



PATIENT INFORMATION

**Champlain Regional
Cancer Program**

**Breast Cancer Surgery
TOH Edition**

*Please be sure to read this booklet before your
Pre-Admission Unit visit prior to your surgery.*

THE OTTAWA HOSPITAL

Disclaimer

This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified health-care provider. Please consult your health-care provider who will be able to determine the appropriateness of the information for your specific situation.

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Introduction

Welcome to The Ottawa Hospital. This booklet will provide you with information about your care related to your breast cancer surgery. The health-care team has put together a Clinical Pathway to plan your care. A Clinical Pathway outlines the care you require from admission to your postoperative recovery. This includes tests, treatments, activities and teaching.

Please be sure to read this booklet before your Pre-Admission Unit visit prior to your surgery.

Exercise Illustrations and text reproduced with permission from The Canadian Cancer Society's "Exercises after Breast Surgery: A Guide for Women" pamphlet 2006.



Preparing For Surgery

Pre-Operative Education Session

Everyone scheduled for breast cancer surgery is encouraged to attend an education session about caring for themselves after their surgery. You will have the opportunity to ask questions and obtain information about:

- Post-operative care (dressing and drain care as well as pain and nausea management)
- Post-operative activity (general activity and arm exercises)
- Emotional well being
- Community resources

You will be provided with a list of when and where the sessions are offered at the visit with your surgeon. Similar information is included in this booklet for those who may not be able to attend.

Pre-Admission Unit (PAU) Visit

Please bring the following with you to the Pre-Admission Unit visit:

- Provincial health card and any information about health insurance coverage.
- **ALL** medications and inhalers in their actual medication containers. Please bring all medication (prescription, over the counter, herbal, vitamins, etc.).
- If you are taking any **blood thinners** or **Aspirin**—be sure that your surgeon knows and that you tell the PAU nurse.
- Glasses and hearing aid (if required).
- Your substitute decision maker if you are not signing your own consent or Power of Attorney for personal care.
- If you need an interpreter, notify PAU or arrange for a family member or friend to attend with you.

Your surgeon's office will contact you with an appointment for a PAU visit usually 3 to 6 weeks prior to surgery.

The purpose of the PAU visit is to review your health history and to explain any preparations needed for your upcoming surgery. The PAU is located at either the Civic Campus or General Campus.

If you have not heard about your PAU visit or surgery date, call your Surgeon's office.

- Dr. Angel Arnaout613-798-5555, ext. 79071
- Dr. Chadwick. 613-761-4068
- Dr. Lorimer 613-737-8428
- Dr. Pitt.613-737-8899, ext. 79622
- Dr. Watters. 613-761-4780
- Dr. Tadros 613-739-7165

After your surgeon and PAU visits, you will know:

- The type of surgery you will have.
- If you are having a wire-localization, you will have the wire inserted by the radiologist a few hours before surgery.
 - If yes, you may be given a time and date or we may call you before the surgery with the details.
- If you are having a Sentinel Lymph Node Biopsy (SLNB), you will get an injection of tracers before your surgery.
 - If yes, you may be given a time and date or we may call you before the surgery with the details.
- What medications you should take on the morning of the surgery and those you should stop prior to surgery.
- Dressing and wound care, symptom management (pain and nausea).
- Whether you will have a drain in place after surgery. (Sometimes the surgeon decides during surgery that a drain is necessary.) If we know you will have a drain we will teach you how to care for it.
- Whether you will have a nurse visit in your home the day after surgery.
- The exercises you should do after surgery.
- Some of the community resources available.
- If you have received a prescription from your surgeon prior to your surgery, **fill out your prescription before your surgery.**
- **Ensure you have extra strength Acetaminophen available at home, in case you need them.**

- If you are a smoker, please try to cut back or stop smoking to reduce your operative risk and improve your post operative healing.
- **You will be called the day before your surgery to confirm the time of your surgery and the time you should come into hospital.**
- Where to go the day of surgery.
- Average time for surgery is one and a half to two hours.
- The surgery is often “day surgery” and you can expect to go home approximately four to six hours after surgery.

- You must arrange for someone to drive you home from the hospital after your surgery. **This person must provide a phone number for staff to call when ready to discharge. The call will be made about 30 to 60 minutes prior to discharge time. It is important for this person to arrive on time for discharge.**

- You have to arrange for a responsible adult to stay with you for the first 24 hours after discharge. If you live more than 100 km from the hospital, you should make arrangements to remain in Ottawa overnight (after surgery).



On the Day of Surgery

Please refer to the Surgical Day Care Unit patient information guide given to you at your PAU visit for information.



Caring For Yourself After Surgery

General Instructions After Surgery

- Eat a light meal for your first meal after your surgery.
- Please cut back on your smoking after surgery as this affects your ability to heal.
- Deep breathing exercises should be done for the first day every hour while awake. Take a deep breath in through your nose and blow out through your mouth. Repeat three times.

- Do not drink alcohol for 24 hours following your surgery. Alcohol can influence the effect of drugs you have been given.
- Wear loose clothing that is easy to get in and out of such as tops with button up or zipper front closures.
- Women who have had a lumpectomy should wear a supportive sports type bra (no under wire) with light gauze against the incision when the original dressing is removed.
- Women who have had a mastectomy may find a cotton camisole comfortable after the larger dressing has been removed.
- For information concerning mastectomy products, refer to the Personal Breast Cancer Information Guide.

Medications

- Everyone experiences a different level of pain after surgery. Medication is ordered for pain and nausea. Take your medication as required. If the pain or nausea is not controlled, notify your doctor or nurse.
- You can switch to Acetaminophen Extra Strength in a day or two if your pain is minimal or if you find the pain medication too strong.
- Some pain medication can cause constipation. Use a stool softener such as Docusate Sodium if needed. If Docusate Sodium is not effective, take a laxative such as Senekot. (Docusate Sodium and Senekot can be purchased at the drugstore). Be sure to drink plenty of clear fluids and eat high fibre foods.

