

## Breast Cancer Surgery

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This handout gives you information about what will happen before, during, and after your surgery. If you have more questions after reading this information, talk to your nurse or doctor.

It is important to get a good night's sleep before your surgery. If you live out of town, you may want to stay at a hotel that is close to the hospital. Many hotels offer reduced rates to patients and families of The James. Ask your nurse or social worker for more information about lodging.

### What should I do before surgery?

When your surgery is scheduled you will be given the following information:

- The date and time of your surgery.
- The time you need to be at the hospital on the day of your surgery. This may be up to 2 hours before your surgery.
- Where to check-in on the day of your surgery.
- Information about parking and valet services.

**Do not** drink, eat, smoke or chew gum after midnight the night before your surgery.

On the morning of surgery, take **only** the medicines that your doctor said were okay for you to take. Take these medicines with a small sip of water.

Brush your teeth and rinse your mouth the morning of surgery.

If you have artificial nails, remove the artificial nail on the middle finger of your hand that is on the opposite side of your breast surgery. If you are having a double mastectomy, your nurse will talk with you about how you will need to prepare for surgery.

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**This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.**

**Do not wear or remove these items before your surgery:**

- Nail polish
- Make up
- Jewelry, including rings
- Hair clips or pins
- Dentures or partial plates
- Contact lenses or eyeglasses
- Hearing aids
- Wig or head covering
- Body piercings

**When you pack for the hospital, you should bring the following:**

- A comfortable, loose-fitting shirt or robe that buttons or zips down the front.
- A soft, front-closure supportive sports bra with no underwire.
- Personal care supplies, including a storage case for glasses and hearing aids, if needed.
- 1 to 2 pillows for you to use for comfort in the car on your way home.

**Important Medicine Information**

**Do not** take aspirin, ibuprofen (Advil, Motrin), naproxen (Aleve) or products with these ingredients during the 7 days before your surgery.

Talk to your doctor about any medicines you take to thin your blood or prevent clots. You may need to change these medicines or adjust the amount you take before surgery.

These medicines include:

- Aspirin
- Clopidogrel, brand name Plavix
- Prasugrel, brand name Effient
- Ticagrelor, brand name Brilinta
- Apixaban, brand name Eliquis
- Ticlopidine, brand name Ticlid
- Warfarin, brand name Coumadin
- Enoxaparin, brand name Lovenox
- Dabigatran, brand name Pradaxa
- Fondaparinux, brand name Arixtra

- Rivaroxaban, brand name Xarelto
- Cilostazol, brand name Pletal
- Edoxaban, brand name Savaysa
- Dipyridamole, brand name Persatine
- Dipyridamole and Aspirin, brand name Aggrenox

**If you have a stent, do not stop taking your medicines to prevent clots** without first talking to the doctor who put in the stent. For more information, ask a member of your health care team for the patient education handout on protecting your stent.

If you take aspirin or medicines like aspirin for arthritis pain, your doctor may have you take a different medicine in the weeks before your surgery or procedure.

If your surgery or procedure is canceled for any reason, call your doctor because you may need to restart the medicines you take to thin your blood or prevent clots.

## Herbal Use Before Surgery

It has been shown that taking some herbal remedies may cause problems with your surgery and recovery. Use of a small amount of herbs to season food is not a problem. Herbs and remedies that could cause problems include:

• Echinacea	• Ginseng
• Ephedra	• Goldenseal
• Feverfew	• Kava-kava
• Fish oil	• Licorice
• Garlic	• Saw Palmetto
• GBL, BD and GHB (abbreviations used for remedies taken for body building, weight loss aid and sleep)	• St. John's Wort
• Ginger (high doses)	• Valerian
• Ginkgo biloba	

**Some of these herbs are known by other names. Read the package labels carefully.**

It is important to talk to your doctor, surgeon or nurse before your surgery about all herbal remedies you use. Tell them how often and how much you take.

Some herbs may change or lengthen the effects of medicines used with anesthesia. Others may affect bleeding, clotting or blood pressure. For more information, ask for the patient education handout [Herbal Use Before Surgery](#).

It is important to stop all herbal remedies 2 to 3 weeks before your surgery. If you do not have enough time to stop your herbal remedies before your surgery, bring the products in their original bottle or container with you. Your doctor will review the contents of the herbal remedies and know how they may affect your surgery.

