



What to do before and after your breast surgery



Preparing for your breast surgery can make the process go more smoothly.

This booklet will help you understand more about your procedure and what you can expect as you go through surgery and the recovery process. You'll also learn about exercises and activities that can help restore your mobility and strength and enable you to return to everyday activities.

When you arrive at the hospital for your procedure, you will be under the care of our entire team. We will check on you throughout the day, and we encourage you to ask any questions you may have about your treatment.

Your team includes:

- Surgeons
- Physician assistants and/or nurse practitioners
- Nurses
- Residents and fellows
- Case management professionals
- Social workers
- Anesthesiologists
- Operating room staff
- Recovery room care team
- Surgical unit care team
- Physical therapists/occupational therapists/respiratory therapists
- Nutrition staff
- Pastoral care staff

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Surgical checklist

Common questions



Common questions

What is a mastectomy?

A mastectomy is a surgical procedure that is used to treat breast cancer or prevent breast cancer from occurring. During a mastectomy, the surgeon will remove breast tissue while preserving as much breast skin as possible. Depending on your cancer status and other factors, it may also be possible to preserve the nipple and areola of your breast or breasts.

What is breast reconstruction surgery?

In breast reconstruction surgery, a plastic surgeon can help restore the shape of your breasts to their original appearance, using a flap of tissue from your belly or thigh, a breast implant or a combination. The procedure can be performed immediately after the mastectomy, or it can be done after a period of time.

Can I exercise before my mastectomy and breast reconstruction surgery?

There's no need for an intense exercise regimen before breast surgery, but you should continue to follow any guidelines

you've been given for daily exercise and physical activity. This booklet also contains some low-intensity exercises you can perform before surgery.

What are the risks of these procedures?

Like any surgical procedure, breast surgery and breast reconstruction pose certain risks, including bleeding, infection and scarring at the surgical site. You may also experience pain or lose sensation in your breasts. If you are undergoing breast reconstruction, there are specific complications that can occur with flap- and/or implant-based breast reconstruction. In addition, if lymph nodes are cut or removed during your breast surgery, there is a chance that you could develop lymphedema (swelling of your arm or arms).

Will I be put to sleep for surgery?

You will be given general anesthesia during your mastectomy and/or breast reconstruction, and will be asleep for the duration of the surgery. During that time, an anesthesiologist will monitor your blood pressure, heart rate and other vital signs.

How long will my surgery last?

The length of your surgery will depend on whether the procedure is on one or both breasts, and on whether you are getting implant-based or autologous flap-based reconstruction (an autologous flap is tissue that comes from your own body). A mastectomy on one breast, with implant-based reconstruction, can be completed in two to three hours. For comparison, a double mastectomy with flap-based reconstruction may require seven to eight hours.

Will I have pain after surgery?

It is normal to experience some pain after surgery, and you'll be given medicine, including non-steroidal anti-inflammatory (NSAID) drugs and narcotic pain medication, to help manage it. However, excruciating pain that does not respond to medication is a serious condition that should be immediately reported to your doctor.

How long will I stay in the hospital?

If you have implant-based breast reconstruction, you may be asked to stay overnight. If you have flap-based reconstruction, you will be asked to stay two nights. This will allow us to ensure that the flap is getting enough oxygen and that you are healing as expected.

When should I follow up with my surgeon?

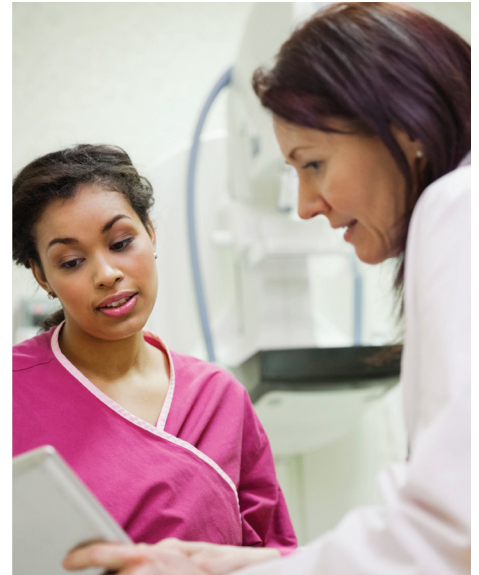
Your medical team will schedule a postoperative appointment for you about one week after your surgery. You should expect to continue with regular appointments for a period of time so that your doctor can check on your healing.

What precautions should I follow after my surgery?

Take it easy and get plenty of rest after your surgery—you will probably feel tired. You should not perform strenuous activities, such as exercise; do not lift anything heavier than about five or 10 pounds. However, it is important to walk regularly. This speeds healing and helps prevent blood clots from forming.

How long will I take to recover?

After your surgery, plan to recover at home for several days. Many patients are able to return to work around six weeks after surgery, with light or restricted duties. Your recovery period will depend on your rate of healing and the type of reconstruction that was performed.



Before your surgery



Before your surgery

From nutrition to exercise, healthy habits will help you prepare for your procedure and can speed your recovery. If these behaviors aren't part of your routine, try to adopt some of them now.

