

Your Journey Through Breast Cancer Surgery

Information for Patients and Families



Tumour Teams - Breast




Welcome to:
Your Journey Through Breast Cancer Surgery

We hope you will find this resource helpful and informative. We have tried to give you as much information as possible. Remember, it's important to follow any site specific information you were given.

Everyone copes with breast cancer and breast surgery in their own way. There isn't a right way to talk to others about your diagnosis or your treatment plan. Who you talk to and what you say depends on each relationship.

You'll make the right choice for you.



You don't have to read the whole booklet — pick and choose the sections you want to know more about when you need them.

This book will help you, and your family and friends understand basic information about breast cancer surgery.

Read about:

- how to care for yourself before, during and after surgery
- different kinds of breast surgeries
- how your same-day surgery will take place
- how to do your exercises and scar massage




Bring this book to all of your appointments



Write your questions down in the book. If there's any information you do not understand, ask your healthcare team to review it with you.

For more information:



This book, along with other Alberta resources are available from your nurse navigator, at your cancer centre or online  www.cancercarealberta.ca

You can access the information in this book as webpages at:

 myhealth.alberta.ca/HealthTopics/breast-cancer-surgery

 Find community support resources with **Alberta 211**
www.ab.211.ca  211


Scan for a digital copy and click directly on website links:



SCAN ME

Your healthcare team is here to help you and answer your questions.

 **For urgent concerns, call your surgeon's office**

Health Link is also available 24/7 for health information, advice or concerns.  811

My Plan

Surgeon(s): _____

Office Number(s): _____

Urgent Contact Number (for surgeon): _____

Nurse(s) _____

Navigator: _____

Pre-Admission Clinic Phone: _____ Fax: _____

Other: _____

My Diagnosis: (type of cancer) _____

Hormones: receptor positive receptor negative HER 2 positive

Type of Surgery:

- Breast-Conserving Surgery Mastectomy
 Mastectomy with Immediate Reconstruction Sentinel Lymph Node Biopsy
 Axillary Lymph Node Dissection

Date of Surgery: _____

Admission Time:

- On the day before your surgery, call _____ to find out when to be at the hospital. If your surgery is on a Monday or the Tuesday of a long weekend, please call on the Friday before.
 Someone from the hospital will call you.

Other Possible Procedures:

- Sentinel Node Mapping Injection Date: _____ Location: _____
 Wire/Seed Localization Date: _____ Location: _____

After Surgery:

Person Picking Me Up: _____ Phone: _____

Date of Follow-up Appointment: _____




Referrals: _____

Drain: Yes [Jackson-Pratt Blake] No

Shower: I can shower in 24-48 hours I should wait to shower until _____

Exercise: I know which exercises I should do at home (this depends on whether you had immediate reconstruction or not)

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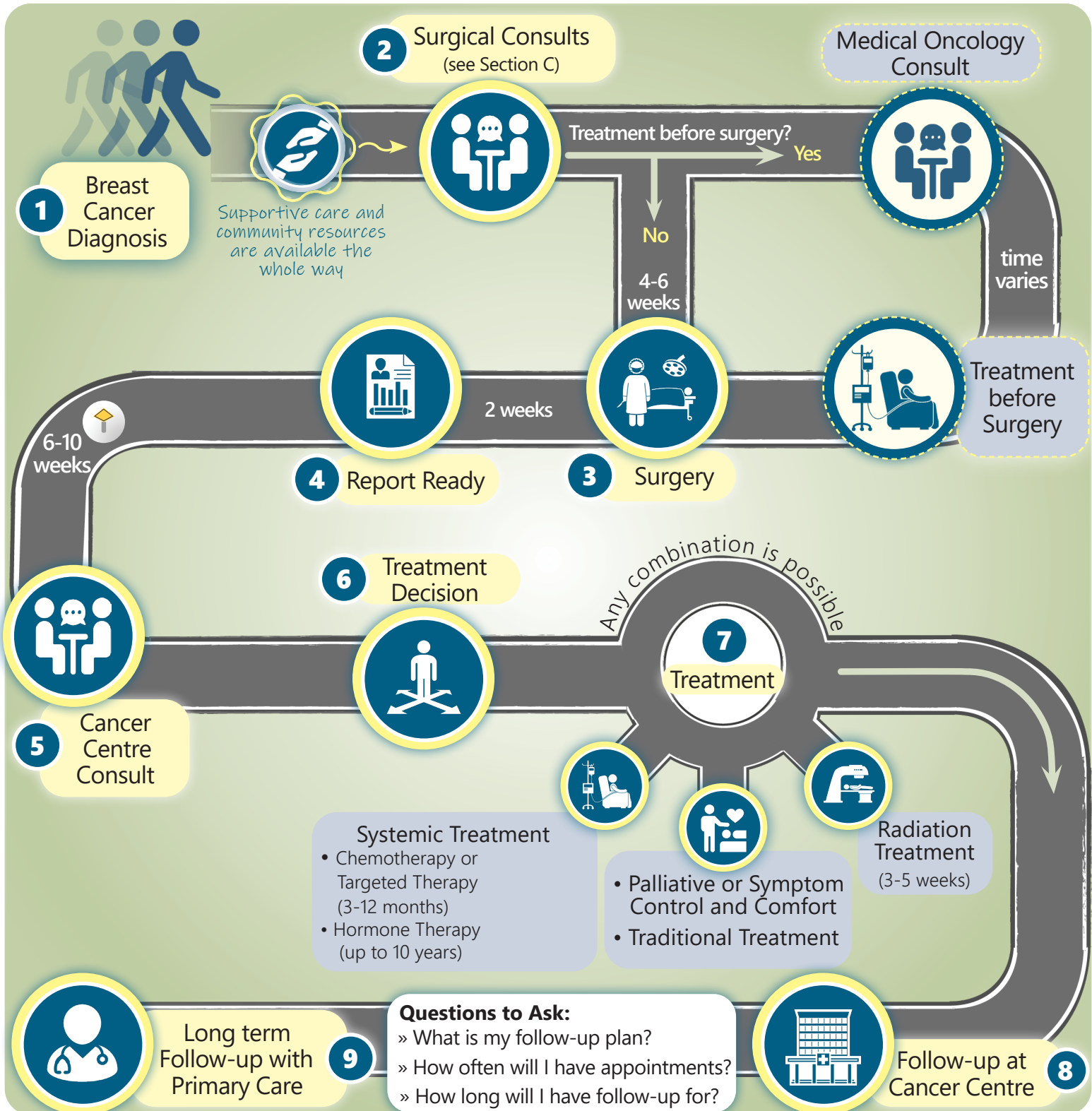
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Patient Journey Map from the Time of Breast Cancer Diagnosis

Questions to Ask:

- » How long will my treatment last?
- » How should I prepare for treatment?
- » Is it possible for me to have some or all of my treatment close to home?
- » Will I be able to work during my treatment?
- » What types of treatment side-effects will I experience?
- » Am I eligible for a clinical trial?
- » Will I need to change my diet or activities?
- » Has my cancer spread to other parts of my body?

(If the cancer has spread and you have metastatic disease, your journey map may be different than what is shown here)





Just Diagnosed

A

Getting Prepared

Having breast cancer surgery can bring up many emotions and questions. You may wonder about pain, changes to your body or future treatment. You may wonder how you'll manage responsibilities at home or work. It's common to have many feelings (such as anger, sadness, or hope), sometimes all in one day. Your healthcare team can help you find the support or answers you need.

This first section has some of the most common concerns that patients are worried about. For more on emotional self-care and awareness, go to [page 40](#).

Finances, Insurance & Drug Coverage

The cost of your breast surgery is covered by Alberta Healthcare. But there are other costs that go along with your cancer treatment(s) that you may not have thought of. For example:

- How long you'll need to be off work for surgery and recovery.
- Your insurance coverage for some of the medicines used for treatment.
- Extra costs such as parking and hotels.

You may be able to get help to pay for some of these costs. If you have concerns, it's important to speak to your healthcare team right away. They may be able to help you find the supports you need.

Remember:



- **Keep all of your treatment-related receipts** (parking, travel, and accommodation) and write the reason on the receipts. You may be able to claim medical costs when you file your taxes.



- **Ask your healthcare team what is covered.** When your treatment plan is confirmed, and if you have Alberta Healthcare, most of your treatments will be covered, but there could be extra costs.
- Call your insurance provider so you know what they cover and ask about the cost of extra coverage if you need it. Sometimes when you add medical coverage there is a waiting period before the coverage starts.
- Extra coverage may be helpful to cover the cost of things such as prostheses, medicines, transportation, and physiotherapy.



- **Make a list of other costs such as childcare, lodging, and travel.** Your healthcare team may be able to suggest services that cost less.



- **Ask to see a resource social worker** to help you find government financial support, including tax credits and caregiver employment insurance.

Time off from work



How much time off from work you will need depends on the type of surgery and any other treatments you may have. If you are diagnosed with cancer, you may be offered systemic (chemotherapy, targeted therapy or hormone therapy) and/or radiation treatment. If this is the case, our doctors and nurses who specialize in these areas will meet with you to talk about possible treatment options and the length of time you might be off work. This table is only a guideline.

Type of Treatment	Approximate time off needed
Breast surgery (breast-conserving surgery or mastectomy without reconstruction)	2-4 weeks recovery
Breast surgery with reconstruction	6-12 weeks recovery

If you are having other treatment, you might also have another:	
Systemic (IV) chemotherapy	4-5 months
Radiation	Up to 5 weeks
Herceptin (targeted systemic therapy)	Up to 12 months

Your surgeon can provide a note for the time off you need for the surgery and recovery from surgery. If you need to have more treatment (systemic or radiation treatment), the oncologist managing your care will need to provide a note for the rest of the time off you need.

If you need a letter from your doctor for work, we may ask you to fill out some forms first.

Contact the Human Resources department at your workplace if you want to make a claim to either:

- Your work's disability insurance provider
- Service Canada (Canada Pension Plan Disability Benefits)

What else do I need to know?

- Ask your employer what documentation they need you to complete.
- Talk directly with your doctor about the forms you need completed and follow the instructions they give you.
- Doctors usually cannot complete these forms during clinic hours, but will ask you to leave them to complete and pick up at another time.



Fertility and Birth Control



Fertility is the ability to get someone pregnant or to get pregnant and carry a child to a healthy birth. Cancer and cancer treatment can sometimes damage the reproductive organs such as the ovaries and testicles. These changes can have short-term or long-term effects on your fertility.

Cancer treatment can cause changes to the reproductive organs like:

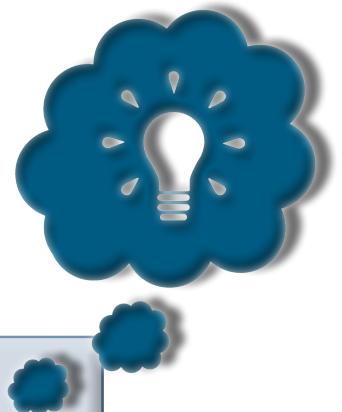
- irregular periods, or it may stop women from having periods
- premature menopause
- decreased sperm quality, number and motility

Tip!

Before you start your treatment, check with your healthcare team to find out what your options are for preserving your fertility.

Remember to:

- **Tell your healthcare team right away if you think you may be pregnant.** Your surgery and treatment plans may need to be changed, depending on the type of cancer you have and the stage of your pregnancy.
- **Use birth control.** It is important that you do not become pregnant while having treatment. The birth control pill is not recommended for breast cancer patients, so it's important that you ask your healthcare team about other types of birth control you can use.
- **Think about your options for children in the future.** If you want to preserve your fertility, you may need a referral to a fertility specialist. Talk to your healthcare team. A referral should be made early so it does not delay your breast cancer treatment.



You can use the free AHS **My Care Conversations** app to prepare for your next appointment and to audio record conversations with your healthcare team. You can listen to your recordings at home and share with family or trusted friends.

Download it from the App Store or Google Play.

B

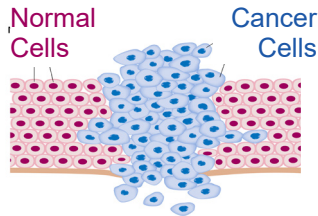
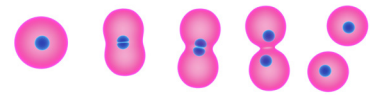
Learning about Breast Cancer



What is cancer?

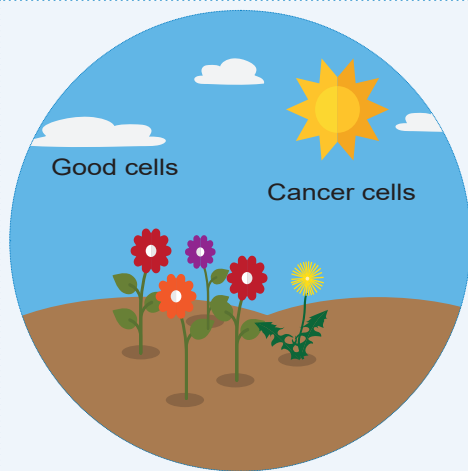
Our body is made up of many cells. **Healthy cells** follow the “rules” when they divide and they know when to die.

Healthy cells dividing:



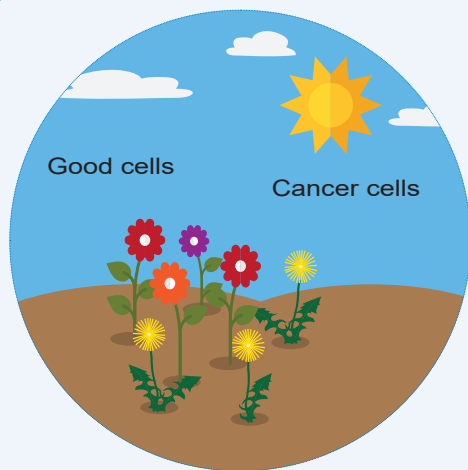
Cancer happens when cells start to grow out of control. When these cells grow and divide, they can form a lump called a **tumour**. Not all tumours are cancer. Some are non-cancerous (also called **benign**).

