Breast Cancer Surgery
## Index

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>2</td>
</tr>
<tr>
<td>Breast Anatomy</td>
<td>3</td>
</tr>
<tr>
<td>Breast surgery</td>
<td>4</td>
</tr>
<tr>
<td>Breast conserving surgery</td>
<td>4</td>
</tr>
<tr>
<td>Mastectomy</td>
<td>5</td>
</tr>
<tr>
<td>Axillary node dissection</td>
<td>6</td>
</tr>
<tr>
<td>Breast reconstructive surgery</td>
<td>6</td>
</tr>
<tr>
<td>Sentinel lymph node biopsy</td>
<td>7</td>
</tr>
<tr>
<td>Breast surgery post-operative care</td>
<td>8</td>
</tr>
<tr>
<td>Hygiene</td>
<td>8</td>
</tr>
<tr>
<td>When to call surgeon</td>
<td>8</td>
</tr>
<tr>
<td>Common questions after surgery</td>
<td>9</td>
</tr>
<tr>
<td>Physiotherapy information</td>
<td>11</td>
</tr>
<tr>
<td>Post-operative exercise program</td>
<td>12</td>
</tr>
<tr>
<td>Resources</td>
<td>15</td>
</tr>
</tbody>
</table>
Introduction

This booklet was written especially for people, such as yourself, who have been diagnosed with breast cancer and are about to have surgery. It was developed by members of the healthcare team who are going to care for you throughout this journey. Being diagnosed with Breast cancer is a very frightening time in your life. Cancer survivors living with breast cancer, women who know the journey from the inside out, tell us that it is helpful to receive information about the breast surgery itself and what to expect immediately after surgery.

You probably have many questions, some of which will be answered in this booklet. As you read, you may have more questions. We have provided space at the back of the booklet to write these questions down. Bring them with you to your next appointment; the doctor or nurse can review the list with you.

We are here to help you through this part of your journey and provide support for you and your loved ones. Please talk with us about your concerns.
Breast Anatomy

There are 5 main parts of the breast and underlying structures that are important to understand and know about when discussing surgery: fibrous tissue, glandular tissue, fat, lymph nodes, and muscle.

**Fibrous tissue**
- Also called Cooper’s Ligaments, these anchor the breast to the chest wall.

**Glandular tissue**
- Makes milk for breast feeding, includes milk lobes and ducts.

**Fat**
- Surrounds the glandular tissue, and helps determine the size and shape of the breast.

**Muscle**
- The chest wall muscles are located behind the breast and are used for shoulder movements.
- These muscles are an important factor in your recovery.

**Lymph Nodes**
- Lymph nodes and their channels are found throughout your body.
- They work with your immune system as a natural defense mechanism.
- Their purpose is to move waste produced when clearing the body of infection and disease.
- They are found around the breast, from the collar bone to the breast bone, beneath the breast, and extending to the axilla (or armpit).
Breast Surgery

By this point in time, you may have had a host of tests: Mammogram, ultrasound, biopsy. This has led you to a surgeon who will discuss with you what type of procedure is best for you, along with the benefits and risks of the various types of surgical options. Breast surgical techniques have improved vastly over the past decade, with more choices than ever before. The different types of surgeries offered depend on the size, type and the location of the lump in your breast, and the size of your breast itself.

Remember, just as you are an individual, the choice of surgery for you will depend on your type of cancer and your personal preferences. Take the time you need to fully consider your options. It is important that you feel comfortable and confident in your decisions. Our goal is that this information will reassure you and empower you to make informed decisions in regards to your health.

Surgical procedures

Breast conserving surgery

- Breast conserving surgery removes only the breast tumour and a part of the surrounding tissue.
- Sometimes a wire is inserted into the breast, just prior to the surgery in the radiology department, to help the surgeon accurately locate a very small tumour.
- Other names for this type of surgery are: lumpectomy, partial mastectomy, wedge resection.
Mastectomy

There are 2 types of mastectomy surgery:

- **Simple**: Breast tissue is removed completely and lymph nodes remain. This surgery does not affect your arm. A total mastectomy is appropriate for women with ductal carcinoma in situ or DCIS, for large tumour in relatively small breasts, and for women seeking prophylactic mastectomies—that is, breast removal in order to prevent any possibility of breast cancer occurring.