Nutrition guidelines and resources

If you are overweight or obese, stabilizing your weight offers significant benefits. A healthy weight:

- Reduces the risk of heart disease and stroke
- Cuts the risk of some cancers
- Decreases stress on your joints
- Improves mood and energy level

A healthy eating style gives your body what it needs to get better and helps prevent chronic disease. Try these tips from the USDA's MyPlate program:

- Fill half your plate with fruits and vegetables—choose a variety of veggies, and pick whole fruits over juice
- Make half your grains whole grains—try 100% whole wheat bread, brown rice and oatmeal instead of chips and crackers, for instance
- Switch to low-fat or fat-free milk, yogurt and other dairy products

- Mix up your proteins—in addition to meat and poultry, consider seafood, beans and peas, eggs, nuts and seeds, and processed soy products
- Do it gradually—make small changes for a lifetime of healthy eating

Being mindful about beverages can make a big difference in your diet. The following changes can pack a punch:

- Choose drinks with less saturated fat, sodium and added sugars
- Replace sugar-sweetened beverages with water—try tossing fresh fruit slices into a pitcher of water to enhance the flavor
- Use seltzer instead of soda

Picking the right foods can help tame unhealthy inflammation in your body—and that may help you heal after surgery and reduce surgical site complications. As a bonus, reducing inflammation also cuts your risk of chronic disease. Include these anti-inflammatory foods in your diet:

- Tomatoes
- Olive oil
- Green, leafy vegetables, such as spinach, kale and collard greens
- Nuts, such as almonds and walnuts
- Fatty fish, such as salmon, mackerel, tuna and sardines
- Fruit, such as strawberries, blueberries, cherries and oranges

You don't need to abandon healthy eating just because you're dining out. Your restaurant meal can be kind to your body if you remember the following:

- Pick a healthy drink
- Start with a salad, and ask for the dressing on the side
- Share a main dish or consider ordering a side dish or appetizer instead of an entrée
- Order mindfully—do a quick comparison of calories, fat and sodium
- Pass on the buffet (having so many choices promotes overeating)
- Quit the “clean your plate” club

Don't buy into myths about food and health. Did you know:

- There are no studies that support the idea that sugar “feeds” cancer cells. Glucose, a simple form of sugar, is used as fuel by all cells in the body. Still, it's important to keep added sugar to a minimum, since it provides no nutrients.
- Some supplements are helpful—and others can be harmful. They can even interfere with the medication your doctor prescribes! Be sure to consult your medical team before starting a supplement regimen.

For more information about healthy eating, check out these websites:

- eatright.org
- choosemyplate.gov
- cdc.gov/dhdsp/hp2020.htm

Exercise guidelines

Studies have shown that not only is exercise safe for cancer patients but it offers many important benefits. It improves strength, decreases fatigue and makes all the systems in your body work better, increasing your overall quality of life.

We recommend that all breast cancer patients follow the exercise guidelines that can be found as a separate insert in this book. If you don't currently exercise, ease into it gradually—but don't be intimidated. If you're unsure of yourself, consult a rehabilitation professional, such as a physical therapist.

Breathing exercises

After breast surgery, breathing exercises can help keep the lungs expanded and clear of mucus. Begin to practice these exercises before your surgery so they become part of your routine.

Deep breathing

Deep breathing helps keep your lungs clear, reducing the risk of pneumonia.

Inhale slowly and deeply through your nose, expanding your rib cage. Hold for a count of three, or three seconds.

Exhale slowly through your mouth. Repeat five times.

Breathe and cough

Coughing is your body's natural method of clearing mucus from the lungs. Support the incision as you cough to prevent excess stress as you heal.

Lie on your back with your knees slightly bent. Place your hands on your incision, applying a gentle pressure. If you prefer, hold a pillow firmly against the incision.

Take a deep breath and cough sharply. If you cough up mucus, deposit it into tissue.

Rest and repeat. Perform two repetitions.

Preparing for surgery

You will need a complete physical examination by your primary care doctor or other clinician within four to six weeks of your surgery. This will give the surgical team enough time to review your medical report before your surgery.

In addition to your physical exam, you will also need specific presurgical testing, to provide information that will help your team prepare you for anesthesia and identify any health issues that require special attention. This will be done approximately two to three weeks before your surgery. Your doctor's office will tell you the date and time.

It's a good idea to get a dental exam before you have your surgery, because bacteria that cause infection in your teeth or gums can travel through your bloodstream and increase your risk of surgical site infection. If you need to have teeth removed or a periodontal procedure (work on your gums), it's best to have it done at least four weeks before your breast procedure.

As soon as possible:

- Stop smoking. Smoking reduces blood flow, which slows healing and increases the risk of serious postoperative complications. These include delayed wound healing, skin necrosis (tissue death due to inadequate blood flow) and pneumonia. It's best to stop smoking as early as possible—ideally, at least four to six weeks before surgery—because nicotine continues to affect your body for weeks after your last exposure. But quitting at any point before your procedure will reduce your risk. Consult with your primary care physician for help in quitting smoking.

