



Getting Ready for TRAM/DIEP Flap Reconstruction

June 2011



Royal Jubilee Hospital



About this booklet

This booklet was developed by Cathy Parker, R.N., Breast Health Patient Navigator, Victoria Breast Health Centre, with input from nurses, physiotherapists, surgeons, community partners and people who have had surgery for breast cancer.

We welcome comments about this booklet. Please contact the Victoria Breast Health Centre at 250-727-4467 or BreastHealth@viha.ca with your comments or suggestions.

Copies of this booklet can be ordered from the Vancouver Island Health Authority (VIHA) Regional Printing Services by faxing a Printing requisition to 250-744-2698, indicating the title of the booklet, number of copies required, cost centre number and shipping instructions.



Table of Contents

1	Introduction	1
2	Before Surgery	2
	Surgery time and place.....	2
	Pre-operative physical.....	2
	Taking part in research	2
	Items for recovery.....	2
	Hospital pre-admission clinic appointment.....	3
	Length of stay.....	3
	Help at home.....	3
	Results from surgery.....	4
	Exercises before and after surgery	4
3	Getting Ready for Surgery	6
	Preparing your skin	6
	How to use Chlorhexidine sponges.....	6
	Food and fluid restrictions	7
	Medications.....	7
	Smoking.....	8
	Packing for the hospital.....	8
4	Coming to Hospital	9
	Surgical admission.....	9
	Sentinel node biopsy.....	10
5	Being in Hospital	11
	What to expect after surgery.....	11
	Activity.....	12
	Dressings & Drains.....	13
	Getting dressed	13
	Hospital discharge.....	13



6	At Home after Surgery.....	14
	Effects of surgery	14
	What to do	15
	What not to do	15
	Driving.....	16
	Incision care	16
	Bathing.....	16
	About drains	17
	Drain Record.....	20
	When to call your surgeon.....	21
<hr/>		
7	Follow-up after Surgery.....	22
	Follow-up with your surgeon	22
	Going back to work.....	22
	When further treatment is needed	23
	New patient orientation sessions	23
<hr/>		
8	Road to Recovery	24
	Physical recovery	24
	Emotional support.....	26
<hr/>		
9	Post-Reconstruction.....	27
	Breast self-examination and mammography	27
	Nipple and areola reconstruction.....	27
	Donating your prosthesis	28
	Sexuality	28
<hr/>		
10	Royal Jubilee Hospital Site and Parking	29



1 Introduction

This booklet is designed to help you prepare for breast surgery. If you are having surgery to your axilla (underarm), you will receive a breast pillow for comfort after surgery. Bring this booklet and your breast pillow with you when you go to the hospital.



Breast Cancer Information Kit

This booklet complements the *Breast Cancer Information Kit*. The kit is available free of charge to everyone newly diagnosed with breast cancer. The kit will help you learn more about breast cancer and the treatments available to you, as well as provide you with tools to record and store your information. Kits are available from:

- Your surgeon's office
- Cancer Information Service at 1-888-939-3333
- Victoria Breast Health Centre at 250-727-4467
- Hospital Pre-Admission Clinics.

Breast Health Patient Navigators

Breast Health Patient Navigators are registered nurses with expertise in breast health and breast cancer surgery. They assist patients and families by ensuring they receive information and support. The navigators sent you this booklet and breast pillow.

If you are newly diagnosed with breast cancer and you have not already been in contact with the Breast Health Patient Navigators you will receive three telephone calls:

- The first call will be before your surgery
- The second call will be a few days after your surgery
- The third call will be after your post-operative visit with your surgeon.

The navigators recognize that people are unique and understand that individuals vary greatly in their need for information and support. You are welcome to call a Breast Health Patient Navigator at the Victoria Breast Health Centre (250-727-4467) as little or as frequently as you wish!



2 Before Surgery

Surgery time and place

The surgeon's office will phone you or send your surgery time and place information by mail. Most TRAM/DIEP flap reconstructive breast surgery takes between four and seven hours, depending on if one or both breasts are being reconstructed.

Contact your surgeon's office at once if you are not feeling well, or have a cough, cold or fever the week before your surgery date.

Pre-operative physical

Arrange a pre-operative (or pre-op) physical with your family doctor as early as three months before the surgery date but no later than one week before the surgery date.

Taking part in research

If you are newly diagnosed with breast cancer, your surgeon may ask if you wish to donate left over tissue from your surgery to the Tumour Tissue Repository (TTR) at the Vancouver Island Cancer Centre. If you are interested, your name will be forwarded to the TTR nurse, who will contact you with more information or you may contact the TTR nurse directly at 250-519-5713.

Items for recovery

Purchase an abdominal binder before your hospital pre-admission clinic appointment. Bring it with you to the hospital pre-admission clinic and when you are admitted to hospital.

Abdominal binders are available from your surgeon's office or the Rexall Pharmacy (Nanaimo Street location).



Hospital pre-admission clinic appointment

The hospital will phone you within one week of your surgery date to arrange a pre-admission clinic appointment. This appointment is usually when pre-operative blood tests, etc. are done. Some people do not need to come in for a visit if all the necessary information can be obtained over the phone.