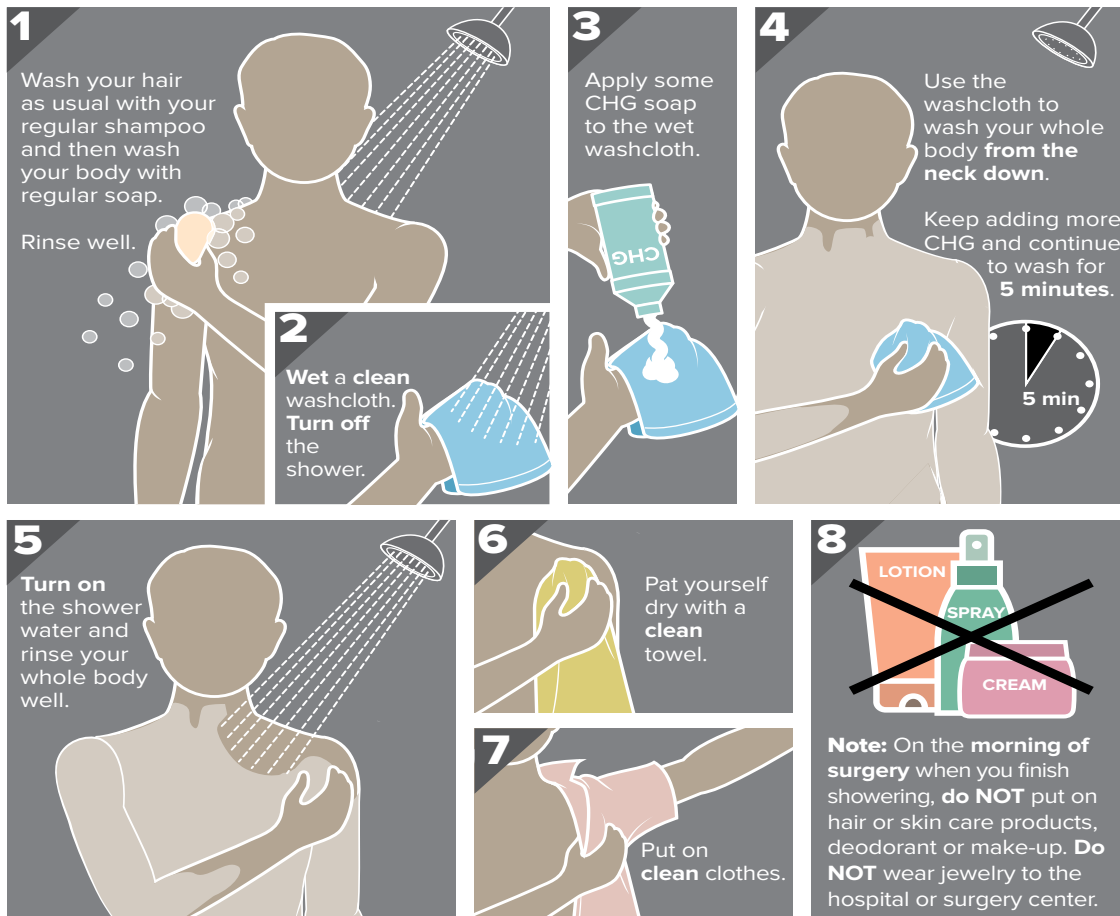
## Getting Your Skin Ready for Surgery

Your surgery involves cutting through your skin. Because germs live on everyone's skin, there is a chance of getting an infection. To lessen your chance of getting an infection, you need to wash your skin with a special soap or foam, called 4% chlorhexidine gluconate (CHG), before your surgery.

## Follow These Instructions

- **During the 7 days before your surgery, DO NOT shave near the site where you will have your surgery.** Shaving with a razor can irritate your skin and make it easier to get an infection. If needed, a nurse will trim the hair on the area where you will have surgery with electric clippers before you go into the operating room.
- **You must take 6 showers using CHG soap or foam:** Start 5 days before your surgery. Shower 1 time each day for 4 days. Then, shower the night before your surgery and again the morning of your surgery. Wash your whole body from your neck down with CHG soap or foam. **Use 4 ounces (½ cup) of liquid CHG soap or 4 to 5 pumps of CHG foam each time you shower.**
- **Do not wash your hair with the CHG soap or foam when you shower.** Shower and wash with the CHG soap only from your neck down.

## How to shower with CHG soap



**Only certain lotions can be put on your skin after you clean it with CHG soap or foam. Ask your nurse for the list of lotions that may be used with this special soap or foam.**

If you do not have a shower or you are unable to get into a shower, do a sponge bath each time to clean your body.