Wound Care

From your surgery to day five

- Your post-op dressing may be left in place until day five or as ordered by your surgeon.
- If there is some drainage, the dressing can be reinforced with a gauze dressing. If necessary, the nurse may have to change this dressing if it becomes very soiled.
- Do not get your dressing wet; take a sponge bath at the sink or take a shallow bath.
- A tensor bandage may be applied after surgery to provide comfort and support.

From day five on

- Your dressing and any drain(s) may be removed by your nurse on day five or as ordered by your surgeon. When the drain is removed you may feel a pulling sensation with little pain for a few seconds. A small bandage will be placed over the drain site.
- A small gauze dressing can be kept over your incision(s) and you may change the dressing if needed—keep your dressing dry and clean.

- Some drainage of fluid from the incision(s) may occur for five to ten days following surgery. This fluid may be somewhat red in colour but contains little blood and that is normal. You may also notice some drainage from the site of the drain especially after it is removed. After removal of the drain, the site should close within three to four days.
- You may shower or take a bath once the original dressing and drain are removed. Use a mild soap and clear water to wash gently over your incision; do not use any other cleanser or ointment on your incision unless otherwise advised by your surgeon.
- You may remove any steri-strips (white paper tapes) along the incision after day 10.
- Please note, you may have a blue-green tinge to your skin if dye was injected during the sentinel lymph node biopsy procedure. This can last for several months.

Jackson-Pratt (JP) Drain Care

Your doctor may use a surgical drain called a Jackson-Pratt drain. The drain may remove fluid that collects at the surgical site. The drain may remain in for five days or as ordered by your surgeon. A nurse will show you how to take care of the drain.

- Your drain is kept in place with a stitch and will not fall out easily.
- Use a safety pin to secure your drain to your clothing at waist level.
- Normally over time, the drainage will change colour from red to pink and then to yellow. There should be minimal odour.
- The amount of drainage may vary but usually the fluid will decrease with time.
- Empty the drainage system twice a day and when needed.
- If there is leakage at the drain site, apply a gauze dressing on top of your dressing.

To Empty the Jackson-Pratt Drain:

- Wash hands with soap and water.
- Remove the plug and empty drainage fluid; try not to touch tip of drain plug or spout.
- To re-establish suction, squeeze the drain on both sides until the drain appears to be flat.
- While maintaining pressure, replace the plug. Slowly release your grip to re-establish suction. The drain should remain somewhat flat—not fully inflated.
- Wash hands with soap and water.

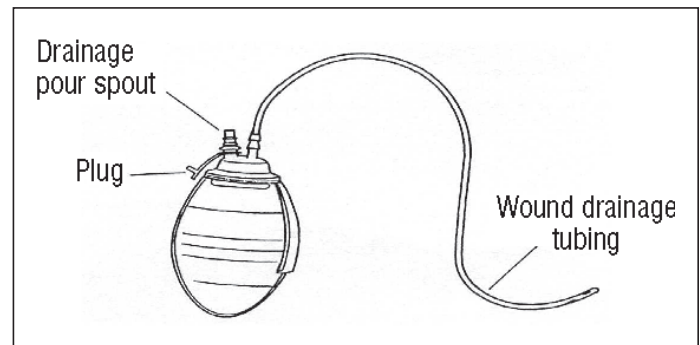
Home Nursing Care

If your doctor ordered nursing care for you after your surgery you will receive a visit from a community nurse in your home the day after surgery.

The community nurse may:

- Help you manage pain or nausea,
- Check your dressing and drain, if one was inserted at the time of surgery,
- Discuss with you the process for drain removal,
- Review general activities and arm exercises,
- Answer any questions you may have about your care,
- Provide emotional support.

Figure 1: Jackson-Pratt Drain



Sensations

After your surgery you may feel numbness, tingling, burning, sense of tightness or weakness. These sensations may disappear within six months to one year after surgery. Sensations may be diminished near the operated area and the inner part of your upper arm since nerves were affected during the surgery. **If you have reduced sensation under your arm, you should only use an electric razor to shave your underarms.**

Seroma

- A seroma is a collection of fluid under the skin after surgery.
- A seroma is very common and treatable and does not influence cosmetic results.
- It can occur whether you have had a drain in place or not.
- Tensor bandages can provide comfort.
- Your body will eventually reabsorb this fluid. If there is a large amount of fluid, it may need to be drained. If necessary, the seroma can be drained in the clinic by your surgeon. You do not need to go to the Emergency Department unless you have signs of infection (see *When to call your doctor or nurse*).

When to call your doctor or nurse

Please call your doctor or nurse if you develop any of the following:

- Fever (temperature greater than 38° C or 100.4° F), may have chills.
- Increased redness, swelling, tenderness of your wound and/or foul smelling drainage from your wound or drain.
- **After hours see your family doctor or go to the Emergency Department.**

Activity

To Do

- Use your affected arm as normally as possible within the limits of pain.
- Use your arm for light activities, i.e. bathing, washing hair, eating.
- Pace yourself and balance activities with periods of rest.
- Walk—if you have pain in your arm while walking, use the pocket of a jacket to support your arm.
- Maintain good posture.
- Elevate and support your arm on several pillows when sitting or lying.