It might help to use the example of a garden:



A Healthy Body

Imagine your body as a garden. The soil is your immune system, the good plants are your good cells, and the weeds are the cancer cells. When you're healthy, the good plants grow and the soil helps keep the weeds away. When the odd weed starts to grow, the body is able to get rid of it by itself.



A Body with Cancer

Cancer cells are like weeds in your garden. Sometimes the body cannot get rid of the weeds and needs help.

Breast cancer can happen in both women and men, although, it is rarer in men. The treatment for both men and women with breast cancer is similar and care after surgery is the same.

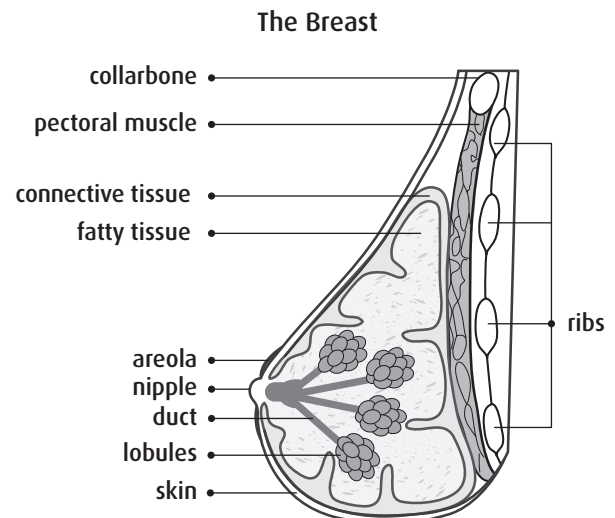
What is breast cancer?

It can be helpful to understand the parts of the breast (anatomy), how cancer is measured (staging and grading), and the role hormones play in the body and breast cancer.

Your Breasts

The **female breast** has lobes, ducts, fat tissue, and supporting ligaments. Your breast tissue starts from under your arm, continues up to the collarbone, and into the centre of the chest. Inside the breast there are lobes and ducts. Lobes are made up of small, tube-like structures called lobules. Lobules contain milk glands that make milk for breastfeeding. Ducts carry milk from the lobules to the nipple. Fatty tissue surrounds the breast.

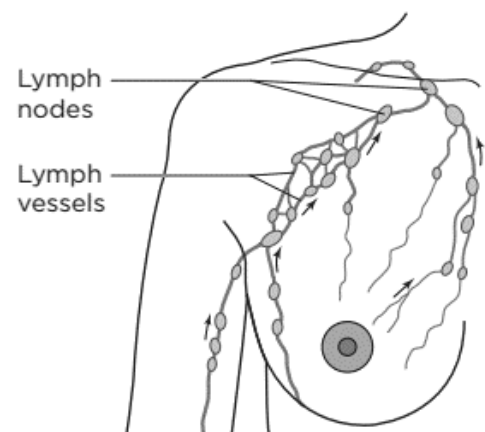
The breast has lymph vessels and lymph nodes to protect the body against infection and diseases.



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Lymph Nodes

Lymph nodes are small glands that are in groups throughout your body. Lymph nodes are connected by lymph vessels. Breast lymph vessels bring fluid from your breast and arm to the lymph nodes at the collarbone and armpit. The lymph nodes then filter this fluid to remove bacteria, viruses, and cancer cells. If breast cancer spreads, it will most often spread to lymph nodes under your arm before spreading to any other part of your body.



There are different kinds of breast cancer. Your healthcare team will discuss your type of breast cancer with you. Write your type on **My Plan** (page i).

Breast cancer staging and grading



Breast Cancer Staging

Staging is a way for your health team to find out how much cancer there is and where it is in the body. Sometimes, the cancer is not just in one area. Your doctor will be able to tell you the stage of your breast cancer after all tests, biopsies, and surgery are complete. Most doctors use the **TNM** way of staging cancer:

- T is the tumour size
- N refers to whether cancer is found in your lymph nodes, and
- M refers to whether cancer is found in other areas of the body (metastasized).

This chart explains the different ways the cancer will be reported:

T (tumour)	N (lymph nodes)	M (metastasis)
<p>TX: Unable to measure tumour.</p> <p>Tis: (T in situ) Tumour hasn't grown through the wall of the duct into nearby tissue.</p> <p>T1 to T4: Tumour of increasing size (numbers 1 to 4 describe how large the tumour is).</p>	<p>NX: Unable to evaluate lymph nodes.</p> <p>N0: No cancer found in lymph nodes.</p> <p>N1 to N3: Cancer has spread into lymph nodes. (numbers 1 to 3 are based on how many nodes are involved).</p>	<p>M0: Cancer hasn't spread to other parts of the body.</p> <p>M1: Cancer has spread to other parts of the body.</p>

Your treatment plan options will depend on the stage of your cancer.

Breast Cancer Grading

In addition to a TNM rating, your cancer will also be "graded." **Grade** is a "score" that tells how different the cancer cells look and grow compared to normal, healthy breast cells. A pathologist (a doctor specializing in cells and tissue), will rate the cancer on a scale of 1 to 3.

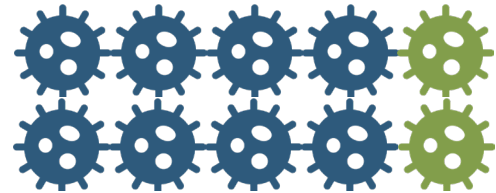
Grade 1 - low grade (well differentiated)	Grade 2 - intermediate or moderate grade (moderately differentiated)	Grade 3 - high grade (poorly differentiated)
Grade 1 cancer cells look a little different from normal cells and grow in slow, well-organized patterns. Not many of the cells divide to make new cancer cells.	Grade 2 cancer cells don't look like normal cells and grow and divide a little faster than normal.	Grade 3 cancer cells look very different from normal cells and grow and divide quickly in disorganized and irregular patterns.

Breast cancer and hormones

Hormone Receptors

Your body has estrogen and progesterone hormones. Sometimes, these hormones attach to receptors on the cancer cells, which can make your cancer grow faster. In addition to the staging and grading, the cancer cells will also be tested for these receptors. Your cancer cells will be tested to see if they have estrogen or progesterone receptors.

Cancers are called **hormone receptor-positive** or **hormone receptor-negative** based on whether or not they have these receptors. About **8 out of 10** of cancers are hormone receptor-positive.



Knowing your hormone receptor status is important when deciding treatment options with your health team.

Discuss your results with your surgeon and cancer specialist.

HER2 status

About **2 out of 10** people have a type of breast cancer that makes too much of a protein called **HER2**. These are called **HER2-positive** breast cancers. HER2-positive breast cancers tend to grow and spread faster than other breast cancers, but there are treatments that work very well for them.



Your HER2 results are part of your cancer treatment plan. Discuss your results with your surgeon and cancer specialist. Check off your receptor status on [My Plan](#) (page i).



C

Types of Breast Cancer Surgery



Surgery is used at different times in treatment. Sometimes, surgery is at the beginning and other times surgery is used after the tumour has been shrunk with other treatments. Also, the type of surgery and amount of breast tissue that is removed will depend on the type, size, and location of your cancer.

Your surgeon will review your options with you and help you make a plan that's right for you.

The common types of breast cancer surgery are:

- breast-conserving surgery (also called lumpectomy, segmental resection, partial mastectomy, wide excision or wedge resection)
- mastectomy
- mastectomy with immediate reconstruction

Most of the time these surgeries also include removing some of the lymph nodes under the arm on the same side as the breast cancer surgery.

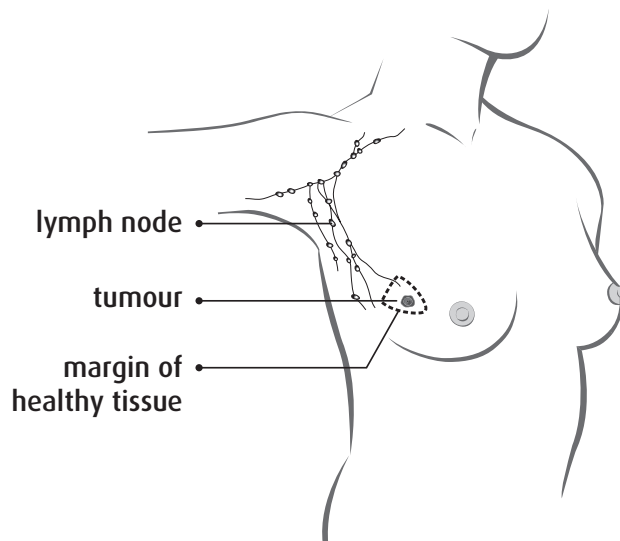
Breast-conserving surgery

The goal of this surgery is to keep as much normal breast tissue as possible. If the cancer is not too big, this surgery may be used.

Breast-Conserving Surgery is also called:

- lumpectomy
- segmental resection
- partial mastectomy
- wide excision
- wedge resection

Breast-conserving Surgery



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For this surgery, your breast tissue with cancer is removed, along with a small amount of healthy tissue around it, called the **margin**. Your incision (cut) is closed with stitches or staples. The stitches are usually dissolvable, so you won't need them removed.

You may have heard the term **oncoplastic surgery**. This type of surgery uses reconstructive techniques to shape the remaining tissue or form a new breast.

Oncoplastic surgery may be simple, such as hiding a scar and rearranging the breast tissue to fill the gap created by the lumpectomy ("Level I"), or more complex, such as combining a traditional lift and reduction with the tumour removal ("Level II").

Depending on what you need and the training of the surgeon, **this may be done by your breast surgeon on their own, or together with a plastic/reconstructive surgeon.**

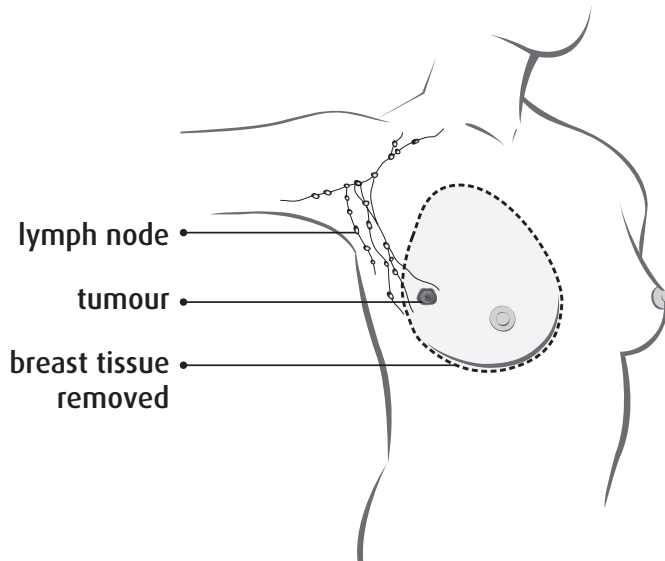


The tissue that has been removed will be sent to a lab for the pathologist to make sure your margins are free of cancer. If your margin contains cancer cells, it is called a **positive margin**. In this case, your surgeon will have to remove more tissue using the same incision site, at a follow-up surgery. This is called a **re-excision**.

Mastectomy

Sometimes the surgeon must remove all of your breast tissue. This is called a **mastectomy**. It can be done as a **total mastectomy** or a **modified radical mastectomy**.

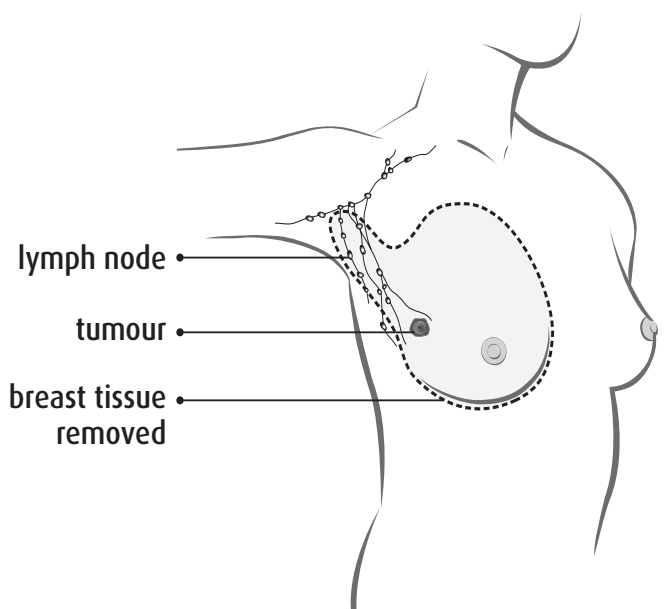
Total Mastectomy



A **total mastectomy** (simple mastectomy) is when the surgeon removes all of your breast tissue. A sentinel lymph node biopsy may be included with this surgery. (See the **Sentinel Lymph Node Biopsy** section to learn more).

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Modified Radical Mastectomy



A **modified radical mastectomy** is when some parts of your breast are removed. Usually the surgeon removes:

- all of your breast tissue on the affected side
- the lower 2/3 of the lymph nodes in the armpit (axilla) of the affected side

When you have both breasts removed, it is called a **double** or **bilateral mastectomy**.

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Lymph node surgeries



Lymph nodes are small glands that are found in groups throughout your body. Lymph nodes are connected by lymph vessels. Breast lymph vessels bring fluid from your breast and arm to the lymph nodes at the collarbone and armpit (axilla).

The lymph nodes filter this fluid to remove bacteria, viruses, and cancer cells. Breast cancer will most often spread to lymph nodes in your armpit before the cancer spreads to other parts of your body.