Length of stay

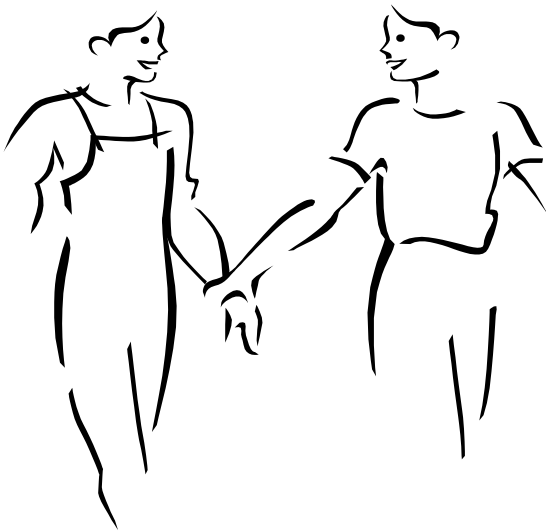
The usual length of stay for TRAM/DIEP surgery is three to four nights with a discharge time of about 9 a.m.

Remember to arrange for a ride to and from the hospital!

Help at home

You will need help with household chores that strain your arms, shoulders, or breast area such as vacuuming, washing floors, laundry, or lifting anything heavy for four to six weeks after surgery.

If it is difficult for you to leave your home, and you do not have someone to help you care for your incision(s) or drain(s), please talk with your Breast Health Patient Navigator at 250-727-4467 to arrange for a home-care nurse **before** going to the hospital for your surgery.



Preparing and freezing meals ahead of time can be helpful.

Some women find that a recliner chair helps with comfort and mobility after surgery. It is also useful to have plenty of pillows available to help get comfortable.



Results from surgery

Final pathology results will not be known for ten to fourteen days after surgery. Call your general surgeon's office after surgery to book a post-operative visit to review your pathology results.

Exercises before and after surgery

After any type of operation, your lungs tend to produce more mucous than usual and do not expand fully. This is partly due to the effect of the anaesthetic, and partly because you are not moving around as much as usual.

Incentive spirometry

An incentive spirometer is a device used to help encourage deep breathing exercises. You will receive one in the hospital and the staff will teach you how to use it. See the instructions for deep breathing exercises on the following page.

Abdominal exercises

While it is always helpful to maintain a good fitness level before surgery, there is no proven benefit to abdominal exercises to prepare for TRAM/DIEP surgery.

Deep breathing and frequent coughing help keep the lungs fully expanded and clear of mucous.

- Practice the exercises on page 5 before your surgery so that you know them well. If you have any problems, please ask your physiotherapist or your nurse.
- Do deep breathing exercises and cough frequently especially in the first few days after your surgery and continue for several weeks after you are home.



Do each exercise once every hour:

1 Deep Breathing – repeat 5 times

Breathing deeply engages your lungs to cough more readily to help move secretions:

- Take a very deep breath in through your nose and expand your ribs;
- Hold breath in for three seconds;
- Breath out through your mouth until all of the air is gone.

If you are able change your position in bed, move from your back onto your side or from side-to-side.

2 Breath & Cough – repeat 2 times

Coughing may be needed to clear mucous in your lungs:

- While lying down, bend knees and support your incision firmly with a pillow or your hands;
- Take 3 deep breaths then breathe in and cough sharply;
- Clear mucous into a tissue; rest and then repeat as needed.

Coughing will not damage the incision.

3 Leg Circulation – repeat 10 times

Moving your legs in bed helps to maintain good blood circulation:

- Pump the feet up and down at the ankles;
- Make circles with the feet in each direction with the legs straight;
- Pull toes up and press the back of your knees down into the bed. Hold for three seconds and relax;
- Bend one knee and straighten it; alternate legs.



3 Getting Ready for Surgery

Preparing your skin

Do not shave under your arm for at least two days before surgery.

Purchase two Chlorhexidine 4% scrub sponges. Use the sponges as directed below to bathe or shower the **night before AND on the morning of your surgery**.

This pre-surgery skin preparation procedure helps to:

- Remove germs on the skin
- Prevent infection
- Promote wound healing.

You can purchase Chlorhexidine 4% scrub sponges at:

- Wal-Mart
- Save-On Foods
- Hospital gift shops
- Some pharmacies (call to confirm).

How to use Chlorhexidine sponges

The evening before surgery:

- Wash your entire body and hair with your usual soap and shampoo
- Rinse
- Open one surgical sponge and squeeze to produce lather
- Wash body from neck to feet
- Do not wash your head, hair or face with the surgical sponge!
- Carefully clean the surgical area, navel (belly button), under arms, and back
- Then clean your feet and between your toes
- Clean your genital and anal areas last
- Do not rinse for 5 minutes, then rinse well
- Do not apply deodorant, body lotion or powder afterwards.

The morning of surgery:

- Repeat the above with the second surgical sponge.



Food and fluid restrictions



NO SOLID FOOD after midnight on the evening before surgery. Clear fluids are permitted until three hours before your scheduled surgery time.

Clear fluids include:

- Water
- Clear tea
- Carbonated drinks (pop)
- Popsicle
- Jell-O
- Black coffee
- Fruit juice without pulp



Clear fluids DO NOT include:

- Milk, non-dairy creamer, protein beverages, or tomato juice
- Alcoholic beverages.

