

Breast Cancer Surgery



A guide to your
surgery and
recovery

At CentraCare, we take pride in providing a safe and personalized surgical experience. You can feel certain in the care you will receive. We are committed to exceptional quality care, advanced technology and an extraordinary patient experience. The skill and dedication of your physicians, nurse practitioners, nurses and therapists are only half of the team. You (the patient) and your family represent the other half of the team and will play a big role in your successful recovery.

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Questions

- For questions about your surgery, please contact the CentraCare General Surgery at **320-252-3342**.
- For questions about your breast cancer care, please call the RN Breast Cancer Care Coordinators at **320-229-5199, ext. 71791 or 71693**.
- To reach Coborn Cancer Center, call **320-229-4900**.

Preparing for Surgery

You will receive a call 1-3 days before surgery to:

- Tell you what time to come.
- Give you fasting instructions.
- Assess special needs.
- Review current medications.
- Help plan any care needed after surgery.
- Answer questions.

Please follow these instructions before surgery. It will prevent delays and possibly cancellation of your surgery.

- Solid food and liquids (including water) – none after midnight the night before your surgery.
- May have sips of water to take with medicine as instructed.
- Do not smoke after midnight or drink alcohol 24 hours before surgery.
- Do not chew gum or suck on candy after midnight the night before your surgery.

CHG Showers before Surgery

Chlorhexidine Gluconate (CHG) kills germs and is in some types of soap. Washing your skin with a germ-killing soap will help to stop infection after surgery. Shower the night before surgery **AND** the morning of surgery with the CHG soap.



- Pictured are some CHG germ-killing soap that is okay to use. Any type/brand of 4% CHG germ-killing soap is okay to use. Ask the pharmacist if you are not sure what to buy or if you have questions.
- Buy 2 of the 4-ounce bottles (or buy 1 of the 8-ounce bottles and use half at a time). **DO NOT use this product if you are allergic to CHG.**
- **DO NOT SHAVE** any part of the body (men can shave their face) for 2 days before your surgery until after your surgery is done.
- The soap may stain or change the color of towels/washcloths.



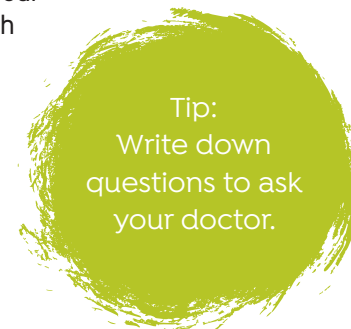
Follow these tips to help you prepare for a successful surgery.

The Night Before Surgery

- In the shower/tub, clean your body with your regular soap first. Wash and rinse your hair using your usual shampoo and conditioner.
- Make sure you use clean shower water to rinse all soap, shampoo and conditioner off your body and out of your hair.
- Next use clean shower water to wet your entire body. Then turn the water off or move away from the water spray.
- Stay out of the water as you wash with the CHG soap.
- Use 1 bottle (4 ounces) for this shower (or half of the large 8-ounce bottle).
- Use a clean washcloth to put the CHG soap on your body. Start by washing your neck and clean each part of your body as you work toward your feet. **DO NOT USE CHG SOAP by your eyes, ears, mouth or between your legs, by your vagina or the tip of the penis.**
- When you are done cleaning your body, gently rub where your surgery will be for about 3 minutes.
- Use clean shower water to rinse all the CHG soap off your body.
- If you have pain, red spots or an itch that does not stop, use clean water to rinse off the CHG soap right away and do not put any more on.
- **DO NOT** wash with your regular soap, shampoo or conditioner after you have used the CHG soap.
- Use a clean towel (a towel that has not been used since it was washed) to dry your body.
- **DO NOT** put on deodorants, lotions, moisturizers, makeup, powders or sprays.
- Dress in clean clothes (clothes that have not been worn since they were washed).
- Sleep on sheets that are clean (sheets that have not been slept on or used since they were washed).