### **Directions for how to take a sponge bath:**

1. Bathe with a clean washcloth, water and regular soap. Rinse well with clean water.
2. Wet a new, clean washcloth with water.
3. Put some CHG soap or foam on the wet washcloth.
4. Use the washcloth to wash your whole body **from your neck down**. Add more CHG soap or foam and continue to **wash for 5 minutes**.
5. Rinse well with another clean washcloth and clean water.
6. Pat yourself dry with a clean towel.
7. Put on clean clothes.

**If you have any questions about cleaning your skin, call your surgeon's office.**

## **Day of Surgery**

A nurse practitioner or surgical resident will talk with you about your health and your surgery. This may be done during pre-admission testing or in the Ambulatory Surgery Unit (ASU).

You and one family member or friend will be taken to the pre-surgical area. Other family and friends will be directed to the waiting area. Your doctor will call or come to the waiting area after your surgery to talk with your family and friends.

When you arrive in the pre-surgical area, a nurse will talk with you. The nurse will check your identification (ID) band and ask if you have any allergies. You will also meet the anesthesiologist and the other staff who will be with you in surgery. Tell the staff if there is anything special you want them to know. Your surgeon will also talk with you before your surgery and answer any questions you have.

Your hair will be covered with a paper net and your vital signs (blood pressure, temperature, pulse and breathing rate) will be checked.

The nurse will put an intravenous (IV) catheter in your arm opposite of your surgery site. An IV catheter is a long, thin, flexible tube placed in a vein in your arm to give you fluid and medicines. You will be given medicine to help you relax and make you sleepy.

## **During Surgery**

The staff in the operating room will wear special gowns, caps and masks. The room has bright lights and is kept cool.

You will see special equipment and tables with supplies and instruments. The staff will tell you what will be done before each step in the process.

You will be made comfortable on the operating table. You will be covered with an extra blanket if you are cold and your arms may be tucked in at your sides or put on an arm board.

Your vital signs will be closely checked. You will be hooked up to a monitor to count your heart rate. A small clip (pulse oximeter) will be put on your finger to check your pulse and the amount of oxygen in your blood.

The time it takes for your surgery is an estimate. If your surgery takes longer than you were told, it does not mean that anything is wrong.

## **After Surgery**

After your surgery you will be taken to the Post Anesthesia Care Unit (PACU).

A nurse will watch you closely and take your vital signs during this time. Your pulse and the amount of oxygen in your blood will be checked. If you need oxygen, you will feel a tube on your face with little prongs in your nose.

When you first wake up, you may feel cold and you may shiver. This is normal when you have had general anesthesia. Warm blankets can be given to you. The PACU is a busy area with a lot of activity.

If you have pain, ask your nurse for pain medicine. When you are awake and your vital signs are normal, you will be moved to the Ambulatory Surgery Unit (ASU) or to your hospital room. At this time, your family and friends will be able to visit.

## **Recovery from Surgery**

If you had a lumpectomy, you may be released to go home the day of your surgery. If you had a lumpectomy and your lymph nodes were removed or a mastectomy, you will spend at least 1 night in the hospital. If you had a mastectomy with reconstruction, you will stay 1 to 4 nights in the hospital.

When you are taken to your hospital room you will be put in the bed and made comfortable. Your arm may be elevated on 1 to 2 pillows to help with comfort and circulation. It is important to follow the directions you were given about the use of your arm(s).

You may have compression wraps on your lower legs. These wraps are attached to a pump and are used to prevent blood clots. You should wear these wraps when you are in bed or in a chair.

The nursing staff will get you up the night of your surgery and may have you walk in the room.

To help keep your lungs clear after surgery, your nurse will ask you to cough and to take 10 deep breaths every hour. Your nurse will show you how to use a breathing exerciser (incentive spirometer) to help you take deep breaths.

Until you are fully awake, you will only be given ice chips to help with your thirst. Once you are awake, you can have fluids. If your stomach is upset (nausea) you can be given crackers or toast. When you can take medicine by mouth, it is best to take it with food to help prevent nausea.

## Pain Control

You are encouraged to take your pain medicine so you will be comfortable when you turn, cough, deep breathe and walk. Pain medicine works best if you take it before the pain gets out of control. Ask your nurse for pain medicine before your pain becomes severe. Pain medicine may be given through your IV or as a pill that you take by mouth.