Avoid

- Getting out of bed using the arm and side of your surgery.
- Lifting greater than 1 kg (2.5 lbs) for two weeks after your surgery.
- Lifting greater than 4 kg (10 lbs) for a further four weeks.
- Driving if you are taking pain medication with narcotics (such as Hydromorphone, Percocet, Tylenol #3).
- Driving if you have limited movement of your arm or if you have a drain.
- Strenuous exercise until the wound has healed (about four weeks).
- Sudden movements until the drain is removed and the incision is healed.

Note: Most patients have full return of shoulder movement within three months of surgery.

Follow-up Appointment

You will need to book a follow-up appointment with your surgeon within a few weeks of your surgery or as instructed by your surgeon. The surgeon will assess how your wound is healing. Your final pathology results will be discussed and a referral to The Ottawa Hospital Cancer Centre will be made.

For follow-up appointment, please call:

- Dr. Angel Arnaout613-798-5555, ext. 79071
- Dr. Lorimer 613-737-8428
- Dr. Pitt.613-737-8899, ext. 79622
- Dr. Chadwick. 613-761-4400, option 3
- Dr. Watters.613-761-4400, option 3
- Dr. Tadros 613-739-7165



Exercises

Exercise Program

This section describes exercises that will increase the movement and strength of your arm on the side of your breast cancer surgery. This program has been designed by physiotherapists.

Exercise Illustrations and text reproduced with permission from The Canadian Cancer Society's "Exercises after Breast Surgery: A Guide for Women" pamphlet 2006.

The following section will guide you through your exercises. (You can also refer to the Canadian Cancer Society website: www.cancer.ca, under publications **Exercises after Breast Surgery: A Guide for Women**.)

Introduction

Exercise is an important part of your treatment and recovery after surgery for breast cancer. It can help you:

- begin your daily activities again (such as bathing and dressing)
- maintain movement in your arm and shoulder
- improve muscle tone
- decrease joint stiffness
- reduce pain in the neck and back area
- improve your overall well-being

Everyone is different and heals at their own pace. The time lines suggested are only to guide you. Some exercises can be started right after surgery. Exercises that involve moving your shoulders and arms can usually be started once you've had your drain removed. Strengthening and general conditioning exercises can be added to your routine when you've healed more.

These general guidelines can help you develop a successful exercise routine:

- Take your pain medication 30 minutes prior to exercising if needed.
- Wear comfortable, loose clothing.
- Exercise after a warm shower when your muscles are warm and relaxed.
- Breathe deeply and often as you do each exercise.
- Do the exercises until you feel a gentle stretch, not pain.
- Do not bounce or make any jerky moves while stretching.
- Contact your doctor if you have any unexplained swelling or pain.
- Don't over-exercise. Exercises and daily activities should not be painful. Increased pain, discomfort and swelling may be signs that you are doing too much.

A. Right After Surgery

These gentle exercises should be done the first week after surgery or while the drain is still in place. It's normal to feel the skin and tissue pull and stretch a bit with these exercises, but take care not to make any sudden movements until the incision has healed and the drain has been removed. Repeat these exercises three to four times a day.

If you feel soreness, numbness or tingling

You may feel sore, numb or a tingling or burning feeling on the back of your arm or your chest wall if surgery has irritated some of your nerve endings. These feelings may increase a few weeks after surgery. Keep doing the exercises unless you notice an increase in swelling or tenderness. If this happens, tell your doctor. Sometimes a gentle rubbing or stroking of the area with your hand or with a soft cloth can help make it better. Also, the use of pain medication can help.

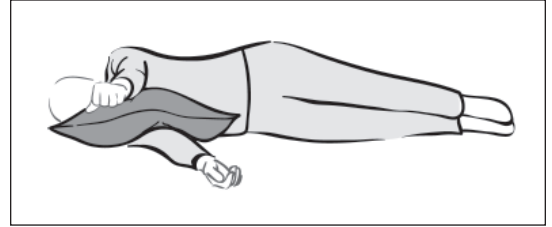
Help to reduce swelling after surgery

At the end of the day, or during the day when you have some time, consider propping your arm up to help decrease the swelling after surgery.

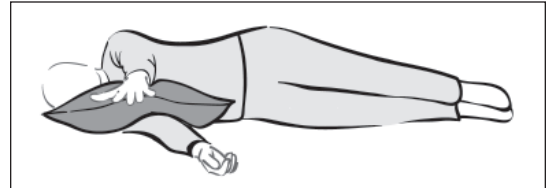
Pump it Up

This exercise helps reduce swelling after surgery by using your muscles as a pump to improve the circulation in your affected arm (on the same side as your surgery).

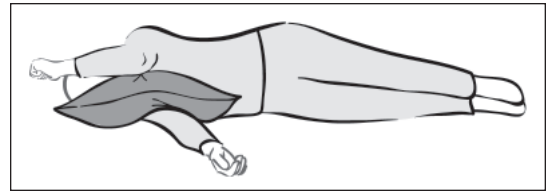
1. Try lying on your unaffected side with your affected arm straight out, above the level of your heart (use pillows if you need to). Or sit in a chair with good back support with your arm supported by pillows.



2. Slowly open and close your hand. Repeat 15 to 25 times.



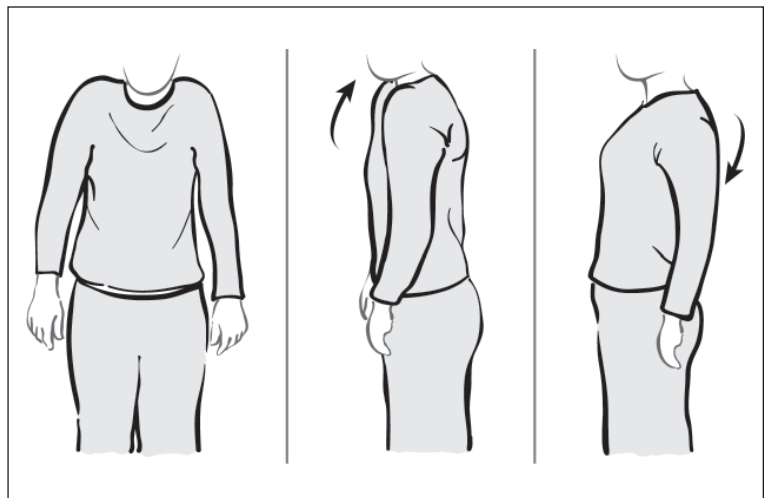
3. Then slowly bend and straighten your elbow. Repeat 15 to 25 times.



