



Getting Ready for Tissue Expansion Reconstruction Surgery

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Royal Jubilee Hospital
Sannich Peninsula Hospital
Victoria General 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.



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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

Your surgeon's office will phone you or send your surgery time and place information by mail. Most tissue expansion reconstructive breast surgery takes between one and three 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 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.

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 of the necessary information can be obtained over the phone.



Length of stay

The usual length of stay after tissue expansion surgery is one to two nights. Discharge time is usually 9 a.m.

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

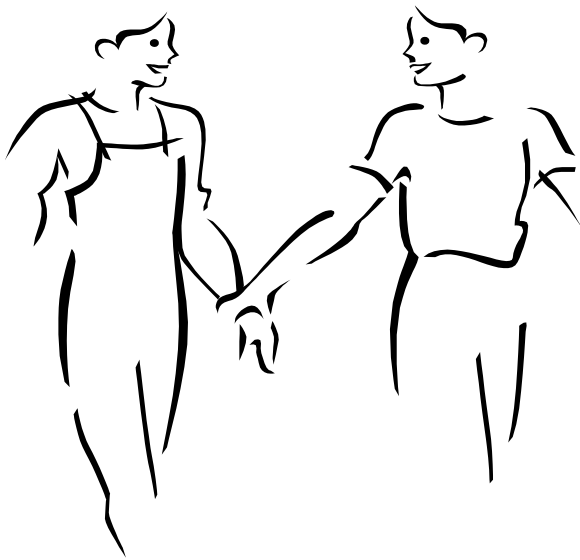
Help at home

You will need help with household chores for a few weeks after mastectomy and/or axillary dissection. Please refer to the *Breast Cancer Companion Guide, Section 3: Coping with Cancer* for useful information about:

- Travel and transportation options
- Accommodation
- Financial assistance.

The Breast Cancer Companion Guide is included in your Breast Cancer Information Kit.

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 to arrange for a home-care nurse **before** going to the hospital for your surgery.



Results from surgery

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



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*
- Your breast pillow(s) (if you are having lymph nodes removed)
- List of allergies and hypersensitivities, medications and vitamins
- Eyeglasses/contacts, hearing aids and dentures with storage case labelled with your name
- Bring your CPAP, Bi-level machines or dental device if you use one for sleep (even for day surgery)
- A small bag with personal hygiene items such as toothbrush, toothpaste and comb
- Slippers
- A front closure top to wear home from the hospital.

What not to bring or wear:

- Jewellery or body piercing items
- Personal items such as money, valuables, credit cards and 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).

When the operating room is ready, you will be brought in on a stretcher. After surgery you will be taken to the recovery room. Recovery takes two to three hours. Your surgeon and anesthesiologist may visit you there.

Pre-op Support

One family member or friend can stay with you until you are taken 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 may 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 may experience pain and/or a sensation of tightness around the mastectomy site. If your 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.

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 people 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.

Starting the first day post-op:

- Avoid using either arm to push or pull your body
- Use both arms as normally as possible within the limits of pain and pulling on the incision
- Use your arms for activities such as washing your face, combing your hair and eating meals.

For 24 hours after surgery DO NOT:

- Make major decisions or sign documents
- Drive or work with machinery
- Take Aspirin – it can cause bleeding
- Take tranquilizers or sleeping pills
- Drink alcohol
- Look after babies, small children or frail elderly.

Dressings and drains

Your dressings(s) will be changed as directed by your doctor. At first the reconstructed breast will be smaller than your natural breast because the expander is only partially filled with saline when it is placed in position. Your nurse will show you how to change your dressings before you are discharged.

You may have one or more drainage tubes to collect normal blood and fluids that drain when tissue is cut. The drains are often left in place when you go home. Your nurse will show you how to measure, clean, and unclog your drain(s) before you are discharged. (*See pages 15-17 for detailed instructions*).



Getting dressed

When you get dressed, put the arm on the same side as the surgery into the shirtsleeve first. In the case of 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.

What to wear after surgery

Wear a loose comfortable bra as soon as all the incisions are completely healed. Avoid wearing bras that are tight or have underwire.

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 is normal. Bruising usually starts to fade in seven to ten days but can take longer.

Pain around the incision, 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 sensation or increased tenderness. Some describe feeling “electric shocks”. Should this occur, it *will* pass within a week or two. Take pain medication when needed.

Numbness in the arm and breast is common.

Numbness in the armpit and in the back of the arm may linger indefinitely.

Caution: Avoid hot water bottles, hot bags or heating pads; desensitized or numb tissue can burn.

