

Centre intégré de santé et de services sociaux de Laval

PREPARATION GUIDE FOR A SURGERY

**BRING THIS
GUIDE WITH YOU
THE DAY OF YOUR**



Partial mastectomy

This guide will help you understand and get ready for your surgery.

Read it over with your family.

Québec 

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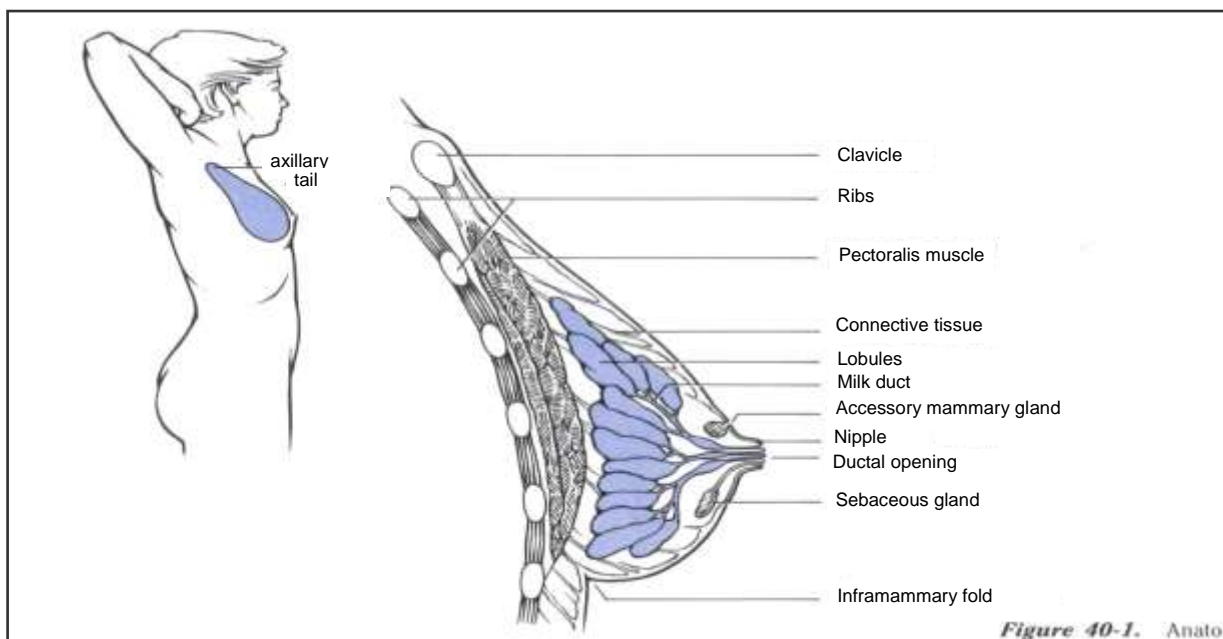
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TABLE OF CONTENT

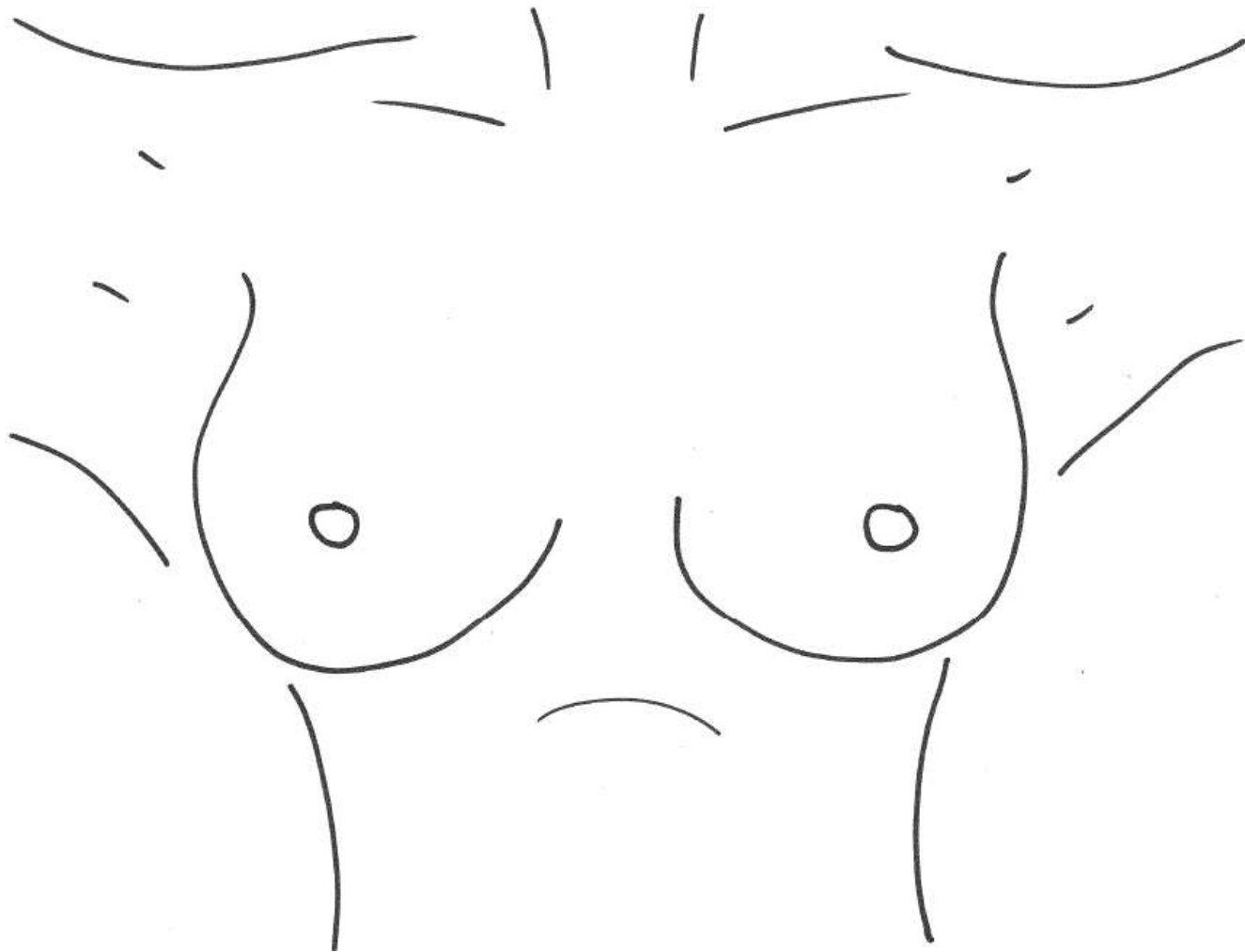
ANATOMY OF THE BREAST	4
YOUR INTERVENTION	6
BEFORE THE PROCEDURE	8
PREOPERATIVE DIET	9
MEDICATIONS TO STOP OR CONTINUE	10
TOBACCO	11
ALCOHOL	11
DISCHARGE PLANNING	11
PREOPERATIVE DIET	12
THE DAY OF YOUR SURGERY	13
HYGIENE BEFORE YOUR SURGERY	14
WHAT TO BRING TO THE HOSPITAL.....	15
WHEN YOU ARRIVE AT THE SURGERY UNIT	16
THE INPATIENT SURGERY UNIT	16
CONSENT TO SURGERY AND ANESTHESIA	17
OPERATING ROOM.....	18
RETURN TO THE DAY SURGERY UNIT.....	19
CONTROLLING YOUR PAIN	20
BREATHING EXERCISES	21
CIRCULATION EXERCISES	23
YOUR DISCHARGE FROM THE UNIT	24
ONCE YOU GET BACK HOME – INSTRUCTIONS	25
NUTRITION AND HYDRATION.....	26
ACTIVITIES	27
EXERCISES.....	28
SUPPORT.....	32
COMPLICATIONS	33
DISSECTION OF THE AXILLA	34
DRAIN JACKSON PRATT	35
POSTOPERATIVE EXERCISES	38
STARTING 6 TO 8 WEEKS AFTER YOUR OPERATION	39
LYMPHEDEMA.....	40
RESOURCES	42
REFERENCES.....	43