Shoulder Shrugs and Circles

This exercise can be done sitting or standing.

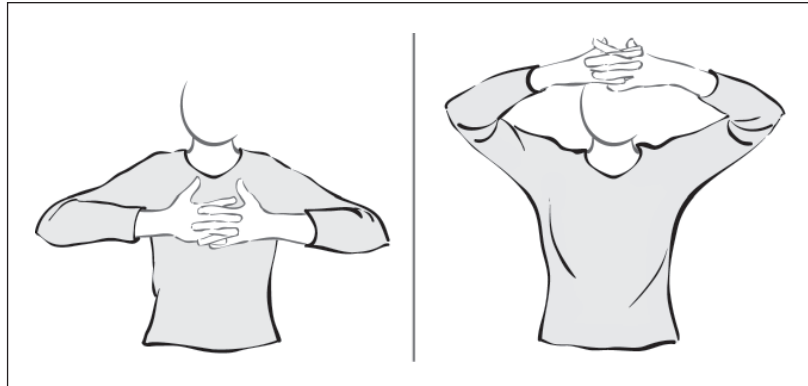
1. Lift both shoulders up towards your ears. Hold for five to ten seconds and then slowly drop them down and relax. Repeat five to ten times.
2. Gently rotate both shoulders forward and up, and then slowly back and down, making a circle. Switch and repeat in the opposite direction.
3. Repeat five to ten times each direction.



Arm Lifts

This exercise can be done sitting or standing.

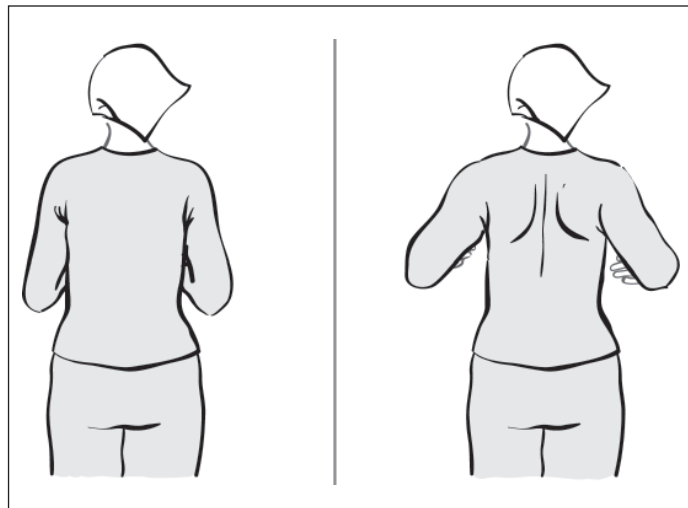
1. Clasp your hands together in front of your chest. Extend your elbows out.
2. Slowly lift your arms upwards until a gentle stretch is felt.
3. Hold for one to two seconds and then slowly return to the start position.
4. Repeat five to ten times.



Shoulder Blade Squeeze

This exercise helps improve movement in your shoulder and your posture.

1. Sit in a chair facing straight ahead without resting your back on the chair, or stand up. Your arms should be at your side with your elbows bent.
2. Gently squeeze your shoulder blades together. Keep your shoulders level and take care not to lift up or shrug your shoulders.
3. Hold for five to ten seconds. Relax and return to the start position.
4. Repeat five to ten times.



Deep Breathing

Deep breathing will help with relaxation and to remind you to fill your lungs completely.

1. Try lying on your back and take a slow, deep breath. Breathe in as much air as you can while trying to expand your chest and stomach like a balloon.
2. Relax and breathe out slowly and completely.
3. Repeat four or five times.

B. First Stage of Healing (after five days or after drain is removed)

Once your drain has been removed, it is important to start working on getting back the full use of your shoulder. Begin with these easy exercises and then move on to the more advanced exercises once you feel stronger. By the end of this stage, you should have full movement of your affected arm and shoulder.

Talk to your doctor or another member of your healthcare team before beginning any of these exercises.

Avoid heavy lifting

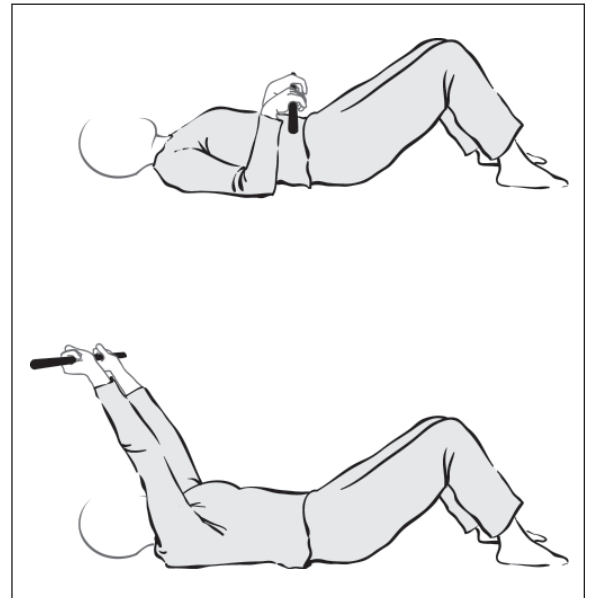
During this stage of healing, don't lift anything heavier than about 5 kg (10 lbs).