The Morning of Surgery

- **ONLY USE THE CHG SOAP FOR THIS SECOND SHOWER. DO NOT** wash with any other soap.
- **DO NOT** shampoo or condition your hair.
- Use clean shower water to wet your entire body. Then turn the water off or move away from the water spray.
- Stay out of the water as you wash with the CHG soap.
- Use 1 bottle (4 ounces) for this shower (or half of the large 8-ounce bottle).
- Use a clean washcloth to put the CHG soap on your body. Start by washing your neck and clean each part of your body as you work toward your feet. **DO NOT USE CHG SOAP by your eyes, ears, mouth or between your legs, by your vagina or the tip of the penis.**
- When you are done cleaning your body, gently rub where your surgery will be for about 3 minutes.
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- **DO NOT** wash with your regular soap, shampoo or conditioner after you have used the CHG soap.
- Use a clean towel (a towel that has not been used since it was washed) to dry your body.
- **DO NOT** put on deodorants, lotions, moisturizers, makeup, powders or sprays.
- Dress in clean clothes (clothes that have not been worn since they were washed).



Call your surgeon's clinic if you have any questions about taking showers before your surgery.

Day of Surgery

- Tell your surgeon if you have a cold, flu or high temperature the day before your surgery.
- Tell your surgeon if you are taking aspirin, Advil, ibuprofen, Motrin or other anti-inflammatory medications. You may take Tylenol or acetaminophen. If you take aspirin for your heart or any blood-thinning medicine, let us know.
- If you take a beta blocker medicine, ask about taking it the morning of your surgery.
- If you have diabetes, let us know if you take insulin or medicine by mouth.
- If you take any vitamin or herbal or mineral supplements, please let us know.
- Take a shower or bath the night before and morning of surgery.
- Do not shave the surgical site.
- Remove makeup and nail polish. Do not use hair products.

ITEMS TO BRING

- A small pillow for the trip home to help with any bumps along the way and the pressure of the seat belt.
- Personal care items: lip balm, hairbrush, eyeglasses/contacts case, denture supplies and hearing aids.
- Health plan information, photo ID and Medicare or Medical Assistance cards with numbers and addresses.
- ID card for pacemaker, implanted cardiac defibrillator (ICD), cardiac resynchronization therapy (CRT). Pacemakers should be checked within 12 months of surgery and ICDs and CRTs within six months of surgery.
- CPAP or BiPAP machine.
- Medication list, noting when you last took them. We may request you bring in your routine medications. Talk to your surgeon if you are taking aspirin, Advil, ibuprofen, Motrin or other anti-inflammatory medications. You may take Tylenol. If you take aspirin for your heart or any blood-thinning medicine, let us know.

LEAVE AT HOME

- Valuables: Money, credit cards, jewelry, body piercings, etc.

WHAT TO WEAR

- Comfortable, loose-fitting clothing that opens in the front to make getting dressed for the trip home easier.
- Front closing pajama tops may also be helpful during your recovery.
- With surgery, wear a supportive bra without an underwire.

Post-Surgical Garments

- Garments after surgery such as an ace wrap, bra or camisole may have been recommended for you.
- Some of these provide compression to the area to help reduce pain and swelling after surgery.
- These are for your comfort; you may wear them as much or as little as you like.
- If you have not received these garments, and wish to, contact the RN breast cancer care coordinators.

Arrival

Please arrive on time. Upon arrival, we will complete the admission process. You will change into a surgical gown and slippers. We will take your height, weight, temperature, blood pressure, pulse and respirations before surgery. A nurse will review your health history. An intravenous infusion (IV) will be started for fluids, medications and antibiotics. Family members or friends may accompany you at any time during this process, as you desire. We will direct them to a nearby waiting room when your surgery starts.

After Surgery

After surgery, we will take you to the recovery room and you will be closely monitored by a nurse. When you are ready, you will be reunited with your family and friends.

Managing Your Pain

Pain after surgery is normal. To help speed your recovery, we will assess and monitor you for pain. Our goal is for you to be satisfied with your pain relief before you go home.

Discharge

A nurse will monitor your physical readiness for home. We will personalize your care to meet your needs.