Two weeks before surgery:

- Stop getting manicures or pedicures

Seven days before surgery:

- Stop taking the following:
 - All anti-inflammatory medicines, such as Motrin®, Naproxen and Aleve®
 - Vitamin E
 - Birth control pills and estrogen replacement products
- Call your doctor for special instructions if you take medication that can increase your risk of bleeding, including:
 - Coumadin®, Plavix® or other blood thinners
 - Daily aspirin

Before coming to the hospital:

- Do not shave your underarms
- Follow the instructions that you were given on how to wash your body

Preparing your home

Your recovery will be easier if you prepare your space for your return. The following will make you more comfortable and reduce the risk of mishaps:

- Reduce clutter
- Remove loose wires and cords
- Anchor throw rugs to the floor or put them away
- Place nonskid tape or mats in front of your bathroom sink and outside the tub and shower
- Put nonslip suction mats or decals in your tub and shower
- Get a night light for the bathroom (and remember to turn on lights when you get up at night)
- Fix uneven flooring and tread on stairs

Arrange for help with certain tasks, such as:

- Cooking
- Shopping
- Bathing
- Laundry

Your presurgical testing

Once your surgeon has scheduled your procedure, you will be given an appointment for your presurgical testing (PST). This testing is necessary even if you've recently had a physical, so that we can identify any issues that may affect your risk during your surgery or impact the anesthesia you need. Our staff will also be in contact with your primary care provider and any specialists you regularly see in order to develop a full understanding of your health and any risk factors you may have.

Our PST scheduling coordinator will contact you approximately 30 days prior to your date of surgery so you can select a date that works for you. Your testing must be scheduled no later than seven days before your surgery, and will be done at the facility where your surgery will take place. During the scheduling call, the coordinator will gather information that will help us provide the best care possible, such as your preferred language, whether you need a translator, what medications you take and whether you use a wheelchair.

You will receive two automated messages from the hospital before your PST appointment, 48 hours and 24 hours ahead of time. Please listen to these messages, as they contain important information. You will be asked to enter specific numbers on your phone in order to confirm your appointment.

On the day of your presurgical testing, you can eat, drink and take your medication as you normally do. Bring all your medication with you (in their bottles). Also bring your photo ID, insurance card and pharmacy card.

If you are unable to make your appointment, it is important that you call the PST office as soon as possible at **(516) 734-8000**. It is mandatory that your presurgical testing be completed no later than seven days before surgery; if that is not possible, your surgery may be subject to cancellation.

What to expect at your presurgical testing appointment

Your appointment will take a few hours.

During the appointment, you will:

- Meet with a registration representative to help you complete the necessary paperwork and verify your information
- Be seen by a nurse practitioner, who will ask you about your medical history and perform a physical exam
- Have blood work and urine testing done
- Get an electrocardiogram (EKG) and a chest X-ray
- Be asked to schedule a stress test and/or sleep study before your surgery, if either is necessary

In addition, during your appointment, you may be asked to schedule a visit with a specialist if you have an illness or condition that makes that necessary. You may be given instructions about which of your medications you should take on the day of surgery, especially if you take something for high blood pressure or for your heart. You may also see an anesthesiologist, who will give you medicine to relax and sleep during your surgery. The anesthesiologist will review your medical history and discuss the anesthesia and pain medicines that are best for you.

Planning for your surgery and hospital stay

Before you go to the hospital, you will get a prescription for any medications you'll need after your discharge. This will allow you to have these medications ready at home when you return from the hospital. Before your discharge, your medical team will go over the instructions on when and how often to take them.

In the days before your surgery, be sure to practice proper hygiene, especially good hand-washing technique. Avoid contact with anyone who is ill. If you become infected, your surgery may have to be delayed. Confirm the arrangements you've made with a family member or friend for transportation to and from the hospital. This is also the time to choose a healthcare proxy—someone

who can speak on your behalf if that becomes necessary. Talk to the nurse on your healthcare team to learn more about this. If you already have a healthcare proxy, bring a copy of the healthcare proxy form with you to the hospital.

Start to gather items to bring to the hospital to make your stay more comfortable. These may include loose clothing to wear, and magazines, books or electronic devices that will keep you engaged. Most importantly, remember to bring your insurance card and government-issued photo identification.

Finally: Try to relax! The period before surgery can be a stressful time, but it's important to get plenty of rest. If you have any questions or concerns, don't hesitate to call the office.

The day before your surgery

- You will receive a call the night before your surgery, telling you when you should come to the hospital
- Clean your skin by showering with the special soap (scrub) you were given, following the instructions provided to you during your presurgical testing
- Eat a light meal (cold cereal, oatmeal, soup, or a salad or sandwich)
- Do not eat or drink anything after midnight unless you are told to do so by your doctor or surgeon

Psychosocial support and resources

After a mastectomy, many women find that breast reconstruction makes them feel better about how they look and restores self-confidence. Reconstruction can erase the visual reminder of cancer, enhance your self-image and increase your feelings of wholeness and attractiveness. Many women who have had reconstruction surgery also report being able to wear a wider range of clothing and feeling more comfortable with nudity.