Medications



Take all prescribed medications as usual **unless told not to** by your anesthesiologist, surgeon, hospital pharmacist or other specialist.

Discuss any concerns you have about stopping your medications with your doctor at least 10 days before surgery. This is especially important if you take medication for:

- Diabetes e.g. Chlorpropamide, Glyburide, Metformin, Insulin
- Blood Thinners e.g. Coumadin (Warfarin), Heparin
- Antiplatelet medications e.g. Clopidogrel (Plavix), Ticlid, Acetylsalicylic Acid (ASA, Aspirin).

7 days before surgery, stop taking Vitamin E and all natural health products and herbal remedies e.g. Garlic, Gingko, Kava, St. John Wort, Ginseng, Don Quai, Glucosamine, Papaya etc.

Regular vitamins and iron supplements can usually be taken until the day of surgery.

Acetaminophen e.g. Tylenol for pain may be taken when necessary up to and including the day of surgery.

You may take **allowed** medications with 30 ml (1 oz) of water per pill up to one hour before surgery.



Smoking



Smoking increases your risk of serious complications. Do not smoke for twelve hours before surgery.

If your surgery is planned in advance, plan to stop smoking at least two months before your scheduled surgery date. Talk to your family doctor for help to quit smoking. If you are in the process of quitting on your surgery date, Nicoderm patches are a better option than smoking.

Packing for the hospital

What to bring

- Your B.C. care card or proof of substitute Medical Insurance Plan, or some form of personal identification
- This booklet and your *Exercise After Breast Surgery* booklet
- Breast pillow(s) (if you are having lymph nodes removed)
- Abdominal binder
- List of allergies and hypersensitivities, medications and vitamins
- Eyeglasses/contacts, hearing aids and dentures in a storage container labelled with your name
- Your CPAP, Bi-level machines or dental devices if you use one for sleep (even for day surgery)
- A small bag with personal hygiene items (toothbrush, toothpaste, comb)
- Slippers
- A front closure top, elastic or drawstring pants or skirt, and slip-on shoes to wear home from the hospital (family can bring these in later).

What not to bring or wear:

- Jewellery or body piercing items
- Personal items such as money, valuables, credit cards, or cell phones
- Make-up, perfume, deodorant or talcum powder (face cream, nail polish and acrylic nails are okay).



4 Coming to Hospital

You will be admitted to hospital on the day of your surgery. Your surgeon's office will tell you:

- Which hospital to go to
- The date and time of your surgery
- The hospital admission time
- Your probable length of stay.

Surgical admission

Check in at the front desk. You will be directed to the surgical admission area to:

- Change into a hospital gown
- Sign your Consent for Surgery form (if you have not already done so)
- Receive pre-operative medications and have an intravenous started.

Before going to the operating room, you will be asked to:

- Empty your bladder
- Remove your glasses/contact lenses and/or dentures. These items will be kept with your belongings.

Your surgeon and anesthesiologist will visit you before going in to the operating room. Your plastic surgeon will mark your chest with a felt pen in preparation for surgery. You will be in the recovery room for two to three hours depending on how you are doing.

Pre-op Support

One family member or friend can stay with you until you are taken in to the operating room. Provide the nurse with your family member or friend's contact number so your surgeon can call them when your operation is over.



Sentinel node biopsy

Sentinel node biopsy maps the underarm (axillary) lymph nodes closest to the cancer site. If you are booked for this procedure you will be asked to go to the Nuclear Medicine department at the hospital on the morning of surgery, or sometimes the day before. Your surgeon's office will tell you the time and which hospital to go to.

Sentinel node biopsy is a two-part procedure:

1. Tracing Agent

A radiologist will inject a radioactive tracing agent into the breast. You may feel pressure. You will be told to massage the area and to pump your arm up and down to help spread the tracing agent to the lymph nodes under the arm.

2. Dye

Once you are in the operating room and you are asleep, your surgeon may inject a blue dye (Isosulfan Blue/ Lymphazuran) into the breast if needed to help visualize the lymph nodes.

For more detailed information, refer to pages 96-97 in the book *The Intelligent Patient Guide* in your *Breast Cancer Information Kit*.

Possible side effects

The blue dye injection can cause urine and stools to appear bright blue or green, and your skin and area around the incision line may appear bluish in colour. These effects are normal and will fade within a few days.



5 Being in Hospital

What to expect after surgery

Recovery room

After surgery you will be moved to the recovery room. The recovery room nurses will watch you closely as you recover from the anaesthesia and give you medication for pain and nausea as needed. When you are stable, you will be moved to a nursing unit.

Pain

You will experience pain around your reconstructed breast and abdomen. If lymph nodes were removed from under your arm, you may also experience some numbness in the upper and inner arm. These sensations will decrease as time passes, but may linger indefinitely.

Some women find the surgery painful while others experience mild feelings of discomfort. You will be prescribed pain medication based on your individual needs.

Fluids and diet

Your IV will be removed as soon as you are drinking enough fluids. You will be given something to eat when you are ready. Your diet will be caffeine free.

Constipation

It is important to establish a good bowel pattern prior to admission because pain medication and limited activity can lead to constipation. The sooner you resume your regular daily diet and activity level, the sooner this problem should dissipate. Occasionally laxatives such as Senokot or Metamucil can also help.