Wand Exercise (Three Positions)

This exercise helps improve the forward movement of your shoulder. You will need a “wand” to do this exercise—try a broom handle, stick or a cane. You should not feel any pain or pinching during these exercises. If you do, stop the movement before the point of pain or pinching.

Position One

1. Lie on your back with your knees bent. Hold your wand with both hands (your palms should be facing down) and your hands should be shoulder-width apart.
2. Lift the wand over your head as far as you can go until you feel a stretch. Your unaffected arm will help lift the wand.
3. Hold for one to two seconds. Lower arms.
4. Repeat five to ten times.



Position Two

Repeat with palms still facing down but slightly wider than your hips or shoulders.

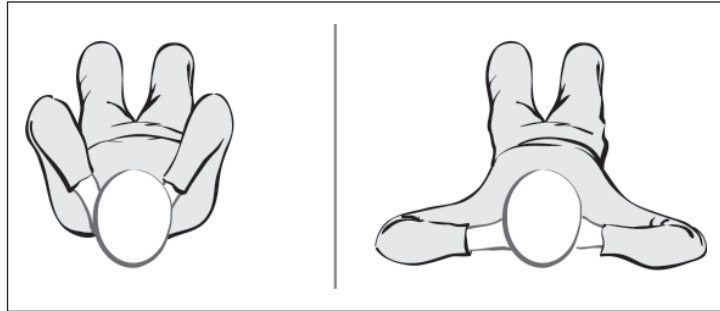
Position Three

Repeat with palms facing up (undergrip) and hands hip-distance apart.

Winging It

This exercise helps improve movement in the front of your chest and shoulder. It may take several weeks of regular exercise before your elbows get close to the floor. If you feel pain or pinching in your shoulder, place a small pillow behind your head, above your affected shoulder.

1. Lie on your back with your knees bent. Clasp your hands behind your neck with your elbows pointed up to the ceiling. If you are unable to comfortably place your hands behind your neck, place your fingers on your forehead with your palms facing up.

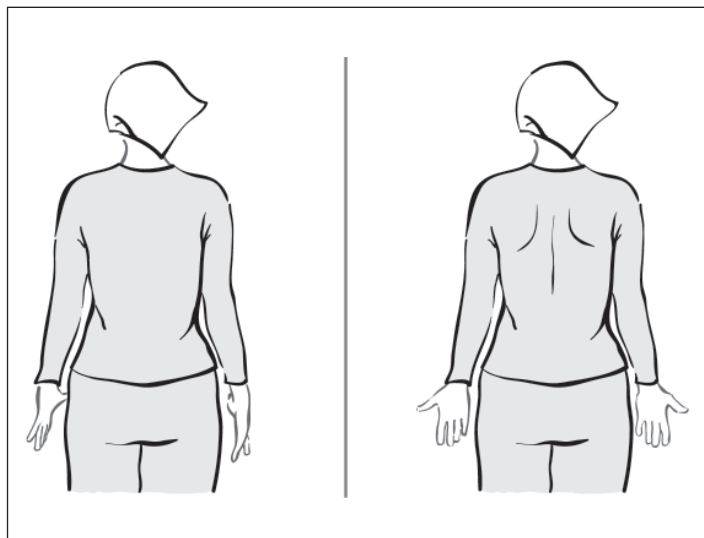


2. Move your elbows apart and down to the bed (or floor). Hold for one to two seconds.
3. Repeat five to ten times.

Posture

This exercise helps improve movement in your shoulder and your posture. You may find it easier to check your movements by sitting in front of a mirror.

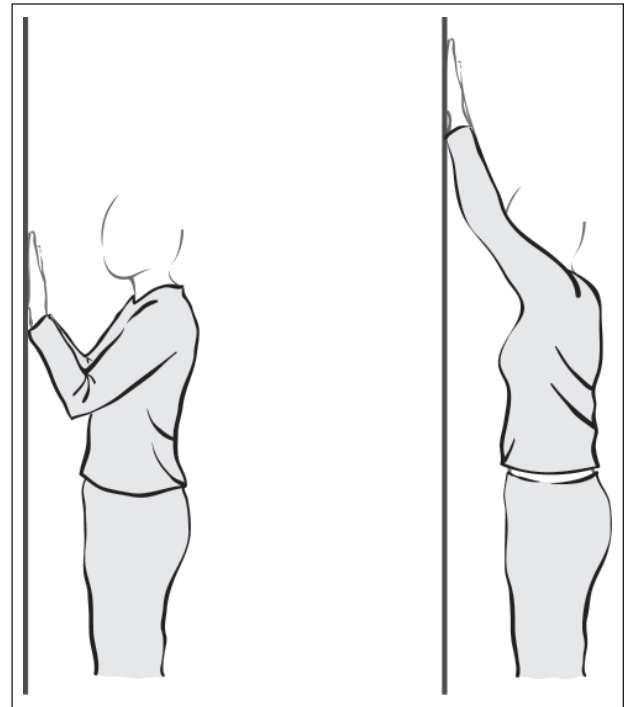
1. Sit in a chair facing straight ahead without resting your back on the chair, or stand up. Your arms should be at your side with your elbows straight and your palms facing your sides.
2. Gently squeeze your shoulder blades together, and rotate your thumbs so your palms face forward.
3. Hold for five to ten seconds. Relax and return to the start position.
4. Repeat five to ten times.



Wall Climbing

This exercise helps increase movement in your shoulder. Try to reach a little higher up on the wall each day.