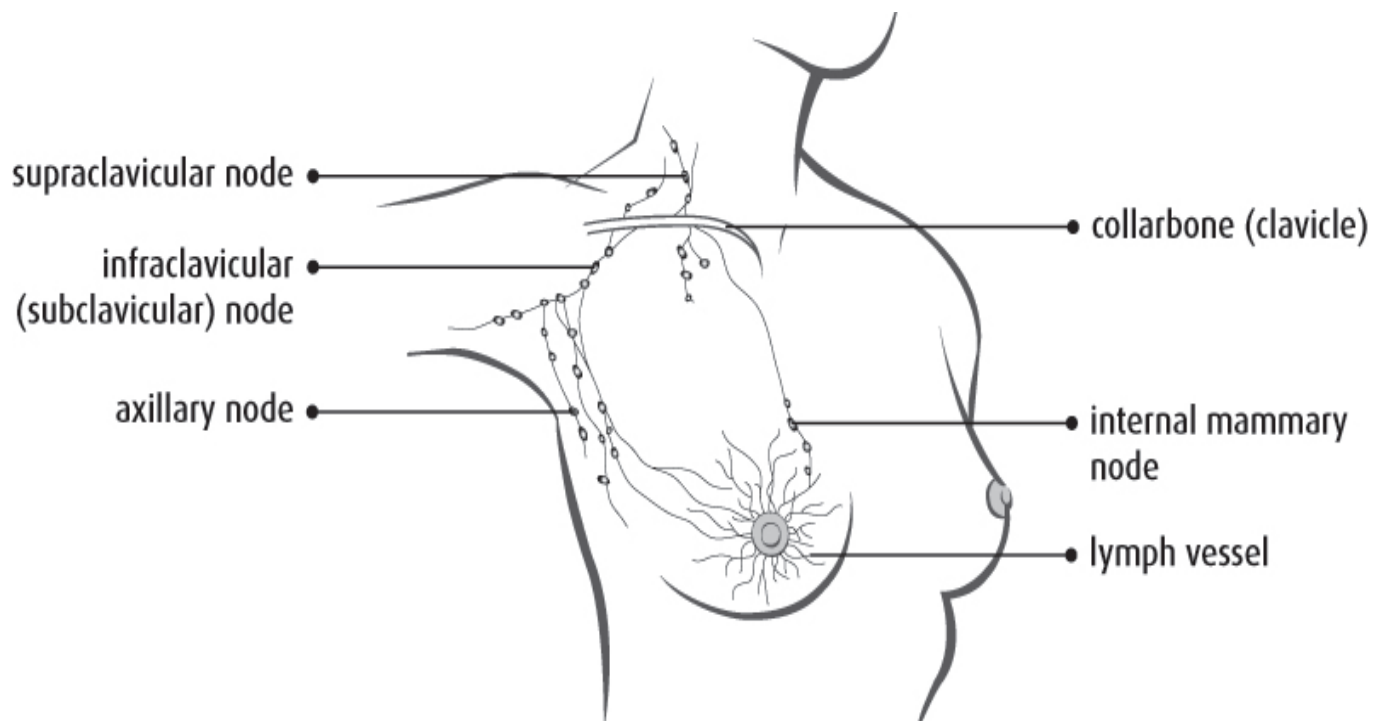
Lymph node surgery is done for 2 reasons:

- to see if cancer has spread to the lymph nodes (**sentinel lymph node biopsy; see next page**) or
- to remove lymph nodes that have cancer in them (**axillary lymph node dissection**)

Sometimes, a person has both surgeries. Your surgeon will talk to you about which surgery is right for you.

More information about these surgeries are on the next 2 pages.

Breast Lymph Nodes



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Sentinel Lymph Node Biopsy

The sentinel lymph nodes are the **first nodes** where breast cancer will travel as it spreads. Usually if the sentinel lymph nodes are cancer free, then it means the other axillary lymph nodes probably don't have cancer cells either.

How it works

A special dye made of a **radioactive tracing material (tracer)** is injected into the breast near your areola (the dark skin around your nipple). This tracer follows your lymph system, just as your cancer can, and provides a map of where your sentinel nodes are in your breast. The tracer doesn't tell whether or not there is cancer in the lymph nodes. It just shows the surgeon where the lymph nodes are.

Where do I get the tracer?

You'll have this **Sentinel Lymph Node Mapping** either the day before your surgery or the morning of your surgery at the:

- Nuclear Medicine Department
- or
- Diagnostic Imaging Centre

You may feel uncomfortable when the radioactive tracing material is injected into your breast.

What happens during surgery?



Your surgeon:

- will use a scanner to find the sentinel lymph nodes.
- may also inject a **blue dye** (in addition to the tracer). This will color the sentinel nodes blue and make them easier to find.

If **blue dye** is used, it will turn your urine (pee) green for about 24 hours. The dye may also cause the skin of your breast to turn blue in the area where the injection was done. This change in colour could last for months.

Your surgeon will remove the sentinel node(s).

The sentinel lymph nodes are sent to the lab where a pathologist will test them for cancer.



When the surgery is done the tracer leaves your body through your urine. Remember:

- It's important to always wash your hands very well after using the bathroom. This removes any traces of radioactivity.
- The amount of radiation in your body is not dangerous and will disappear quickly. You can still have contact with other people.

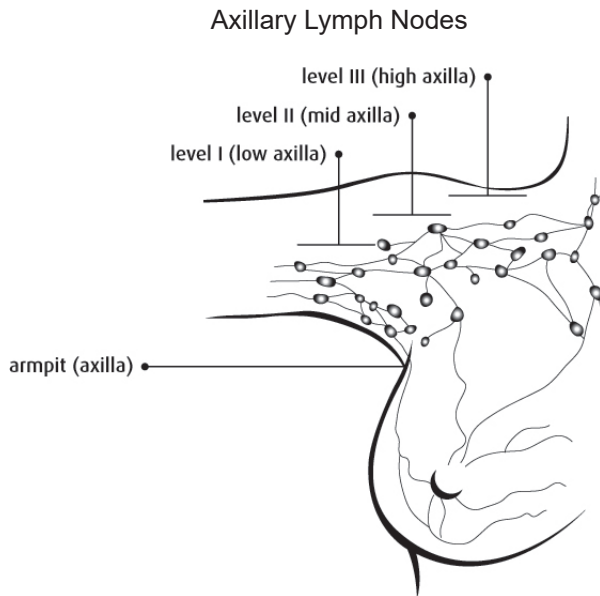


Your surgeon will need all of the information about your tumour and lymph nodes before deciding if you need more surgery on your lymph nodes.

Please be patient. The report from the pathologist can take **up to 14 days**. The test results are reported as **positive or negative** for cancer. Positive means cancer was found. Negative means no cancer was found. The results will help your doctors determine the stage of your cancer and the best treatment plan for you.



Axillary Lymph Node Dissection



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The axillary lymph node dissection may be done when cancer has spread in the lymph nodes.

If you have an axillary lymph node dissection, your surgeon will remove many lymph nodes from under your arm. Your surgeon will place a drain into the area after the lymph nodes are removed.

A pathologist examines the lymph nodes for cancer cells. The test results are reported as positive or negative for cancer. The results will help your doctors decide the stage of your cancer and work with you to determine the best treatment plan for you.

You may need radiation or systemic treatment after this procedure to kill any cancer cells that cannot be seen.



Visit the www.mypathologyreport.ca to learn more about what your results mean.

Breast Reconstruction Surgery

Breast reconstruction means rebuilding the breast using either breast implants or tissue from other parts of your body. This surgery is sometimes done:

- immediately (at the same time of the cancer removal) or
- delayed (months to years after mastectomy)

Talk to your surgeon to see if and when breast reconstruction is right for you. If now is not the right time, you **can always consider it in the future when your cancer treatment is finished.**

Your breast reconstruction surgery will be done by one or more surgeons. In Alberta, breast reconstruction surgery is considered part of your overall breast cancer treatment. Alberta Healthcare covers the cost of breast reconstruction.

Your options for reconstructive surgery will depend on:

- Your cancer site, stage, and grade.
- How much breast tissue needs to be removed.
- Your health right now.
- Your need for other treatment after surgery, such as radiation. Reconstructive surgery is more risky in people who smoke, have a high body mass index (BMI), or other serious medical problems, because there's a high risk of problems (complications) from surgery.
- Your personal choice.

With any surgery, there are benefits and risks. Your healthcare team will work with you to help you make a decision that is right for you.



If you are having reconstruction surgery, check off the type of surgery you will have.

Breast implants

Some women choose to have breast implants after mastectomy. Breast implants are silicone sacs filled with either saline (salt solution) or silicone gel. The implant is usually placed just behind the chest muscle.

In situations where breast skin had to be removed, or where you would like a larger breast than you had before, an expander will be used. The expander will help stretch the skin and create the space the implant will need. Here are some general options:

1 stage (1 surgery)	2 stage (2 surgeries)
<p><input type="checkbox"/> Option A: permanent implant</p> <p>Sometimes you don't need a tissue expander. A breast implant may be placed during your mastectomy surgery using a special mesh to make a space under your chest muscle.</p> <p>The size of the implant is chosen before surgery.</p> <p><input type="checkbox"/> Option B: expander-implant</p> <p>An "expander-implant" with a special removable port will be placed. Your surgeon can add small amounts of saline over the next few months in clinic. This allows the skin around the implant to stretch slowly over time. Once the right size is reached only the injection port will be removed, with the implant left in place permanently.</p> <p>There are different types of expander-implants, some with only saline, some with combinations of saline and silicone.</p>	<p>Your surgeon will place an "expander." Approximately every 2 weeks they will add a small amount of saline through a built-in injection port. This will allow the skin around the expander to stretch slowly. This usually takes 1-3 months.</p> <p>Once the skin has stretched enough and the "pocket" holding the implant is the right size, you will have a second surgery. Your surgeon will remove the expander and place a permanent implant.</p> <p>You cannot have an MRI while the expander is in place.</p>



Visit the Canadian Collaboration on Breast Reconstruction website for more detailed information on implants and other reconstructive surgery options.





Autologous breast reconstruction (reconstructed with your own tissue)

When your surgeon uses tissue from other places in your body to recreate a breast, it's called **autologous breast reconstruction**. There are many different ways a surgeon can do this. Your surgeon will talk with you about what they recommend for you.

The tissue they remove to reconstruct your breast is called the **flap**. There are 2 main considerations for the procedure:

1) Common donor sites (area of the body the flap is removed from)

- Stomach (abdomen)
- Back flap (latissimus dorsi)
- Buttocks (gluteus)
- Inner thigh (upper gracilis)

Using tissue from the abdomen is the most common. But, sometimes this is not recommended, such as when you:

- do not have tissue from your abdomen to use, or
- had abdominal surgery in the past.

2) Blood supply to the flap (attached or free)

- Free flap** - the tissue is completely detached from the donor site and reconnected to the blood vessels in the chest area.

Common free donor sites: abdomen (TRAM or DIEP)

- Attached** (pedicled) flap - The tissue **stays connected** to some of the blood vessels at the donor site. The tissue is moved under the skin to your breast area.

Common attached donor sites: abdomen (Pedicled TRAM) or back (Latissimus or TAP)



Before, During and After Surgery in Hospital



Most patients go home the same day of surgery.

How long you stay in hospital will depend on the type of surgery and your recovery.

**D**

Getting Ready for Surgery

This book is given out to all patients in Alberta. The information below is a guideline. **Please follow any specific instructions for your surgery given to you by your local site.**

Pre-Admission Clinic (PAC)

The staff at the Pre-Admission Clinic (PAC) will call you. You may need to go in person for a consult. Either over the phone or in person, the PAC healthcare team will:

- ask questions about your health and medical history to make sure you can safely have surgery.
- explain how you can prepare for your surgery and what to expect in the hospital.
- arrange the tests that your doctors have ordered. These tests could include blood tests, ECG (a test for your heart), and chest X-Ray.
- ask you what medicines, vitamins, supplements, and herbal products you take. Tell you what medicine(s) to stop taking and when to stop taking them before your surgery.

Make sure you write down which medicine you can take and what medications you should hold for surgery or stop altogether. Write your notes in this book on [page 19](#).

Tests before surgery

Your medical team may order some tests before your surgery date.



These may include:

- Blood work
- Chest X-ray, ECG
- Other special tests or consults if needed

?

Can I bank my own blood in case I need a transfusion?

No. We cannot bank or store your blood.

It's important to know that blood transfusions are **not usually needed** during breast surgery.

Surgery date and time



It takes time after your clinic visit (where you gave your agreement/consent for the surgery), to get a surgery date.

- We will call you to tell you when your surgery is scheduled
- You will find out the time of your surgery the business day before (business days are Mondays–Fridays, not including holidays)
- Be sure to find out the best place to park and where to go in the hospital before you go.



Plan ahead

Practical Help and Support



Make sure you have someone to drive you to and from the hospital. For same day surgery, someone should stay overnight with you the first night.



Stop smoking

It prevents problems with your lungs after surgery and helps you heal faster.

Talk to your doctor about ways to stop smoking.

Food Preparation



Prepare and freeze meals ahead of time so that all you'll need to do is re-heat the food once you're home.



Stop drinking alcohol

Don't drink alcohol 24 hours before surgery. Talk to your doctor if you need help cutting down or stopping.

Exercise



Try to be in the best shape possible before surgery. If you don't exercise or exercise regularly, start slowly.

Short walks help to build strength. Do the arm and shoulder exercises before surgery (starting on [page 45](#)) so you have a baseline of what you can do.



Benefits, Work or Insurance Forms

Find out what's covered with your benefit plan and plan ahead for any work or insurance forms. Let your nurse and doctor know if you need forms completed.

Pain Medication

If you already take prescription pain medication, tell your nurse and/or anesthesiologist.



Keep taking your prescription pain medication as usual up to the morning of surgery, unless the PAC medical team gave you different instructions.

After surgery, the pain medication or dose may have to be changed as your body heals and recovers from surgery.



Recreational Drugs

Stop using recreational drugs (such as marijuana) and "uppers" (like cocaine, crack, and PCP) before surgery. These drugs can have serious side effects when mixed with the medication used during surgery or the pain medication used after surgery.

Your surgeon, nurse, and/or anesthesiologist need to know if you use recreational drugs—they aren't there to judge.



Immunizations (including flu shots)

No immunizations within 14 days of your surgery.



Shaving

Do not shave for surgery. The surgical nurses will shave you if needed.