Fluid build-up

Fluid build up in the breast or in the armpit after surgery is called a seroma. There may be a sloshing or gurgling sound in the breast, a feeling of fullness or a lump under the arm. Often the area can feel warm, firm and appear reddened.

Seromas are not a problem unless the area becomes heavy, tight or painful. The body will absorb small seromas. The surgeon may remove large ones using a fine needle and syringe. This procedure is done in the surgeon’s office. It may have to be repeated several times during recovery. (See page 19, *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 in your information kit. Progress as recommended by your plastic surgeon
- **DO** place your arm (surgical side) on a pillow if you have had lymph nodes removed. Raise it above the level of your heart. Do this for 45 minutes, two to three times per day
- **DO** use your arm as normally as possible, within the limits of pain and pulling at the incision site, 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** 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

In the first few weeks after surgery:

- **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
- **DO NOT** make sudden unexpected 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 may 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. If they don't, leave them until you see your surgeon. Apply a small band aid or dry gauze 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.

Bathing

If your incisions are healing well, you may 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 until they are completely healed
- Aiming the showerhead at your incision(s).

After bathing/showering, check your incision(s) to ensure that there are no signs of infection. Gently pat the incision with a clean towel. Do not rub the area.

If you are having 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. Detailed instructions follow.



1. Empty

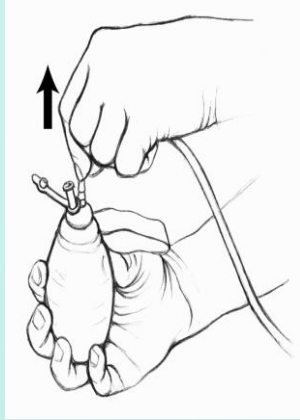


Figure 1: Wash your hands. Hold the bulb up with the tubes on top. Pull the drainage plug out.

2. Measure

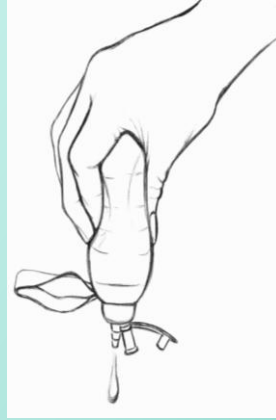


Figure 2: Turn the bulb over. Empty the bulb into a container. Measure and record the drainage.

3. Reset

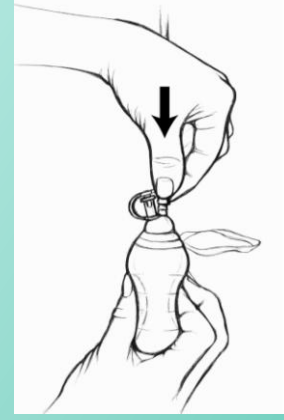


Figure 3: Push the plug back in while squeezing the bulb. Then release the bulb when the plug is back in. This resets the drain's suction action.

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 18. Bring your Drain Record to your next surgeon's appointment
- Drainage is often pink. This 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.



5. Unclog

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.

Fig 4.

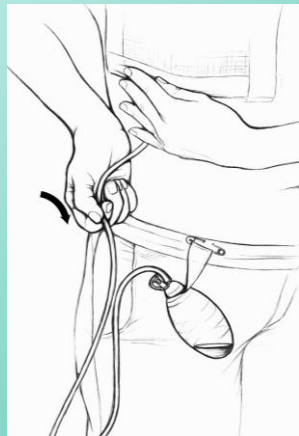


Fig. 5.





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
- The incision opens up

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.

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(s)

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.

Expanding the tissue

Your plastic surgeon may add saline solution to the expander during the first visit and subsequent visits, usually every two weeks depending on how your wounds are healing. The expansion process takes about twenty minutes. You may experience tightness and discomfort during the expansion process and for a few days afterwards. Take pain medication as needed. If the incision has healed and your newly expanded skin becomes dry or flaky, apply a moisturizer daily.

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)
- Are comfortable with the basic arm movements used in your job
- Do not have complications such as seroma or infection
- Have the energy and you feel ready.

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

You can return to work or do light housekeeping activities after each expansion, but **avoid lifting heavy objects for two weeks after each expansion**. Avoid straining for the duration of the expansion process.

Remember: If you have had axillary node dissection DO NOT lift more than 2.27 kilograms (5 pounds) for four to six weeks on your surgical side.



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.

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 problems with range of motion 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 to see 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. Consult with your physician (family doctor, surgeon or oncologist) if you feel a referral is necessary.



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 do breast self-examination on your reconstructed breast. 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.

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

Removing the tissue expander

The expander is removed and replaced with an implant about twelve weeks after the expansion process has achieved maximum stretch. This surgery takes about one hour. You will return home the day of the surgery and be able to return to work one to two weeks after the surgery.