ANATOMY OF THE BREAST

- The breast consists of fat, milk-producing glands, and ducts that carry milk to the nipple.
- The breast has 15 to 20 sections called lobes. Thin ducts connect the lobes, lobules and glands. Each lobe has many lobules that end in glands that secrete milk.
- All of these structures are surrounded by fat tissue. There are no muscles in the breast, but there are muscles between the breast and the ribs.
- The breasts also contain blood vessels and lymph vessels. Lymph vessels carry a colourless fluid called lymph to small bean-shaped organs called lymph nodes. Clusters of lymph nodes are located in the armpit near the breast. They are also found above the collarbone, in the chest, and elsewhere in the body.
- Lymph nodes play an important role in fighting disease and infection.



From Brunner & Suddarth's Textbook of Medical-Surgical Nursing, Volume 4, 3rd edition, Éditions St-Laurent, 1994. p. 1184.



YOUR INTERVENTION

Partial mastectomy

Simple segmentectomy / tumorectomy

Partial mastectomy is the removal of the lesion in the breast. To be safe, some of the tissue around the tumor must be removed. It does not involve removing the breast.

The sentinel Lymph node

This technique is used to assess the extent of the disease.

For the majority of women with breast cancer, the nodes in the armpit are not affected. In this case, the removal of other nodes is not necessary.

On the morning of the operation, one or more injections of a contrast medium into the breast will be done. This procedure will be done in the nuclear medicine department. Afterwards, at the time of the operation, the surgeon may inject a blue dye. This dye helps locate the sentinel lymph node(s) so that the surgeon can remove them during the operation.

You may have green urine 24 to 48 hours after surgery. This is the injected dye that is eliminated in the urine. This is normal.

You may feel numbness, tingling or even a burning sensation in the back of your arm or in your rib cage. This discomfort will usually disappear with time. For your comfort, you can gently massage the painful area with your hand or a soft towel.

In some cases, it may be necessary to remove more lymph nodes during the operation. A drain may be installed. This may be due to your disease conditions or technical reasons. Your doctor will explain these reasons to you after the operation if necessary.

Harpoon guide wire

The purpose of this technique is to precisely locate the lesion seen on the "non-palpable" mammogram so that the surgeon can remove it.

On the morning of the operation, the radiologist introduces a wire with a small hook into the breast. It will then be attached to the skin with a bandage.

You will have a local anesthetic (frozen).

After the installation of the harpoon, a control mammogram will be done to ensure that the harpoon is well placed. The harpoon will be removed by the surgeon during the operation. The removal of the lesion will be confirmed by an x-ray of the removed area.

Dissection of the targeted axilla

In this procedure, the lymph node(s) in the armpit to be removed and analyzed are located with the help of a harpoon guide wire. The injection of a contrast product (sentinel lymph node: see explanation p.7) is also required.

Dissection of the axilla

This is the removal of the lymph nodes in the armpit on the operated side. These nodes are removed mainly for microscopic study or because they are affected by cancer.

This will show the extent of the disease and help the medical team determine the most appropriate type of treatment for you.

This procedure requires the installation of a drain.

(Drain care is discussed on page 35.)

BEFORE THE PROCEDURE

Date and time of admission : _____



- You will receive a call from the hospital's pre-admission office.
- The secretary will tell you the day of your operation.
- The time of arrival at the hospital will be given to you by phone 24 to 48 hours before the operation.

ATTENTION

One week before your surgery date, if you have these symptoms:

- Sore throat, cold or flu;
- Temperature (fever);
- Taking antibiotics;
- A possible or unconfirmed pregnancy;
- A contagious disease (e.g. chicken pox) or have had recent contact with someone with a contagious disease;
- Redness, inflammation, wound discharge or any other problem at the surgical site;
- Any other discomfort.

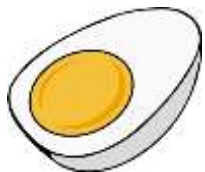
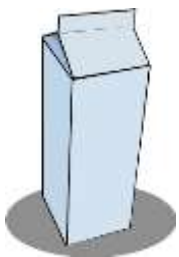


Call immediately at 450 975-5409
To inform the administrative agent

PREOPERATIVE DIET

The goal of this diet is to ensure that you have the strength and nutrients you need to recover quickly.

Suggestions to boost your protein intake.



You can also take a supplement such as Ensure or Boost.

Add this	To this
Skim milk powder or protein powder supplement (Nestlé Beneprotein®)	Cooked cereals, scrambled eggs, sauces, mashed potatoes, soups, cream sauces, milk, milkshakes, cream desserts, custards, etc.
Milk (2% or 3.25% MF)	Hot cereals, soups, casseroles, hot chocolate (instead of water)
Soy beverage	Smoothies, soups
Greek yogurt	Fresh or canned fruit, vegetables, potatoes, rice, pancakes, casseroles, stews, soups, vegetable or fruit dips
Hard-boiled eggs	Sandwiches, salads, vegetables, potatoes, sauces and soups
Peanut butter or nut butter	Cookies, milkshakes, sandwiches, crackers, muffins, fruit slices, toast, ice cream
Tofu	Milkshakes, soups, casseroles, stir-fries, salads
Canned dried peas or beans, legumes and lentils (if you can tolerate these)	Casseroles, soups, stews, salads, rice, pasta and dips
Seeds and nuts (if you can tolerate these)	Salads, cereal, ice cream, yogurt
Pieces of cooked beef, pork, poultry, seafood or fish	Salads, soups, scrambled eggs, quiches, baked potato, pasta

MEDICATIONS TO STOP OR CONTINUE

At your appointment with your surgeon or preadmission nurse, you will be informed whether you need to stop or continue your medication before your surgery.

- Aspirin®, Asaphen®, Rivasa®, Entrophen®, Novasen®, Persantine®, MSD AAS, Aggrenox® (dipyridamole/ASA), etc.
- Stop _____ days before your surgery.
- Do not stop this medication.

- Plavix® (clopidogrel)
- Stop _____ days before your surgery.
- Do not stop this medication.

- Effient® (prasugrel), Ticlid® Ticlopidine), Brilinta® (ticagrelor)
- Stop _____ days before your surgery.
- Do not stop.