- **Modified Radical**: Breast tissue and some or all of the lymph nodes (under the arm) are removed. This may cause some discomfort under your arm. Most women who have mastectomies today have modified radical mastectomies.
Axillary Node Dissection
- Removal of lymph nodes from the armpit to determine if cancer has spread.
- This may be done with breast conserving surgery or with a mastectomy.
- This will also help determine what future therapy will be helpful to treat the cancer.

<table>
<thead>
<tr>
<th>Lymph nodes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Axillary lymph nodes</td>
</tr>
</tbody>
</table>

Breast Reconstructive Surgery

Women who undergo mastectomy may opt for reconstructive surgery. Having breast reconstruction is important to some women for a variety of reasons including cosmetic or self-esteem concerns.

There are a lot of choices to make in having a breast reconstruction. Rely on the guidance of your doctors and advice from friends who've been there to help you sort out the possibilities. Each woman needs to choose the restoration option that fits her lifestyle and desires.

Today, your options include:

- An implant that is filled with either saline (saltwater) or silicone gel
- Tissue expansion and implants
- Tissue transplanted from your own back, belly, or buttock (with or without additional implants)
- A reconstructed breast with a smooth surface, or
- A reconstructed nipple (tattooed or made from your own transplanted tissue).
Sentinel Lymph Node Biopsy

- New surgical technique in breast cancer.
- This is an alternative to standard axillary node dissection.
- The dictionary defines "sentinel" as a guard, watchdog, or protector. Likewise, the sentinel lymph node is the first node "standing guard" for your breast. In sentinel lymph node dissection, the surgeon looks for the very first lymph node that filters fluid draining away from the area of the breast that contained the breast cancer. If cancer cells are breaking away from the tumour and traveling away from your breast via the lymph system, the sentinel lymph node is more likely than other lymph nodes to contain cancer.
- The idea behind sentinel node dissection is this: Instead of removing ten or more lymph nodes and analyzing all of them to look for cancer, remove only the one node that is most likely to have it. If this node is clean, chances are the other nodes have not been affected. In reality, the surgeon usually removes a cluster of two or three nodes—the sentinel node and those closest to it.
- Not appropriate for all women, more surgery may still be needed.
- Ask your surgeon about sentinel lymph node biopsy, whether you are a candidate for this procedure.
Breast Surgery Post-op Care

Home care may be arranged to assist you with your care after breast surgery.

Hygiene

- You will be given instructions on how to care for yourself in regards to your dressing.
- If you do not go home with a dressing, that is normal. There is no need to cover the incision, leave open to air; daily dressings and tape may irritate skin.
- Steri-strips (or sutures and/or clips) are used to close the incision. These usually stay for 7 – 10 days; it is OK if the steri-strips fall off.
- You may have drainage tubes with bulbs attached, if you’ve had a mastectomy of an axillary lymph node dissection. These are inserted near the incisions, to help drain fluid and blood from the operated area. The bulb maintains low suction through collapsing the bulb, and needs to be emptied 2-3 times a day. Your nurse will teach you how to care for these before you go home.
- Shower within 48 hours after your surgery, do not scrub, rub or use a washcloth on the wound or incisions. Carefully pat area dry.
- Do not soak in tub until your incisions are fully healed, about 3 weeks.
- Do not put powder, cream, deodorants or perfumes on your incisions until they are healed, about 4-6 weeks
- Check your incision every day for:
  - Redness
  - Pus or discharge
  - Swelling or warmth
  - Bleeding

When to call Surgeon

- Fever (38.5°C or 101°F)
- Drainage or pus around incision
- Bleeding around incision
- Pain increases or not relieved by medication
- Increase swelling, warmth or redness around incision
Common questions after surgery (FAQs)

- **How do I control the pain?**
The surgeon will give you a prescription for pain medicine: take it as prescribed when you need it for pain. Do not be a hero, taking medication may ease your pain and allow you to perform your post-operative exercises and resume your normal daily activities sooner. Some pain medications may cause constipation; you can ask your pharmacist about laxative medications that will help you if this occurs.