Nipple and areola reconstruction

Nipple reconstruction is usually done a few months after the expander has been removed and replaced by the implant. This allows time for the breast mound to heal and settle into its final shape and position and allows the plastic surgeon to align the reconstructed nipple with the natural nipple. Nipple reconstruction is most commonly performed by using tissue from the breast mound. This is a relatively minor day surgery done 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

If you have a gently used breast prosthesis or mastectomy bra that you would like to donate to the Breast Health Centre please phone 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.

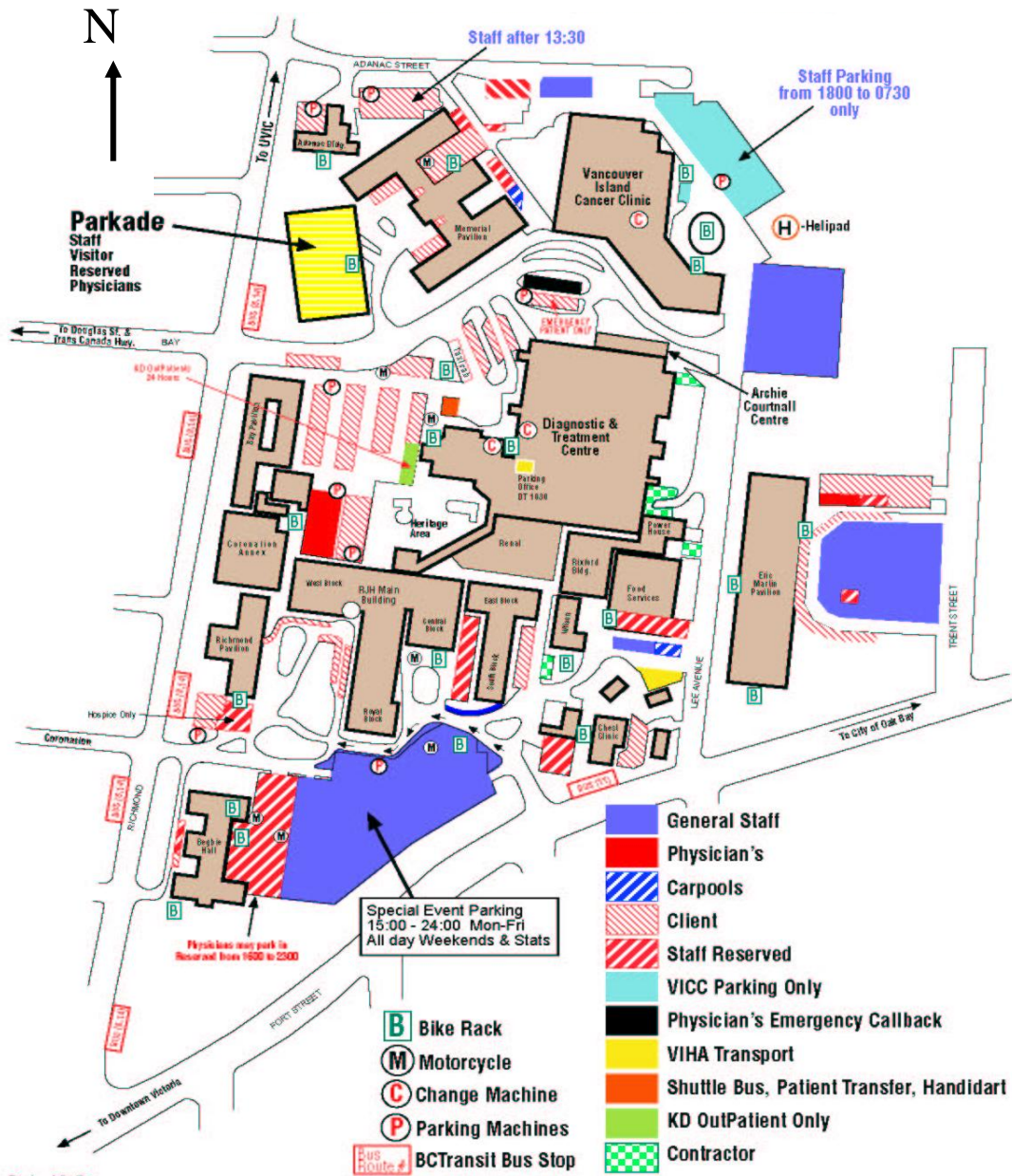
The nerve that supplies feeling to the breast and nipple is disconnected during surgery. Therefore, the feeling of pleasure from touching the breast and nipple is mostly lost. However, breast reconstruction can boost some women's feelings of wholeness and attractiveness, which may help them enjoy sex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



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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