You can keep taking drugs such as Tylenol®, Tylenol® Extra-Strength, acetaminophen and Tempra® until midnight the night before your surgery.

Anti-inflammatory drugs (e.g., ibuprofen such as Advil®, Motrin® (including for children), Celebrex®, Maxidol®, Aleve®, Naprosyn®, etc.)
Stop 2 days before your surgery.

All natural products (glucosamine, omega 3, vitamin E, etc.).
Stop 7 days before your surgery.

If you are taking Coumadin®, Sintrom®, Pradaxa®, Xarelto®, Eliquis®, Lixiana® :

A hospital pharmacist will call you approximately 1 to 3 weeks before your surgery and may ask you to have a blood sample taken.

When the pharmacy department has received your results, you will be called again about when to stop taking this medication.

 **You must follow this instruction.**

TOBACCO

Quitting smoking or reducing the amount you smoke will decrease your risk of respiratory problems after your surgery, aid in the healing of your surgical wound, and help you better manage pain.



If you need help to quit smoking, do not hesitate to contact:

- Your CLSC at **450 978-8300, extension 3169** (for Laval residents).
- Your pharmacist or family doctor.
- The Quit Smoking Centre nearest you at **1-866-JARRETE (527-7383)**.
- Website: **tobaccofreequebec.ca/iqitnow/**.

ALCOHOL

Avoid drinking alcohol **7 days before your surgery**. Alcohol can interact with some medications and increase the risk of bleeding and complications.

To get help to stop right now, contact the regional hotline (for Laval residents):

Alcochoix+ Laval at 450 622-5110, ext. 64005.

<https://www.quebec.ca/en/health/advice-and-prevention/alcohol-drugs-gambling/alcochoix-plus/>.



DISCHARGE PLANNING

Before your operation, it is important that you prepare in advance for your return home.



- Ask another adult to come pick you up at the hospital. You must organize a ride home in advance. This person must be available to pick you up once your discharge is signed.
- Prepare meals in advance for the days after your operation.
- Get help for errands, housework and appointments.
- If you live by yourself and your operation reduces your mobility, you need to think about having another adult stay with you during your recovery.

PREOPERATIVE DIET

The night before your surgery:

You can eat normally up to the night before your surgery.



Day of your surgery

➔ For all users

- **Starting from midnight the night before your surgery:**

- **Do not eat solid food.**
- **Do not consume dairy products.**
- **Do not consume alcohol and do not smoke.**
- **For the consuming of clear liquids, refer to the tables on the following page.**



THE DAY OF YOUR SURGERY

At home

Your nurse has given you specific instructions:

You MUST remain fasting (nothing to eat or drink from midnight the night before your surgery). Do not chew gum or eat candy.

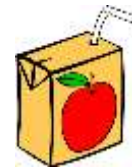



You can brush your teeth but avoid swallowing the water.

OR

You MUST drink clear fluids before the surgery.

- Allowed clear fluids include:
- Water
- Juice without pulp (no pulp is mandatory)
- Coffee or black tea (no milk)



 Make sure that you **ONLY** drink these clear fluids and nothing else.

When should I stop drinking clear fluids?

You must stop drinking these fluids the morning of your surgery. The exact time depends on when you need to arrive at the hospital that morning. Someone will call you 24 to 48 hours before your surgery will give you at what time you must arrive at the hospital.

I need to arrive at the hospital at...	I have to stop drinking clear fluids at...
Before 10 a.m.	6 a.m.
After 10 a.m.	8 a.m.
I do not have a specific time and have to wait at home to be called for my surgery.	11 a.m.

IMPORTANT:



You must follow these instructions to ensure your surgery is safe and to prevent serious complications.

If you have not followed these instructions, you must advise the nurse once you get to the hospital.

HYGIENE BEFORE YOUR SURGERY



Dexidin disinfectant soap (4%): The morning of the surgery, you must shower using the antimicrobial soap you purchased at the gift shop at the main entrance of Block C or Block D or at the pharmacy. You must use the soap from your chin to your toes and then rinse

Put on clean clothes after your shower.



No makeup, no nail polish (fingers and toes), no fake nails, no fake

eyelashes, no cream, deodorant or perfume/cologne, no jewelry or body piercings.



If you shave your armpits, be careful not to cut your skin. Pimples on this surface may increase the risk of complications.

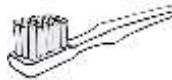
Medication



Take these medications **ONLY**
(with some water).

WHAT TO BRING TO THE HOSPITAL

- This guide.
- A valid health insurance card.
- Your hospital card.
- Your medications, drops and pumps in their original containers.
- A complete list of your medications (ask your pharmacist for this list).
- Slippers, dressing gown, clothing and comfortable shoes.
- Tissues, toothbrush and soap.
- Notebook and pencil.
- If you wear glasses, contact lenses, a hearing aid or dentures: bring your kits or containers and label them with your name.
- If you use a cane, crutches or a walker, bring them to the hospital and label them with your name.
- If you need, you can bring your own sanitary napkins (no tampons).



Please leave all your jewelry and other valuable objects at home.

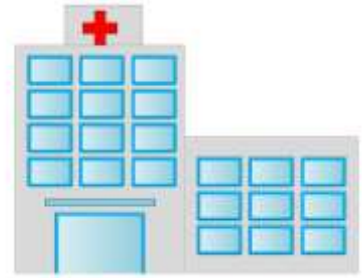
The hospital is not responsible for lost or stolen items.

(The lockers do not have locks).

Rings will have to be cut off if not removed beforehand.

WHEN YOU ARRIVE AT THE SURGERY UNIT

- ❑ If you are going to have a day surgery, go directly to the day surgery unit on the first floor of Block B (Room 1.165). The time of your surgery will be given to you when you arrive at the unit. **YOU WILL NOT BE STAYING AT THE HOSPITAL OVERNIGHT.**



- **Only one person** can accompany you.
- After you arrive at the unit, you should expect to wait a moment until being called for your surgery.
- Bring something to entertain yourself if you want (something to read, a music player with headphones, etc.).



THE INPATIENT SURGERY UNIT

At your arrival, the nurse will help you to get ready for your surgery.

She will give you an hospital gown to put on.

She will proceed to a blood test if necessary.

She will go over all preparations that you had to do before your surgery.

CONSENT TO SURGERY AND ANESTHESIA

During your pre-admission meeting, the nurse will have you sign the consent to surgery and anesthesia.

This means that the surgeon has clearly explained to you why you need this operation, how it will be performed, the possible risks and the desired results of the operation when he/she tells you that you will be operated on.

If you are missing any information, you should check with your surgeon. The nurse at the pre-admission clinic will assist you in this process. You will be asked to sign the consent form on the morning of your operation.



For more information about anesthesia, please read the "Role of anesthesia - teaching guide" that will be given to you by the nurse during your pre-admission meeting.

OPERATING ROOM

When you leave for the operating room, you must only wear the hospital gown and no other personal clothing.

You must remove your :

- Glasses, contact lenses.
- Underwear, jewelry and body piercings.
- Dentures, hearing, hair piece.
- Sanitary napkins



Staff will direct you to the operating room.

The anesthesiologist will meet with you when you arrive in the operating room to discuss with you the most suitable methods of anesthesia and pain relief for you.

