hours because this can cause an infection. Your HCP will determine what size you need.

Copper intrauterine device (IUD)
This is a small, T-shaped device your HCP 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.

Condoms (used by a 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 the section “Barrier Devices” below for information on buying and using condoms.

Surgical sterilization
There are a number of surgical methods that provide permanent sterilization if you are certain you don’t want any (more) children. One is a tubal ligation (having your “tubes tied”). Another is the placement of a device in your fallopian tubes to block them.

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 in preventing pregnancy, but does not protect against STIs, including HIV.

Some medical conditions make it unsafe to use hormonal birth control, 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 HCP to see if this method is right for you and which type is best.

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 HCP gives you every 12 weeks.

**Implantable contraception (Implanon®, Explanon®)**
This is a small rod your HCP implants under the skin of your arm. It can stay in place for 3 years or be removed earlier.

**Intrauterine device (LNG IUD, Mirena®, Skyla®)**
This is a small, T-shaped device your HCP places inside your uterus. It releases the hormone progestin. The Skyla® IUD can stay in place for 3 years and the Mirena® IUD can stay in place for 5 years, but they can 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**
If you or your partner have sex with multiple partners, you are at risk for sexually transmitted infections (STIs), including HIV, if you do not use barrier protection. In addition, certain cancer treatments can cause low blood cell counts for long periods of time, which may increase your risk of infection. Your doctor or nurse will tell you if this is a concern for you.

To prevent infection:

- Wash your hands and genitals before and after having vaginal, oral, or anal sex.

- To protect yourself from STIs (including HIV), 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.
  - 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 an effective form of birth control, so you should not rely on them to prevent pregnancy.

- If you use sex toys, wash them with hot soapy water every time you use them.

- If you are expected to have very low blood cell counts for a long period of time, your doctor or nurse may advise you to use a barrier device during sex (condoms or dental dams). See the section “Barrier Devices” for more information.
  - In some situations, you may even be advised to avoid sex that involves penetration or contact with mucous membranes while your blood 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
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 think you have a yeast infection, avoid sexual activity and call your doctor or nurse.

If you have had a 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 a latex condom each time you have vaginal, oral, or anal sex.
- Use a condom or dental dam any time your partner’s saliva, vaginal secretions, or semen could enter your mouth. See the section “Barrier Devices” for more information.
- Do not perform any sexual activity that could expose your mouth to feces.

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

We do not know how much anticancer medication gets into a woman’s vaginal fluids or if this poses any risk to a sexual partner. If this is a concern for 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 sex, 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.

However, as mentioned above, use condoms throughout treatment if needed for birth control or to protect yourself from infection. See the section “Barrier Devices” 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 use 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. Do not use your teeth, scissors, or other sharp objects to open the wrapper. Do not 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 the condom 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, consider emergency contraception if you are not using another form of birth control. Emergency contraception includes levonorgestrel (Plan B®), also known as the “morning-after pill.”

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

Memorial Sloan Kettering 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
Call 1-800-227-2345 to request printed material.

American Congress of Obstetricians and Gynecologists
www.acog.org/patients

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

Planned Parenthood
www.plannedparenthood.org

New York City Department of Health and Mental Hygiene
www1.nyc.gov/nyc-resources/service/1428/condom-information
Has information on getting and using male and female condoms.
What You Can Do to Avoid Falling

This information describes what you can do to keep from falling when you come for your appointments at Memorial Sloan Kettering (MSK). It also describes how you can keep from falling while you’re at home.

About Falls

Falls can be very harmful, but there are many ways you can prevent them. Falls can delay your treatment and can make your hospital stay longer. They can also cause you to need more tests, such as magnetic resonance imaging (MRI). Ongoing cancer treatment may also increase your chances of falling and getting hurt.

Things That Can Make You Fall

Anyone can fall, but some things make you more likely to fall. You’re at higher risk for falling if you:

- Are 60 years old or older
- Have fallen before
- Are afraid of falling
- Feel weak, tired, or forgetful
- Have numbness or tingling in your legs or feet
- Have trouble walking or are unsteady
- Can’t see well
- Can’t hear well
- Feel dizzy, lightheaded, or confused
Use a walker or cane

Have depression (strong feelings of sadness) or anxiety (strong feelings of worry or fear)

Have had a recent surgery with anesthesia (medication that makes you sleep)

Take certain medications, such as:
  - Laxatives (pills to cause a bowel movement)
  - Diuretics (water pills)
  - Sleeping pills
  - Medications to prevent seizures
  - Some medications for depression and anxiety
  - Pain medications, such as opioid medications
  - Intravenous (IV) fluids (fluids into your vein)
  - Any medication that makes you feel sleepy or dizzy

How to Avoid Falling During Your MSK Appointments

The following are tips to help you stay safe and avoid falling while you’re at MSK:

- Come to your appointment with someone who can help you get around.
- If you use an assistive device such as a wheelchair or cane, bring it to your appointment.
- Wear safe, supportive shoes. Examples include shoes that have a low heel height, a thin, firm midsole, a slip-resistant sole, and laces or Velcro® to close the shoe. Don’t wear shoes with an open back. For more information on choosing safe shoes, read the resource How to Choose Safe Shoes to Prevent Falling (www.mskcc.org/pe/safe_shoes).
- Ask a member of our staff, such as a security guard or person at the front desk, for help while you’re at MSK. They can also bring you a wheelchair to use during your appointment.
Have someone help you while you’re in the dressing room or bathroom. If you don’t have anyone with you, tell the person at the reception desk. They will find a nurse to help you.

Use the grab bars while you’re in the bathroom.

When getting up after lying down, sit at the side of the bed or exam table before you stand up.

When getting up after sitting, don’t rush and take your time to stand up, so you don’t lose your balance.

If you feel dizzy or weak, tell someone. If you’re in a bathroom, look for a call bell that you can use to call for help.

How to Avoid Falling at Home

The following are tips to help you stay safe and avoid falling 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 rugs and other loose items from your floor. If you have a rug covering a slippery floor, make sure the rug doesn’t have any loose or fringed edges.
- If your bathroom isn’t close to your bedroom (or wherever you spend most of your time during the day), get a commode. A commode is a type of portable toilet that you can put anywhere in your home. Place it nearby so you don’t have to walk to the bathroom.
- Put grab bars and handrails next to your toilet and inside your shower. Never use towel racks to pull yourself up. They aren’t strong enough to hold your weight.
- Put anti-slip stickers on 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 after you’re lying down, sit for a few minutes before you stand up.
• Place items in your kitchen and bathroom cabinets at shoulder height so you don’t have to reach too high or bend too low.

• When you’re at an appointment with your provider at MSK, tell them about all the medications you take. Some medications can increase your risk of falling. This includes prescription and over-the-counter medications.

• Stay physically active. Doing simple daily activities, such as walking, can help you stay strong and move around better.

If you’re concerned about your risk for falling, talk with your healthcare provider.

Additional Resources

For more information about how to keep from falling at home, read the Centers for Disease Control and Prevention (CDC) booklet *Check for Safety: A Home Fall Prevention Checklist for Older Adults*. It’s available in English and Spanish on [www.cdc.gov/steady/patient.html](http://www.cdc.gov/steady/patient.html) or by calling 800-CDC-INFO (800-232-4636).