Visitors

Most units have flexible visiting hours. Please ask family and friends to:

- Keep visits short
- Limit the number of visitors at one time
- Respect the concerns of the nurses
- End visits when asked.



Activity

Most women are able to resume their normal activities within six to eight weeks. Your general health, the extent of the surgery and your commitment to your exercise prescription all influence your recovery.

During your hospital stay, a physiotherapist will assist you to get up and to do the exercises recommended for you.

Getting out of bed

Whether you have surgery on one side (unilateral) or both sides (bilateral) your nurse or physiotherapist will assist you to a sitting position on the first day after your surgery.

- If you have unilateral surgery, the physiotherapist will help you to roll towards your non-operated side, and show you how to use the arm under you to push your trunk up as you swing your legs over the edge of the bed
- If you have bilateral surgery the physiotherapist or your nurse will show you the most comfortable way to get out of bed.

Arm activity

Starting the first day post-op, use both arms as normally as possible within the limits of pain and incisional pulling. Use your arms for activities such as washing your face, combing your hair and eating meals. Avoid pushing or pulling your body using either arm.

Walking

You will likely walk slightly stooped initially. By the time you leave the hospital you should be comfortable swinging your arms at your sides and standing more erect.

Always wear your abdominal binder when you get up out of bed!



Dressings and drains

Your dressings(s) will be changed as directed by your doctor. The circulation and temperature of your reconstructed breast will be checked every one to two hours for the first 48 hours post-op, and then as needed.

You may have one or more drainage tubes to collect normal blood and fluids that drain when tissue is cut. Sometimes patients go home with drains. If this is the case, the nurses will show you how to care for your drains. (See pages 17-19).

Getting dressed

When you get dressed, put the arm on the same side as the surgery into the shirtsleeve first. If you have had surgery to both breasts, choose what is most comfortable for you.

When undressing, it will be easier to remove the arm on the un-operated side first, and then remove the arm on the operated side from the shirt sleeve last.

Wear a loose comfortable bra as soon as your incisions are completely healed. Avoid wearing bras that are tight or have underwire. Wear a loose, comfortable front closure top and pull on skirt or pants with an elastic or drawstring waist. Slip-on shoes are also helpful.

Hospital discharge

Discharge is usually 9 a.m. Your family member or friend will be told when to pick you up.

Before you leave the hospital your nurse will:

- Review your care instructions with you
- Change your dressing(s)
- Provide you with a few dressings to take home
- Provide a container for measuring the contents of your drain(s).



6 At Home after Surgery

Effects of surgery

Most women are able to resume normal activity within six to eight weeks, depending on your general health and the extent of the surgery.

Bruising and pain

Bruising around the incision(s) is normal and usually starts to fade in seven to ten days. Sometimes this takes longer.

Pain around the incisions, armpit, down the arm and into the back is normal for several weeks after surgery. If lymph nodes are removed, pain in the underarm may increase seven to fourteen days after surgery as nerves heal. Some describe this as a burning pain or increased tenderness. Some describe feeling electric shocks. Should this occur, it will pass within a week or two. Take pain medication when needed.

Loss of sensation in the abdomen, reconstructed breast and under the arm is also common and may never completely go away. Therefore, it is important to avoid using a hot water bottle, hot bags or a heating pad in these areas as they may cause burns.

Fluid build-up

Fluid may build under the breast or abdominal incision or in the armpit after surgery. This is called a seroma. You may feel a lump or fullness and may hear a sloshing or gurgling sound. Seromas often feel warm, firm and appear reddened.

Seromas are not a problem unless they become tight or painful. The body will absorb seromas if they are small, but if they are large, the surgeon may remove the fluid using a fine needle and syringe. This procedure is done in the surgeon's office and may need to be repeated several times during recovery. (See page 21, *When to call your surgeon*).



What to do

- **DO** begin the simple exercises in the Canadian Cancer Society booklet *Exercises After Breast Surgery: A Guide for Women* included with your information kit. Progress as recommended by your plastic surgeon
- **DO** place your arm (surgical side) on a pillow if you have had axillary lymph node dissection. Raise your arm above the level of your heart for 45 minutes two to three times per day
- **DO** use your arm as normally as possible, within the limits of pain and incisional pulling, for the activities of daily living (ADL) such as grooming, washing, and eating
- **DO** check with a physiotherapist or surgeon if you have any questions about an activity
- **DO** wear your abdominal binder for six weeks or until directed by your surgeon. It is okay to remove the binder while at rest or when you are not straining the abdominal incision
- **DO** eat a balanced diet with generous portions of protein-rich foods such as poultry, meat, fish, eggs, legumes, milk and cheese. Include high fibre foods such as fruit, vegetables, whole grain bread and cereal, and drink plenty of fluids (six to eight cups or two litres daily)
- **DO** watch for signs of constipation if you are taking pain medications with codeine. Increasing fluid intake, exercise and increased fibre can help. Occasionally, laxatives may be needed

What not to do

- **DO NOT** lift or carry anything heavier than 2.25-4.5 kilograms (5-10 pounds) on the affected side for four to six weeks after surgery or as directed by your surgeon
- **DO NOT** use your arm to push or pull yourself into or out of bed or a chair in the first few weeks after surgery
- **DO NOT** make sudden movements with your affected arm
- **DO NOT** use deodorant, talcum powder or shave under the arm until the axillary (armpit) wound is healed. Once healed, an electric shaver is preferred over a razor with a blade
- **DO NOT** put Vitamin E on incisions for six weeks. Some surgeons believe that vitamin E can widen scars and irritate the incision.