Localization with seed or wire


If you are having **breast-conserving surgery**, you may need to have a procedure called a localization done **first**. Common localizations are done with a wire (needle) or by implanting a seed, which may be radioactive. This is done so that the surgeon knows exactly what tissue to remove when your surgeon cannot feel the cancer.


This procedure is usually done either in:

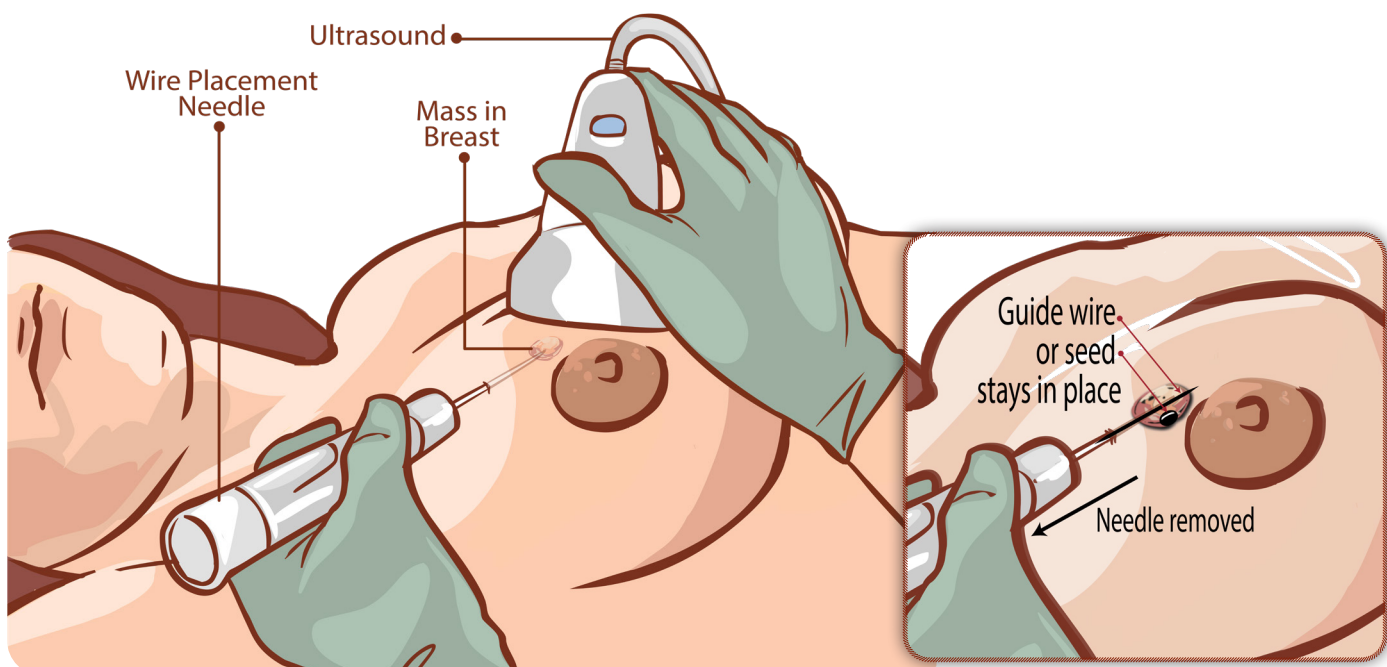
- the Radiology Department at the hospital where you're having your surgery or
- a community Diagnostic Imaging Centre

The radiologist will insert the **fine wire or seed** close to the area of concern using a mammogram or ultrasound for guidance. The wire or seed will be removed by your surgeon when you have surgery.

If you need a wire or seed localization, your healthcare team will talk to you about the best option for you.

<input type="checkbox"/> Seed localization	<input type="checkbox"/> Wire localization
Can be done: 1 to 7 days before your surgery or the day of your surgery.	Done the day of your surgery.
	

 Depending on the procedure you have, you may need a ride home or to the hospital after the procedure. It's safe to wear your seatbelt in the car.



Medication instructions



To help you remember, write your personal list and follow these instructions:



Before surgery, **write the instructions you should follow here.**

Diabetes Management: If you are diabetic, get instructions from your doctor or from the doctors at that appointment for your insulin or diabetic pills (metformin).

Celebrex: continue this medication unless your doctor tells you differently.

14
Days
Before

10
Days
Before

5 Days
Before

2
Days
Before

1 Day
Before

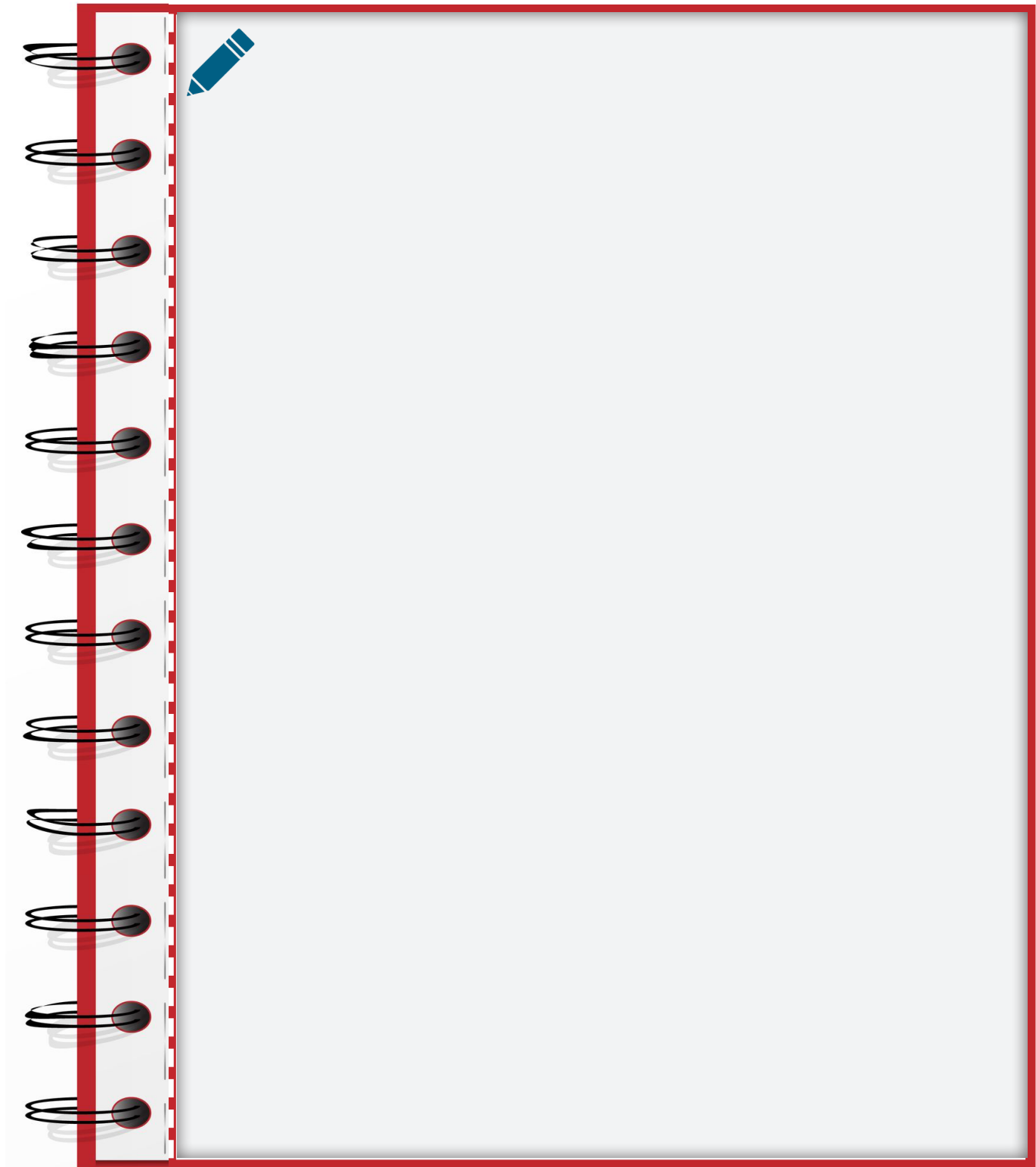
Day of
Surgery



Can I take my regular medication?

Your surgeon, or the Pre-Admission Clinic nurses or doctors will tell you what medication you can take on the day of surgery.

Other Notes



E

Day and Night Before Surgery

Eating and drinking

24 hours before surgery:
no smoking or drinking alcohol

Clear fluids are allowed, but follow the directions you were given.



Follow the instructions you were given to make sure that your surgery is not **cancelled**. This is to prevent food or fluid going into your lungs (aspiration) during your surgery.

Aspiration can be life-threatening!



What is a clear fluid?

- Jello®; strained broth/consommé soup; clear fruit juices with no pulp (such as apple juice)
- Black tea or coffee (no milk or cream but sugar or sweeteners are okay)
- Pop, sports drinks such as Gatorade®, or water
- It does **not** include milk, cream, butter, cream soups or orange juice.

Confirming your time

You should have already been told how to confirm your hospital appointment time. Make sure you know:

- The date of your surgery.
- What time you need to be at the hospital.
- Where to go when you get to the hospital.
- The best place to park.

If you have to cancel your surgery, call your surgeon's office right away. Make sure you have your surgeon's office phone number ahead of time. Write it on **My Plan** (page i).

If you can't reach your surgeon, call the hospital. Make sure you have the hospital's phone number ahead of time.

Follow the pre-surgery instructions you've been given or your surgery may have to be cancelled.

Night Before or Morning Of

Before you go to bed or the morning of your surgery:

- take a shower or bath
- do not shave your armpits
- do not use any creams, lotions, or anything with a scent
- wear clean pyjamas or clothes after showering
- take off all jewellery and take out all piercings



It is okay to leave nail polish, gel or acrylic nails on.

F

Day of Surgery

Follow your medication instruction notes on [page 19](#).



Most patients go home the same day of surgery. Your support person may need to take care of your personal belongings and give them to you after surgery. How long you stay in hospital will depend on the type of surgery and your recovery.

If you've had surgery before, you may notice a few things that are different about your surgery.

Follow this book carefully.

What do I bring?

What to bring on the day of your surgery (your Operating Room day):



- Alberta Health card and Blue Cross or other insurance card
- Photo identification (please make sure the information is correct)
- This book**, along with any handouts you were given about your condition or surgery
- All your medication (in original containers) including inhalers, aspirin, vitamins, herbal and over-the-counter medications** (a list from your pharmacy would be helpful)
- CPAP / BiPAP machine (if you use it, as it may be sent to the recovery room during your surgery)
- Proof of medical coverage (out-of-province residents only)
- Personal care items (**the hospital is not responsible for lost items**)

Personal care items to bring:

- Items your surgeon has requested
- Walking aids such as a walker or cane (if you use one)
- Comfortable clothing. You may not want to wear a bra right after breast-conserving surgery. If you need support, you may find a front-opening bra or camisole more comfortable. Bring a loose-fitting button or zip-up top to wear home – reaching overhead may be difficult. Do not wear tight-fitting or underwire bras.
- Ear plugs
- Hearing aids, eyeglasses, dentures and denture case
- Book, magazine or something else to keep you busy

Do Not Bring:

- anything of value (jewellery, credit cards)
- more than \$20 cash
- a tablet or computer
- electrical appliances such as hair dryers or curling irons



Rules about using cell phones in the hospital are different on each unit. Ask your nurse before using your phone.

Bring these items in 1 small bag that has your name on it. Please leave these items with your support person who can give these to you after surgery.

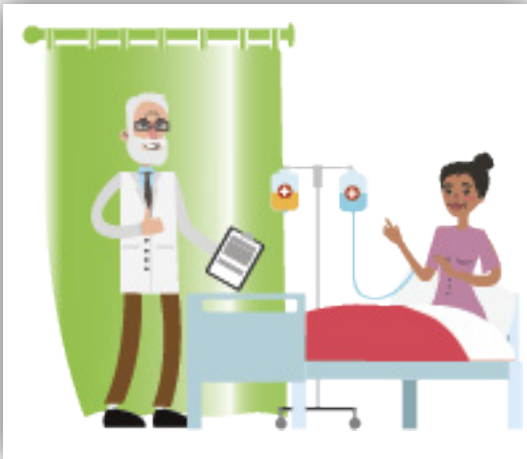
At the hospital

When you arrive at the hospital, a nurse will:

- Go through a list of questions with you.
- Ask you to change into a hospital gown.

You may be given some medicine with a sip of water before surgery to help lower your pain and nausea.

Holding area



You'll be brought to an area outside of the operating room (holding area) where you'll meet your surgical team: your anesthesiologist (the doctor who will give you medicine to keep you asleep during your surgery), surgeon, and nurses.

While you're in the area outside of the operating room, a nurse will ask you questions from the **Safe Surgery Checklist** such as your name, surgery, birthdate, allergies, and what surgery you're having. You may be asked this more than once, which is normal. We do this to keep you safe.

An intravenous (IV) will be started before or when you're in the operating room. This is a plastic tube that is placed in your vein to give you medicine and fluid during and after surgery.

Waiting area

Visitors may be restricted depending on the situation. If your support person is not able to wait for you in the waiting area, staff will call them to let them know when your surgery is finished and they can return.



Operating room



An operating room nurse will double-check your surgical information and take you into the operating room. The Safe Surgery Checklist will be repeated.

The anesthesiologist will give you medicine (general anesthetic) to make you comfortable and keep you asleep during your surgery.

Your surgery will take:

- about 1 to 2 hours (without reconstruction)
- 2 to 7 hours (if you're having breast reconstruction at the same time)

What else do I need to know?

- If a yellow or blue band is put on your wrist, **do not** take it off. You will need to have another blood sample otherwise, which may delay your surgery.
- Usually only **1 person** can stay with you until you go to surgery. Visitors policies can change in different situations.

Procedures before and during surgery



Wire/Seed Localization. To help guide the surgeon, you may have a seed or wire localization. See [page 18](#).



Sentinel Lymph Node Mapping. Will be done either the day before your surgery or the morning of your surgery. See [page 12](#).



