About Your Mastectomy for Men

This guide will help you get ready for your mastectomy surgery 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.

Your Care Team

Doctor: ________________________________________________

Phone number: ________________________________

Fax number: ________________________________

Nurse: ________________________________________________

Your Caregiver

It’s important to choose a person to be your caregiver. They will learn about your surgery with you and help you care for yourself while you’re recovering after surgery. Write down your caregiver’s name below.

Caregiver: ________________________________________________
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About Your Surgery

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 interested in breast reconstruction, talk with your doctor. They can provide you with additional information.

**Total mastectomy** is the 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 will be removed and checked during your surgery to see if the cancer has spread. In most cases, lymph nodes are tested by performing a sentinel lymph node biopsy.

**Sentinel lymph node biopsy** is the removal of the first lymph node(s) in your armpit that gets 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 lymph nodes found in the 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, and carry lymphatic 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
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.

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.

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.

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.
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 1 or more of the following 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.

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 a cardiac stress test, echocardiogram, or carotid doppler study.
- The name(s) and telephone number(s) of your healthcare provider(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 (www.mskcc.org/pe/advance_care_planning) and How to Be a Health Care Agent (www.mskcc.org/pe/health_care_agent) for information about health care proxies, other advance directives, and being a health care.

Arrange for Someone to Take You Home

You must have a responsible care partner take you home after your procedure. If you don’t have someone to do this, 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

10 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 “Educational Resources” 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 at your local pharmacy without a prescription.

Figure 2. Hibiclens skin cleanser
7 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 “Educational Resources” section of this guide.

Stop Taking Herbal Remedies and Other Dietary Supplements
Stop taking herbal remedies and other dietary 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 “Educational Resources” section of this guide.

2 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 “Educational Resources” section of this guide.

1 Day Before 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.

| Surgery date: ________________ |
| 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 performed 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 a small 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 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

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 use any other soap. Don’t put on any lotion, cream, powder, deodorant, or cologne after your shower.
Take Your Medications as Instructed

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

Things to Remember

- Don’t put on any lotion, cream, powder, deodorant, or cologne.
- 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.
- Leave valuables, such as credit cards, jewelry, and your checkbook, at home.
- Before you are taken into the operating room, you will need to remove your eyeglasses, hearing aid(s), dentures, prosthetic device(s), hairpiece, and religious articles.
- If you wear contact lenses, wear your glasses instead.

What to Bring

- A button-down or loose fitting shirt.
- Only the money you may need for a newspaper, bus, taxi, or parking.
- Your portable music player, if you choose. However, someone will need to hold this item for you when you go into surgery.
- Your breathing machine for sleep apnea (such as your CPAP), if you have one.
- A case for your personal items, such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles, if you have it.
- Your Health Care Proxy form, if you have completed one.
- This guide. Your healthcare team will use this guide to teach you how to care for yourself after your surgery.
Once You’re in the Hospital

When you get to the hospital, take the B elevator to the 6th floor and check in at the desk in the PSC waiting room.

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 site on your body that will be operated on. This is for your safety. This helps to make sure that 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.

Notes

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In the Post-Anesthesia Care Unit (PACU)

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

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 wrap around your chest to cover your surgical site and 1 or 2 Jackson-Pratt® drains (JP drain, see Figure 3) attached to the wrap. The JP drain will help drain the fluid from your incision and prevent swelling. You will get supplies to take home before you leave the hospital 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. 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.
- Do coughing and deep breathing exercises. A member of your care team will teach you how to do these exercises.

Eating and Drinking

You will be able to eat starting 1 to 2 hours after your surgery. First, you will be on a clear liquid diet. 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. This is a soft catheter (thin flexible tube) that’s inserted near your incision to drain extra fluid. The drain(s) will usually be removed about 1 to 2 weeks after your surgery, but it may be left in longer. Your nurse will teach you how to care for the drain before you leave the hospital. For more information, read Caring for Your Jackson-Pratt® Drainage System.

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.

Showering

You can shower 24 hours after your surgery. Before you go home, your nurse will teach you how to secure your drain(s) while showering.

When you’re ready to shower, take off your wrap and any gauze pads that are covering your 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. Pat your incisions dry with a clean towel. Put your wrap back on and secure the drains to your wrap. If it feels more comfortable, you can place a clean gauze pad over your incision, under the wrap.

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.

**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. You can find it online at www.mskcc.org/pe/constipation, or you can ask your nurse.

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.