For further information about anesthesia, please read the guide on anesthesia – information guide, the nurse will provide when attending your preadmission meeting.

RETURN TO THE DAY SURGERY UNIT

Staff will set you up comfortably on your stretcher or bed and will take your vital signs a number of times. The nurse will check your dressings and drains.



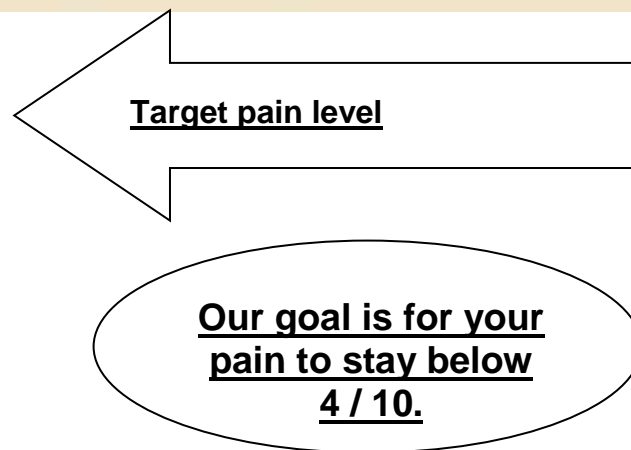
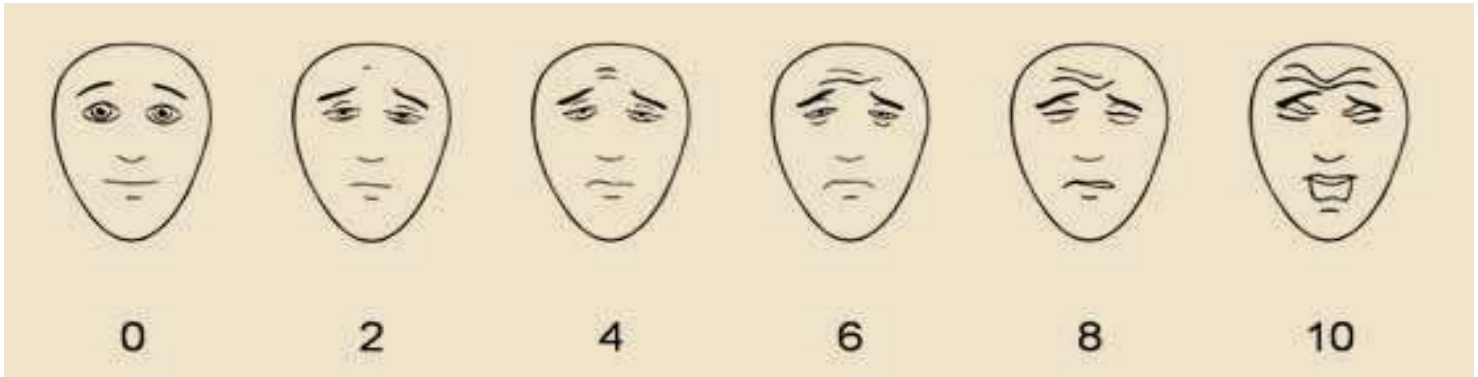
Dressing

- The operation is done through an incision (cut) whose size varies for each individual. Wounds are usually closed with stitches in the skin that fall off or melt away over a period of 1 to 2 months.
- The nurse will give you an instruction sheet before you leave about when you can remove the dressing and take a shower. (**You cannot take a shower as long as you have a drain**). When you remove the bandage, you may see some butterfly bandages (Steri-Strips®). You must leave these in place. You may remove them 7 to 10 days after the operation.
- For information on how to care for your drain, refer to page 36.

CONTROLLING YOUR PAIN

It is normal to have pain after an operation. The amount of pain is different for everyone. However, you can control your pain with the medication prescribed by your surgeon.

You will be asked to assess your pain on a scale of 0 to 10



Pain relief is important because this will help you:

- Breathe more easily.
- Move around more easily.
- Sleep better.
- Eat better.
- Recover more quickly.
- Do things that are important to you.

Pain relief technics

Analgesics (pain medication)

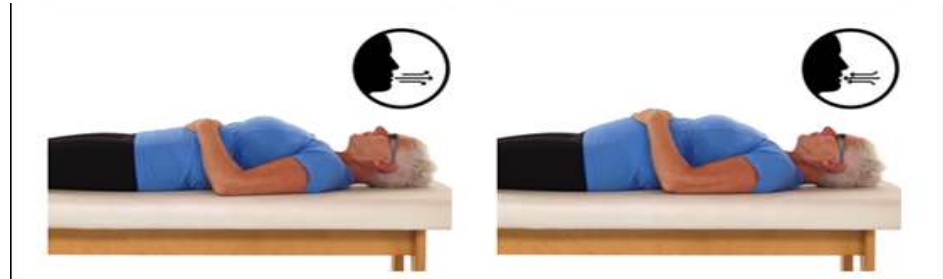
- You may receive injections if your pain is too intense.
- You will get your medication in tablet (pill) form once you can tolerate it or once you can eat food.



BREATHING EXERCISES

Deep breathing

****Do this as soon as you wake up from surgery**



1. Lie on your back, with your legs slightly bent. Place one hand on your stomach and the other below your breasts.
2. **Inhale slowly and deeply through your nose or mouth.** Feel your lungs inflate. Just the hand on your belly should rise.
3. Keep your lips pursed and exhale **slowly** through your mouth. This will double the length of your breath. Move your belly back in to expel the air from your lungs.



This exercise is not easy to do.

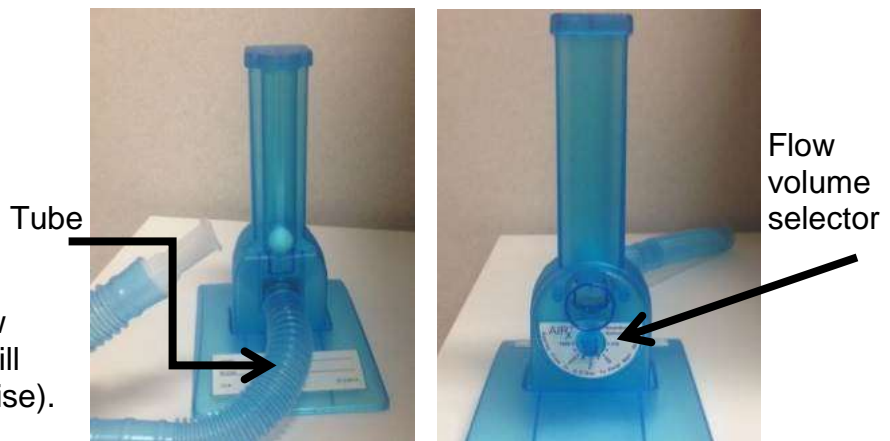
Therefore, you need to practice before your operation.

Spirometer

The preadmission nurse will give you this device if you need it.

How do I use it?

Remove the device from the package. Connect the mouthpiece to the tubing. Connect the tubing to the outlet on the other side of the flow volume selector.