There are many techniques and resources that can help you adjust to the physical and psychological changes associated with breast surgery. These include:

- Deep breathing
- Guided imagery
- Meditation
- Yoga

Before and after surgery, you may find it helpful to explore programs that offer support and the opportunity to connect with others in similar circumstances. Programs include:

- **Monter Breast Cancer Support Group:** Offers support and education for breast cancer survivors. Meets on the fourth Tuesday of the month at the Monter Cancer Center. For more information, call Sandra Caparco at (516) 734-8744.
- **Monter Patient/Caregiver Support Program:** Offers support and education for patients with any cancer diagnosis, and their caregivers. Meets from 5:30pm to 7pm on the fourth Tuesday of the month at the Monter Cancer Center. For more information, call Leora Rezak at (516) 734-8816.
- **Adelphi Breast Cancer Peer to Peer Program:** Matches breast cancer patients with survivors who have had the same type of treatment or who have experienced similar issues. For more information, call Alida Rubenstein, LMSW, at (516) 877-4315.

- **SHARE:** Offers support for women with breast cancer, including a helpline, educational resources, online communities, and support groups in the five boroughs of New York City. For more information, call (844) 275-7427.
- **Sharsheret:** Offers one-on-one support from mental health professionals, genetic counseling, peer support, “busy boxes” for children and education for women and families dealing with breast or ovarian cancer. For more information, call (866) 474-2774.
- **American Cancer Society:** Offers a Reach to Recovery Program that matches people newly diagnosed or living with breast cancer with trained breast cancer survivors who had a similar diagnosis or treatment plan. For more information, call (800) 227-2345.
- **Cancer Care:** Offers a variety of services from professional oncology social workers, providing counseling, support groups, education workshops and financial assistance and information. For more information, call (800) 813-4673.
- **Nancy Marx Strength to Strength Cancer Wellness Program:** Offers specialized exercise activities, informational lectures, educational workshops and counseling and referral services for people with any cancer diagnosis. The program is located at the Sid Jacobson Jewish Community Center. For more information, call Randy Hight, LCSW, at (516) 484-1545, ext. 213.
- **Strength for Life:** Offers an eight-week exercise program for cancer survivors, at various sites on Long Island. For more information, call Debbie Hughes, Certified Cancer Exercise Specialist, at (631) 882-3387.

What to expect during your hospital stay



What to expect during your hospital stay

What to bring

Do not eat or drink anything on the day of your surgery. Make sure to bring your insurance information and government-issued identification, such as a driver's license, with you to the hospital. You'll also want to bring toiletries, such as your toothbrush and toothpaste, deodorant, and cosmetics or shaving products, if desired; some people also find it helpful to have a watch or wind-up clock, and a hand-held mirror to use at bedside. In addition, comfort items can make a big difference, so considering packing reading materials, eyeglasses and a smartphone or music player. In the hospital, a television and telephone service will be available for an additional fee. Remember to bring phone numbers of people you may want to call.

You should also bring a list of all the medicines you take—but leave the medicines themselves at home. Your doctor will order all the medication you need while you are in the hospital. If for some reason you need to bring your own medicine to the hospital, make sure it is in its original container, so that the nursing staff can verify it with the pharmacy department. If your doctor allows the hospital to use it, the nurse will give it to you as ordered.

You'll be given a hospital gown to wear but will have the opportunity to change later, so pack some loose, comfortable clothing. You can also bring a robe—make sure it's no longer than knee-length, to ensure you don't trip on it while walking. You should also bring a separate bag with clothing for your rehabilitation sessions: T-shirts, elastic-waist shorts and pants and sneakers or flat, supportive rubber-soled shoes.

Your surgery

Please come to the surgery admission area at your scheduled time. A staff member will register you and bring you to the surgical unit.

You'll change into a hospital gown and remove any jewelry, dentures, eyeglasses or contact lenses and hearing aids—your clothing and personal items will be labeled and brought to your room. If it's not quite time for your surgery, you'll wait in a dedicated area. Your family is welcome to join you here. Once you've been brought to the operating room, they'll be shown to the surgical waiting room.

In the operating room, you'll be greeted by your surgeon, nurse, anesthesiologist and physician assistant. Your nurse will take your blood pressure, pulse and temperature, and establish an intravenous infusion (IV) line. The operating room is generally kept cold, but you'll be given blankets to keep you warm. You'll be given the anesthesia that the anesthesiologist has determined to be appropriate for your individual situation; this may be general, regional or spinal anesthesia. The anesthesiologist will monitor you closely throughout your surgery.

When your surgery is completed, the surgeon or a member of the surgical team will go to the surgical waiting room to update your family members. If they leave before your surgery is completed, they should provide a contact number for the surgeon to call.

After your surgery (if you have flap reconstruction)

When you leave the operating room, you will be taken to the recovery room (also known as the Post-Anesthesia Care Unit, or PACU). This is where you'll spend the night, with specially trained nurses closely monitoring your progress. You'll be given fluids through your IV line, and special stockings connected to a pneumatic pump will be placed on your legs to reduce the risk of a blood clot (these will be removed when you begin to walk). The morning after your operation, you'll be transferred to a regular room on a floor specializing in breast reconstruction.

Once you're in your room, you'll be allowed to start eating and drinking by mouth, and you'll be assisted in activities that reduce the risk of blood clots. First, the nursing team will help you out of the bed so you can sit in a chair. At this point, your Foley catheter may be removed. This is a thin tube for the drainage of urine; it was inserted into your bladder in the operating room while you were under anesthesia. Once it's removed in a simple, painless process, you will be able to walk to the bathroom.