Take a shower every day to clean your incision. Follow the instructions in the “Showering” section below.

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

Take a shower every day to clean your incisions.

Take your bandage(s) off before you shower. Gently wash your incisions with soap and water, letting the shower water run over them.

After you shower, pat the area dry with a clean towel. Put your wrap back on and secure the drains to your wrap. If it feels more comfortable, you can place a clean gauze pad over your incision, under the wrap.

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 cologne anywhere near your surgery site.

Physical Activity and Exercise

In about 2 to 4 weeks, your incision may look like it’s healed on the outside, but it won’t be healed on the inside. For the first 6 to 8 weeks after your surgery:

- Don’t do any strenuous activities (such as jogging and tennis).
- Don’t play any contact sports (such as football).

Your physical therapist will give you written instructions on what exercises and movements you can do while your incisions are healing. The scar tissue that forms around your surgical site can limit the
range of motion in your arm and shoulder. If you've had reconstruction, you may also have muscle pain or tightness.

Review the information in *Exercises for Men after Mastectomy* for examples of exercises that will help you regain motion in your arm and shoulder. If you feel pain during the exercises, it may be helpful to take some pain medication 30 minutes before starting the exercises.

Doing aerobic exercise, such as walking and stair climbing, will help you gain strength and feel better. Walk at least 2 to 3 times a day for 20 to 30 minutes. You can walk outside or indoors at your local mall or shopping center.

It’s normal to have less energy than usual after your surgery. Recovery time is different for each person. Increase your activities each day as much as you can. Always balance activity periods with rest periods.

**Sexual Activity**

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

If you feel comfortable, let your partner see your incision soon after your 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.

Our Male Sexual and Reproductive Medicine Program is available to help you if you have any concerns about the effects of your cancer or treatment. For more information or to make an appointment, call 646-888-6024.

You can find more information in the American Cancer Society resource Sexuality for the Man with Cancer: [www.bit.ly/2oBLwXC](http://www.bit.ly/2oBLwXC).

**Driving**

Ask your doctor when you can drive. Most people can start driving again within 6 weeks after surgery. You shouldn’t drive until your drain(s) have been removed, you have a full range of motion in your arms and can comfortably turn the steering wheel.

Don’t drive while you’re taking pain medication that may make you drowsy. You can ride in a car as a passenger at any time after you leave the hospital.

**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.

**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 is 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 your 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*.

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 already have a MyMSK account, you can sign up by going to my.mskcc.org. For more information about signing up for a MyMSK account, watch our video *How to Enroll in the Patient Portal: MyMSK* at www.mskcc.org/pe/enroll_mymsk. You can also contact the MyMSK Help Desk by emailing mymsk@mskcc.org or calling 800-248-0593.

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**Contact your doctor or nurse if you have:**

- A fever of 101° F (38.3° C) or higher
- Drainage from your incision line
- Trouble breathing
- Warmer than normal skin around your incision
- Increased discomfort in the around your incision
- Increased redness around your incision
- New or increased swelling around your incision
- 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
Integrative Medicine Service offers patients many services to complement traditional medical care, including music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy.

**Look Good Feel Better Program**
www.lookgoodfeelbetter.org/programs/men/
800-395-LOOK
Learn techniques to help you feel better about your appearance by visiting the program online.
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

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.

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

**HIS Breast Cancer Awareness**  
www.hisbreastcancer.org  
Offers education and information on male breast cancer.

**Male Breast Cancer Coalition**  
www.malebreastcancercoalition.org  
Patient advocacy organization that educates about male breast cancer.

**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**  
ww5.komen.org/BreastCancer/BreastCancerinMen.html  
Provides information and support services for men with breast cancer.