1. Get into a comfortable seated
2. Adjust the level by turning the flow volume selector to the right that will increase the difficulty of the exercise).
3. Hold the device upright in front of you (if you lean it to the front or back, the exercise is too easy). Exhale normally.
4. Place your lips snugly around the mouthpiece and then inhale. Take in enough air to lift the ball.
5. Continue inhaling to keep the ball elevated for 3 seconds. This step lets you expand your lungs as much as possible. Hold your inhalation for 3 seconds, even if the ball drops back down.
6. Then, breathe out through your mouth through pursed lips. Take a break to breathe normally, and then try again.
7. Repeat steps 4 to 6 for about 5 minutes per hour or as per your nurse's instructions.

Keep the device near you so that you remember to do the exercises. Between uses, you can keep the mouthpiece attached to the end of the tubing.

Spirometer breathing exercises help you:

- Eliminate lung secretions to prevent respiratory complications.
- Regain and maintain good lung expansion.
- Stimulate the breathing reflex, which is slowed by anesthesia and pain medication.
- Improve your well-being and resume your usual activities more quickly.

CIRCULATION EXERCISES¹

These exercises encourages blood circulation in your legs while you are lying down. They are very important because they can prevent serious complications, such as blood clots in the veins of your legs (thrombophlebitis).

Toe flexion and extension

While lying on your back or sitting with your legs stretched out, point your toes to the foot of the bed and then point them toward your chin. Repeat the exercise 30 times a minute for 1 to 2 minutes, every 2 hours.



Ankle rotations

While lying on your back or sitting, make ankle circles from left to right and then from right to left. Repeat this exercise 30 times a minute for 1 to 2 minutes, every 2 hours.

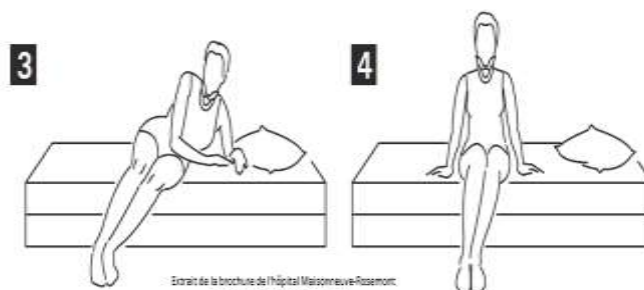
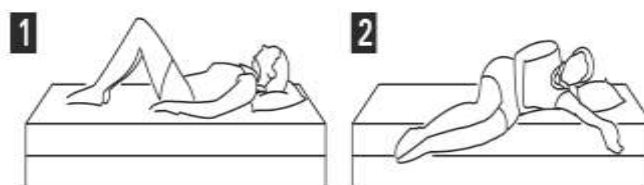


Getting up

When you get up for the first time, a staff member will be there to assist you; however, you should only get up at your own pace. You need to walk and increase the distance you walk each time you get up. Increase your pace gradually.

To help you get in and out of bed, you need to raise slightly the head of your bed.

1. Turn toward your non-operated side.
2. Push against the mattress using your elbow on the non-operated side and your other hand to sit up on the edge of the bed. Slide your legs over the bed at the same time.
3. Stay in this position for a few minutes. Take a few deep breaths and move your feet around.
4. If you do not feel well, tell the nurse or care attendant.



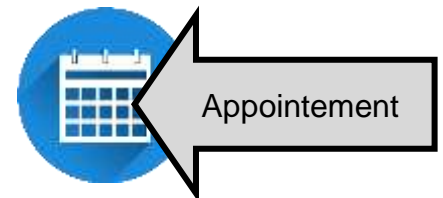
Extrait de la brochure de l'hôpital Maisonneuve-Rosemont sur la hernie discale cervicale (pdf)

Staff will help you sit in an armchair if you need to.

¹ These circulation exercises are based on those developed by Paradis and Poissant.

YOUR DISCHARGE FROM THE UNIT

- Your surgeon is the one who will discharge you.
- You must ask another adult to come pick you up, since you cannot drive after your operation. You must plan a ride home.
- If you live by yourself, it is a good idea to ask another adult to stay with you for 24 hours for your safety reasons.
- The nurse may give you a prescription for pain medication, which you must get at your pharmacy. Your nurse will also give you a pamphlet about what you need to know if you need to take a narcotic medication for pain.
- The nurse will give you a follow-up appointment with your surgeon. You must absolutely go to this appointment, even if you feel well.



Surgeon name : _____

Date & time of appointment : _____

- You will receive a proof of hospitalization or medical leave from work form if you need one. You must notify your surgeon if you need these documents.

Procedure for insurance form - General surgery

Bring the form and drop it in the white box at the surgery clinic located in block C, ground floor, room RC.49.

- This box is accessible 24 hours a day, 7 days a week.
- You must write on the form:
 - Your full name
 - Your file number (on the hospital card)
 - The name of your surgeon
 - A phone number to reach you easily
- The surgeon will sign the form approximately 7 to 10 working days after the deposit (this step is mandatory for the insurance company).
- The administrative agent will call you after signing and will give you an appointment to give you the form.
- She must ensure that the information written on the form is correct.
- For all questions concerning insurance forms:
- You can reach the secretary at: 514 230-2571



ONCE YOU GET BACK HOME – INSTRUCTIONS

Care and hygiene

- It is recommended that you take sponge baths as long as you have your dressing, which must not get wet
- Showering is not permitted until your drain and/or dressing is removed. You can take showers again once your drain and dressing have been removed and you only have butterfly bandages left.
- Clean your skin with an unscented and mild soap (such as Ivory™ or Dove™). Rinse and dry the area well.
- You can take baths. Do not get the drain or dressing wet.
- You can wear a bra after the surgery. You can even wear one at night if you find this more comfortable.



Going back to work

Returning to work depends on the type of work you do and the surgery you had. You should plan to be off work for 2 to 3 weeks.

- Your surgeon will tell you when you can go back.
- You can request a medical certificate for your employer justifying your need to take time off work.



Breastfeeding

If you are breastfeeding, ask the surgeon or nurse if you can continue.

Generally, you need to wait 2 to 3 hours after having general anesthesia before breastfeeding your baby. As soon as you return home, you can breastfeed if you feel alert and comfortable



NUTRITION AND HYDRATION

Generally, you can eat normally after your surgery. Start with light meals and gradually increase as you can tolerate.

If you need to adjust your diet after your operation, the surgeon and nurse will give you instructions. If you have questions, please do not hesitate to ask them.



If you have nausea (you feel sick to your stomach), start by drinking clear fluids and gradually increase the amount and change the texture of the foods you eat as you can tolerate them.

To avoid constipation, which can be caused by pain medication:

- Eat plenty of fiber (grains, whole-grain bread, fruit, vegetables, etc.).
- Drink 7 to 8 glasses of water a day (unless you have a medical restriction).
- Walking can help with bowel function.



If, despite these tips, you are unable to have a bowel movement:

- You can use a mild laxative such as Metamucil[®], Colace[®], Lax A day[®] or Prodiem[®] at a pharmacy. Ask your pharmacist for advice.

If you have not had a bowel movement for at least 3 days despite these tips, consult a health care professional (family doctor, pharmacist, Info-Santé at 811).

ACTIVITIES



You can drive when:

- You no longer feel dizzy.
- You no longer have pain and you have stopped taking narcotic medications for at least 24 hours.