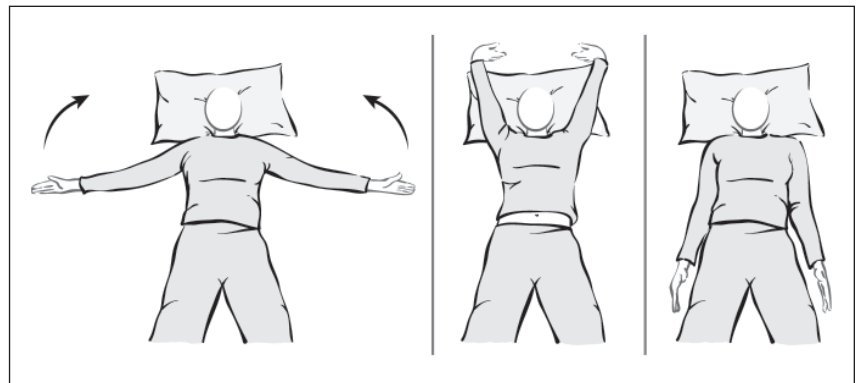
1. Stand facing the wall, about 5 cm (two inches) away. Place both your hands on the wall at shoulder level.
2. Use your fingers to climb up or slide as high as you can go until you feel a stretch. It may help you relax if you rest your forehead on the wall.
3. Return to start position.
4. Repeat five to ten times.



Snow Angels

This exercise can be done lying down on the floor or on a bed.

1. Lie on your back and extend your arms out at your sides.
2. Move them up to your head and down to your thighs, and repeat (as if you're making an angel in the snow).

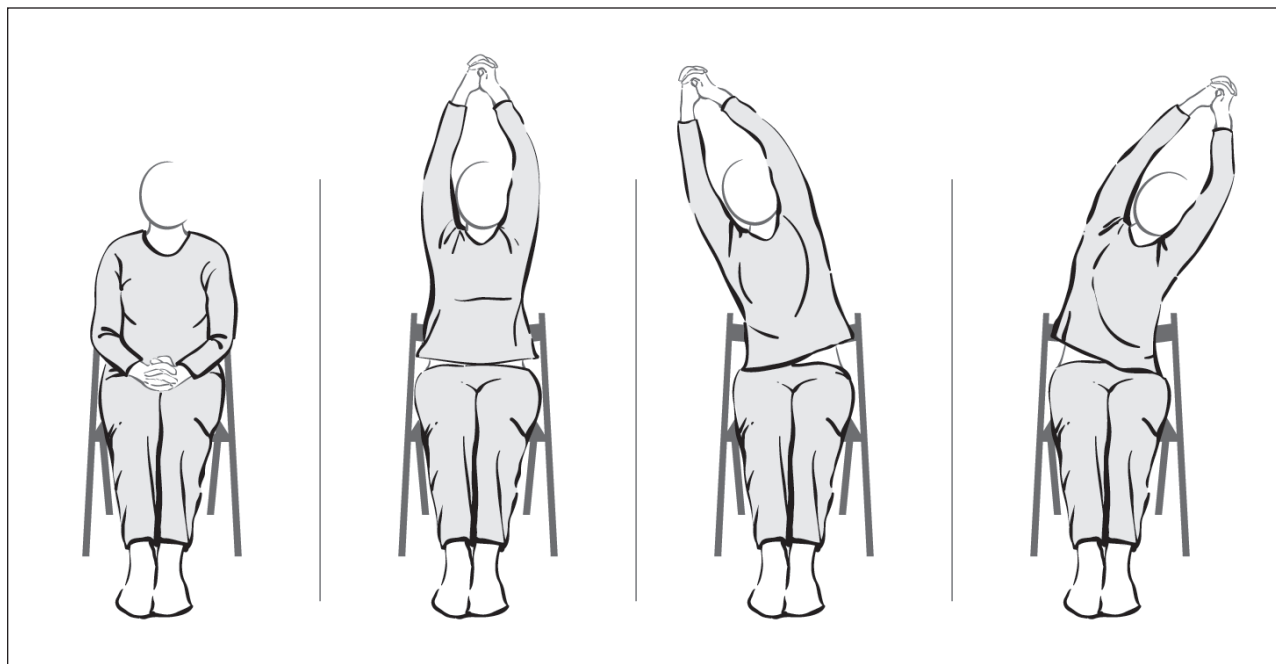


More Advanced Exercises

Once you are getting good movement in your shoulder, try these more advanced stretches.

Side Bends

This exercise helps improve movement on both sides of your body.



1. Sit in a chair and clasp your hands together in your lap.
2. Slowly lift your arms over your head. Keep your elbows bent slightly.
3. When your arms are above your head, bend at your waist and move your body to the right. Hold one to two seconds.
4. Return to the centre and then bend to the left.
5. Repeat five to ten times.

Achieving full movement of your arm

Continue doing these exercises until both arms are equally strong and can move easily. This may take two to three months. If you have any concerns regarding full movement of your arm, please consult your surgeon. You may need physiotherapy ordered.

C. Second Stage of Healing (from about six weeks after surgery)

As you feel stronger, you can gradually introduce strengthening and general conditioning exercises into your routine. For some women, this will mean getting back to their old routines, while for others it may mean trying out some new activities.

Talk to your doctor or another member of your health-care team about starting a specific strengthening program or aerobic exercise, and whether there are any special precautions you should take.

If you have pain, your shoulder is tight, or if your hand or arm begins to swell, talk to your doctor or another member of your health-care team.

Strengthening

Slowly getting back to household chores, gardening or yard work are some of the ways you can continue to build your strength.

