



DIGNE DE CONFIANCE,
à chaque instant

2024

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



Preparation guide for a surgery partial mastectomy



2nd edition

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

**Read it over with your family
and bring this guide with you
the day of your surgery.**

Québec 

A publication of

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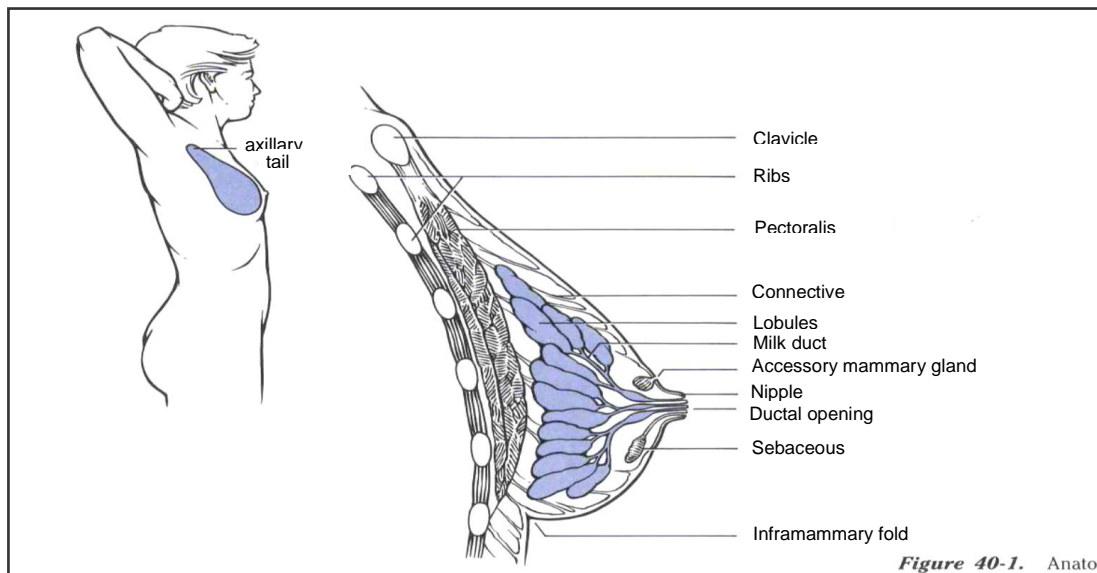
ANATOMY OF THE BREAST

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.

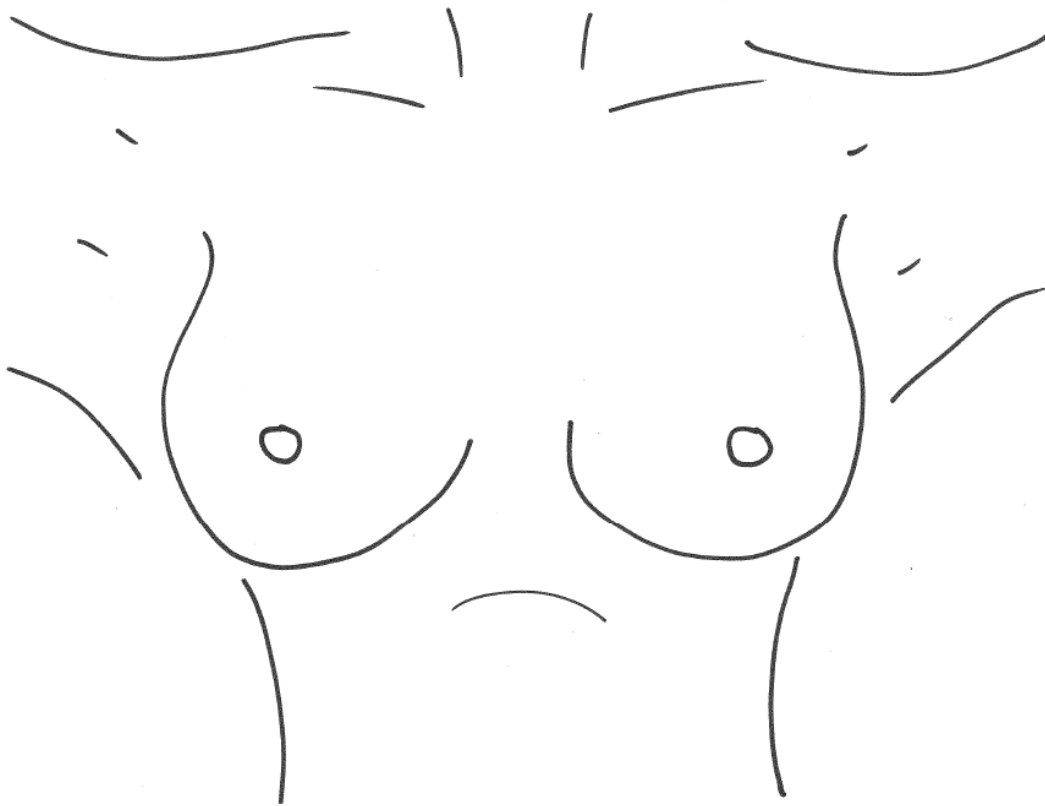
All of these structures are surrounded by fat tissue. There are no muscles in the breast, but there are muscles between the breast and the ribs.