- **It is very important to move your arm. Do not be afraid to get up and move around normally.**
- The day after your surgery, you can start using your arm for daily activities such as brushing your teeth, combing your hair, dressing, and eating.
- The pain should not prevent you from going about your daily activities such as getting dressed, washing yourself or eating. Take your pain medication if the pain is too intense, and take it at least 30 minutes before doing exercise, if you need to.
- Walking is one of the best exercises you can do. Increase the distance you walk each day and alternate with periods of rest.
- Avoid vigorous exercise, sudden movement, and contact sports for 2 weeks after your operation. You can resume your activities gradually as you can tolerate them.
- During the day, set aside time to rest and support your arm (on the operated side) on pillows. Your arm must be above your shoulder. This will help reduce any swelling caused by the operation.
- Avoid lying on your operated side.



EXERCISES

We encourage you to do your exercises twice a day, every day. Do each exercise 5 times and increase to 10 repetitions when you feel ready.

Breathe deeply and often during each exercise.

You should be able to do the exercises without pain. You need to do them slowly and without sudden movements. It's normal to feel a stretch or slight discomfort in your arm or armpit. This discomfort should go away within a few minutes after you work out.

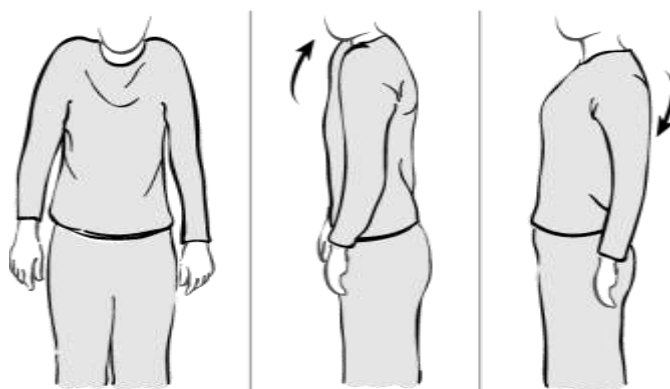
Circulation exercise

Lie on your back and raise your arm on the operated side. Squeeze and release a foam ball 15 to 25 times.



Shoulder elevation and rotation

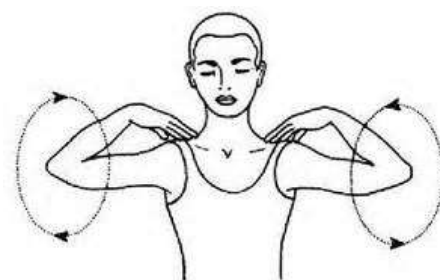
- Lift both shoulders toward your ears.
- Hold this position for 5 to 10 seconds.
- Then lower your shoulders. Repeat 5 to 10 times.
- Then roll your shoulders toward the front and then the back.
- Repeat 5 to 10 times in each direction.



Circular shoulder movements

While standing or sitting, place your hands on your shoulders and spread your arms so your elbows are pointed outward.

Make 5 to 10 circles with your elbows. Repeat the movement in the opposite direction 5 to 10 times.

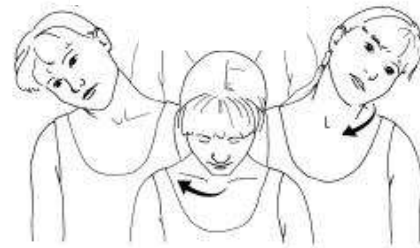


Neck stretching

While standing or sitting, tilt your head forward and hold for 5 seconds.

Turn your head to the right and hold for 5 seconds.

Repeat on the left side and hold for 5 seconds. Repeat 5 to 10 times.

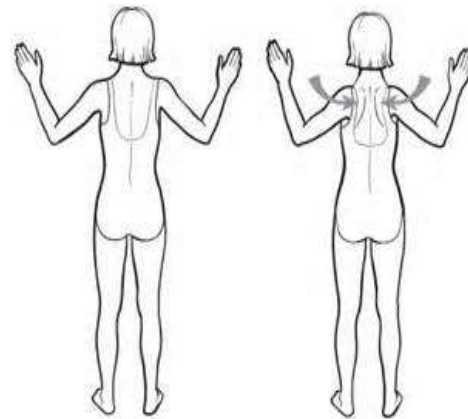


Posture exercise

Stand up and lift your arms slightly at your side. Bring your shoulder blades together behind your back.

Keep your shoulders level, i.e., avoid raising or shrugging them. Hold this position for 5 to 10 seconds. Repeat 5 to 10 times.

Take time to relax during the day, especially after you exercise, by doing deep breathing exercises.

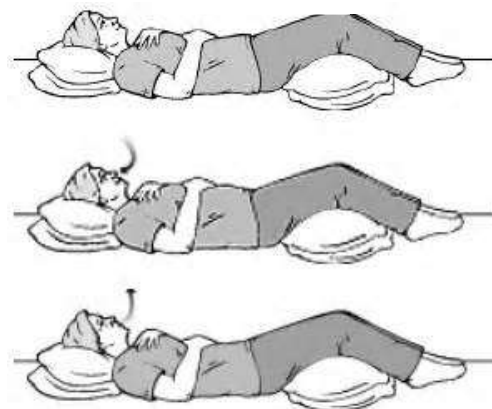


Deep breathing

Lie on your back and place one hand on your stomach and the other on your chest.

Close your eyes and take a deep breath through your nose to inflate your stomach as much as possible.

Hold your breath for 3 seconds and slowly exhale through your mouth for up to 10 seconds to empty as much air as possible from your lungs. Repeat 5 times.



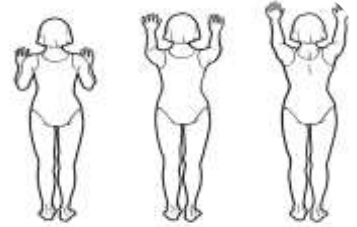
You should do these exercises regularly until your arm is as mobile as before. Compare your mobility and strength with the other arm.

These next exercises should be done the day after the drain is removed (if you have one). These exercises will help you regain full mobility in your shoulder. They are allowed the day after the operation, if you do not have a drain.

Wall exercises: Shoulder flexions

Stand facing the wall and move your fingers up the wall as high as possible until you feel a slight stretch in your chest or arm.

Hold this position for 10 to 15 seconds and then lower your arm back to the starting position. Repeat 5 to 10 times.



Wall exercises: Shoulder abductions

While standing, press your fingers (of the hand on your operated side) against the wall and move your fingers up as high as possible until you feel a stretch in the front of your chest or in your armpit.

Hold this position for 10 to 15 seconds and then lower your arm back to the starting position. Repeat 5 to 10 times.



Shoulder flexions with a stick

While lying or standing, hold a stick with both hands at shoulder width. Use your non-operated arm to lift the stick as far as possible.



Hold this position for 10 to 15 seconds. Lower your arms.

Repeat 5 to 10 times.



Pectoral stretches

Lie on your back with your knees bent and place both hands comfortably behind your neck.

You can also do this in a seated position. Spread your elbows apart until you feel a stretch in your chest and shoulders.

Hold this position for 15 to 20 seconds.

Repeat 5 to 10 times.

Note: If you feel pain or tightness in your shoulder, place a small pillow behind your head and shoulder.