Before you leave the hospital, your doctor will give you a prescription for pain medicine (opioids). It is important to take pain medicines with food to prevent nausea. **Do not drive, operate machinery or drink alcohol while taking opioid pain medicine.** Your doctor may order one of the following opioid pain medicines for you:

- Hydrocodone (Vicodin, Norco, Lortab)
- Morphine (MSContin, MSIR)
- Oxycodone (OxyContin, Percocet, OxyIR, Roxicodone)
- Hydromorphone (Dilaudid, Exalgo)
- Fentanyl (Duragesic)
- Oxymorphone (Opana)
- Methadone

If the pain medicine your doctor ordered is too strong or you no longer need it, you may take:

- **Ibuprofen/Advil/Motrin** (200 mg). Take 2 tablets every 4 to 6 hours as needed for pain. **Do not** take this medicine if you have stomach problems, a history of ulcers or are taking blood thinners such as Coumadin.
- **Acetaminophen/Tylenol** (325 mg). Take 2 tablets every 4 to 6 hours as needed for mild pain. **Do not** take this medicine if you have liver disease. **Do not** take more than 3,000 mg each day. **Do not** take this medicine if you are taking other acetaminophen pain medicines such as Percocet, Vicodin or Norco.

Talk to your doctor if you have questions about using over-the-counter pain medicines.

## Constipation and Pain Medicine (Opioid) Use

Constipation is when you are not able to have a bowel movement (BM) for several days or have stools that are hard or difficult to pass without straining. Constipation is a common problem. Even if you are not eating, you still need to have a bowel movement at least every 2 days.



Taking pain medicine (opioids) will make you constipated. This problem will not go away as long as you are taking opioids. To decrease constipation caused by taking opioids:

- **Drink fluids** - Unless you are told otherwise, drink 8 to 10 cups of non-caffeinated, fluid each day. **Do not drink alcohol.**
- **Physical Activity** - Walk if you are able. Check with your doctor before you start any new exercises.
- **Use Laxatives and Stool Softeners** - You may need to take medicine each day, while you are on opioids, to control your constipation. See the following guide for how to use stool softeners and laxatives. Check with your doctor for other ways to control constipation.

Step	Medicine	Directions	
1	You should start taking these medicines the same day you start taking opioids (pain medicine).		
	Senna 8.6 mg tablets	Take 1 to 2 tablets, two times a day.	These medicines will help prevent constipation. Take them every day that you take opioids. If your bowels become loose, you may need to take fewer pills.
	Docusate (Colace) 100 mg capsules	Take 1 to 4 capsules by mouth, two times a day.	
2	If you have not had a bowel movement in 48 hours, CALL YOUR DOCTOR. Your doctor may tell you to use of the medicine listed below.		
	Polyethylene glycol 3350 (Miralax)	Mix one capful (17 grams) of powder in 8 ounces of water, juice, sports drink, coffee, or tea.	Use Miralax every 12 hours until you have a bowel movement.
3	Call your doctor again if you have not had a bowel movement for 24 hours after following these steps.		

## When should I call my doctor about my constipation?

**You should call your doctor if you have any of the following symptoms:**

- Watery stools (this can be a sign of severe constipation or too much bowel medicine)
- No bowel movement in 48 hours
- Small stools
- Hard stools
- Pain with bowel movements
- Straining with bowel movements

## Care at Home

Your nurse will go over care instructions with you before you leave the hospital. Here are some things to remember as you recover from your surgery.

### Incision Care

- You will have 1 to 2 incisions, depending on your type of surgery. If you had a lumpectomy, you will have an incision on your breast. If you had your lymph nodes removed with your lumpectomy, you will have a second incision below your armpit. Your stitches will be on the inside.
- If you had a mastectomy you will have an incision from the middle of your chest across to your armpit. Your stitches will be on the inside. If you have a drainage tube(s), there will be a stitch on the outside to hold the tube(s) in place.
- **The nurse will put a check (✓) by the information about how your incision was closed:**
  - ☐ **Special tape (steri-strips)** - If you have steri-strips, leave the steri-strips on until they fall off by themselves. If the strips have not come off 2 weeks after your surgery, you may remove them.
  - ☐ **Surgical glue (Dermabond)** - If your incision was closed with surgical glue (Dermabond), **do not** use any creams, lotions, rubbing alcohol, moisturizers or Neosporin on the incision area.