Within four to six weeks after surgery, you can also begin doing strengthening exercises with light weights (500 g to 1 kg or 1 to 2 lbs). If you don't have any light weights, you can use an unopened soup can or a plastic bottle filled with water. Check with your doctor or physiotherapist to decide what weight is best for you. They can also suggest strengthening exercises for the upper body that are suitable for you.

General Conditioning

Regular aerobic exercise, which is any exercise that gets your heart and lungs working hard, will improve your general physical condition. It can help with your recovery and has many benefits. It can:

- help improve your cardiovascular fitness, which is how well your heart, lungs and blood vessels deliver oxygen to your muscles, so that you can do physical work for longer periods of time
- help you maintain a healthy body weight
- help you feel better, which may reduce stress and anxiety
- help you as you face the challenges of living with cancer

Brisk walking, swimming, running, cycling, cross-country skiing and dancing are all examples of aerobic exercise.

Lymphedema

As part of your ongoing recovery following surgery, you should be aware of the possibility of lymphedema. Lymphedema is swelling of the affected arm, upper chest or arm pit. It is caused by a build up of lymph fluid and is often accompanied by pain, discomfort and numbness. The swelling may happen because lymph nodes, which normally act as filters, aren't able to do their job because they've been removed by surgery, or they've been damaged by radiation therapy or the cancer itself. Lymphedema is different from the swelling in the breast, arm pit and arm areas that can happen just after surgery.

Lymphedema can happen soon after treatment, months or even years later. It can be a temporary or a long-term condition.

Watch for signs of lymphedema

The start of lymphedema can be very hard to notice, but it is very important to treat it quickly. Tell your doctor right away if you notice swelling in your hand or arm, even if it happens years after treatment. Some other signs to watch for are:

- Feeling of fullness, puffiness or heaviness in the arm
- Skin feeling tight
- Decreased flexibility of movement in the hand, wrist or arm
- Jewellery (including watches) feeling tight even though your weight hasn't changed
- Problems fitting your arm into your sleeves
- Redness or increased warmth, which may mean that you have an infection. **Any signs of infection should be reported to your doctor right away.**
- **If you have signs of lymphedema, you should be assessed by your surgeon or oncologist.**

For information about prevention of lymphedema, please refer to the ***Personal Breast Cancer Information Guide*** under Section 10.



Appendix A: Clinical Pathway for Outpatient Breast Cancer Surgery

Surgeon's Office	Pre-Admission Unit (PAU)
<p>Consults</p> <ul style="list-style-type: none"> • CCAC Referral (visiting nurse) • Social work if needed • Physiotherapy if needed <p>Medication</p> <ul style="list-style-type: none"> • Post-op prescriptions provided <p>Teaching</p> <ul style="list-style-type: none"> • Breast Cancer • Surgery • If applicable: <ul style="list-style-type: none"> – Drain – Wire localization <p>Receive:</p> <ul style="list-style-type: none"> • Personal Breast Cancer Information Guide • Outpatient Breast Cancer Surgery Information booklet • Schedule for Pre-operative Breast Cancer Surgery Education Program • Prescription <p>Discharge Planning</p> <p>Information re:</p> <ul style="list-style-type: none"> • Making your own appointment to attend the Pre-operative Breast Cancer Surgery Education Program (patient's responsibility) • Usual length of stay in SDCU • Home support requirements • Follow-up appointments 	<p>Consults</p> <ul style="list-style-type: none"> • Meet with CCAC Case Manager—if not available, will contact you by phone. <p>Medication</p> <ul style="list-style-type: none"> • Bring all medications taken at home to the PAU visit for review • Review what medication should be taken on morning of surgery • Know medications to stop <p>Assessment and Treatment</p> <ul style="list-style-type: none"> • Review allergies and medical history • Weight, height, pulse, BP <p>Tests</p> <ul style="list-style-type: none"> • X-ray or ECG if ordered • Blood tests if ordered <p>Teaching</p> <ul style="list-style-type: none"> • Pre-op instructions (before surgery) • Post-op instructions (after surgery) • Care of drain at home if applicable <p>Discharge Planning</p> <ul style="list-style-type: none"> • Discussion of discharge plans and home support needs and arrangements • Fill prescriptions for post-operative medications before the day of surgery

Appendix A: Clinical Pathway for Outpatient Breast Cancer Surgery

<p>Day of Surgery – Pre-op – Surgical Day Care Unit (SDCU)</p>	<p>Day of Surgery – Post-op Post Anesthetic Care Unit (PACU) & SDCU</p>
<p>Bring Outpatient Breast Cancer Surgery Information booklet and your drain pouch to hospital.</p> <p>Medication</p> <ul style="list-style-type: none"> • On the morning of surgery—You should only take the medications that your doctor or the PAU nurse told you to take—with sips of water • You may receive additional medications in the SDCU <p>Nutrition</p> <ul style="list-style-type: none"> • Nothing by mouth after midnight except water. Follow instructions given in PAU. <p>Assessment and Treatment</p> <ul style="list-style-type: none"> • Tests if ordered • Wire localization in X-ray department if ordered by your doctor <p>Activity</p> <ul style="list-style-type: none"> • Morning of surgery: <ul style="list-style-type: none"> – Shower – No deodorant – No underarm shaving <p>Teaching</p> <ul style="list-style-type: none"> • Questions before your surgery <p>Discharge Planning</p> <ul style="list-style-type: none"> • Confirm that you have your supplies and post-op medications at home • Bring the name and phone number of the person who will be driving you home 	<p>Medication</p> <ul style="list-style-type: none"> • Pain and nausea medication as needed • Intravenous (IV) until able to drink well <p>Assessment and Treatment</p> <ul style="list-style-type: none"> • Frequent pulse and BP checks • Incision and drain care as needed <p>Nutrition</p> <ul style="list-style-type: none"> • Start with crushed ice, fluids and then food (i.e. toast) <p>Activity</p> <ul style="list-style-type: none"> • Sitting up in bed • Deep breathing and coughing • Ankle exercises • Up to bathroom as able • Start to dress with help <p>Teaching</p> <ul style="list-style-type: none"> • Review drain care with the nurse, if applicable <p>Discharge</p> <ul style="list-style-type: none"> • The person driving you home will be called about one hour before you go home • The nurse will want to know if your doctor has given you a follow-up appointment • Discharged with friend or family member