Stretch with towel

While standing, grasp the ends of a towel behind your back as shown, with your operated arm at the bottom.

You may feel a stretch in the shoulder on your operated side. Bring your hand up behind your back as high as possible and slowly pull the towel up with your healthy arm.

Hold this position for 15 to 20 seconds.

Slowly lower your arm.

Repeat 5 to 10 times.



Scar massage

It is important to massage your scar to soften the tissue and prevent adhesions. You can start about 1 month after the operation after the scar has closed over and healed properly and the wound no longer has discharge.

Place your fingers on each side of the scar and make small, circular motions all along the scar, gradually working your way toward massaging the scar itself.

Massage the scar for about 5 to 10 minutes a day.

SUPPORT

It is often easier to cope with cancer if you have support. Many cancer survivors say that a good network of people to lean on is particularly helpful.

You can turn to different sources of support:

- Your health care team
- Family members and friends
- Other people who have gone through this situation
- Mental health professionals
- Social workers
- Spiritual counsellors
- Canadian Cancer Society



**Don't hesitate to ask for help if
you need it.**

The Preadmission Clinic, Breast Clinic (CRID), and Centre intégré de cancérologie de Laval (CICL) can offer you referrals and an appointment with a professional based on your needs.




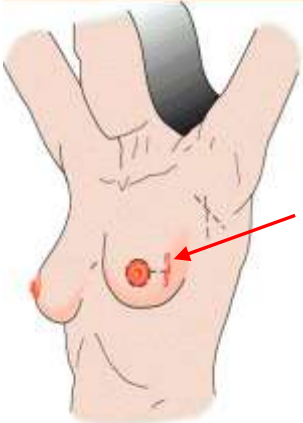
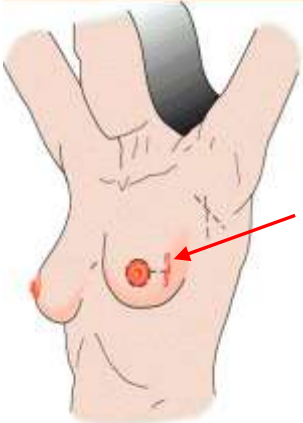
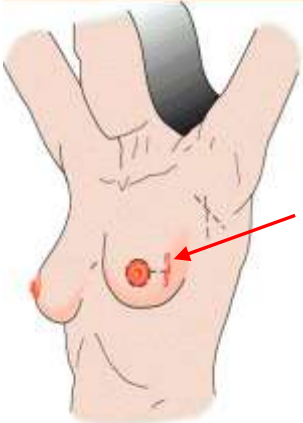
COMPLICATIONS

If you have difficulty breathing:

**Immediately call
Urgences-Santé at 9-1-1**



Si vous présentez des signes ou symptômes suivants ou autres :

 <p>Fever (38.5 °C or 101 °F or higher) for more than 24 hours</p>	<p>Any pain similar to what you experienced in the first few hours after surgery and that is not relieved by your pain medication.</p> 					
 <p>You have cramps or constant pain in your calf</p>	<table border="0" style="width: 100%;"> <tr> <td data-bbox="690 1060 990 1480" rowspan="2">  </td> <td data-bbox="1104 1018 1226 1060"><u>Wound</u></td> <td data-bbox="1331 1018 1469 1123"><u>Arm on operated side</u></td> </tr> <tr> <td data-bbox="1096 1102 1226 1501"> <p>Redness Increased.</p> <p>Heat.</p> <p>Significant swelling.</p> <p>Abnormal discharge.</p> <p>Bleeding Abundant.</p> </td> <td data-bbox="1315 1165 1485 1522"> <p>Increased redness.</p> <p>Non-suffering pain.</p> <p>Important swelling or Lump that progresses in the armpit.</p> </td> </tr> </table>		<u>Wound</u>	<u>Arm on operated side</u>	<p>Redness Increased.</p> <p>Heat.</p> <p>Significant swelling.</p> <p>Abnormal discharge.</p> <p>Bleeding Abundant.</p>	<p>Increased redness.</p> <p>Non-suffering pain.</p> <p>Important swelling or Lump that progresses in the armpit.</p>
	<u>Wound</u>		<u>Arm on operated side</u>			
	<p>Redness Increased.</p> <p>Heat.</p> <p>Significant swelling.</p> <p>Abnormal discharge.</p> <p>Bleeding Abundant.</p>	<p>Increased redness.</p> <p>Non-suffering pain.</p> <p>Important swelling or Lump that progresses in the armpit.</p>				



Contact a nurse at Info-Santé by calling 811 at any time (24 hours a day).

For all other questions:

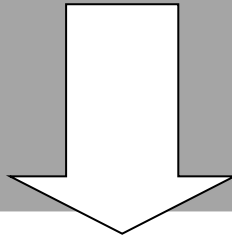
Contact the Breast Clinic at 450 668-1010, ext. 24515 (Monday to Friday, 8:30 a.m. to 3:30 p.m.).

*****Allow 24 to 48 hours for the breast clinic nurse to return the call***

For all other questions: Contact one of the resources listed on page 43

DISSECTION OF THE AXILLA

**THE FOLLOWING SECTION IS RESERVED ONLY FOR
WOMEN WHO HAVE UNDERGONE AN
DISSECTION OF THE AXILLA**



Since a drain is installed during this operation, you will receive a series of recommended exercises to maintain good mobility in your arm.

Your surgeon may need to make a second incision near your armpit to perform the surgery.

After a dissection of the axilla, you may feel numbness, tingling or even a burning sensation in the back of the arm or in the rib cage. This discomfort will usually disappear with time. For your comfort, you can gently massage the painful area with your hand or a soft towel.

DRAIN JACKSON PRATT

What is a Jackson-Pratt drain?

It is a tube placed in a closed wound. It has a small drain that allows for the aspiration of fluid from the wound. (Figure 1).

Why do I have this drain?

It prevents the accumulation of fluid under the wound and reduces the risk of infection.

It also allows you to measure the amount of fluid coming from the wound.

When is the Jackson-Pratt drain installed?

It is installed under the wound during the operation.

How long does the Jackson-Pratt drain stay in place?

Instructions for removing your drain will be given to you by the CLSC nurse or by the surgeon. In general, it remains in place for a few days. A referral to the CLSC will be made when you are discharged from the hospital. The dressing on the drain will be changed by the CLSC nurse. Removing the drain is a simple and quick procedure that usually causes only a little discomfort.

When should I empty the drain?

3 to 4 times a day.

You can empty it in the morning, at noon, at supper and at bedtime.

Also empty it as soon as it is half full.

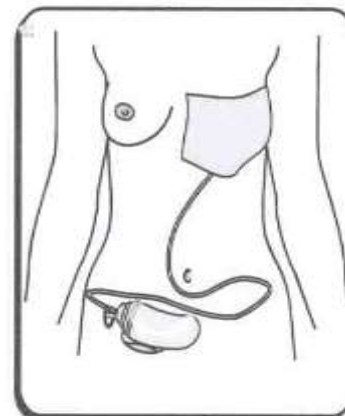


Illustration 1

While you have your drain

Do not take a shower.

You can take a bath **WITHOUT** getting the drain and dressing wet.