You will stop getting IV fluids once you are able to drink adequate amounts—water is encouraged, but caffeinated beverages, such as soda and coffee, are also allowed. You'll also be given solid food. It's likely that you'll experience some constipation because of the anesthesia, pain medication and limited activity, but this should resolve once you return to your regular diet and activity level. Drinking plenty of fluids and eating a high-fiber diet can help.

You were given a long-acting nerve block in the operating room, which eliminates the need for a pain pump or narcotic medication. If you're experiencing pain or discomfort, though, your medical team will provide pain medication.

During your surgery, you also had drains placed in your chest and abdomen. These are narrow tubes, about the thickness of a pencil, that go from inside your body to a bulb-shaped collection device and allow the drainage of fluid that is normally produced by the body after surgery. These tubes will be removed in your doctor's office when they stop draining, usually a week or two after surgery.

Patients generally go home from the hospital on the second or third day after surgery. You will be given detailed discharge instructions, including information on how to restrict your activity to ensure that you don't accidentally damage the breast reconstruction as it heals.

After your surgery (if you have implant reconstruction)

When you leave the operating room, you will be transported to the recovery room (also known as the Post-Anesthesia Care Unit, or PACU). You will spend a few hours in the recovery room, and will begin drinking and eating. Special stockings connected to a pneumatic pump will be placed on your legs to reduce the risk of a blood clot (these will be removed when you begin to walk). Once you are fully awake and your blood pressure, temperature, pulse and respiration have returned to normal, you will be moved to a regular room on a floor specializing in breast reconstruction.

What to expect during your hospital stay

Once you're in your room, you'll be assisted in activities that reduce the risk of blood clots. First, the nursing team will help you out of the bed so you can sit in a chair.

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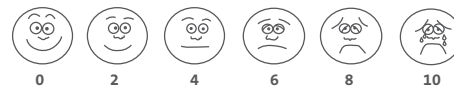
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Patients generally go home from the hospital on the first or second day after surgery. You will be given detailed care instructions before your discharge.

Managing pain and preventing immediate complications

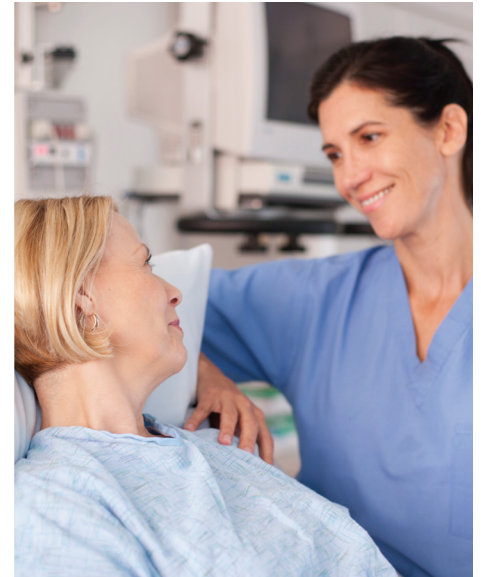
Managing your pain

While you were being prepped for your surgery, your anesthesiologist talked to you about the different ways to relieve your pain during recovery. Now, in order to manage your pain appropriately, your nurse and other healthcare providers will periodically ask you to "rate" your pain on a pain scale, from mild (0 on the scale) through moderate (6) to severe (10). They'll also ask whether it is intermittent (it comes and goes) or constant (continuous). This information will help your clinician provide the right medication to help relieve your pain and keep you comfortable. Pain management is available 24 hours a day, seven days a week. Keep in mind that pain medicines are not habit-forming when taken for a short period of time.



Wong-Baker FACES pain chart

Your pain will get better each day as you heal, and your care team will adjust the strength and timing of medication to help you recover quickly. When you are switched to oral pain medication (medicine you swallow or drink), be sure to ask your nurse to give you a dose before physical therapy. This will help you participate fully and get the full benefit from your physical therapy program.



There are also non-medical ways you can manage pain after your surgery.

Used along with your pain medicine, deep breathing exercises may help reduce your pain:

1. Picture yourself in a calming and relaxing place.
2. Take a slow, deep breath.
3. As you breathe out slowly, feel the tension leaving your body.
4. Continue breathing slowly and regularly, at whatever rate is comfortable for you.
5. End with a slow, deep breath.
6. As you exhale, say to yourself "I feel alert and relaxed."

Avoiding blood clots and deep vein thrombosis (DVT)

After surgery, you're at increased risk for blood clots, partly because you're not moving around. It's particularly dangerous if you develop a blood clot in one of your body's deep veins. This is called deep vein thrombosis (DVT), and most commonly occurs in one of the deep veins of the legs. DVT can be very serious because a piece of the clot can break loose and travel to your lungs, blocking the blood flow there. This is called a pulmonary embolism and can be life-threatening.

The special stockings you're given in the recovery room immediately after surgery help decrease the risk of a DVT. These stockings have inflatable compression sleeves that are attached to a pump and fill with air and then deflate to massage your calf or lower leg. This helps increase blood flow to prevent clots from forming.

Walking as soon as possible after surgery is also one of the most important ways to prevent DVT.