We find most patients fit into this plan:

- If you had a lumpectomy, you will be discharged home the same day as your surgery.
- If you had a mastectomy, you will have an overnight stay. Drain(s) will be in place.

Arrange for an adult to drive and be with you for 24 hours after surgery. We do not allow discharged patients to go home on public transportation, including bus or taxi. Not having supervision may cancel your surgery.

Caring for Yourself at Home

Our top priorities are that you are safe and understand the follow-up care you will need after you leave our facility. We will provide you with instructions about caring for yourself at home and answer any questions you may have.

You may feel light-headed and sleepy for several hours after surgery. Drink plenty of clear liquids (water or juice) after your surgery. For your safety, do not operate a motor vehicle or machinery, drink alcohol or take medicine not prescribed by your doctor for at least 24 hours after your surgery. If you have small children, you may want someone to care for them.

Remember, pets can carry germs. Keep pets away from your incision, even if the incision is covered with a dressing.

PAIN

Pain after surgery is normal, especially around your surgery site. It is also common to have bruising involving part of or the entire breast. You may use an ice pack to help the pain go away. Wrap the ice pack in a cloth and lay on your incision for 20 minutes and then off for 20 minutes. No more than 4 times a day for up to 7 days.

PAIN MEDICINE

- Do not take any Tylenol or Acetaminophen if you are taking any of the following pain medications: Percocet, Vicodin, Norco or Lortab.
- Pain medications may cause an upset stomach. To reduce this, please take pain medications with food and water. If this doesn't work, the dose of the pain medication may be reduced by only taking one pill or cutting a pill in half.
- If taking Oxycodone or Ultram, it is okay to take Tylenol or Acetaminophen 500-1,000 mg every six hours as needed. Do not exceed 4,000 mg in a 24-hour period.
- You may take Motrin or Ibuprofen if your kidneys are well. Take 200-600 mg every eight hours as needed for no more than a week. Do not take Motrin or Ibuprofen if you have been prescribed Toradol or Ketorolac or if you are taking Aleve.

DIET

Drink plenty of fluids and continue with your regular diet.

- Avoid alcohol 24 hours after your surgery and while you are taking prescribed narcotic pain medications.
- Prescribed pain medication may cause constipation. To avoid this, please drink more water. You can also take an over the counter stool softener or mild laxative such as Colace, Senna or Miralax. These can be taken together if needed.

PLEASE CALL IF YOU ARE EXPERIENCING:

- Increased pain, swelling, redness or warmth around the incision.
- Drainage of pus from the incision.
- Redness or drainage from the incision with an odor.
- Fever greater than 101.5 degrees Fahrenheit, chills or body aches.
- Cloudy, yellow, green or bloody drainage from incisions(s).
- Extreme swelling (slight swelling is normal).
- Nausea and vomiting. Persistent constipation.
- Pain that does not respond to medication.
- Reaction to medication.
- A rash.

ACTIVITY

- Please do not drive until 24 hours after your surgery or while you are taking the prescribed narcotic pain medication.
- Walking is a great exercise to begin after surgery. This helps reduce fatigue and nausea. Take short, frequent walks (even around your home).
- Do what is comfortable: stop and rest when you feel tired.
- You will feel some tightness and pulling in your arm and chest after surgery. This is normal. Stretching your arm and shoulder after surgery will help loosen that area up and prevent further pain.
- You may feel a tingling, burning, numbness or soreness on the back of your arm or in the breast after surgery. This is because the surgery can irritate some of the nerves. These feelings will go away with time and increased activity.
- Avoid lifting anything heavier than 15 pounds until after your follow up appointment. A good guideline is avoid lifting anything heavier than a gallon of milk in each hand.

Follow Up

A follow up appointment with your surgeon or a PA will be scheduled for 2-3 weeks after surgery. Please contact the surgery clinic if you do not have one scheduled. In some cases, outpatient therapy and lymphedema education may be ordered. You will be contacted with these appointment details after surgery. Please review your return to work date at your surgical follow up appointment.