Intravenous (IV). An IV is started in your hand or arm by the nurse before you go to the operating room, or by the anesthesiologist in the operating room. It's used to give the anaesthetic (sleeping medicine) and other medication you may need such as antibiotics. The IV is usually taken out once you are able to drink well after surgery.



Medication. You may be given medication before you go to the operating room or in the operating room before the surgery begins. You may need to continue taking this medication after surgery:

- IV antibiotics to protect against infection
- medications to prevent nausea and pain



Air-Filled Stockings (Sequential Compression Device). You may wear compression stockings on your legs during and after your operation to promote blood flow in your legs and help to prevent blood clots. A machine inflates and deflates the stockings. They are taken off once you are walking around.



Blood Transfusion. Not many people need a blood transfusion. If you need to have blood, your surgeon will talk with you.



G After Surgery (in Hospital)



After surgery, we will move you to the Recovery Room, where you will stay for 1–3 hours. Visitors are not allowed into the recovery room. You'll stay there until your healthcare team decides it's safe for you to go to the Day Surgery Unit or a surgical unit.

What to expect

You will probably feel sleepy and your throat may feel sore from the tube that was placed in it while you were asleep. This is normal. You will also have:

- an IV to give you fluid and medicine. You may be given medicines to help with your pain and nausea. As soon as you can, we will ask you to start drinking fluids.
- a dressing (bandage) on your chest. It's important not to touch your dressing to allow for proper healing.
- you may have 1 or more drains near the area where the incision was made. Drains take extra fluid away from below your incision.

Your nurse will regularly check your:

- Heart rate, breathing, blood pressure, and blood oxygen level
- Dressing (bandage)
- Drains
- Pain and nausea levels

Eating and drinking

You can eat solid food when you are able to. Your nutrition is an important part of healing. Start with a bit of soft food and when you move to solid food, eat a nutritious, well-balanced diet. Read more on Diet and Nutrition ([page 34](#)).

A red-bordered box with a spiral binding at the top, containing several horizontal lines for writing notes.

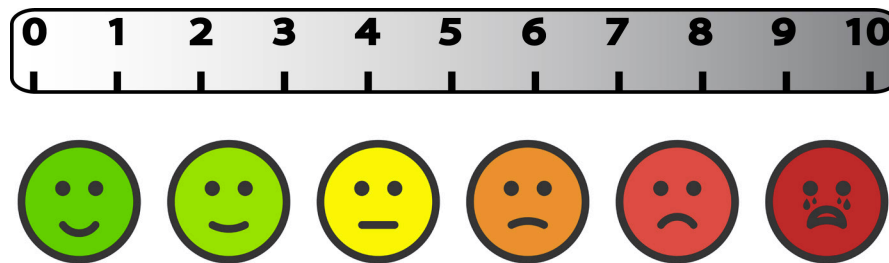
Managing pain and nausea

Managing pain and nausea are important. It helps you recover sooner because you will:

- Breathe and move better
- Find it easier to eat and drink
- Sleep better

Pain after surgery is normal. You may have pain, numbness, or tingling in your shoulder, arm, armpit, or incision area. The type of pain you have and how long it lasts is different for everyone. A feeling of stabbing pain may happen and it is normal.

We will give you pain or nausea medicine by IV, injection, or pill as needed while you're in the hospital. Your nurse will ask you to rate your pain and nausea from 0 (no pain) to 10 (the worst pain you can imagine). Tell your nurse when you're having pain or nausea. The amount of pain medicine will be adjusted as needed.



Dressings and incisions

The size of your incision (surgical cut) and where it is will depend on where your cancer was and the type of breast surgery you had. You may have a breast incision and an underarm incision.

At first, you'll have an outer gauze dressing (bandage) covering the incisions. Gauze dressings usually stay on for **24 to 48 hours**. Your surgeon will tell you when you can take your dressing off.

Your incisions are held together with staples or stitches and covered with Steri-Strips™ (paper or surgical tapes). The surgeon will tell you when your Steri-Strips™ can be removed. Dissolving stitches are used most often and don't need to be removed.

If you have a clear, sticky dressing, it will stay on for 2 to 7 days. Your surgeon will tell you when you can take it off.



Another name for a "stitch" is "suture"

Another name for "dressing" is "bandage"

Drains

A drain is a small plastic tube inserted through the skin near the incision. It's stitched in place so it doesn't fall out. A small plastic suction container is attached to it. After breast surgery, it's normal for your body to make extra fluid in the area around your incision. The drains remove this extra fluid and blood. Removing the fluid helps with healing and lowers the risk of infection.

Depending on the surgery you may not have a drain at all, or may have 1 or 2 drains in place.

The drains most commonly used are the Jackson-Pratt™ and the Blake™. Your healthcare team can tell you what kind of drain you have. **Write this information down on My Plan (page i).** They will teach you how to care for your drain(s) before you leave the hospital.

For more information on how to care for your drain, see **Section O (page 42)**.

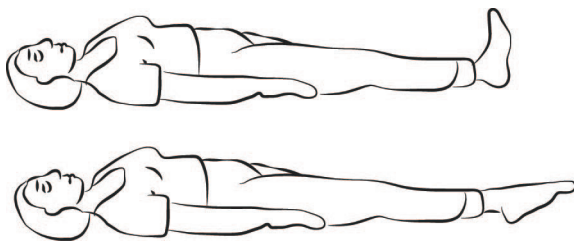
Getting moving and doing leg exercises

Be active as soon as possible. Moving and doing leg exercises will help you build strength, increase blood flow, prevent clots from forming and keep your lungs clear. Your nurse will help you get up to walk soon after surgery.

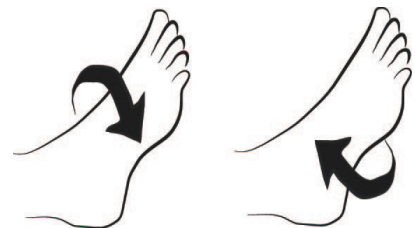
- Move and stretch your legs
- Wiggle your toes
- Change position in bed
- Get up to sit in a chair
- Do basic leg exercises
- Walk
- Increase your activity level gradually after surgery (no strenuous exercise).

Leg Exercises

Do these exercises 5 times each hour you are awake. These can be done lying in bed or sitting in a chair.



Flex your feet up and down for 1 minute. Relax. Repeat.



Make circles with your feet. Repeat in the other direction.



Symptoms of a blood clot may include any of the following: swelling, redness, warmth to skin, pain to 1 or both legs, or shortness of breath. Let the medical team know right away if you have any of these symptoms.

DO NOT massage your leg if you are having these symptoms. You could cause the clot to break off.

Deep breathing and coughing exercises

It's important to do your deep breathing and coughing exercises if you have had an anesthetic and to prevent lung infections.

Follow these steps 1 time every hour you are awake:

- Breathe in deeply through your nose.
- Hold your breath for 5 to 10 seconds, and then breathe out slowly through your mouth. You will be able to breathe more deeply with each breath.
- Repeat again.
- Repeat again. This time, hold your breath for 5 to 10 seconds. Cough 2 or 3 times in a row as you get rid of this breath.
- Make sure you take normal breaths when you're not doing these exercises.
- Ask your healthcare team how often you should do these exercises.

Using your arm

After surgery, try to use your arm on the side of your surgery as you normally would (for eating, drinking, brushing your teeth and hair, answering the phone). It's important to move it regularly.

Keep good posture! When using your arm, it is important to make sure you have good posture. Keep your shoulders back and down. If you are lifting your arm overhead, try to keep your shoulders back and down.

See exercises in **Section P**.

H

Getting Ready to Go Home

Going home (Discharge) checklist

Before you're sent home, your healthcare team will:

- Review your discharge instructions with you.
- Give you the date for your follow-up appointment **or** tell you when to call your surgeon's office to make your follow-up appointment. Write this on **My Plan** (page i).
- Give you prescriptions for medicines to take at home and instructions on when you can take your regular medicines.
- Ask you if you have arranged for someone to drive you home and stay with you for 24 hours after your surgery.
- Tell you when you can have a shower. Write this down on **My Plan** (page i).
- Make a referral to home care if needed. Most people don't need home care.

Talk to your healthcare team if you feel something on this list hasn't been done.





At Home After Surgery

I

Your Incision

It's normal to be worried about seeing your incision (surgical cut) for the first time. You can reach out to your healthcare team, family, or friends to talk about the changes you see. Read more about body image and emotional health in the Living Your Best section on [page 39](#).

Daily checks

It's important to check your incision(s) every day, especially during the first 2 to 3 weeks after surgery. It's normal for the surgical area to be a little swollen and bruised at first, but that will go away in a few weeks.

There may be firmness under the incision. You will notice this “healing ridge” for many months. It will soften over time.

Steri-strip™ care

If your incision has Steri-strips™ on it, leave them on. As the incision starts to heal:

- the Steri-strips™ will start to curl up at the edges. You may trim the curled edges off carefully with scissors. Clean the scissors with soap and water first.
- Leave the rest of the Steri-strips™ on until they come off on their own or your surgeon tells you to remove them.
- When you are allowed to remove them, gently peel each end toward the middle until it comes off. They are easier to remove in the shower or right after you shower.

Drain care

See the [Section O](#) on Drains and Drain Care.

Follow-up appointment

Your follow-up care is an important part of your recovery. It will be unique to you and will depend on your diagnosis, surgery, and health.

Be sure to write the follow-up appointment date and time on My Plan (page i). If it has been 2 weeks since your surgery and you do not have a follow-up appointment booked yet, call your surgeon's office.

Your surgeon will review the pathology report with you at your follow-up appointment. You may need more treatment after your surgery. This will depend on the stage, grade or type of cancer you have. Your healthcare team may recommend systemic treatment (such as chemotherapy, targeted therapy, or hormone therapy) or radiation treatment.

Depending on where you live, you may be able to get some or all of your treatment and other supports close to home. Talk to your healthcare team to find out your options.

J

Concerns or Complications

Pain or discomfort

You'll probably feel some pain after your surgery. This is normal.

Take your pain medicine as directed. If the medicine is upsetting your stomach, stop taking it and call your surgeon's office.

You may have numbness, burning, or tingling in your chest, shoulder, or arm. These feelings usually get better or go away over time.

If you're concerned about pain that doesn't stop or anything else you feel, talk to your doctor or nurse.

Seroma (fluid build up)

A seroma is swelling caused by fluid building up in or around your incision area (in the breast or armpit). This is normal and may feel like a lump a few days after surgery. The lump can grow to feel like a golf ball or egg. In most cases, the fluid will absorb over time.

If the lump is large enough and it's causing you pain, your surgeon may drain the fluid with a small needle.

Axillary web syndrome (cording)

In the weeks after surgery you may have pain that feels like a tight cord running from your armpit down your arm or wrist, or down your trunk (torso). You may also notice it looks like you have a cord under the skin. It might be hard to reach for objects above you, lift your arm, or straighten your elbow. This is called **Axillary web syndrome** or **cording**.

Cording usually goes away on its own over time. Doing the stretching exercises in this book can help prevent it. You may also want to ask for a referral to a physiotherapist.

What's common after surgery?

- Bruising on the skin of the breast and armpit without swelling.
- A bit of redness right around your drain site.
- A closed incision with a bit of drainage.
- A stitch that you can see or feel at the end(s) of your incision.
- Firmness without bruising where you had a lump removed (lumpectomy).

See [page 54, Emergencies and When to Get Help](#) for information on when you should call.



Ask for a copy of the pamphlet **Axillary Web Syndrome** or view online at bit.ly/axillaryweb







Swelling (lymphedema)

Lymphedema is swelling of the hand, arm or trunk (torso) that can happen any time after lymph node surgery, even many years later. The swelling is due to a build up of lymph fluid. It can be mild (such as when your watch feels a bit tight) or more severe. Lymphedema may be temporary or permanent and needs treatment to be managed.

Lymphedema is more common after an axillary lymph node dissection because more nodes are taken, and less common after a sentinel lymph node biopsy.

If you have had a **sentinel lymph node biopsy** you may not need to take any special precautions.

If you have had an **axillary lymph node dissection**, follow these steps to help lower your risk of lymphedema:

	<ul style="list-style-type: none"> • Use a moisturizer daily. When it's possible, try not to injure the skin on your surgical side(s). Be careful not to cut, burn, sunburn, or get insect bites by wearing clothing and gloves for protection.
	<ul style="list-style-type: none"> • Watch for signs of infection in your hand or arm. Infection can lead to lymphedema in people with a risk for developing it. If you notice skin redness, swelling, or heat in your hand or arm on your surgical side(s), contact your healthcare provider right away.
	<ul style="list-style-type: none"> • Protect your arm. Try to avoid having blood drawn or your blood pressure checked on the side of your surgery. If you've had a bilateral axillary lymph node dissection, try to switch between arms for blood work and blood pressure monitoring
	<ul style="list-style-type: none"> • Do not wear tight-fitting jewellery or clothing on the hand or arm of your surgical side(s).
	<ul style="list-style-type: none"> • Try not to carry a heavy bag on the side of your surgery. If you need to carry something heavier, try using a bag or basket with wheels instead.
	<ul style="list-style-type: none"> • Do the follow-up exercises in this book. These exercises are to help you start moving your upper body more easily. They may also help lower the risk for lymphedema.
	<ul style="list-style-type: none"> • Stay at a healthy body weight. If you're overweight, you may have a higher chance of lymphedema as the body needs to work harder to get rid of fluid in the tissue.
	<ul style="list-style-type: none"> • Try to be active and work up slowly. Exercise lowers the risk of lymphedema, but doing too much exercise too quickly may also cause lymphedema. Exercise carefully by doing a little more exercise every day. Take lots of rest breaks and pay attention to how your body feels. Think "start low, go slow."

Review the signs of → lymphedema so you can get treatment right away.

If you have any type of swelling in your arm, hand, trunk (torso) or breast, talk to your doctor and ask for a referral to a physiotherapist.

Lymphedema is easier to manage if you get help early.