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

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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
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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</thead>
<tbody>
<tr>
<td>The bulb is not compressed.</td>
<td>The bulb wasn’t squeezed tightly enough.</td>
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<tr>
<td></td>
<td>The stopper is not closed securely.</td>
</tr>
<tr>
<td></td>
<td>The tubing has been dislodged and is leaking.</td>
</tr>
<tr>
<td>What to do</td>
<td>Compress the bulb using steps 2 through 9, outlined in</td>
</tr>
<tr>
<td></td>
<td>“Emptying your Jackson-Pratt drain and recording the drainage.”</td>
</tr>
<tr>
<td></td>
<td>If the bulb remains expanded after following the steps above, call your</td>
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<tr>
<td></td>
<td>doctor or nurse during business hours.</td>
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<tr>
<th>Problem</th>
<th>Reason</th>
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<tbody>
<tr>
<td>There is:</td>
<td>Sometimes string-like clots clump together in the tubing.</td>
</tr>
<tr>
<td></td>
<td>This can block the flow of drainage.</td>
</tr>
<tr>
<td>No drainage.</td>
<td>Milk the tubing as described above.</td>
</tr>
<tr>
<td>A sudden decrease in the amount of drainage.</td>
<td>If there is no increase in drainage flow, call your doctor’s office</td>
</tr>
<tr>
<td>Drainage around the tubing insertion site or on the</td>
<td>during business hours. If it occurs after business hours, call the</td>
</tr>
<tr>
<td>bandage covering the tubing.</td>
<td>next day.</td>
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<tr>
<th>Problem</th>
<th>Reason</th>
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<tbody>
<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</td>
</tr>
<tr>
<td></td>
<td>tubing is held in place with sutures.</td>
</tr>
<tr>
<td>What to do</td>
<td>Place a new bandage over the site and call your doctor’s</td>
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<tr>
<td></td>
<td>office.</td>
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</table>
Office during business hours.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Reason</th>
<th>What to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>You have redness greater than the size of a dime, swelling, heat, or pus around your insertion site.</td>
<td>These may be signs of an infection.</td>
<td>Take your temperature. Call your doctor or nurse and describe the signs of infection around your insertion site. Let them know if your temperature is 101°F (38.3°C) or higher.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Medications that Contain Acetaminophen</th>
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<tbody>
<tr>
<td>Acephen®</td>
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<tr>
<td>Aceta® with Codeine</td>
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<tr>
<td>Acetaminophen with Codeine</td>
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<tr>
<td>Aspirin-Free Anacin®</td>
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<tr>
<td>Arthritis Pain Formula® Aspirin-Free</td>
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<tr>
<td>Darvocet-N 100®</td>
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<td>Datril®</td>
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**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>
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<tr>
<td>Acetamin</td>
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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.
Exercises for Men After Mastectomy

This information describes how you can perform arm and shoulder exercises, a breathing exercise, and scar massage after your mastectomy.

Starting the Exercises

Ask your surgeon when it’s safe for you to start doing these exercises. Although most men can start the exercises on the first day after their surgery, speak with your surgeon before you begin.

Videos Showing the Exercises

A video demonstrating how to perform exercises after your mastectomy can be found on Memorial Sloan Kettering’s (MSK) website at www.mskcc.org/pe/exercises_without_reconstruction. The exercises are the same for both women and men.

Deep Breathing Exercise

Exaggerated 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 tension during the day.

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

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

- Move your arm over your head and out to the side.
- Move your arm behind your neck.
- Move your arm to the middle of your back.

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

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

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

Before you begin, gather the following supplies:

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

Shoulder rolls

The shoulder roll is a good beginning exercise, since it provides a gentle stretch to your chest and shoulder muscles.
1. Stand or sit comfortably with your arms relaxed at your sides (see Figure 1).

2. In a circular motion, bring your shoulders forward, up, backward, and down. Try to make the circle as large as you can and get both of your shoulders to move at the same time.

3. If you have some tightness across your incision or chest, begin with smaller circles, but increase the size as the tightness lessens. You may find that the backward direction is a little tighter across your chest than the forward direction, which you’ll perform next. This will get better with practice.

4. Now, switch directions and do 10 shoulder rolls in the forward direction. Bring your shoulders backward, up, forward, and down.

**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. After 10 repetitions, slowly lower your hands back down to your lap.
If you experience discomfort while doing this exercise, hold your position and do the deep breathing exercise. If the discomfort doesn’t go away, do not raise your elbows any higher.

**Arm circles**

If you had surgery on both of your breasts, do this exercise with both arms, one arm at a time. Do not do this exercise with both arms at the same time. This will put too much pressure on your chest.

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). Begin making slow, backward circles in the air with your arm. Be sure the movement is occurring at your shoulder and not at your elbow. Keep your elbow straight.

2. Increase the size of the circles until they are 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.

3. Slowly lower your arm to your side. Rest your arm for a moment.

4. To perform the second part of the exercise, raise your affected arm out to the side as high as you can. Begin making slow, forward circles.

5. Increase the size of the circles until they are as large as you can comfortably make them. Be sure to complete at least 10 full forward circles. If you feel any aching or if your arm is tired, stop before 10 circles.