- **Can I wear a bra after surgery?**
You can wear a bra immediately after surgery, as long as you are comfortable. Lightweight, seamless leisure bras with front closures (such as sports or jogging bras) interfere less with painful incision areas. Avoid underwire bras.
Camisoles are another good option: Mastectomy supply stores sell special camisoles that you can wear immediately after your surgery and during your post-operative phase. Postsurgical camisoles have pockets or compartments for chest drains or for fibre puffs. Fibre puffs are usually recommended for mastectomy patients who prefer to have breast curves immediately after surgery. They are lightweight for comfort.

- **I feel numbness and tingling after surgery, is this normal?**
It is normal to feel numbness and tingling in your chest, arm and fingers after surgery. Superficial sensory nerves are frequently cut at the time of surgery. This happens mostly with axillary lymph node dissection, much less so with sentinel lymph node biopsy. Talk with your health care team if you have these feelings.

- **When do I visit the surgeon?**
You will receive an appointment to visit your surgeon within one week of your surgery in the outpatient department (Ambulatory Care Department). The surgeon and nurses will assess your operated site and your recovery since your surgery.

- **When do I visit a cancer specialist (the Oncologist?)**
Your surgeon will arrange your referral appointment to an Oncologist. You will receive a phone call from the Cancer Centre Referral Office. They will give you an appointment to see the Oncologist within 4-6 weeks after your surgery date.
• **What is chemotherapy?**
Chemotherapy is treatment with drugs that kill cancer cells. There are many types of cancer drugs that treat breast cancer. When you meet the Oncologist, you will discuss together whether you will need chemotherapy or not, not all women do.

• **What is radiation?**
Radiation is the use a special type of targeted high energy x-ray that kills cancer cells.

• **What is hormone therapy?**
The hormone Estrogen can contribute to breast cancer cell growth. Hormonal therapy can interrupt this process and can stop or slow down this growth.

• **What is targeted or biological therapy?**
Targeted cancer therapies interfere with cancer cell growth and spread of cancer. Biological therapy (sometimes called immunotherapy, biotherapy or biological response modifier therapy) is a relatively new addition to the family of cancer treatments. Biological therapies use the body’s immune system, either directly or indirectly, to fight cancer or to lessen the side effects that may be caused by some cancer treatments.

• **What kind of side effects will I have from these cancer therapies?**
Many women are worried about side effects of cancer treatment. The side effects depend on your individualized plan of care. The Oncologist and/or Radiation Oncologist and your Primary Nurse(s) will explain to you what to expect depending on this very “unique to you” plan of care. Managing the side effects of chemotherapy, radiation, hormone or targeted/biological therapy is one key to your wellbeing and many efforts and advancements with research in this field have been achieved.

• **Where can I get information about breast prosthesis?**
There are many stores that provide breast prosthesis. Look in the Yellow Pages under breast prostheses or mastectomy supplies. Ask your Oncologist for a prescription to cover the cost of prosthesis; many insurance companies cover such costs. You may want to ask your health care insurance company if they do cover costs of prosthesis prior to your visit with the oncologist. If you do not have coverage for prosthesis, you can obtain one through the Ontario Assisted Devices Program. You cannot wear prosthesis until you are completely healed (4-6 weeks), so there is no rush immediately after surgery to gather this information.
Physiotherapy information for post-operative breast cancer patients

Breast surgery may limit the movement of your arm. Your arm and shoulder may feel stiff and the skin in the arm on the side where the surgery was performed may feel tight. It may also cause stiffness in your shoulder and neck. It is important that you start performing these exercises immediately after your surgery to minimize complications such as stiffness and pain.

- Immediately post-operatively, you will be encouraged to do Diaphragmatic Breathing Exercises:
  - Place your hand on your abdomen.
  - Breathe in slowly through your nose and feel your abdomen rise into your hand.
  - Hold momentarily, and then breathe out slowly through your mouth.
  - Repeat 5 times and follow with a cough.
  - Repeat each half hour when awake.
  This will help to clear any secretions from your lungs.