Pathology Results

It is important to us that you find out the results of the testing of your breast tissue that was removed in surgery. Your surgeon will contact you within 7 business days either by phone or by MyChart. If you have not heard from us in this amount of time, please call the surgery office at **320-252-3342**.

Wound and Drain Care

- If there is a dressing in place, this can be removed 24-48 hours after surgery. Please leave the Steri-strips and/or skin glue in place. They will fall off within 7-10 days.
- You can shower 24 hours after surgery. Wash your incision gently and pat it dry. Avoid soaking, swimming or tub baths until your drains have been removed and your incision is well healed. You may shave the day after surgery.
- Clear dressing with disc may be present. If clear dressing is in place, no dressing changes are required. Gauze may be placed around the drain site. If gauze is present, change gauze dressing daily.
- Sometimes a pocket of fluid will collect at the surgical site, known as a "seroma." Your body will absorb this fluid over time. It is normal for your incision to feel firm. It is called a "healing ridge" and will soften over time.
- Empty the drain 2 times per day and record the amount emptied.
- Your drains may be removed once output is less than 30 ml per day for 2 days in a row. Please contact the surgery clinic once this occurs to schedule a visit.
- Please strip your drain one to two times a day as needed to prevent the drain from getting clogged. To strip your drain, hold the tubing at the drain exit site closest to the skin with non-dominant hand, pinch and hold so as not to tug at the tubing.

HOME MANAGEMENT OF SURGICAL DRAIN

Following a mastectomy, and possibly with an axillary dissection, a drain will be put in at the time of surgery. If required, it will remain in place for one to three weeks.

WHAT IS A JACKSON-PRATT DRAIN?

A Jackson-Pratt (JP) drain is a tube placed during surgery. The tube is connected to a ball that holds fluids from your body. The JP drain is used to allow healing by removing fluids that can build up in your body after surgery. These fluids can cause an infection.

CARE OF DRAIN

Your nurse will show you how to take care of your drain.

- Avoid bumping or pulling on drain.
- Ball must stay compressed, or squeezed, to create suction.
- Keep area around drain clean and dry. You may put gauze around the tube where it leaves your body. Clear dressing with disc may be present. If clear dressing is in place, no dressing changes are required.
- You may shower with your drain. Try to avoid direct water pressure to the drain site.

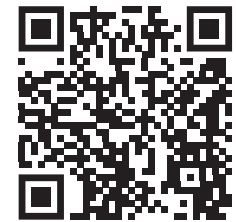
- Remove wet gauze and place dry gauze around tube after shower.
- You may pin the ball to your shirt to prevent pulling of the drain.

TO STRIP DRAIN

- Empty the drain 2 times per day and record the amount emptied.
- Please strip your drain one to two times a day as needed to prevent the drain from getting clogged. To strip your drain, hold the tubing at the drain exit site closest to the skin with non-dominant hand, pinch and hold so as not to tug at the tubing. Pinch the tubing with dominant hand, starting at the top, and slide down the tubing, pushing any clots or material into the bulb.
- It might be easier to strip the drain when your hands are wet.

TO EMPTY DRAIN

- Empty the drain when half full or at least once per day.
- Wash hands.
- Get supplies (alcohol pad, measuring cup).
- Pull plug on ball to release suction.
- Wipe opening of drain with alcohol pad.
- Tip opening of ball into measuring cup.
- Squeeze ball to squirt fluid into cup.
- When fluid is all out, tip ball back up.
- Wipe opening of drain with alcohol pad.
- While squeezing the ball, put plug back into opening.
- Measure the drainage amounts daily using the provided measuring cup. Record how much fluid came out on the log provided. It is helpful to empty the drains at the same time each day. It is recommended that you empty the drain at least once daily, or as often as needed.
- **Drain can be removed when daily drain amount is less than 30ml in a 24-hour period for 2 days in a row.** Call the surgery clinic to schedule removal when you feel your drains are ready to be removed.



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WHEN SHOULD I CALL THE DOCTOR?