6. Lower your arm to your side.
**W exercise**

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

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 are even with your face, limiting 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 are squeezing a pencil between your shoulder blades.

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, do not 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.

**Back climb**

You can do the back climb in a sitting or standing position.

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

4. Hold the highest position you can for 1 minute. 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.

1. Stand or sit comfortably with your feet on the floor. Clasp your hands together on your lap. Slowly raise your hands toward your head, keeping your elbows together in front of you and not out to the sides (see Figure 6). Keep your head level; do not bend your neck or head forward.

2. Slide your hands over your head until you reach the back of your neck. When you get to this point, spread your elbows

Figure 5. Back climb

Figure 6. Hands behind neck
out to the side. Hold this position for 1 minute. If you are not able to get into this position, reach up and stretch your elbows back as best you can. Breathe normally. Do not hold your breath as you stretch your body.

3. If you have some tightness across your incision or chest, hold your position and do the deep breathing exercise. If the tightness decreases, continue with the movement. If the tightness stays the same, hold the position you’re most comfortable in for 1 minute.

4. 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 will 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 tenth crawl, use the other piece of tape to mark the highest point you reached with your affected arm. This will allow you to see your progress each time you do this exercise.

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

**Side wall crawls**

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

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

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

1. Stand with your unaffected side facing the wall, about a foot away from the wall.

2. Reach as high as you can with your unaffected arm and mark that point with a piece of tape (see Figure 8). As with the forward wall crawl, this will be the goal for your affected arm. If you’ve had surgery on both breasts, set your goal using the arm that moves most comfortably.

3. Turn your body so that your affected side is now facing the wall. Crawl your fingers up the wall as far as possible. When you get to the point where you feel a good stretch, but not pain, do the deep breathing exercise. Return to the starting position by crawling your fingers back down the wall.

4. Repeat this exercise 10 times.
5. On your tenth crawl, use the other piece of tape to mark the highest point you reached with your affected arm. This will allow you to see your progress each time you do the exercise.

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. Pick up your fingers and move them an inch or 2 over, and then repeat the massage.

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 and do hand pumps. To do hand pumps, slowly open and close your fist 10 times. Elevating your arm and pumping your muscles helps to drain the fluid out of your arm.

You may also elevate your arm a few times a day for about 20 minutes at a time. To elevate your arm while sitting or while lying on your back, rest your arm on a few pillows next to you. Your arm should be raised above the level of your heart. Do not hold your arm over your head for more than a few minutes. This can cause the muscles of the arm to get tired.

If you’re able to sleep on your unaffected side (the side on which you didn’t have...
surgery), you may place 1 or 2 pillows in front of you and rest your arm on them. If the swelling does not go down within 4 to 6 weeks, call your doctor or nurse.

Contact Information

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

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
- Don’t see well
- Feel dizzy, lightheaded, or confused
- Use a walker or cane
- Have depression or anxiety
- 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
Pain medications
Intravenous (IV) fluids (fluids into your vein)
Any medication that makes you feel sleepy

**How to Avoid Falling During Your MSK Appointments**

- 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.
- 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 you’re lying down, sit at the side of the bed or exam table before you stand up.
- 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**

- 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. 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.

- Apply anti-slip stickers to the floor of your tub or shower.

- Buy a shower chair and a hand-held shower head so you can sit while taking a shower.

- When getting up 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.

If you’re concerned about your risk for falling, talk with your doctor or nurse.

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 or by calling 800-CDC-INFO (800-232-4636).

For more information about choosing safe shoes, read our resource How to Choose Safe Shoes to Prevent Falling (https://www.mskcc.org/pe/safe_shoes).
Understanding Lymphedema

- "Understanding Lymphedema" is also available in Portable Document Format (PDF, 463KB, 2pg.)

If you have ever had radiation, surgery for cancer, trauma, burns, infections, or other surgical procedures particularly involving the arms and legs or lymph nodes, lymphedema is something that you need to know about.

What is lymphedema?

Lymphedema (LIMF-eh-DEE-ma) is the buildup of lymph fluid in your body's tissues that can happen when lymph nodes are removed or damaged. Lymphedema can cause swelling anywhere in the body, but most often happens in the arms and/or legs. Lymphedema results from common cancer treatments such as surgery and radiation but can occur as a result of trauma, burns, infections or other surgical procedures. It can develop soon after treatment, or may show up many months, years, or even decades later.

