

# Breast Surgery

**YOUR SURGERY DATE:** \_\_\_\_\_ **with DR.** \_\_\_\_\_

The Preadmission Clinic (PAC) will be calling you to arrange an appointment, at this appointment they will give you the arrival time for your surgery. Occasionally we are required to reschedule surgery dates due to emergency cases or urgent cancer cases. We make every effort to give you as much notice and will work with you to book a new date.

**Why would I need breast surgery?** There are many reasons why someone may have breast surgery including:

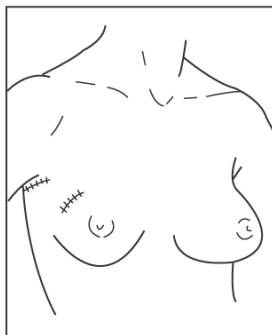
- To remove a suspected mass (lump) for testing
- To remove a tumor
- To treat infections of the breast
- To relieve symptoms of advanced cancer
- To find out whether cancer has spread to the lymph nodes under the arm

**What type of surgery will I have?** The type of surgery you will have depends on:

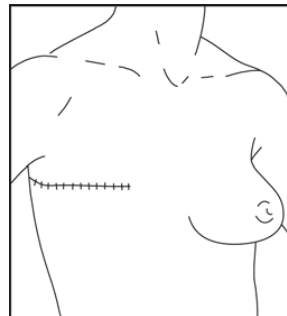
- The treatment decisions made by you and your surgeon
- The size and location of the tumor in your breast
- The location of your tumor
- The size of your breast

Before your surgery, you and your surgeon will have discussed the type of surgery you need.

## Types of surgery:



**1. Lumpectomy / partial mastectomy**  
This type of surgery removes only the breast tumor and parts of the surrounding tissue



**2. Mastectomy surgery**  
Total mastectomy is a removal of all breast tissue.

## 3. Surgeries on the lymph nodes

These may be done if you have been diagnosed with cancer or for suspected cancer.

- Sentinel lymph node biopsy: this is done by injecting dye near the tumor. The dye flows into the lymph nodes and the first node that it reaches is called the “sentinel” node. The surgeon locates this node and removes it. The sample is sent to the hospital laboratory and checked for cancer cells. This surgery involves a small incision in the armpit and is usually done in combination with a lumpectomy or mastectomy.
- Axillary lymph node dissection: this is a procedure in which the surgeon removes lymph nodes in the armpit. These nodes are then sent to the hospital laboratory to be checked for cancer cells. This surgery involves an incision in the armpit and can be done at the same time as a lumpectomy or mastectomy or made be done as a second surgery.

**What are the risk of breast surgery?** As with any surgery there are associated risks.

**Lumpectomy / partial mastectomy:** bleeding, infection, formation of scar tissue, post-operative pain, poor cosmetic outcome, numbness or loss of sensation to part of the breast. There is also a chance of positive margins. This is when the surgeon removed the tumor but did not take enough of the tissue so some of the cancer cells remain. In this situation a second surgery would have to occur to remove the remaining cancer tissue.

**Mastectomy:** Bleeding, infection, formation of scar tissue, post-operative pain, poor cosmetic outcome, poor wound healing that can lead to skin necrosis.

**Sentinel lymph node biopsy and axillary lymph node dissection:** bleeding, infection, formation of scar tissue, post-operative pain, sensory motor nerve injury and lymphedema (swelling of hand/arm/wrist). The risk of lymphedema is greater in an axillary lymph node dissection. If you are having a sentinel lymph node biopsy 1/1000 person have an allergic reaction to the patent blue dye used and if the dye was unsuccessful your surgeon will have to do an axillary lymph node dissection.

### **What should I expect before my surgery?**

Prior to your surgery the pre-admission clinic at North Bay Regional Health Centre will book an appointment with you. During this appointment the nurse will gather health information from you and give you information about what to expect before/after surgery and answer any questions you may have. At this time, you may also have blood test, electrocardiogram, or any consultations with any other physicians as requested by your surgeon.

Your surgeon may also recommend that you stop smoking. This decreases the risks of complications during surgery and can aid in a faster recovery for yourself.

Sometimes in cases of breast cancer, in which the tumor is small, your surgeon may use a wire localization technique. This involves a radiologist at the hospital inserting a small wire into your breast with the end of the wire pointing to the abnormality. If this technique is being utilized, you will have a second appointment to go to the hospital the day prior to your surgery to have this inserted. Our office will be calling you to give you the date/time of that appointment.