Call your doctor if you notice a change in the fluids (becoming cloudy, bad odor, or more bleeding), more pain at the site, more redness or drainage at site, fever, no drainage is coming out, bulb won't keep suction, or if the tube comes out.

Side Effects - Lymphedema or Swelling

Lymphedema is an accumulation of fluid (lymph) in an area of the body. Sometimes swelling happens after surgery and resolves as healing occurs. It is possible to develop swelling during treatment or years after cancer treatment. If you are at risk of developing lymphedema, follow the [Healthy Habits for Patients at Risk for Lymphedema](#) on the following page.

PEOPLE AT RISK OF LYMPHEDEMA

- Patients who have had radiation treatment and/or surgery with lymph node removal.
- Patients with cancer that has spread as it may make it difficult for the body to drain fluid.

SYMPTOMS OF LYMPHEDEMA MAY INCLUDE BUT ARE NOT LIMITED TO:

- A feeling of heaviness or aching in the at-risk area that does not correspond with a particular activity, which may or may not be accompanied by swelling. Common areas include the arm, breast, and chest on the side of surgery or radiation.
- Visible swelling that may come and go or swelling that stays and/or worsens.

LYMPHEDEMA THAT IS NOT CONTROLLED MAY:

- Result in more swelling.
- Result in difficulty moving and performing activities or difficulty finding clothing that fits properly.
- Increase risk for infection in the area.
- Skin changes including thickening or hardening of the skin.

PRECAUTIONS/CONTROVERSIES

Although research is lacking at this time, it is recommended to use the arm that is **NOT** at risk of developing lymphedema for blood draws and blood pressure readings when possible. When traveling by air, there is a decrease in cabin pressure, which may increase likelihood for swelling and you may use a compression garment to help minimize swelling.

IF YOU SUSPECT YOU MAY HAVE LYMPHEDEMA

Contact your doctor or RN breast care coordinator to determine if a referral to a lymphedema therapist is needed.

Follow these tips to stay healthy and avoid side effects.



HEALTHY HABITS FOR PATIENTS AT RISK FOR LYMPHEDEMA

Healthy Lifestyle: *A healthy diet and exercise are important for overall good health.*

- Maintain optimal weight through a healthy diet and exercise to significantly lower risk of lymphedema.
- Gradually build up the duration and intensity of any activity or exercise. Review the Exercise Position Paper.*
- Take frequent rest periods during activity to allow for recovery.
- Monitor the at-risk area during and after activity for change in size, shape, tissue, texture, soreness, heaviness, or firmness.

Medical Check-ups: *Find a certified lymphedema therapist (CLT).**

- Review your individual situation, get screened for lymphedema, and discuss risk factors with your CLT.
- Ask your CLT or healthcare professional if compression garments for air travel and strenuous activity are appropriate for you.
- If a compression garment is recommended, make sure it is properly fitted and you understand the wear, care, and replacement guidelines.
- Set a follow-up schedule based on your needs with your CLT.
- Report any changes in your at-risk body part to your CLT.

Skin Care: *Make sure that your skin is in good condition.*

- Keep your at-risk body part clean and dry.
- Apply moisturizer daily to prevent chapping/chafing of skin.
- Pay attention to nail care and do not cut cuticles.
- Protect exposed skin with sunscreen and insect repellent.
- Use care with razors to avoid nicks and skin irritation.

Infection Education: Know the signs of infection and what to do if you suspect you have one.

- Signs of infection: rash, itching, redness, pain, increased skin temperature, increased swelling, fever, or flu-like symptoms.
- If any of these symptoms occur, contact your healthcare professional immediately for early treatment of possible infection.
- If a scratch or puncture to your skin occurs, wash it with soap and water, apply topical antibiotics, and observe for signs of infection.
- Keep a small first aid kit with you when traveling

TRY TO AVOID POSSIBLE TRIGGERS

Injury or Trauma

- Wear gloves while doing activities that may cause skin injury (eg, washing dishes, gardening, using chemicals like detergent).
- Try to avoid punctures (eg, injections and blood draws)

Limb Constriction

- Wear loose jewelry and clothing.
- Avoid carrying a heavy bag or purse over the at-risk limb.
- Try to avoid blood pressure cuffs on the at-risk limb.