You also may be given a blood thinner to reduce the risk of forming clots. Blood thinners include:

- Lovenox®
- Arixtra®
- Aspirin
- Xarelto®
- Coumadin®

Your doctor will decide which one is best for you.

Warning signs of blood clots in your leg:

- Increasing pain
- Tenderness
- Swelling or redness in your thigh, calf or ankle
- Calf pain while performing ankle-pump exercises (pointing and flexing your feet)
- Swelling that does not go down when your leg is elevated (especially overnight)

Warning signs that a blood clot has traveled to your lungs:

- Sudden shortness of breath or a sudden increase in shortness of breath
- Difficulty breathing or rapid breathing
- Sudden onset of chest pain
- Sweating
- Localized chest pain with coughing
- Confusion
- Unexplained fever

Call your nurse right away if you develop any of these signs.

Preventing pneumonia

You're at greater risk of pneumonia after surgery, because staying in bed allows fluid to build up in your lungs.

To help prevent pneumonia, you will be given a device called an incentive spirometer, which helps you take the kind of slow, deep breaths that keep your lungs well-inflated. Your nurse will show you how to use it and will likely instruct you to use it 10 times an hour. Do not do the breathing exercises too quickly, because you may get dizzy or lightheaded. If this occurs, take a break from the exercises and rest.

To use your incentive spirometer:

1. Take a deep breath.
2. Place lips tightly around the mouthpiece.
3. Inhale slowly to raise the white piston (the tube) in the chamber.
4. Continue inhaling to raise the piston to the prescribed level.
5. When the level is reached, hold your breath for three to five seconds.
6. Remove mouthpiece and exhale.

Discharge and instructions after surgery



Discharge and instructions after surgery

Leaving the hospital after surgery with flap reconstruction

If you have had flap reconstruction, you will receive discharge Instructions on a number of topics.

Caring for your breast

You have just undergone a breast reconstruction using a flap of tissue from your abdomen. Your breast will likely have bruising, and possibly some blistering on the skin; this is to be expected. You will have a small patch of skin on your breast that is a different color than the surrounding skin. This “paddle” of skin comes from the abdomen and is an indicator of how the flap is doing. You should check this skin paddle every day. The skin should remain the same color. If it changes—turning blue or purple or becoming paler, for instance—please call our office immediately at (516) 224-2350.

Caring for your abdomen

Your incision and belly button are covered in a special, medical-grade sealant. This will be removed by a member of your care team at one of your follow-up appointments, two to three weeks after surgery.

Caring for your incisions

No special care for your incisions is required. There’s no need to apply ointments, lotions or dressings. Do not massage the incisions until we give you the go-ahead during a follow-up appointment. This will likely be six weeks after surgery.

Drains

You will have drains in your breast and abdomen. It is important to empty the drains twice daily and make a note of the amount of fluid that has collected. Please

bring these records to your appointment after surgery. Depending on the amount of drainage, your care team will remove the drains one to three weeks after surgery.

Sleep

Sleep on your back for the first two weeks after surgery.

Hygiene

After you are discharged from the hospital, you may take sponge baths. Pat yourself to dry—do not rub. You can begin taking showers once your drains are removed. Do not take a bath or submerge yourself in water until your doctor says it's safe to do so. You will have special adhesive glue or tape over your incisions—do not take this off.

Pain medication

A prescription for pain medication will be sent to your pharmacy. Take this medication as prescribed for moderate to severe pain. For less severe pain, you may take over-the-counter acetaminophen (Tylenol). However, be aware that you may also be getting acetaminophen from your prescription pain medication—for example, a dose of Percocet contains 325 milligrams of Tylenol, along with the narcotic oxycodone. To reduce the risk of serious side effects, you should not take more than 4,000 milligrams of acetaminophen from all sources in a 24-hour period.

Narcotic pain medication can be constipating, so drink plenty of water and non-caffeinated beverages to help with regular bowel movements. It is important not to strain to have a bowel movement, because doing so can put a strain on your incisions and delay surgical site healing. Talk to your doctor if you experience significant constipation.

Do not drive while taking narcotic pain medication.

Activity

After your discharge, you should rest at home for a few days. During this time and for the following few weeks, walking is encouraged; you should gradually increase the amount. When you're sitting, use a comfortable chair rather than sitting in bed.

In the first few days after surgery, you will notice that you stand slightly hunched over at the waist. This is a natural response and helps decrease the tension on your abdominal incision. As you heal, your posture will gradually become more erect.

Avoid strenuous activity for six weeks after surgery. Do not raise your arms above your head or lift more than five to 10 pounds.

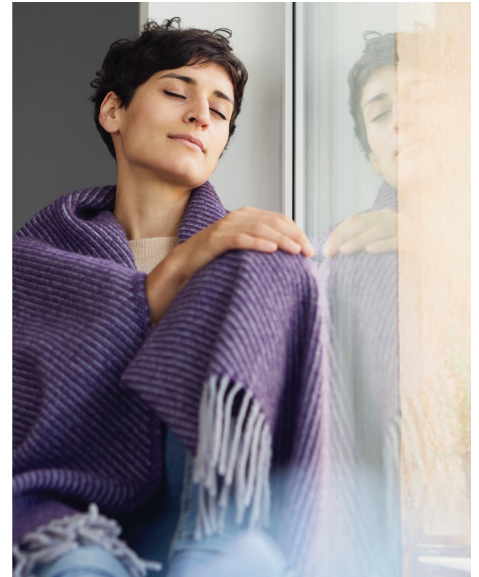
Exactly when you can return to work depends on the physical demands of your job. Many patients are able to return to work after six to eight weeks, in some cases with accommodations like light duty or a shortened schedule.