Photos courtesy of Lymphedema Therapy, Woodbury, NY

Lymphedema can:

- lead to infections
- cause pain and discomfort
- be a long-term condition
- be controlled through awareness and treatment

Once you develop lymphedema, it can be managed, but it cannot be cured. It is important that you do everything you can to help prevent it from developing.

What are the Symptoms of Lymphedema?

The symptoms of lymphedema often appear slowly over a period of years. Even if you don't develop symptoms right away, you may still be at risk. If you have had surgery or radiation treatment for cancer, or have had trauma, burns, infection or other surgical procedures and begin to notice any of the following symptoms, you may have lymphedema, and should call a doctor:

- pain, aching, or redness in an arm or leg, including fingers or toes
- swelling (with or without pain) anywhere in your body that lasts for 1 to 2 weeks
- jewelry or clothing feels tight but there is no weight gain
- a feeling of weakness, heaviness, or tightness in the arm or leg
- repeated infections in the arm or leg
- hardening and thickening of the skin on the arm or leg
• a temperature of 100.5 degrees Fahrenheit or higher that isn't related to a cold or flu

What is the treatment for lymphedema?

If you have lymphedema, there is effective treatment to reduce the swelling, prevent the condition from getting worse, and limit the risk of infection. Experts generally recommend Complete Decongestive Therapy (CDT) for people with lymphedema. CDT is a combination of treatments that include special massage for lymph drainage, exercises, compression, and skin care. These treatments should be given by a certified lymphedema therapist or someone who has received special lymphedema therapy training. Early treatment focuses on reducing the swelling and controlling the pain, and can shorten the time that treatment is needed.

It is important that you be involved in your lymphedema treatment:

• So that you can better understand the signs and symptoms of lymphedema, contact any of the organizations listed on the back of this brochure.
• Get professionally fitted for a compression garment. To find a certified lymphedema therapist, see the National Lymphedema Network or the Lymphology Association of North America contact information listed on the back of this brochure.

Infection is a common problem with lymphedema. To protect against infection:

• use antibacterial creams for all cuts, scrapes, insect bites, etc. on the affected arm or leg
• use the unaffected arm for blood tests, IVs, injections, and blood pressure readings
• wear protective gloves when doing chores such as washing dishes or gardening
• frequently apply fragrance-free, hypoallergenic lotion to avoid dry, chapped skin

If any part of your affected arm or leg feels hot, looks red, or swells suddenly, you should call your doctor as these symptoms could be a sign of an infection and you may need antibiotics.

Where can I get support for lymphedema?

Attend lymphedema support group meetings in your community. These meetings are a good way to connect with people who understand what you're going through. The National Lymphedema Network website or hotline can provide a list of support groups around the country.

Participate in online message boards and chat rooms. Make sure that the site you go to is recommended by a reputable source, such as The National Lymphedema Network. If you don't have internet access, call any of the hotline numbers listed at the end of this pamphlet.

Can lymphedema be prevented?

While there is currently no cure for lymphedema, there are things you can do to reduce your risk of developing lymphedema. The risk of lymphedema is life-long. Following these preventative steps will greatly reduce the
possibility that you will develop lymphedema:

**DO**

- rest your arm or leg while recovering
- exercise and stretch, but avoid strenuous activities, such as those that make you sweat, until after you've completely recovered from surgery or radiation
- talk to your health care provider about whether you should wear a professionally fitted compression garment, which is a long sleeve or stocking made to compress the arm or leg to encourage the flow of lymph fluid out of the affected arm or leg

- protect your arms and legs from sunburns or other burns

**DON'T**

- don't wear clothing or jewelry that feels tight or uncomfortable
- don't carry heavy items or do repetitive activities until you are fully healed. First check with your health care provider
- don't apply heat, such as with a heating pad, to your affected limb
- don't use hot tubs or saunas

For further information on lymphedema

- [Lymphatic Education and Research Network](https://www.lymphnet.org)
  516-625-9675
- [American Cancer Society](https://www.cancer.org)
  1-800-ACS-2345
- [National Cancer Institute](https://www.cancer.gov)
  1-800-4-CANCER
- [Susan G. Komen Breast Cancer Foundation](https://www.komen.org)
  1-800-I'M AWARE (1-800-462-9273)

To find a certified lymphedema therapist

- [Lymphology Association of North America (LANA)](https://www.lymphology.org)
  1-773-756-8971
- [National Lymphedema Network](https://www.lymphnet.org)
  1-800-541-3259