Extreme Temperatures

- Avoid exposure to extreme cold, which can cause rebound swelling or chapping of skin.
- Avoid prolonged (> 15 min.) exposure to heat, particularly hot tubs and saunas.

Prolonged Inactivity

At-risk for leg lymphedema?

- Avoid prolonged standing or sitting by moving and changing position throughout the day.
- Wear properly, fitted footwear and hosiery.



Movement or a short walk is helpful to stay healthy.

Please Note: These guidelines are meant to help reduce your risk of developing lymphedema and are **NOT** prevention guidelines. Because there is little research about risk reduction, many of these use a common-sense approach based on the body's anatomy and knowledge gained from decades of clinical experience by experts in the field. Risk reduction should always be individualized by a certified lymphedema therapist and healthcare professional.

*To review the National Lymphedema Network's other position papers visit www.lymphnet.org.

Exercises After Breast Cancer Surgery

These exercises are designed to help you increase range of motion (ROM) with respect to your surgical site. Perform exercises 1-3 times per day starting with 5-15 repetitions. If you have surgical drains in place, you are still able to perform these exercises within tolerated range safely, without risk of pulling out the drain.

POSTURE

Be aware of your posture. Sitting and standing should be performed with your head in line with your shoulders and hips. Try not to round shoulders in protective mode of the chest. Shoulder blades should be back. When walking, arms should be at side and swing as able (not guarded across chest.)

DEEP BREATHING

Laying on your back, place hands on stomach. Breathe in through your nose and out through relaxed lips.

SEATED SCAPULAR RETRACTION

- Begin sitting in an upright position.
- Gently squeeze your shoulder blades together.
- Hold for 5-10 counts.
- Relax and then repeat 5-15 times.
- Make sure to maintain good posture during the exercise. The shoulders should come down and back.
- We do not want shoulders up by the ears. Remember down and back.

STEP 1



STEP 2



SEATED SHOULDER ROLLS

- Begin sitting upright with your hands resting in your lap in a relaxed manner.
- Move your shoulders forward, then upward, backward and down.
- Repeat 5-10 times, continuing to move your shoulders in a circular motion.
- Now in the opposite direction, perform 5-10 times.
- Make sure to keep your back straight during the exercise.

STEP 1

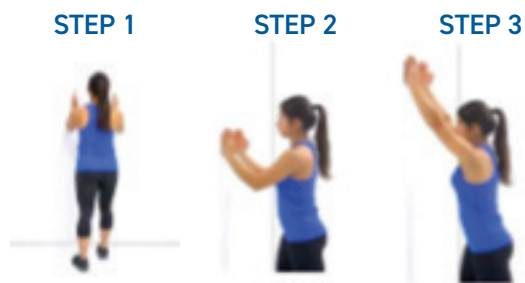


STEP 2



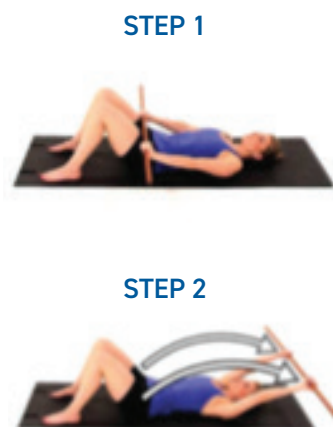
SCAPULAR WALL SLIDES

- Begin standing facing a wall with feet staggered.
- Place the sides of your hands on the wall at chest height.
- The 5th digit or pinky finger should be on the wall and the thumb should be pointing at you.
- Slowly slide your hands up overhead.
- Hold briefly, then slide your hands back to the starting position.
- Repeat 5-15 times.
- Avoid having your head lean forward