When to call our office

You should call us any time you have questions or concerns. A doctor is available to answer your questions 24 hours a day.

In addition, please notify us immediately at **(516) 224-2350** if:

1. You have increased swelling, pain or color change in the breast.
2. One breast suddenly becomes significantly larger than the other breast.
3. You have a sudden increase in swelling of the abdomen.
4. You notice redness around the incisions.
5. You have a fever greater than 101° F.
6. You experience a sudden increase in pain.
7. You develop drainage or a foul odor, or notice redness that is spreading on your breasts or abdomen.



Physical therapy

After breast surgery, some people find that scar tissue and tight muscles can restrict motion and prevent normal function of the arm. Physical therapists are specially trained to help restore mobility, flexibility and range of motion. If you experience any functional limitations or impairments, talk to your surgeon about a prescription for physical therapy.

Check with your surgeon before you start an exercise program. You must have clearance from your surgeon before starting any stretching or strengthening exercises after surgery.

Shoulder range-of-motion exercises and stretches

After breast surgery, pain and stiffness may affect the mobility of your arm and shoulder. Range-of-motion exercises can help you get stronger and more flexible so you can do the everyday things you want to do, from brushing your hair to getting dishes down from a shelf.

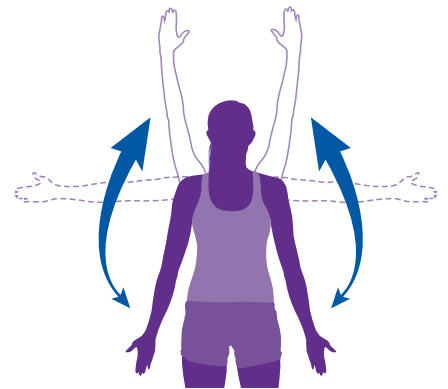
Snow Angels

Lie on your bed or a mat on the floor.

Allow your arms to lie at your sides, with palms up and elbows straight, as shown.

Sweep your arms outward until they're extended overhead, as if you're making a snow angel. Then sweep them back down to your sides, and repeat.

Perform two sets of 12 repetitions twice a day.



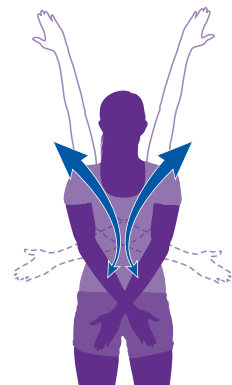
Supine Arms Overhead

Lie on your back with knees bent and arms crossed at the wrist, so your hands rest on opposite thighs.

Raise your arms, allowing them to uncross as they sweep in front of you and fully extend over your head. As you extend your arms, focus on sliding your shoulder blades down.

Return your arms to their starting position.

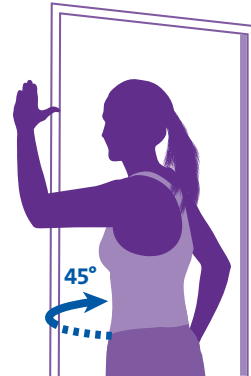
Perform two sets of 10 repetitions twice a day.



Doorway Stretch

Stand next to a doorway, with your hand placed slightly above shoulder height on the inside of the doorway. Looking straight ahead, take a small step forward with one foot and rotate your body away from your arm until you feel a gentle stretch in your shoulder and chest. Hold the stretch for 30 seconds.

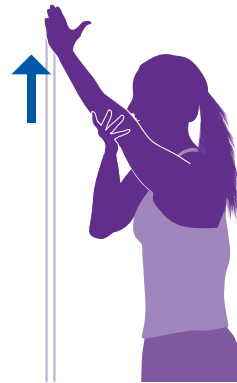
Perform three repetitions, three times a day.



Wall Shoulder Flexion

Face the wall and, with arm fully extended, place the side of your hand against the wall as if delivering a karate chop. Use your other hand to support your raised arm, if needed. Step closer to the wall, allowing your hand to gently slide up the wall until you feel a gentle stretch in your shoulder. Hold for 10 seconds and return to starting position.

Perform two sets of five repetitions twice daily.



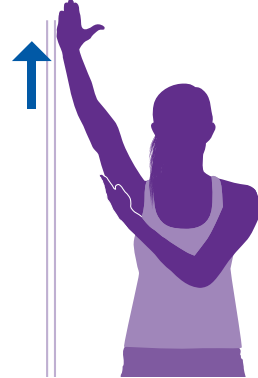
Notes

Wall Shoulder Abduction

Standing with the wall on your involved side, place your arm on the wall, keeping elbow straight as in the picture. Use your other hand to support your raised arm, if needed.

Take a small step sideways, closer to the wall, allowing your hand to gently slide up the wall until you feel a stretch. Hold for 10 seconds and return to starting position.