Emptying the Jackson-Pratt DRAIN

1- Prepare the material:

- A clean towel.
- The graduated measure.

(It will be given to you before you leave the hospital).

2- Wash your hands with soap and water.

3- Sit down near a table or a counter.

4- Place the drain on the towel.

5- Remove the cap from the drain (illustration 2).

6- Pour the liquid into the graduated measure and press the drain to empty it as much as possible.

7- Then put the suction back into the drain, like this:

- crush the drain with your hand until the two sides touch;
- while keeping the drain crushed, close the drain cap (illustration 3).

8- You can clean the cap if dirty with a little water, soap or rubbing alcohol. It is not necessary to clean inside the drain.

9- Attach the drain to your clothes.

10- Measure the amount of liquid and write it down in the table (next page). If you have several Jackson-Pratt drains, empty and measure each one separately. Flush the drained liquid down the toilet.

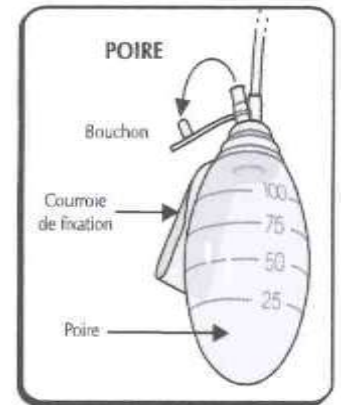


Illustration 2

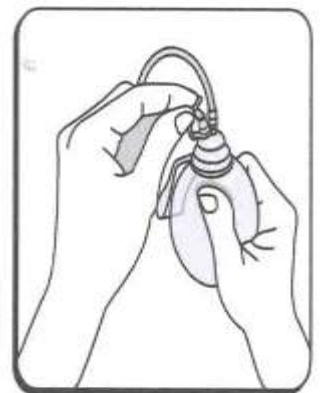


Illustration 3

POSTOPERATIVE EXERCISES

If you have had a **dissection of the axilla**:

You should see a physiotherapist about 3 weeks after your operation to ensure that you are doing the exercises properly.

**Call the day after your operation to make an appointment.
450 975-5401**

Date/time of your appointment: _____

Location: _____

Axillary web syndrome (AWS) or cording

AWS is the feeling of a hard, shortened cord that can extend from your armpit to your thumb. You may also have difficulty moving your arm and feel pain.

This sensation may appear a few weeks after your operation.

It is important to gently soften this web of rope-like structures by stretching your arm. Ask your doctor or physiotherapist for advice.

STARTING 6 TO 8 WEEKS AFTER YOUR OPERATION

As you feel stronger, you may want to gradually start doing strengthening and general fitness exercises.

Talk to your doctor or physiotherapist if you want to start a fitness program.

Your physiotherapist can provide you with a muscle strengthening program and let you know when you can start it.

Continuing your exercise program

- You can stop doing the exercises once you can easily do your normal activities.
- Your doctor may refer you to a physiotherapist for an evaluation of your shoulder mobility.
- Radiation therapy:
 - Continue to practice and do these exercises even if you have to get radiation therapy and continue them until the end of the treatment. They will help you maintain mobility and flexibility in your arm and shoulder. It is also important to do them for several months once your treatment is over to maintain mobility and flexibility in your shoulder.

LYMPHEDEMA

Lymphedema is an unusual accumulation of fluid (lymph) in the tissues that is characterized by chronic swelling of the arm.

The lymph nodes in the armpit help lymph properly circulate. The removal of the lymph nodes from the armpit, radiation therapy, or other conditions can affect circulation and cause lymphedema.

This can appear right away or a few years after surgery or radiation therapy.

Preventing and promptly treating the condition can reduce the complications of lymphedema.

In some cases, lymphedema causes pain and decreased arm mobility.

Signs of lymphedema

Sudden or gradual swelling of the arm	Decreased flexibility
Feeling of heaviness	Acute pain or tightness
Hard and taut skin that marks easily from pressure	Swelling that is more pronounced in hot, humid weather or during exercise
Infection of the skin of your arm or armpit	



**If you have a any of these symptoms:
Call the Breast Clinic nurse so that she can notify your doctor.
Breast Clinic: 450 668-1010, ext. 24515**

To reduce the risk of lymphedema

Prevention and monitoring are the best ways to reduce the risk of lymphedema. The tips below are the main ways to prevent this risk; however, do not hesitate to talk to a health professional (pivot nurse, physiotherapist, doctor) if you have questions or concerns.

- Follow the exercise program created by your physiotherapist.
- It is important to maintain a healthy weight.
- Maintain an active lifestyle as you can tolerate it and gradually increase your activity level. Consult a physiotherapist if necessary.
- Maintain good hygiene and keep your skin moisturized to avoid dryness and infections.
- Avoid extreme temperatures (hot baths, saunas, frostbite, sunburn, burns).
- Avoid injuring your arm:
- Use an electric razor to avoid cutting yourself with a razor blade.
- Wear gloves and long sleeves when doing manual work or gardening.
- If possible, avoid getting blood drawn from or having injections, vaccinations, or an IV in your operated arm.
- Avoid wearing tight-fitting clothing or jewelry that may cut off your circulation.
- Watch for signs of infection (redness, heat, swelling, pain, wound discharge)
- Notify a health care professional if necessary.

For more information, visit the website of the Association québécoise du lymphœdème (www.infolympho.ca).



RESOURCES

**For emergencies, call 911
Info-Santé – CLSC, call 811
24 hours a day, 7 days a week**

Clinique externe

Clinique de Préadmission (<u>préopératoire seulement</u>).....	450 975-5566
Clinique du sein (CRID).....	450 668-1010, ext. 24515
Clinique externe de chirurgie.....	450 975-5562
Unité de soins chirurgie d'un jour (entre 7h00 et 22h00).....	450 668-1010, ext. 23549

Bureaux des chirurgiens

Dre Lucie Bilodeau	Dr Patrick Montpetit	} 450 668-1010, ext. 24515
Dre Jacinthe Belhumeur	Dre Eva Thiboutot	
Dr Patrick Bouchard	Dr Serge Legault	
Dre Aude Lebrun	Dre Isabelle L. Cayer	
Dr Guy Flanagan	Dr Hubert Veilleux	

CLSC

Région de Laval

Accueil première ligne	450 627-2530, ext. 64922
CLSC des Mille-Îles.....	450 661-2572
CLSC du Ruisseau-Papineau.....	450 682-5690
CLSC et CHSLD Sainte-Rose	450 622-5110
CLSC de l'Ouest de l'île	450 627-2530
CLSC et CHSLD Idola-Saint-Jean.....	450 668-1803

Région des Laurentides

Centre intégré de santé et de service sociaux des Laurentides :

Thérèse de Blainville	450 433-2777
Des sommets	819 324-4000
St-Jérôme.....	450 432-2777
Pays d'en haut.....	450 229-6601
Jean-Olivier Chenier.....	450 433-2777
Argenteuil	450 562-3761
Antoine Labelle.....	819 275-2118

Région de Lanaudière

Lanaudière Sud	450 654-2572
Lanaudière Nord.....	450 839-3864

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**Centre intégré
de santé
et de services sociaux
de Laval**

Québec 

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