Signs of lymphedema

The affected area may:

- have swelling, which could cause your clothing or jewellery to become tight
- feel heavy and/or numb, or tingle
- be more difficult to move
- have pain and/or discomfort
- have an increased risk of infection



The “Do Nots” after surgery (for 4-6 weeks)

- No lifting anything over **10 pounds (lbs)**. It increases blood pressure and might cause your incision to open.
- No vacuuming
- No driving while on pain medications
- Ask about going back to work
- No swimming or hot tubs (do not put your incision under the water)

How much is 10 pounds (lbs)?

At home:

- Average 3-month old baby
- A full laundry basket
- Medium-sized cat or small dog
- Large, filled garbage bag
- Medium-sized bowling ball
- Small microwave oven
- Most vacuum cleaners



At the grocery store:

- Large watermelon
- Large bag of sugar or flour
- A sack of potatoes
- Two, 4-litre jugs of milk
- Three, 2-litre bottles of pop
- A holiday ham or turkey

Tip!

Sit on a couch to hold a baby or pet.

Ask for help to lift items or buy smaller containers while you are recovering.

If you are not sure if something weighs 10 or more pounds, do not pick it up.



K

Personal Care, Nutrition, Activity & Info

Showering or bathing



You may shower 24 to 48 hours after your surgery unless you were told not to. Follow the instructions on [My Plan](#) (page i).

When you are allowed to, having a shower or bath (with your incision out of the water) is usually okay while you still have staples, stitches, Steri-Strips™, sticky dressings or a drain.

Do not swim until your incisions are completely healed.

Follow these instructions:

Incisions	Drains
<ul style="list-style-type: none"> • When you shower, stand so that the water isn't falling right on your incision. • When you bathe, do not put your incision(s) under the water. • Rinse the incision area well, and gently pat it dry. • Use warm, not hot water, so you don't get a burn. (The area around the incision(s) may be numb so you may not be able to feel if the water is too hot). 	<ul style="list-style-type: none"> • Hold the tubing of the drain in place while you are in the shower so it's not pulling against your skin. • We recommend wearing a cloth belt around your waist. Secure the drain to the belt with a safety pin while you shower.

Using products (liquids, lotions or creams)



It is important not to use products on your incision until it is healed. These products may irritate healing tissue.

- **Do not** clean your incision with alcohol or hydrogen peroxide
- When your incisions are healed (at least 2 weeks), you may use an **unscented, lotion**
- If you have an incision under your arm, don't use deodorant until the incision is healed

Shaving



If you have an incision under your arm, don't shave your armpit or use hair removal products on your surgery side, until your skin has **completely** healed.

You may have less feeling in the armpit area, so you need to **be careful** when shaving so you don't cut yourself. Cuts can lead to infections.

Clothing



After breast-conserving surgery: you may wear a supportive bra for a few days for comfort, even when you sleep. Do not wear tight-fitting or underwire bras.

All other surgery: Loose-fitting shirts or sleepwear that open in the front will be easiest to put on and take off. Department or specialty stores that sell prosthetics may also sell mastectomy camisoles. You do not have to buy one, unless you want to.

Driving



Do not drive for at least 24 hours after you come home from the hospital. Your surgeon will tell you if you need to stop driving for longer than 24 hours.

Do not drive until you:

- are no longer taking pain medications that make you feel sleepy
- can move your arms normally
- can shoulder check without pain
- can hit the brake pedal for an emergency stop without pain
- feel stronger and comfortable

Diet and nutrition



Nutrition will improve your treatment outcomes and quality of life. Eat a healthy diet to give your body the energy to heal and to do your everyday activities.

Choose a variety of foods:

- vegetables and fruits
- whole grain foods
- foods with protein

Eat foods with protein to help you:

- meet your protein needs
- maintain strength
- keep your immune system healthy

Eat enough so you do not lose weight:

If your appetite is poor, it may help to eat smaller meals more often, and eat snacks between meals. It may also help to eat foods that are higher in energy (calories).

Higher energy foods with protein:



beef, pork, poultry, fish, and eggs



milk, cheese, and yogurt



beans, lentils, nuts, nut butters, seeds and tofu



protein powders and nutrition supplement drinks



Higher energy foods without protein:



avocado, dried fruit, granola, cream and wheat germ



margarine, butter, vegetable oil, salad dressing, mayonnaise, creamy sauces, gravy, and coconut milk



sugar, syrup, jam, candy, and desserts

Wash your vegetables and fruits with water before you eat them

This will help to remove any germs that are not visible. Proper handling, storage, and cooking of meat is also important. Raw meat can have bacteria that can make you very sick if you don't cook it or store it properly. Keep raw meat and fresh fruit and vegetables separate.



If you want more information on what to eat, drink, or both, ask your healthcare team to speak with a dietitian. A dietitian can give you guidance and tips for healthy eating during your treatment.



For information on **nutrition and breast cancer:**

bit.ly/nutritionandbreastcancer

Activity and exercise



Regular exercise before surgery and after your incisions have healed has many benefits. It can help:

- reduce fatigue and improve energy levels
- reduce your risk for blood clots
- reduce nausea
- boost your immune system
- lower your risk for falling by keeping you stronger
- improve your mood and help you feel better as treatment progresses



Studies show that exercise helps patients feel better — even something as short as a 10-15 minute walk.

It's important to check with your surgeon first before you start any exercise program or go back to doing sports. Light activity, such as walking and light housework is okay.

If you have other health issues, check with your healthcare team before you start a new exercise program.



Tobacco products

We know stopping the use of tobacco can be difficult and often takes several tries. By stopping your tobacco use after a cancer diagnosis, you can improve your health and body's response to treatment, whether it's surgery, radiation treatment or systemic treatment.

Studies show many important benefits of quitting the use of tobacco after a cancer diagnosis, including:

- A better chance of successful treatment
- Fewer serious side effects
- Faster recovery from treatment
- Decreased risk of the cancer coming back, or getting another cancer diagnosis
- Lower risk of infection
- Easier breathing
- More energy
- Better quality of life

Cancer patients who quit tobacco say they **feel better physically, emotionally, and have a better quality of life!** Now is the BEST time to be tobacco free.



For support quitting tobacco or for more information visit:

- myhealth.alberta.ca/healthier-together
- www.AlbertaQuits.ca or call 1-866-710-QUIT (7848)

Find Information and access resources

Cancer Care Alberta



Visit www.cancercarealberta.ca for resources, support and information from prevention to treatment and beyond.

Breast Specific Resources

Breast Cancer Resources



bit.ly/ccabreastcancerresources

Breast Reconstruction Canada



www.breastreconstructioncanada.ca

Rethink Breast Cancer



www.rethinkbreastcancer.com

Breast Health Nurse Navigator Programs

Visit myhealth.alberta.ca  breast health programs

Chinook Regional Hospital
(Lethbridge)

Foothills Medical Centre
(Calgary)

Red Deer Regional Hospital


Royal Alexandra Hospital
(Edmonton)

Misericordia Community
Hospital (Edmonton)



MyHealth Alberta

Visit myhealth.alberta.ca for trusted health information on breast cancer and many other topics.


 breast cancer, breast health or know your breasts

Wellspring Calgary & Edmonton

Wellspring is a warm and welcoming place that offers a variety of supportive programs, at no cost, for cancer patients, their families and caregivers. They are part of a network of Wellspring centres in Canada that provide emotional, restorative and educational support programs and services to anyone affected by cancer.

Calgary


 wellspringcalgary.ca

 403-521-5292 (North) / 587-747-0260 (South)

 404 Home Road NW / 3910 Seton Drive SE

Edmonton

 wellspring.ca/edmonton

 780-758-4433

 11306 65 Ave

Alberta 211

Alberta 211 is a local resource and information service. It provides information in several ways: by phone, online or by web chat (phone service is available in many, but not all, areas). We encourage local and community organizations to list their services here. This is a great place to check on what is available near you!

 2-1-1  www.ab.211.ca to search or chat online

 Search for information on things like:


- Financial and social assistance
- Food assistance and meal programs
- Parenting and family programs
- Newcomer services
- Mental health support
- Government program assistance
- Seniors' services and home care
- Housing and utility help
- Disability support services

Canadian Cancer Society (CCS) & Community Services Locator

The CCS community services locator (CSL) is a directory that helps cancer patients, caregivers and healthcare providers find the services they need across Canada. There are over 4000 cancer-related services listed. You can search for:

- emotional support programs
- homecare
- how to get to your cancer treatment
- where to find a wig or prosthesis

 cancer.ca  <https://csl.cancer.ca/en> (locator)

Can't find what you need?  1 888 939-3333 (Monday to Friday)



Integrative and Complementary Therapies

What are integrative and complementary therapies?

These include different healing approaches and therapies not considered to be standard medical treatments.

- **Standard medical treatments** are scientifically-tested and researched and include treatments such as radiation, surgery, and systemic treatment (such as chemotherapy or hormone therapy). These treatments are used by doctors to treat people with cancer.
- **Complementary medicine** is used along with standard medical treatments. It is meant to help relieve symptoms or side effects, or boost emotional or physical health.

Talk to your surgeon, oncologist or family doctor if you are thinking about using complementary therapies or if you have any questions or problems. Check with your pharmacist or registered dietitian to see if there are possible interactions with medications or supplements.

Does my healthcare team need to know if I am using integrative or complementary therapies?

Yes. Tell your doctor or nurse about anything you are taking or using. Some complementary therapies interact with other medicine you take and may make your treatment less effective.

It's always best to talk to your healthcare team before you start any additional treatments or therapies. These include things like:

- pills
- vitamins
- massage
- hyperbaric oxygen treatment
- injections
- herbal remedies
- acupuncture
- cannabis



Are there natural health products I can take during treatment?

- You can take a regular strength multiple vitamin and mineral supplement. Choose a brand that is made for your age group. The supplement should have small doses of a wide variety of nutrients (high doses are not recommended).
- We recommend that you do not use other natural health products for 1 month after you finish your treatments, and when possible, for 1 month before you start treatment.

To find out more, visit:

CAMEO website: cameoprogram.org

Canadian Cancer Society's website:

bit.ly/CCS-complementary-and-alternative-therapies





Living Your Best

L

Appearance

Body image

It's normal to have questions and concerns about body image and sexuality. You may have unexpected feelings from the changes to your body from surgery or treatment. This is different for everyone. If you can talk about these feelings with your partner, family, and friends, you'll feel less alone when dealing with these changes.

Read more at:



myhealth.alberta.ca



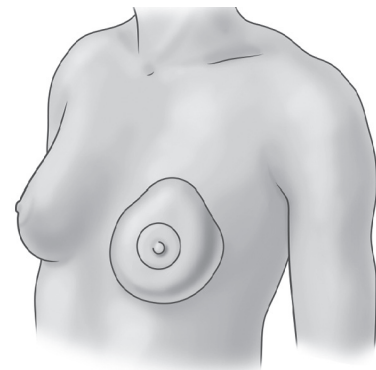
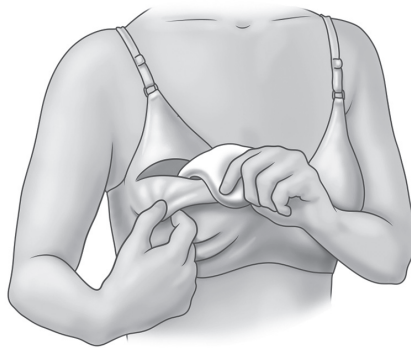
cancer-and-sexuality

If you'd like more help, talk to:

- Someone in your community who you trust.
- Any member of your healthcare team.

Prostheses

A breast prosthesis is a removable breast form that fits in your bra cup. A prosthesis can be used with or without a specially formed pocket inside your bra.



Images courtesy of Healthwise®.

The decision to use a breast prosthesis is very personal. It's based on your feelings, needs, and lifestyle. You may choose to always wear a prosthesis. Or you may choose to wear one while you're deciding about or waiting for breast reconstruction surgery. It's your choice whether or not to use a breast prosthesis or have reconstructive surgery. You're free to change your mind.

Transitional (temporary) prosthesis

A temporary (transitional) prosthesis is a soft light-form (fluffy or foamy) that you can secure inside your clothes or wear inside your bra. Women often use these for the first 8-12 weeks after surgery until their incision is well healed. At that time you can be fitted for a long-term (permanent) prosthesis. You may be able to get a transitional prosthesis for free. Talk to your healthcare team about where to get one.

A prosthesis is designed to look, weigh, and move like a natural breast. A permanent prosthesis is an option for people who have had a mastectomy without breast reconstruction. Permanent prostheses are made from silicone, foam, or other materials. Some prostheses temporarily stick to the skin on the chest. Others are worn in a regular bra or a mastectomy bra.

Things to know before you are fitted:

- Wait at least 8 to 12 weeks after surgery, until your scar is fully healed and the swelling has gone down
- You may have to wait longer than 12 weeks if you are having radiation treatment.
- If you've had a mastectomy, **Alberta Aids to Daily Living (AADL)** may pay for part of your prosthesis. Contact a Home Healthcare vendor of your choice for an appointment. They will help you find out if you can get assistance through AADL, Blue Cross, or other private health insurance providers. Some or all of the cost of your prosthesis may be covered. You may also contact your insurance provider and ask.



When you wear a properly fitted prosthesis, your balance and posture are supported. This can help prevent back and neck problems after you have had a breast removed. Your prosthesis also prevents your bra from sliding up and gives a natural shape to your clothing.

M

Emotional Self Care and Awareness

It can be hard to talk about having breast cancer. Some people find it helpful to talk to friends and family. Speaking with others might help you:

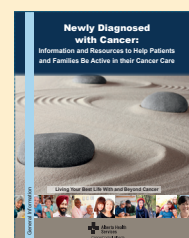
- Understand the information better.
- Get the support you need.
- Create a support network. You may want to have 1 person keep others updated for you.
- Feel in control of your own treatment plan so you're comfortable asking questions.

Difficult emotions often arise during cancer and its treatments. Psychologists and social workers offer counselling to patients and family members to help reduce emotional distress and explore coping techniques.

They help with things such as communication, stress, coping with treatment side effects, mood changes, quality of life, body image or loneliness.