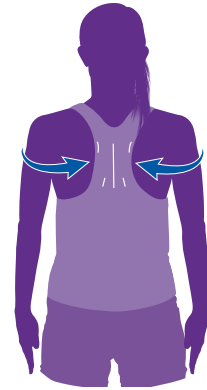
Perform two sets of five repetitions twice daily.



Shoulder Blade Squeeze

Sit or stand comfortably with your arms at your sides and elbows bent. Bring your elbows back and behind you, gently squeezing your shoulder blades together. Do not raise your shoulders as you bring your elbows back. Hold for three seconds.

Perform two sets of 15 repetitions twice daily.



Notes

Breathing exercises

After breast surgery, breathing exercises can help keep the lungs expanded and clear of mucus. If you began to practice these exercises before your surgery, continue them now.

Deep breathing

Deep breathing helps keep your lungs clear, reducing the risk of pneumonia. Inhale slowly and deeply through your nose, expanding your rib cage. Hold for a count of three, or three seconds.

Exhale slowly through your mouth. Repeat five times.

Breathe and cough

Coughing is your body's natural method of clearing mucus from the lungs. Support the incision as you cough to prevent excess stress as you heal.

Lie on your back with your knees slightly bent. Place your hands on your incision, applying a gentle pressure. If you prefer, hold a pillow firmly against the incision.

Take a deep breath and cough sharply. If you cough up mucus, deposit it into tissue.

Rest and repeat. Perform two repetitions.



Understanding lymphedema



Understanding lymphedema

What is lymphedema?

Lymphedema is an abnormal swelling that occurs in an area of the body because of a blockage in the lymph system—a circulatory system that isn't as well-known as the one that carries blood through the body but which plays an important role in health. The lymphatic system carries infection-fighting white blood cells, helps clean up blood plasma that's leaked out of blood vessels, and performs a number of other critical tasks. Breast surgery and other breast cancer treatment (especially radiation) can disrupt the normal flow of lymph, potentially causing swelling in an arm or other body part that can be severe enough to cause pain and limit movement.

Signs and symptoms of lymphedema

- Swelling in your arms, legs, shoulders, hands, fingers or chest
- Skin that feels tighter, harder or thicker than normal in the affected area
- Aching or a feeling of heaviness in your arm or leg
- Weakness in your arm or leg
- Inability to move certain joints, such as your wrist or ankle, as freely as usual
- Joint pain
- “Pitting” in the tissues of your limb (when you press a finger on your skin and then remove the pressure, the indentation takes longer than normal to fill)
- The feeling that clothing, rings, bracelets or shoes are tighter than usual
- Repeated infections in your arm or leg
- Difficulty doing your daily activities

Reducing the risk

The National Lymphedema Foundation suggests a number of moves that can be helpful if you're at risk of lymphedema after breast cancer treatment.

Skin care

- Apply moisturizer daily to prevent chapping or chafing of skin.
- During nail care, do not cut cuticles.
- Protect exposed skin with sunscreen and insect repellent.
- Use care with razors to avoid nicks and skin irritation.
- When possible, avoid punctures such as injections and blood draws.

Lifestyle

- When starting an exercise program or activity, gradually build up duration and intensity.
- Monitor your at-risk extremity during and after activity for any change in size, shape, tissue, texture, soreness, heaviness or firmness.
- Maintain a healthy weight. Obesity is known to be a major lymphedema risk factor.
- If possible, avoid having blood pressure taken on the at-risk extremity. Especially avoid repetitive pumping.
- Avoid jewelry and clothing that binds or constricts your body.
- Be cautious about using hot tubs or saunas. Limit your time to 15 minutes, and get out sooner if you observe any swelling.
- Avoid exposure to extreme cold.

Lymphedema treatment

There is no cure for lymphedema, but treatment can help reduce swelling and pain.

Complete decongestive therapy (also called combined, complex or comprehensive decongestive therapy) is an intensive program that combines many treatments for lymphedema in order to first reduce the size of the affected body part and improve the skin, and then to maintain those gains.

Complete decongestive therapy (CDT) includes:

- Manual lymph drainage, a highly specialized, extremely gentle form of massage
- Use of multi-layer, short-stretch compression bandaging
- Exercises that support and promote lymphatic health
- Skin care
- Education in lymphedema self-management, including the use of elastic compression garments

Rehabilitation and outpatient services



Rehabilitation and outpatient services

If your care team finds that you need rehabilitation following your surgery, Northwell Health Rehabilitation Network offers results-oriented, comprehensive rehabilitation services. The rehabilitation team works with each patient to design a treatment program and set goals that are realistic, attainable and appropriate.

The rehabilitation team includes physiatrists or physical medicine and rehabilitation physicians, physical therapists, occupational therapists and speech-language pathologists, and offers:

- Musculoskeletal interventions
- General conditioning and strengthening programs
- Functional and activities of daily living retraining programs
- Lymphedema therapy

Northwell Health Rehabilitation Network has outpatient therapy locations throughout Nassau, Suffolk, Queens and Westchester counties and in Manhattan.

For more information or to find a location near you, please contact the Northwell Health Rehabilitation Network program concierge team at **(833) 480-0538** or **CancerRehab@northwell.edu**.