Driving

You may drive two weeks after surgery when:

- You are no longer taking narcotic pain medication (e.g. Tylenol 3)
- Your arms have near normal range of motion
- You feel comfortable to do so.

Incision care

Most sutures are dissolvable. Your incisions will be covered with steri-strips (small tape-like bandages) with a light (Mepore) dressing over top. Steri-strips often peel off on their own. Leave any that do not peel off until you see your surgeon. Apply a small band aid to any weeping areas.

Dressings should be changed every one to two days or more often if there is drainage that soaks through. If you have a drain, a dressing should always be worn over the drain site.

Occasionally one of the deep dissolvable sutures will come to the surface of the incision and cause irritation. If this occurs, please report it to your plastic surgeon. This is usually nothing to worry about.

Occasionally, some of the fatty tissue in the TRAM/DIEP flap will die and can present as a reddened area or drainage from the incision site. This is common but should be reported to your plastic surgeon.

Bathing

If your incisions are healing well, shower every day starting 24 hours after the drains are removed. Remove the outer (Mepore) dressing first, but leave the steri-strips intact. It is okay to get the incisions wet and to wash gently under your arm but avoid soaking your incision(s) in a bath or aiming the showerhead at your incision(s) until they are completely healed. Gently pat the incision with a clean towel. Do not rub the area. After bathing/showering, check your incision(s) to ensure that there are no signs of infection (*See page 21, When to call your surgeon*).

If you have difficulty viewing your incision to assess healing, ask your surgeon before showering or bathing.



About drains

Breast drains prevent fluid from building up around the breast incision; axillary drains prevent fluid from building up in the underarm incision. You may have one to three drains each held in place by a stitch. The drain is best worn under clothing. This keeps it from pulling apart. Pin the drain under your shirt at waist level.

Two to four inches of white drainage tubing will be inside your body. An inch or more of tubing visible outside the body indicates that the drain is coming out. *Contact your surgeon.*

Removing drain(s)

Your general surgeon will remove axillary drain(s) when drainage is less than 20-30cc in a 24-hour period. This is usually seven to fourteen days after surgery, but can be longer. Your plastic surgeon typically removes breast drain(s) within seven days of the surgery.

If you are unable to empty your drain and do not have someone to help you, make daily appointments with your family doctor or your nearest medical clinic to have your drain emptied. If it is difficult for you to leave your home, and you do not have someone to help you, please talk with your nurse about arranging for a home care nurse **before** coming in for your surgery.

Drain care

The nurse will show you how to empty your drain(s) before you go home and will provide several dressings and a small container for measuring drainage. (See pages 18-19 for detailed instructions).



1. Empty

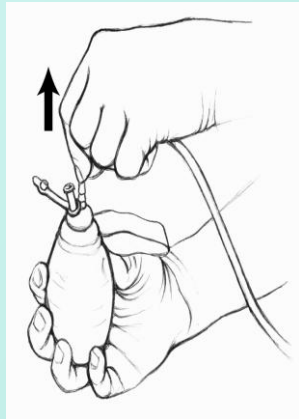


Figure 1: Wash your hands. Hold the bulb up with the tubes on top. Pull the drainage plug out.

2. Measure

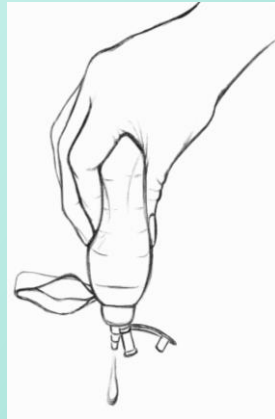


Figure 2: Turn the bulb over. Empty the bulb into a container. Measure and record the drainage.

3. Reset

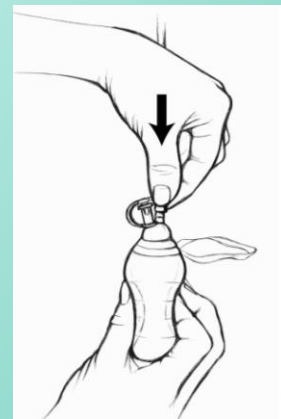


Figure 3: Push the plug back in while squeezing the bulb. Then release the bulb when the plug is back in. This resets the drain's suction action.

4. Clean

- **DO NOT rinse the drainage bulb**
- Rinse the measuring container with hot water after each use
- Empty the drain when the bulb is half full
- Measure the amount of drainage each time. Record it in the Drain Record table provided on page 20. Bring your Drain Record to your next surgeon's appointment
- Drainage is often pink. It often becomes yellow or clear and the amount will decrease over time
- If you accidentally touch the plug with your hands or clothing, cleanse it with 70% isopropyl alcohol before reinserting it back into the bulb
- If the bulb falls off, reconnect it to the tubing. Use tape if needed. Follow the steps to empty the drain
- If the drain suction action is not working, take it apart and rejoin it a number of times. If the drainage plug pops out, follow the steps to empty the drain. Tape the drainage plug across the top of the bulb.