Appendix A: Clinical Pathway for OutPatient Breast Cancer Surgery**After Discharge at Home****Home Support**

- Responsible adult with you at home for first 24 hours
- Visit from community nurse to assess pain, nausea, dressing and drain, if one was inserted at the time of surgery

Medication

- Pain and nausea medication

Nutrition

- Able to drink and eat light snack
- Nausea controlled

Activity

- Can dress with help
- Able to walk
- Deep breathing and leg exercises
- Sponge bath at sink—shower or bath after drain is removed on day five

Teaching

- If you have a home care nurse, you can ask questions about medications, diet, activity, arm exercises, drain care, dressing care, follow-up etc.
- Notify doctor if problems arise—as described in Outpatient Breast Cancer Surgery patient information booklet

Self Care

- Pain management, exercise and self care as taught
- Refer to patient information materials as needed

Breast Cancer Peer Support Groups

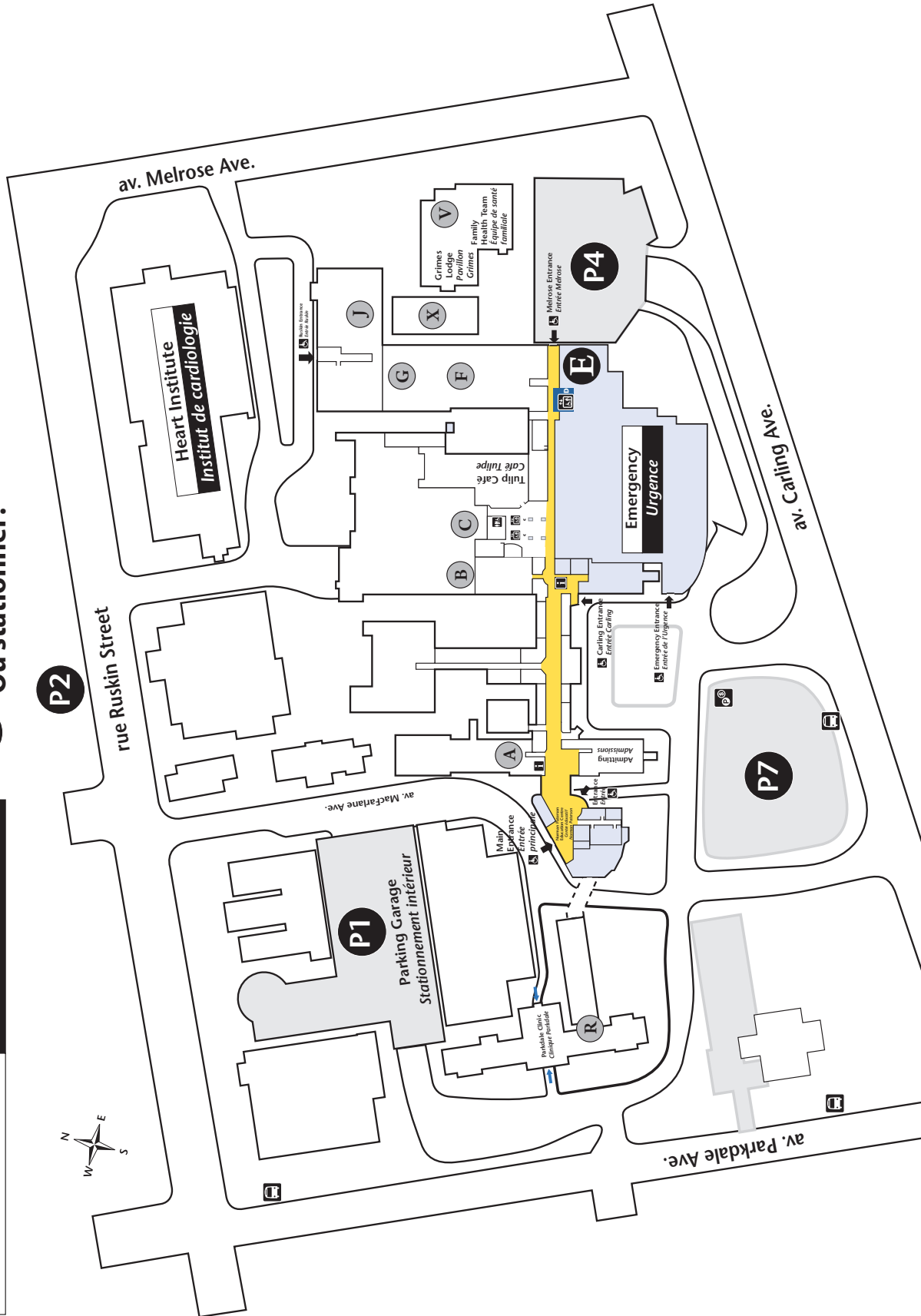
- See list of groups in Outpatient Breast Cancer Surgery patient Information booklet.
- You may request a visit from one of these groups or contact them for information

Medical Care

- Notify doctor if problems arise—as described in Outpatient Breast Cancer Surgery patient information booklet
- Follow-up appointment with surgeon

Civic Campus

**P Where to park?
Ou stationner?**



General Campus *Campus Général*