### **What should I expect the day of surgery?**

The pre-admission clinic should give you all the information you need for the day of surgery. Please arrive to the day surgery unit at the North Bay Regional Health Center at the time instructed. Most breast surgery is done as day surgery (no overnight stay at the hospital). Your doctor will inform you if expected that you will staying overnight. It is important that you have someone to drive you home following surgery as you will not be allowed to drive or operate heavy machinery for a minimum of 24hrs after undergoing a general anesthetic.

### **What should I expect after surgery?**

**Incision:** The incision may be swollen, painful and bruised. It also may feel lumpy like a ridge – this is all normal. You may have a dressing on the site when you return home. It can be removed after 48 hours or if it becomes wet or dirty. The incision is closed using sutures, these should dissolve in 6-8 weeks. There also may be some steri-strips. These will naturally start to loosen and fall off between 1 and 2 weeks. They can be removed carefully after 2 weeks.

**Drains:** You may have 1 -2 surgical drains near the incision site. The drain is used to remove fluids that can build up after surgery allowing for a quicker recovery. Home care nursing will be arranged to help you with the drains and you will also be taught how to empty the drain and keep track of the fluid. These will be removed once there is minimal drainage.

**Pain:** There may be pain from the incision. Take pain medications as prescribed for comfort. Wear a good support bra without an underwire. You can apply an ice pack to the area 10 minutes on followed by 10 minutes off. Avoid use of hot or warm packs as the surgery may have changed some nerves so your skin can burn easily.

**Diet:** Immediately after surgery you may feel nauseated. Start by drinking small amounts of clear liquid. If you do not feel nauseated you may return to a normal diet. Ensure you are drinking enough fluids to prevent any bowel problems.

**Activity:** try to move and walk small amounts the day of surgery this will ensure that your muscles remain strong, prevent blood clots, keep your bowels moving, and prevent any breathing problems. Please see exercises after breast surgery handout. Try to limit strenuous activities (such as lifting children, groceries, laundry, moving furniture etc.) for 48 hrs post-surgery. You may return to driving when you are no longer on pain killers and can comfortably use the gas / break peddles and shoulder check.

**Hygiene:** After the bandage has been removed it is ok to shower. Do not scrub or rub the incision area and carefully pat dry after showering. The incision does not require a dressing and can be open to the air. If you do apply a dressing over it, ensure it is clean and dry. Do not soak in the bathtub until the incisions are fully healed. Usually about 3 weeks. Do not put powder, cream, deodorants or perfumes on the incisions.

**Follow-up with surgeon:** You should follow-up with your surgeon 2-4 weeks after your surgery. Please call your surgeon or report to the Emergency Department if:

- Rapid increase in swelling or bruising in the first 24 hours after surgery
- Fever
- Notice pus or drainage from the incision
- Pain is not relieved with medication

## Further Treatment

Your Surgeon will be giving you a booklet of **Exercises After Breast Surgery**. Please start these exercises after your surgery and do them as recommended.

If you have been diagnosed with breast cancer you may be referred to the Northeast Cancer Centre in Sudbury for chemotherapy, radiation or hormone therapy. This will be discussed with you at your follow-up appointment.

If you are interested in breast reconstruction, this is a conversation that you should have with your General Surgeon at any time. Some reconstruction can be planned in the initial stages of your treatment and there is no time limit to have it completed. OHIP covers all reconstructive surgery options for breast cancer patients. If you are interested, then you will be referred to a Plastic Surgeon at a center of your choice.

## Lymphedema

Lymphedema is swelling to your arm caused by the removal of lymph node during your cancer treatments. To prevent lymphedema:

- Do not have blood pressure taken on the affected arm
- Do not have IV's, injections, or blood test on the affected arm
- Ensure that you do the provided post breast surgery exercises
- Try to prevent bug bites and injuries to the affected arm (wear bug spray, sunscreen, wear gloves with yard work, prevent pet scratches) and if you do injure that arm clean and protect the area right away
- Try to keep your weight under control. People who are obese are at greater risk for developing lymphedema
- Avoid tight clothing and jewelry
- Avoid extreme temperature changes when bathing/showering and use caution with hot tubs and saunas