4. Clean

It is normal for small clots, fluid or air bubbles to sit in the drainage tubing, but drains can become clogged with clots. When this happens, you will notice an abrupt decrease in drainage and fluid may leak out where the tube enters the body. To release clots:

- Support the drain site with one hand (Fig. 4)
- Gently squeeze the tubing between the fingers of the other hand. Start close to the drain site and gently move your fingers down the tubing, squeezing towards the bulb for about 6 inches (Fig. 5)
- Repeat 2-3 times

Contact your surgeon if the blockage does not clear.

Figure 4:

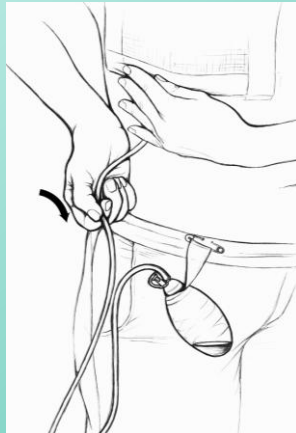


Figure 5:





Drain Record

Date	Time	Amount	Amount	Amount	Amount	Total



When to call your surgeon

Contact your surgeon if you have a low grade fever (37.5C-37.9C or 98.5F-101.2F) that lasts for three days.

Contact your surgeon if you have any of the following problems with your drain(s):

- The drain falls off and cannot be reconnected with tape
- The drain does not remain compressed
- The directions provided do not unclog the drain(s)
- Drainage increases, is foul smelling or changes in consistency
- Drainage from the incision or drain site changes in color or appearance.

Contact your surgeon if you experience any of the following skin symptoms:

- Increased swelling in the underarm or breast that causes tightness or pain
- Increased tenderness, redness, or warmth around the surgery site
- Irritation from the steri-strips or tape
- Swollen leg(s) or achy and red calves.

Contact your surgeon **immediately** if you:

- Have a high grade fever of 38.5C/101.3F or greater
- Experience shortness of breath
- Experience pain in your calf muscle

If you cannot reach your surgeon:

- Call your family doctor
- Go to a walk-in medical clinic, or
- If it is after clinic hours go to a hospital emergency
- Call the B.C. Nurse Line toll-free at 1-866-215-4700



7 Follow-up after Surgery

Follow-up with your surgeon

Your plastic surgeon will want to meet with you within the first ten to fourteen days after surgery. Ask your plastic surgeon about your post-op appointment before you are discharged from the hospital.

If you are newly diagnosed with breast cancer, your general surgeon will also want to meet with you ten to fourteen days after your surgery to discuss your pathology results. Call soon after surgery to book an appointment. You may wish to bring a tape recorder and blank tape to your appointment to help you remember the discussion.

Going back to work

Always check with your plastic surgeon before returning to work. Generally, you may return to work when:

- You no longer have a drain (usually one to three weeks)
- You are comfortable with the basic arm movements used in your job
- You do not have complications such as seroma or infection
- You have the energy and you feel ready.

Remember: DO NOT lift more than 2.25-4.5 kilograms (5-10 pounds) for six to eight weeks.

Additional information on returning to work after cancer treatment can be found on the BC Cancer Agency website: <http://www.bccancer.bc.ca/PPI/copingwithcancer/emotional/emotional/work+relatedissues.htm>



When further treatment is needed

After breast cancer surgery (and sometimes before), you will consult with an oncologist (cancer doctor) to discuss the need for further treatment or adjuvant therapies. These therapies can be one or a combination of chemotherapy, radiation or hormone therapy. Further tests are often ordered after this appointment.

The BC Cancer Agency's Vancouver Island Cancer Centre (VICC) will phone you with the date and time of your oncology appointment. You will be seen four to six weeks after your surgery date. You may ask to have your appointment recorded to help you remember the discussion.

Refer to the *Breast Cancer Companion Guide* (Section 6) in your *Breast Cancer Information Kit* for questions to ask about adjuvant treatments.

Adjuvant Therapies

- If radiation therapy is recommended, it can begin two to three weeks after the first visit and can last three to six weeks
- If chemotherapy is recommended, it can begin one to two weeks after the first visit and can last four to six months
- If both are recommended, chemo is usually done first.

New patient information

To prepare for your first visit to the BC Cancer Agency you can view the DVD *What to Expect: A patient's guide to the BC Cancer Agency Vancouver Island.* A copy will be mailed to you from the BC Cancer Agency once your appointment has been booked. Copies are available to borrow from the Breast Health Centre at VGH.



8 Road to Recovery

Physical recovery

Exercises following breast surgery

You will experience stiffness in your affected shoulder and arm after breast surgery. You will receive the CSS *Exercises after Breast Surgery: A guide for women* with your information kit. It is very important to do these exercises to regain full movement and use of your arm.

Always check with your plastic surgeon before starting abdominal exercises. You can usually begin abdominal exercises six weeks after TRAM/DIEP surgery.

Lymphedema awareness

Lymph nodes filter lymphatic fluid throughout the body. Lymphedema is swelling caused by the build-up of lymph fluid in the part of the body where the lymph nodes have been removed, or damaged by the cancer, surgery or radiation therapy.