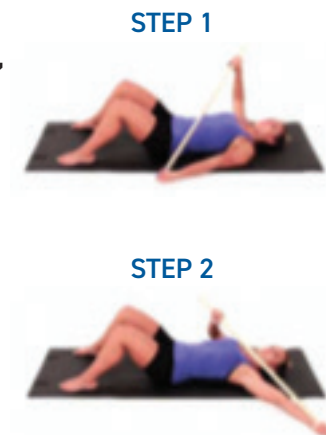
SUPINE SHOULDER FLEXION EXTENSION ARM WITH DOWEL

- Begin lying on your back holding a dowel in both hands. If you don't have a dowel, use a yardstick, cane or broomstick.
- Use the dowel to assist one arm into a vertical position.
- Now, use the dowel to move your arm up and down in a vertical direction.
- Repeat 5-15 times.
- Make sure to allow your supportive arm to guide the motion with the dowel. The effected side, or surgical side, is not doing any of the work and is essentially along for the ride. The non-surgical side is doing the lifting.
- Do not move through pain or arch your back.



SUPINE SHOULDER ABDUCTION ARM WITH DOWEL

- Begin lying on your back holding a dowel in both hands. If you don't have a dowel, use a yardstick, cane or broomstick.
- Put your arm that had lymph nodes removed at the end of the dowel on the ground straight at your side.
- Using your uninvolved arm to guide the dowel, move your other arm directly out to the side of your body.
- Pause, then return to the starting position and repeat 5-15 times.
- This should be slow and controlled and you should feel a stretch.
- Make sure to keep your moving arm relaxed during the exercise.
- Once again, you will be using the non-surgical side to move the dowel and the surgical side is along for the ride.



SUPINE CHEST STRETCH WITH ELBOW BENT

- Begin lying on your back with your feet flat on the floor and hands clasped behind your head and elbows together.
- Move your elbows apart toward the ground, until a stretch is felt. Make sure to squeeze your shoulder blades together as you lower your elbows.
- Hold this for 15-30 counts.
- Repeat 5-15 times.
- Don't worry about the elbows going all the way down. We want to encourage increased mobility.
- You may use a towel roll or pillow to help support the stretch.



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cancer surgery



SUPINE LOWER TRUNK ROTATION

- Begin lying on your back with your feet flat on the floor and your arms straight out to your sides.
- Slowly lower your knees to one side until a stretch is felt.
- Hold this for 15 counts.
- Return to center and repeat on the other side.
- Repeat 5-15 times.
- Keep both your shoulders in contact with the ground throughout the exercise.
- You may need to bring one knee up to the center at a time, rather than at the same time.



Scar Mobilization

You will be instructed on when it is appropriate to perform scar mobilization. When performing, pressure should be firm but gentle, so the top skin is moving over the tissue underneath. This technique can be performed over scars from mastectomy, lumpectomy or removal of lymph nodes.

- Take 2-3 fingers and place them on the scar.
- With fingers maintaining contact with the skin, move the skin up and down, side to side or in circles.
- This can be done in short 5-minute sessions at various times throughout the day.
- Do not slide fingers across the skin, rather move skin over what is underneath while keeping fingers in contact with skin.

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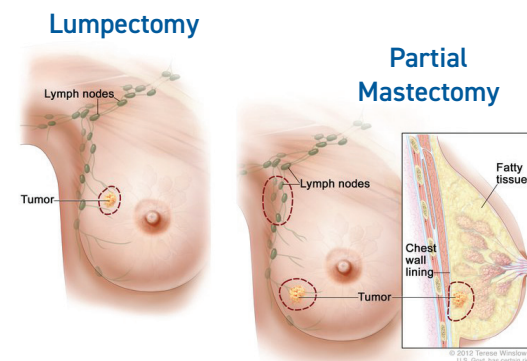


Glossary

Anesthesia: Anesthesia is the medicine that puts you to sleep before surgery. We will talk to you about the plan for anesthesia and answer questions before surgery.

Axillary Node Dissection: A procedure where affected lymph nodes in the axilla (armpit) are removed for analysis. Axillary dissection removes more tissue than a sentinel node biopsy. This procedure may or may not require drain insertion.