- **The nurse will put a check (✓) by the information about your dressing:**
  - ☐ A dressing will be put over the incision(s). The dressing can be removed 2 days after surgery.
  - ☐ A surgical bra will be put on you after surgery. This should be kept on for \_\_\_\_\_ days.
- ▶ Leave your incision(s) open to air and keep it clean and dry.
- ▶ Check your incision(s) each day and call your doctor if you see any signs of infection including:
  - Redness
  - Increased amount of drainage
  - Drainage that smells bad
- ▶ Call your doctor if you have a fever of 100.4 degrees Fahrenheit (38 degrees Celsius) or higher.
- ▶ You may shower \_\_\_\_\_ days after surgery. Stand with your back to the showerhead to keep water from spraying directly on your incision(s) or drainage tube(s). **Do not** scrub your incisions. You may want to cover your incision(s) with plastic wrap to keep water out. It may help to wear an old belt in the shower and clip your drain to it. For your safety, have someone nearby to help you if needed.
- ▶ If you have a drain, change the dressing where the tube comes out of your skin after you shower.
- ▶ **Do not** use deodorant or powder until your incision(s) have healed. **Do not** use any products that may cause a rash or irritate your skin.
- ▶ **Do not** shave your armpits until you have healed. If you had lymph nodes removed, it is important to only shave with an electric razor. This helps prevent infection and lymphedema by reducing the risk of cuts to your skin.

## **Drains**

If you had a mastectomy or if you had all your lymph nodes removed with your lumpectomy, you will have 1 or 2 drains. Drains help remove fluid and blood from the area to help with healing. A tube will come out of your skin below your armpit on the side of your surgery. A small collection device at the end of each tube gently suctions and collects the fluid. These will be emptied and measured every 4 hours while you are in the hospital. The drainage can range from a few teaspoons to a few ounces.

You and your caregiver will be taught how to care for your drain(s) before you leave the hospital. The drain(s) will remain in place as long as they are needed (normally 2 to 3 weeks). You will need to empty and measure your drains when you are at home.

If needed, your Patient Care Resource Manager (PCRM) will arrange for a home care nurse. You will be sent home with enough dressing supplies to last until supplies arrive at your home. Your doctor may order an antibiotic medicine for you to take until your drains are removed.

You may take a sponge bath while you have drain(s). If you want to take a tub bath, the water level must be kept below the area where the tube comes out of your skin.

Detailed directions about home care for your wound drain is included later in this book.

### Activity

- You can use the arm on the side of your surgery to eat, comb hair and do light activities. **The nurse will put a check (✓) in the box for how high you can raise your arm:**
  - ☐ 45 degrees
  - ☐ 90 degrees
- Until the drain(s) are removed, **do not lift** anything with your arm that weighs more than:
  - ☐ 1 pound (A gallon of milk weighs 8.6 pounds)
  - ☐ 2 pounds
- **Do not drive** until your drains are removed.
- **Do not drive or drink alcohol** if you are taking opioid pain medicines.
- Elevate your arm on pillows when you sit or at night for one week after your surgery.
- You may have sex whenever you feel comfortable, but **do not** put pressure on your incision(s) or breast.
- You may be told to wear a bra. Choose a soft, tight fitting bra like a sports bra with a front closure. If you had a lumpectomy, a bra will give you added support. If you had a mastectomy, you may use a temporary prosthesis or soft padding in your bra about 1 month after your surgery.

## Your Feelings

It is normal to have a range of emotions after your surgery. A common concern for patients is how they will look after breast surgery. It often takes several months for your skin and tissues to relax and soften. Your nurse will tell you what changes may happen, so you will know what to expect. If you would like to talk with someone about your feelings or to teach you relaxation exercises, ask your doctor or nurse for information about these services.

If you had a mastectomy, a permanent prosthesis can be fitted about 3 months after surgery. You will be given a prescription for a permanent prosthesis once you are completely healed (about 12 weeks after your surgery). Hope's Boutique has caring, trained professionals to help you look and feel your best. This specialty store is located at **The Stefanie Spielman Comprehensive Breast Center** (1145 Olentangy River Road, Columbus, OH).

## Follow-up Appointment

It is important to schedule an appointment with your doctor 1 week after your surgery. If you have any questions after you leave the hospital, call your doctor's office.

## Helpful Phone Numbers

- James Emergency Services Unit at the Ohio State University Wexner Medical Center Emergency Department (614) 293-8333
- Department of Surgical Oncology (614) 293-4040