Lymphedema is different from the swelling in the breast, armpit and arm areas that can happen just after surgery. Lymphedema can happen soon after treatment, months or even years later. It can be a temporary or a long-term condition.

Learn about lymphedema

- Read pages 20-22 in the CSS booklet *Exercises after Breast Surgery: A guide for women*.
- Read Chapter 33 in the book *The Intelligent Patient Guide to Breast Cancer* provided in your Breast Cancer Information Kit.
- Attend a Post-Breast Surgery Information Class. If you have had an axillary dissection you will receive a call after surgery inviting you to attend a class. Please call 250-727-4070 to cancel if you cannot attend.



Physiotherapy after breast surgery

After surgery physiotherapy can help to:

- Relieve stiffness
- Improve range of motion in the shoulder
- Decrease swelling in any part of your arm
- Relieve tightness in your scars.

If you develop any of these problems and have been recommended for radiation treatment, you may wish to obtain a doctor's referral for *Out-Patient Physiotherapy* at the Royal Jubilee Hospital. These physiotherapists have expertise in this area and are covered by Health Insurance BC (MSP). Private physiotherapy clinics also have the expertise to provide these services for a fee.

Scar tissue massage

Scar tissue massage is a popular self-help technique that may improve healing after breast surgery. You can start two to four weeks after surgery, when there is no longer any scabbing on your incisions.

- Firmly massage along the scar in circular motions with the pads of your fingers
- Massage for five minutes daily
- Use the tips or pads of your fingers along the length of the scar to loosen up the scar tissue
- You may find using a moisturizing lotion soothing.

Discontinue scar massage during radiation and check with your radiation oncologist as to when it will be safe to resume.

It is a good idea to continue scar massage for the first year or two after surgery to prevent tethering of the tissues underneath the scar.

A massage therapist or physiotherapist can instruct you in the proper massage technique if needed.

Silicone gel sheeting or paper taping along incisions may help minimize scar formation. This will be discussed with your plastic surgeon.



Emotional support

Besides your family, friends and health care providers, many local services specialize in supporting breast cancer patients.

Vancouver Island Cancer Centre (VICC)

The Vancouver Island Cancer Centre is located at 2410 Lee Avenue in Victoria on the Royal Jubilee Hospital site. Services offered include professional counselling, relaxation group, therapeutic touch clinic and nutrition counselling all at no cost. For more information or to make an appointment, please contact Patient and Family Counselling at 250-519-5525.

CancerConnection

The Canadian Cancer Society offers a free telephone support service for anyone diagnosed with cancer. They will match you with a survivor who has had similar surgery, treatment and similar life circumstances. Please call 1-888-939-3333.

Breast cancer support groups

If you have been diagnosed with breast cancer, you may benefit from participating in a breast cancer support group. Members are able to share their experiences and feelings with other women who have travelled the same road. Several groups in the Victoria area meet at various locations and times. You are welcome to attend at any time in your journey. Please call the Canadian Cancer Society's Cancer Information Line 1-888-939-3333 to find a support group in your area.

Dragon boating

Breast cancer dragon boat teams participate in strenuous upper body exercise to demonstrate, through dragon boat competition, the benefits of an active lifestyle and to raise greater public awareness about breast cancer. All ages and physical abilities are welcome. Please call the Canadian Cancer Society's Cancer Information Line at 1-888-939-3333 to find a dragon boat team in your community.

Look good feel better program (LGFB)

This free 2-hour workshop provides hands on tips to enhance your appearance during cancer treatment. It can be helpful to attend before your treatment starts. All participants receive a complimentary cosmetic tool kit. In the Victoria area please call 250-592-2244 to register.



9 Post-Reconstruction

Breast self-examination and mammography

It is important to check both your natural breast and your reconstructed breast(s) each month. Check with your plastic surgeon about when to start and how to self-examine your reconstructed breast.

A yearly mammogram of your natural breast is recommended. Mammography is not routinely required after breast reconstruction.

If you have never been taught how to examine your breasts and would like to learn, contact the Victoria Breast Health Centre at 250-727-4467.

Nipple and areola reconstruction

Nipple reconstruction is most commonly done three to six months after breast reconstruction when the breast mound has healed and settled into its final shape and position. This enables the plastic surgeon to align the reconstructed nipple with that of the natural breast. The natural and/or reconstructed breast may require touch-up surgery prior to nipple reconstruction.

Nipple reconstruction is most commonly performed by using tissue from the breast mound. This takes about 30 minutes under local anaesthetic. The reconstructed breast or nipple will not have the same sensation as a natural breast.

The areola is usually created using a tattoo. Give yourself a minimum of twelve weeks after nipple reconstruction before booking an appointment through your plastic surgeon's office. The procedure is performed by trained nurses. Exact matching can be a challenge but the results are generally satisfactory.



Donating your prosthesis

Donated prosthesis and mastectomy bras are available free of charge from the Breast Health Centre.

If you have a gently used breast prosthesis that you would like to donate please call the Breast Health Centre 250-727-4467.