Breast Needle Localization: If you are having a lumpectomy surgery or surgical biopsy, a radiologist will insert a thin wire prior to the surgery — called a wire or needle localization. It is performed using mammography or ultrasound and is a procedure used to identify the precise location of abnormal breast tissue for the purpose of removing it in the operating room.

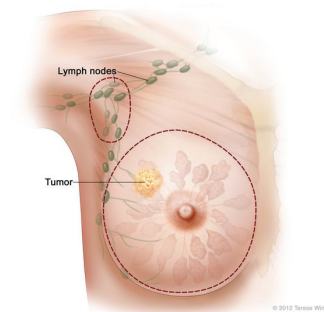


Lumpectomy/Partial Mastectomy: The removal of the breast tumor (the “lump”) and some of the normal tissue that surrounds it. A radiologist will insert a thin wire prior to surgery — which is called a wire or needle localization.

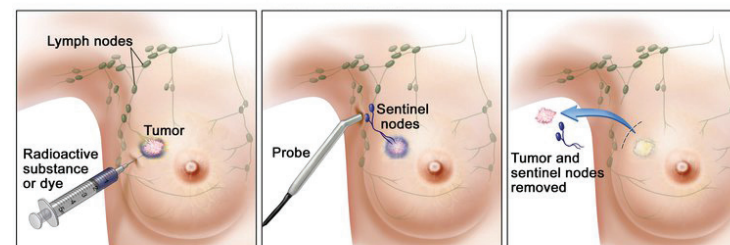
Mastectomy: Surgery to remove all of the breast. There are different types of mastectomies and your surgeon will discuss the best option for you. A drain on the side of the mastectomy is typical. Bilateral mastectomy is the removal of both breasts.

Sentinel Node Biopsy: Sentinel nodes are the first lymph nodes to see the drainage of the breast and to which cancer cells will spread from a primary tumor. This is a procedure to identify and remove them for analysis. You will have a blue dye and radioactive isotope injected into your breast so the sentinel nodes can be easily located during surgery. This may result in your urine having a green tint.

Total (Simple) Mastectomy



Sentinel Node Biopsy



Surgical Drain Log

| Date: | | | |
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| Time emptied: | Drain 1 | Drain 2 | Drain 3 |
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| Total mL: | | | |

| Date: | | | |
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| Time emptied: | Drain 1 | Drain 2 | Drain 3 |
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| Total mL: | | | |

| Date: | | | |
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| Time emptied: | Drain 1 | Drain 2 | Drain 3 |
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| Total mL: | | | |

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| Time emptied: | Drain 1 | Drain 2 | Drain 3 |
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| Time emptied: | Drain 1 | Drain 2 | Drain 3 |
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| Total mL: | | | |

| Date: | | | |
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| Time emptied: | Drain 1 | Drain 2 | Drain 3 |
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| Total mL: | | | |

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| Time emptied: | Drain 1 | Drain 2 | Drain 3 |
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| Date: | | | |
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| Time emptied: | Drain 1 | Drain 2 | Drain 3 |
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| Time emptied: | Drain 1 | Drain 2 | Drain 3 |
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| Time emptied: | Drain 1 | Drain 2 | Drain 3 |
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| Time emptied: | Drain 1 | Drain 2 | Drain 3 |
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| Time emptied: | Drain 1 | Drain 2 | Drain 3 |
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| Time emptied: | Drain 1 | Drain 2 | Drain 3 |
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| Total mL: | | | |

When the daily total output is less than 30 ml per drain in a 24-hour period for 2 days in a row, call the CentraCare General Surgery at 320-252-3342.

Surgical Drain Log

| Date: | | | |
|---------------|---------|---------|---------|
| Time emptied: | Drain 1 | Drain 2 | Drain 3 |
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| Time emptied: | Drain 1 | Drain 2 | Drain 3 |
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| Date: | | | |
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| Time emptied: | Drain 1 | Drain 2 | Drain 3 |
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| Total mL: | | | |



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[CentraCare.com](https://www.centracare.com)