- Protect your arm on your operated side. Keep it clean, dry and free of cuts and abrasions. If possible, have blood drawn and blood pressure taken on the other arm.

- No specific diet is recommended. A well balanced diet will help you maintain a healthy weight.

- To help decrease normal post-operative swelling, which does not diminish with your exercise program, sit with your affected arm supported and elevated above your heart until the swelling decreases.

- If by the time that all your oncology treatments are completed, and you have been cleared by your doctor, you have not achieved pain-free full range of motion OR your arm or chest wall has swelling that does not disappear with exercise and supported elevation, request a referral to a physiotherapist.
Post-Operative Exercise Program

- The following exercises should be started the day following your surgery.
- You can use your arm functionally, within comfort level, immediately post-operatively.
- The first 2 exercises can be done before the drains (if any) are removed and include the other exercises after the drains are removed.
- You can incorporate Diaphragmatic Breathing into your exercise program to assist with relaxation and lymphatic pumping.
- You should achieve your pre-operative range of motion with 2-3 weeks post-operatively.

- Stand leaning on a table with the hand of your unoperated side.
- Let your other arm hang relaxed straight down. Swing your arm forwards and backwards, side to side and in circles.
- Repeat 10 times. Do twice per day.

- Sit or stand.
- Roll your shoulders in both directions. Then raise them up and down.
- Repeat 10 times. Do twice per day.

- Lying on your back with elbows straight.
- Use your un-operated arm to lift the other arm up keeping it as close to the ear as possible.
- Repeat 10 times. Do twice per day.
Lying on your back with hands behind your neck and elbows pointing towards the ceiling.
Move elbows apart and down to touch the floor/bed.
Repeat 10 times. Do twice per day.

Stand and grip one end of the stick with the arm to be exercised.
Lift the stick up sideways by assisting with the other arm. Hold for 15 seconds.
Repeat 10 times. Do twice per day.

Stand sideways against a wall.
Lift your arm up sideways, walking up the wall. Keep your shoulders level.
Repeat 10 times. Do twice per day.
These stretches are to be done once you have achieved the appropriate range of motion.

1. Crawling position.
   - Let your arms slide along the floor as far as possible. Push your bottom back and the chest towards the floor. Hold for a count of 15.
   - Repeat 10 times. Do twice per day.

2. Stand sideways against a wall. Hold your arm up with the back of the hand towards the wall.
   - Push your armpit against the wall allowing the upper arm to move behind your head. Hold 15 seconds.
   - Repeat 10 times. Do twice per day.

3. Stand in walking position. Bend the elbow of your operated arm and support the forearm against a door frame or corner.
   - Gently rotate your upper trunk away from the arm until stretching can be felt in the chest muscles.
   - Stretch approximately 15 seconds.
   - Repeat 10 times. Do twice per day.
Resources

**Canadian Cancer Society:**
Look in yellow pages for your local office or go to website:
www.cancer.ca

**Willow Breast Cancer Support Canada:**
Willow offers free support services to all Canadians via our support line. All calls are fielded by trained breast cancer survivors who can give emotional support and answer any of your questions to help you navigate the healthcare system.

Phone: 416-778-5000  
Toll-free: 1-888-778-3100  
Email: info@willow.org  
Website: www.willow.org

**Wellspring:**
Telephone: (905) 257-1988  
Toll free: 1-877-499-9904  
haltonpeel@wellspring.ca

**Breast Cancer Support Services:**
www.breastcancersupport.org  
- Men Get Breast Cancer Too:  
www.breastcancersupport.org/Men_Get_Breast_Cancer_Too.php

**Sharing Strength:**
A Canadian online resource for women with breast cancer  
www.sharingstrength.ca

**Cancer Care Ontario:**
www.cancercare.on.ca

**Lymphovenous Association of Ontario:**
www.lymphnet.org

**The Credit Valley Hospital:**
Obtain more information on the Cancer Centre web page  
www.cvh.on.ca/cancer/index.php  
The Patient Education Library  
www.cvh.on.ca/cancer/Education-Library.php
Notes
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