Sexuality

Check with your plastic surgeon or nurse about returning to sexual activity. Most women can safely resume having intercourse two weeks after surgery or when they are comfortable. Some women who have had breast reconstruction surgery feel uneasy about returning to sexual activity. They worry about how their changed appearance will affect their relationship with their partner. Some men worry about making the wrong moves or saying the wrong things.

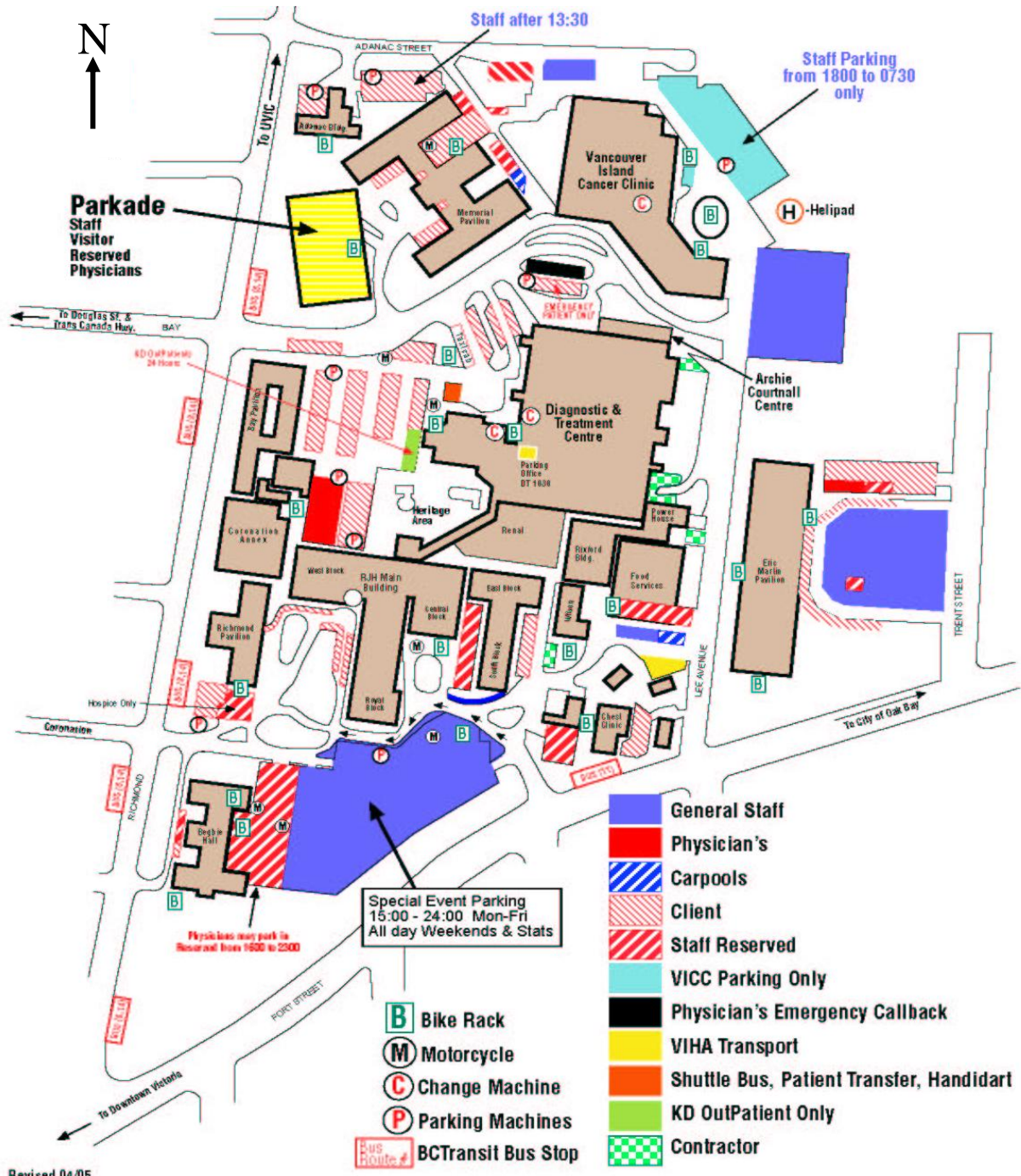
The nerve that supplies feeling to the breast and nipple is disconnected during surgery. Therefore, the feeling of pleasure from touching the breast and nipple is mostly lost. However, breast reconstruction can boost some women's feelings of wholeness and attractiveness, which may help them enjoy sex more.

Women differ about their need and readiness for intimacy. Some women feel it works best when a partner follows her lead and does not rush to start sexual activity. Many women have said that keeping romance in a relationship, as part of recovery was important as it helped make the relationship feel normal. Other women have said that they needed to openly communicate their feelings and fears to their partners to improve their partner's understanding of the situation. Some women have found that their partners go through a grieving process as well.

*Reference: Lamb, Sheila. Autologous Breast Reconstructive Surgery, Tissue transfer, Information for Patients & Family - Vancouver Hospital & Health Services Centre. Feb. 2000.



10 Royal Jubilee Hospital Site and Parking



Revised 04/05

The Victoria Breast Health Centre color scheme and logo are inspired by Ted Harrison's print "*The Poet Who Greets the Sun*". The print was a gift from the Victoria Breast Cancer Support Group to mark the inception of the Victoria Breast Health Centre in 2001.



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