Once you have a confirmed cancer diagnosis, you or your support persons can ask for a referral to the cancer counselling professionals (Psychosocial Oncology).

For more information look in the **Newly Diagnosed With Cancer Book**



or

For contact information visit

www.cancercarealberta.ca

- > Patients & Families
- > Supportive Care & Living Well
- > Psychosocial Oncology



Anxiety

What is anxiety?

Anxiety is a feeling of worry, fear, or being nervous and is a normal feeling for patients and families to have when going through a cancer diagnosis.



People who learn about their cancer and treatment options may feel more in control and have less anxiety. Be ready for your appointments with a written list of questions, and bring a support person if you can.

What are signs and symptoms of anxiety?

- Feeling restless, worried, or not able to relax
- Feeling moody or stressed
- Tense muscles
- Trouble sleeping

Some people have strong anxiety which can cause anxiety attacks. You may feel:

- Feelings of doom
- Shortness of breath
- Heart palpitations (your heart feels like it is fluttering or pounding)
- Dizziness and nausea
- Chest pains

What can I do to help my anxiety or depression?

Find support:



- Talk to someone you trust and who is a good listener — friends, family or co-workers.
- Talk to a social worker about support programs at your cancer centre and in your community.
- Get professional help. Professional counsellors can help you learn new ways to manage your anxiety and worry.



- Focus on things that make you feel better.
- Think about the positive parts of your life and the things you can control.
- Spend time with people who make you laugh and avoid those who are negative.



- Get a good sleep — this can give you more energy and help you feel better emotionally.



- Exercise and take care of your body. It's a good way to help you feel better and improve your mood.



- Some people find writing in a journal or expressing their feelings through art can help.



- Try to limit or avoid alcohol because it can lower your mood.



- Try relaxation activities like listening to music, yoga, or deep breathing.



Drain Care, Exercises and Scar Massage

O

Drain Care

Drains are long tubes that are inserted into your breast area or armpit to collect fluid which starts to build up in the space the tumour was. It is held in place with 1 or 2 stitches. A drain tube has a plastic bulb on the end to create suction, which gently pulls the fluid out of the body and into the bulb. This will help your incision heal properly.



Watch the video to learn how to care for your drain:
bit.ly/breastdraincarevideo



It's important to keep your drain clean and protect it so it stays in place.

Be sure to:

- Always wash your hands with soap before and after emptying your drain.
- Use the tab to fasten the drain to your clothes with a safety pin. Fasten it below the level of where it comes out of your skin so it can drain properly. Be careful not to put a hole in the drain bulb or tubing with the safety pin. Don't let the drain pull on the area where it's inserted.

Drainage

Drainage is what the fluid is called as it is coming out of your body. At first, the drainage may be bloody. Over time, the drainage colour will change from red to pink, then to light yellow or clear as your wound heals and the drainage goes away.

- You'll have different amounts of drainage from day to day. It should become less over time.
- A bit of drainage may leak around the drain site. Put a gauze dressing over the site and change the gauze when you need to so the site stays dry.



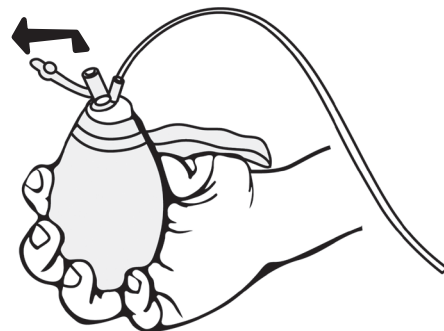
If your drain accidentally slips out, even a bit, **NEVER** try to push it back in. If your drain falls out completely, put a dressing over the site and call your surgeon's office.

Emptying the drain

Empty the drainage container **every 8 hours** or **whenever it looks half full**.

To empty the drain, follow these steps:

1. Wash your hands well.
2. Open the port (opening) of the bulb by lifting the cap off.
3. Squeeze the fluid out from the port into a small measuring container.



Illustrations used and adapted with permission of B.C. Multimedia Services



4. Squeeze the bulb until it's flat. This gets the air out of the bulb. Keep the bulb flat while you close the port by putting the cap back on. This creates the suction that pulls the fluid from your body into the bulb.
5. Measure the fluid then flush it down the toilet. Record the amount, date, and time on your drainage record. See the section **Drainage Record**.
6. Wash the measuring container with hot soapy water by itself. **Do not** wash it with regular dishes.
7. Wash your hands again.



Illustrations used and adapted with permission of B.C. Multimedia Services

Milking the drain

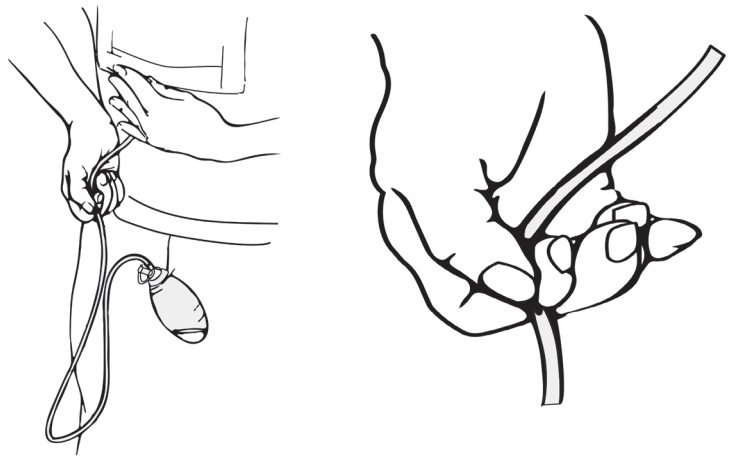
It's important to make sure the tube doesn't get clogged. **Milking** the tube may help to move small pieces of tissue or clots out of the tube. This helps make sure it can drain properly. You may see some air bubbles or pieces that are stringy, white, or bloody, in your tubing or drainage container. This is normal.

Milk your drain when:

- You see a clot in the tube that is stopping the fluid from draining. The clot may look dark and stringy and it may even look like tissue.
- You see fluid leaking around where the tube goes into the skin.
- You think there's no suction in the drain.
- You see a sudden decrease in the amount of drainage.

How to milk your drain:

1. Wash your hands and put 2 drops of lotion on your fingertips.
2. Near the insertion site, pinch the tube firmly with your forefinger and thumb.
3. With your other hand, use your forefinger and thumb to squeeze and slide down the tube halfway to the container. Keep the tube pinched.
4. Bring your other hand down to just above where the tube is pinched. Repeat step 3 to milk the lower half of the tube right down to the container.



Illustrations used and adapted with permission of B.C. Multimedia Services

▶ Watch the video to learn how to care for your drain: bit.ly/breastdraincarevideo



SCAN ME

If you see drainage around the skin where your drain is inserted and your drain is no longer draining fluid, then your drain may be blocked. If you can't remove the blockage by milking the drain, contact your surgeon's office.



P Arm and Shoulder Exercises

An important part of your treatment and recovery after breast cancer surgery is exercise. It can help you:

- Reduce stiffness in your joints.
- Keep movement in your arms and shoulders.
- Make your muscles stronger.
- Get back to doing your daily activities.

View the video for **Stretching Exercises, Week 1** at: bit.ly/week1exercise



Avoid vigorous exercise and sports in the early weeks after surgery.

If you were regularly playing sports before, talk with your surgeon about when you may be able to start again.

It's important to still stay active!



Baseline Movement. It's important for you to know how much shoulder movement you had before your breast surgery. This is your **baseline movement**. It can help you track your recovery. **Before** your surgery, go through each of the shoulder exercises so that you know your baseline movement.

The exercises on the following pages should be done after all types of breast surgery **unless** you have had immediate breast reconstruction. If you have had **immediate breast reconstruction**, speak to your surgeon about the exercises you need to do, and when to start them. If you have any concerns about how well you can move (your level of mobility) or strength, ask for a referral to a physiotherapist.

Note: These exercise instructions refer to your **affected side**. This is the side where you had your surgery (your unaffected side is the one you did not have surgery on (**if you've had surgery on both sides, do the exercises on both sides**)).

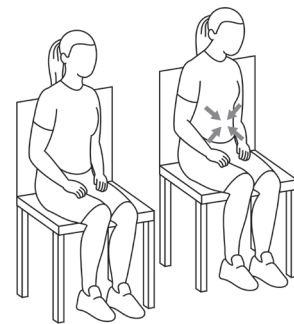


Stretching Exercises - Week 1

- Start doing your exercises 24 hours after your surgery. Keep doing them until you get back to your baseline movements.
- If you have a drain, you may have more drainage after doing these exercises. This is normal. Make sure the drain is just emptied and securely fastened before you start the exercises.
- It's normal to feel your skin and tissue pull and stretch a bit with these movements.
- Make sure you take the time to go through the movements of each exercise and do the full exercise.
 - Do the exercises 2 to 3 times per day
 - 5 to 10 times each exercise

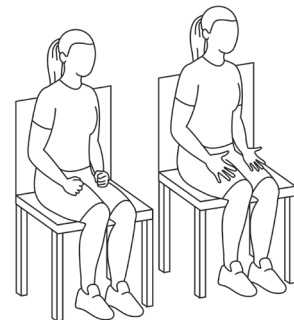
Seated Posture at 2:57 min

- Sit in a firm chair or on a stool with your back straight and your feet on the floor.
- Keep your chin tucked in and shoulders back towards your spine.
- Tighten your stomach muscles by pulling your belly button in.
- Hold this position for 5 to 20 seconds and then relax. Repeat.



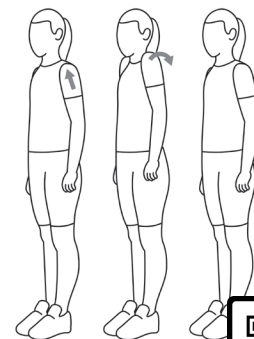
Active Hand Pump at 3:24 min

- Sit with your hands on your lap or lie down on your unaffected side and support your affected arm on a pillow.
- Slowly open and close your hands as far as possible, and repeat.




Shoulder Shrugs and Circles at 3:54 min

- Stand or sit.
- Lift both shoulders up towards your ears, then circle them back and down.
- Return to your starting position and repeat.



SCAN ME

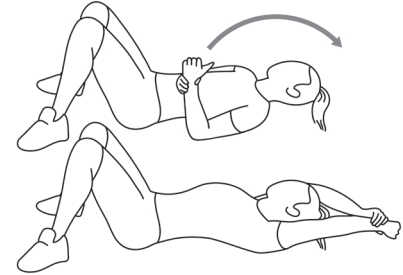
 View the video for **Stretching Exercises, Week 1** at: bit.ly/week1exercise

▶ View the video for **Stretching Exercises, Week 1** at: bit.ly/week1exercise



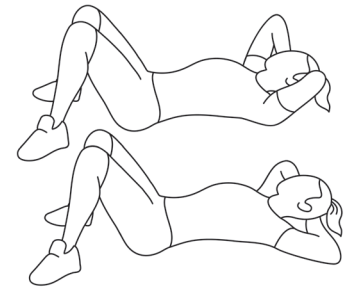
Assisted Shoulder Flexion ▶ at 4:24 min

- Lie on your back with your knees bent and both arms by your sides.
- Use the hand on your unaffected side to hold the wrist of your affected arm.
- With your affected elbow slightly bent, gradually raise your arms up and back, slowly going over your head.
- Hold for 5 seconds, and then relax. Return to your starting position and repeat.



Butterfly Stretch ▶ at 5:26 min

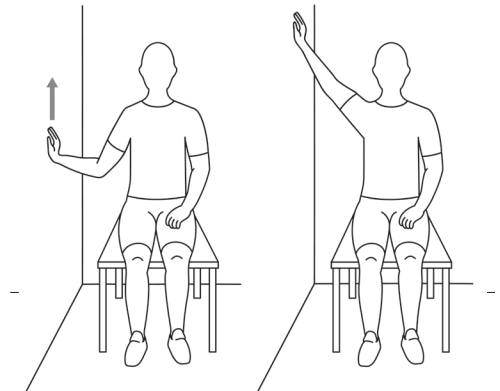
- Lie on your back with your knees bent and clasp your hands together loosely behind your head. Point your elbows towards the ceiling.
- Slowly move your elbows apart and down to the floor.
- Hold for 5 seconds and then relax. Return to your starting position and repeat.



Shoulder Abduction ▶ at 6:12 min

(If you have had a mastectomy or axillary lymph node dissection do this exercise near the END of week 1)

- Sit up straight about ½ to 1 meter away from a wall.
- Keep your body straight and your shoulders level.
- Do not shrug your shoulder or lean to the other side.
- Place the fingertips of your affected hand on the wall and with your fingers, climb up the wall slowly, as high as you can.



Note: You can start week 2 exercises in week 1, as long as you can do week 1 exercises comfortably.

Stretching Exercises - Week 2

These exercises are the next step from week 1 exercises.

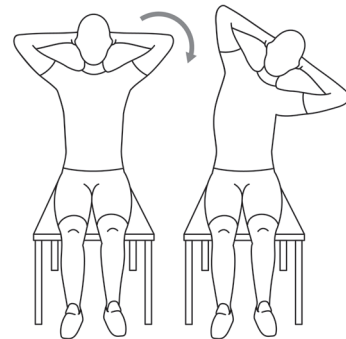
- You can continue with the week 1 exercises if your arm and shoulder still feel tight, otherwise the week 2 exercises replace the week 1 exercises.
- The exercises should not be painful, but you will feel a stretch while doing them.
- Some of the exercises are stretches that you hold and some of the exercises should be repeated.
 - Do these exercises 3 to 5 times a day.
 - *Hold*: each exercise for 5 to 20 seconds.
 - *Repeat*: each exercise 5 to 10 times.

View the video for **Stretching Exercises, Week 2** at: bit.ly/week2exercises



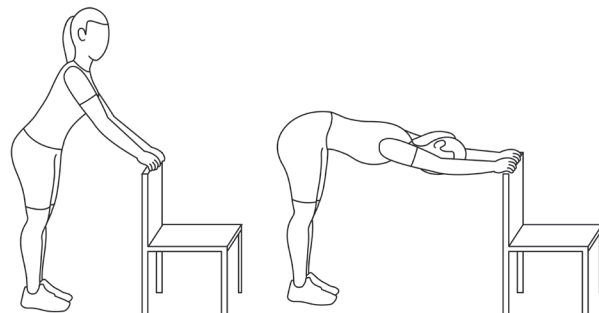
Trunk Side Bending (Repeat) at 2:22 min

- Sit in a firm chair with your back straight and your feet on the floor.
- Place your hands behind your head.
- Slowly bend to one side as far as you can until you feel a stretch in your opposite side and under your arm.
- Return to your starting position and repeat on your other side.



Shoulder Flexion Stretch (Hold) at 3:13min

- Stand behind a chair with both hands on the back of the chair. (The chair is for balance only. You can also use a counter).
- Back up a few steps and bend forward until you feel a stretch in front of your shoulders.
- Keep your back flat and your elbows softly bent.
- Hold for 5 to 20 seconds and then return to your starting position.

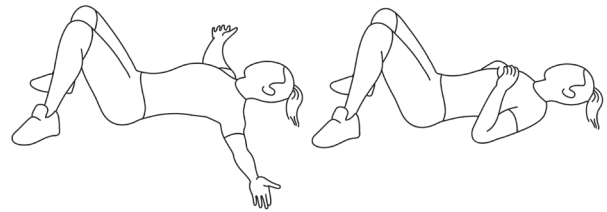


▶ View the video for **Stretching Exercises, Week 2** at: bit.ly/week2exercises



Pectoralis Stretch, Supine (Hold) ▶ at 3:50 min

- Lie on your back with your knees bent.
- Bring your arms out to your side to 45 degrees.
- Hold for 5 to 20 seconds and then relax.
- When you are able, increase to 90 degrees.



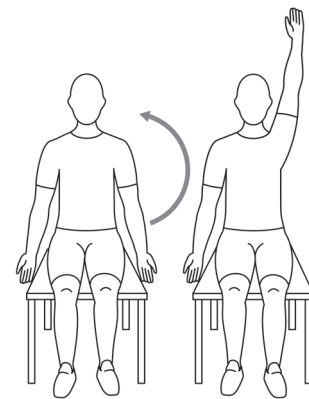
Lower Pectoralis Stretch (Hold) ▶ at 4:39 min

- Lie on your back with your knees bent.
- Bring your arms out to your side to 120 degrees.
- Hold for 5 to 20 seconds, and then relax.



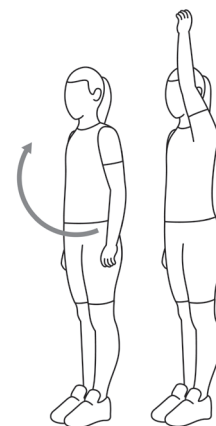
Shoulder Abduction (Repeat) ▶ at 5:11 min

- Sit up straight and look ahead of you with your arms at your sides.
- Face the palm of your affected hand forward and lift your arm out to the side towards the ceiling.
- Keep your elbow slightly bent and your shoulders down.
- Slowly return to your starting position and repeat. You may also move your wrist up and down (wave).



Active Shoulder Flex: 1 Arm (Repeat) ▶ at 6:03 min

- Stand or sit straight with your chin tucked in.
- Pull your shoulder back on your affected side and lift your arm in front of you as high as you can, keeping your elbow slightly bent.
- Slowly return to your starting position and repeat. You may also move your wrist up and down (wave).



Strengthening Exercises

- These exercises will make your shoulder muscles stronger.
- **Start these exercises as soon as your arm on your affected side moves almost as well as you could before your surgery.**
- Your pain shouldn't increase with these exercises.
- Start with a light weight—0.5 to 1 kg (1 to 2 lb.)—or you can use a soup can instead of weights. If you don't have an elastic exercise band, you can do the third exercise with weights or soup cans.
 - Do these exercises up to 3 times a week with a rest day in between.
 - Start by doing each exercise 10 times.
 - Slowly work up to 2 sets of 10 with a rest in between.
- Your muscles may feel tired from these exercises but the exercises shouldn't cause pinching or shooting pain in the neck, shoulder, or arm.

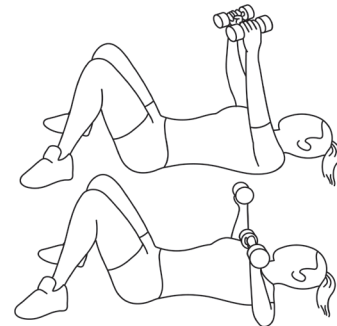


View the video for the **Strengthening Exercises** at: bit.ly/armstrengthexercises



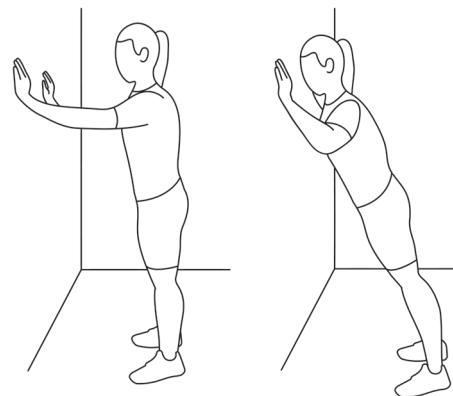
Chest Press at 2:52 min

- Lie on your back with a weight in each hand, your arms at your sides and your elbows bent.
- Straighten your elbows and push your arms up towards the ceiling and directly over your chest.
- Hold for 5 seconds and then relax.
- Slowly return to your starting position and repeat.



Wall Push-Ups at 3:34 min

- Stand up and place your hands on the wall below shoulder height.
- Bend your arms and slowly lean your upper body forward toward the wall.
- Straighten your arms, keep your trunk in a straight line, push your upper body back to the starting position, and repeat.
- Keep your body in a straight line.



Level 1: Stand $\frac{1}{2}$ of your arm's length from the wall.

Level 2: Move farther back from the wall to no more than the length of your shoulder to your fingertip.



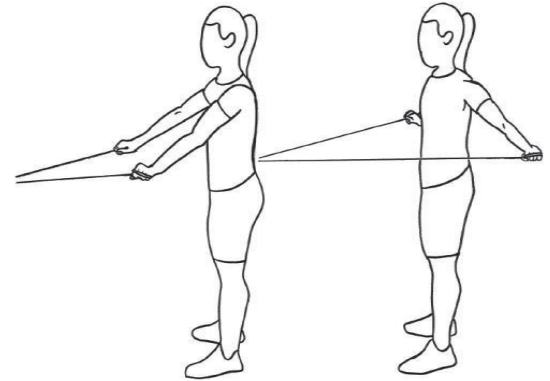
▶ View the video for **Strengthening Exercises** at: bit.ly/armstrengthexercises



Horizontal Abduction with Elastic Exercise Band

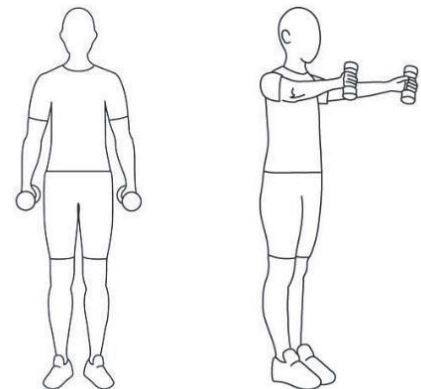
▶ at 4:49 min

- Tie an elastic exercise band at waist level to a firmly planted object in front of you such as a post in your basement or the leg of a heavy table. Use an exercise band length that is about $\frac{3}{4}$ of a metre in length.
- Take one end of the elastic exercise band in each hand.
- Bend your elbows slightly and pull the elastic exercise band back by bringing your shoulder blades together and reaching your arms out to the sides.
- Keep your shoulders down and back.
- Slowly return to your starting position and repeat



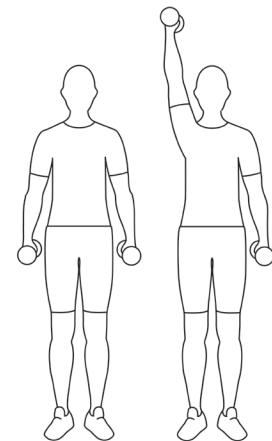
Resisted Shoulder Scaption ▶ at 5:57 min

- Stand with your arms at your side, thumbs facing up, and your shoulders back and down. Lift your arms out to the side until they're at the height of your shoulders and slightly in front of your body.
- Slowly return to your starting position and repeat.
- This exercise shouldn't pinch in your shoulders.
- When you're comfortable doing this exercise, add a weight to each hand.



Shoulder Flexion with Weight ▶ at 6:45 min

- Stand or sit straight with your chin tucked in, arms at your side, and a weight in the hand of your affected side.
- Pull your shoulder back on your affected side and lift your arm in front of you as high as you can. (Note: if this exercise is too hard with a straight arm, try with a bent elbow).
- Slowly return to your starting position and repeat.



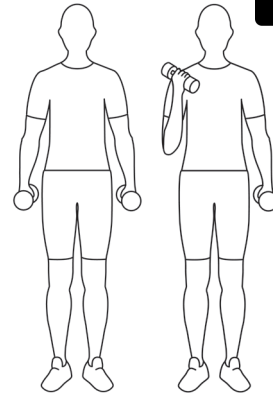
View the video for **Strengthening Exercises** at: bit.ly/armstrengtheningexercises



SCAN ME

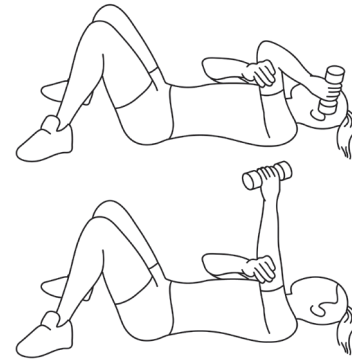
Elbow Flexion at 7:32 min

- Stand with your arms at your side and a weight in your hand of your affected side. Face your palm inward towards your side.
- Bend your elbow and turn your palm upward and towards your chest.
- Slowly return to your starting position and repeat.



Elbow Extension at 8:08 min

- Lie on your back with a weight in your hand of your affected side.
- Hold your elbow with your unaffected hand and lift your arm so that your elbow is pointing to the ceiling.
- Raise and straighten your elbow so that your hand is over your shoulder.
- Slowly bend your elbow and lower your hand towards your head.
- Return to your starting position and repeat.



Q

Scar Massage

Massaging your scars is important. It keeps the tissue around the incision loose so it doesn't "stick" to the tissue underneath.

Wait until after your skin has healed before you start massaging your scar. Your skin will be healed when the edges of the scar look pinkish, are well closed with no gaps, and have no drainage. You can do the massages shown here for breast, chest, and armpit scars.

If you're having radiation treatments, you may be told to stop doing scar massage during your treatments, because it may be uncomfortable and your skin is fragile during radiation. You can start again when your skin has healed from your radiation treatments.

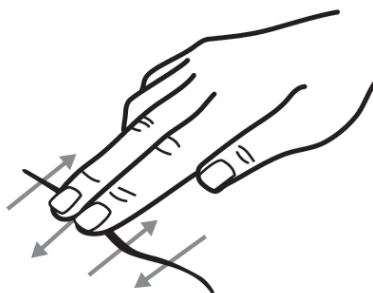
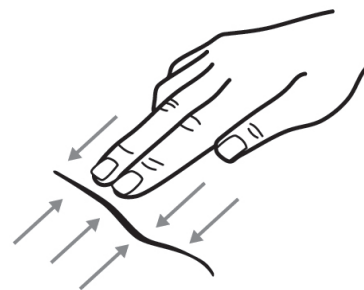


- Massage the scar 2 to 3 times a day for 5 minutes each time.
- Massage every day for 6 months to 1 year after surgery.

You may feel some pulling. Loosening the scar may be more comfortable to do while the skin is warm (such as after a shower). Make sure your skin is dry and do **not** use cream so your fingers do not slide while you're trying to do the massage.

Towards the scar

1. Place the flat part of your fingers above the scar. Move the skin and the tissue under it downward, towards the scar, but not over it. Hold for a few seconds. Make sure that you press enough to feel the scar "move" under your fingertips.
2. Place your fingers below the scar. Move the skin and tissue under it upwards, towards the scar. Hold for a few seconds.
3. Move your fingers along to the next section of scar, and repeat steps 1 and 2 until you've massaged all along the scar from both directions.



Back and forth

1. Put the flat part of your fingers on the scar. Move the skin and tissue under the scar back and forth, holding for a few seconds. Make sure you press enough to feel the scar "move" under your fingertips.
2. Move your fingers along to the next section of scar, and repeat until you've massaged all along the scar.

Circles

1. Put the flat part of your fingers on the scar. Move the skin and tissue under the scar in a small circle, holding for a few seconds. Make sure you press enough to feel the scar "move" under your fingertips.
2. Move your fingers along to the next section of the scar, and repeat until you've massaged all along the scar.



R

Emergencies & When to Get Help



If you are having chest pain, chest tightness or difficulty breathing at any time, call 911.

Urgent Concerns

If you have any of the following urgent concerns, call the number your surgeon gave you at any time (including evenings, weekends or holidays):

- **Swelling that is increasing under your incision.** This may be a **hematoma**.
- Increasing redness, pain or swelling around your incision(s) or drain site. This may be an **infection**.
- Bright red bleeding from your incision and the bleeding does not stop after you put pressure using a clean cloth or gauze.
- Ongoing bright red bloody discharge from your drain.
- Chills or a fever (temperature above 38°C / 100.4°F).
- You have a complete separation of your incision.

Non-urgent Concerns

These concerns are **not** urgent. Call your surgeon **during business hours** to set up an appointment if you notice:

- The drain is blocked.
- More redness or swelling around your incision(s) or drain site.
- Drainage from your drain that smells bad or is creamy in color.
- You have a seroma (fluid build-up) **and** it's causing you pain.
- Any new drainage from your incision(s).
- You have a partial separation of your incision.
- You have a skin reaction to the surgical tapes.



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