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

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 (a harpoon). 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).

ADMISSION DATE AND TIME

You will receive a call from the hospital's pre-admission department. The secretary will inform you of the date of your surgery. You will be informed of the time of your arrival at the hospital by phone **24 to 48 hours before** the surgery.



Date of your surgery: _____

Arrival hour: _____

Location: _____

SYMPTOMS TO MONITOR

If you have any of these symptoms or conditions one week before the date of your surgery:

- You have a sore throat, a cold or the flu.
- You have a fever.
- You are taking antibiotics.
- You have a contagious disease (e.g., chicken pox), or you have recently been exposed to someone with a contagious disease.
- You have a possible or unconfirmed pregnancy.
- Redness, inflammation, discharge, wound or any other problem at the operating site.



Call immediately to inform the administrative officer at:

General Surgery450-975-5409

WHEN TO STOP OR CONTINUE YOUR MEDICATION

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.
- Prasugrel^{MD} (Effient), Ticlid^{MD} (Ticlopidine)
 Ticagrelor^{MD} (Brilinta)
 - Stop ____ days before your surgery.
 - Do not stop.
- **Anti-inflammatory drugs** (e.g., ibuprofen such as Advil[®], Motrin[®] (including for children), Celebrex[®], Maxidol[®], Aleve[®], Naprosyn[®], etc.)
 Stop 3 days before your surgery.
- **Anti-inflammatory drugs:** meloxicam (Mobicox), piroxicam (Feldene)
 Stop 7 days before your surgery.
- **Anti-inflammatory drugs:** tenoxicam (Mobiflex)
 Stop 10 days before your surgery.
- **All natural products** (except for melatonin): glucosamine, omega 3, vitamin E, etc.
 Stop 7 days before your surgery.

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

BEFORE YOUR VISIT TO THE PREADMISSION CLINIC

Your record will be transferred to the hospital's Preadmission Clinic. Someone will call you with the date and time of your Preadmission Clinic appointment.

Date and time of your appointment: _____

Location: _____

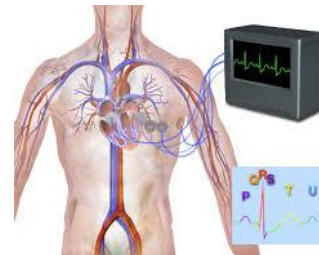
During your Preadmission Clinic visit, you will:

Meet with a nurse, who will explain how to prepare for surgery and what to expect during your hospital stay.

Have an ECG (electrocardiogram) if the nurse determines that you need one.

Have blood taken, if required. You will be sent to the hospital's test centre.

The nurse will tell you if you need more tests or have to meet with other doctors or professionals.



CONSENT TO SURGERY AND ANESTHESIA

At your preadmission meeting, the nurse will ask you to sign the consent to surgery and anesthesia.

This consent means that the surgeon clearly explained why you need this operation, what the procedure entails, the potential risks, and the desired results of the operation.

If you did not get the proper information, you must contact your surgeon. The preadmission clinic nurse can help you. You will need to sign the consent form the morning of your surgery.



For further information about anesthesia, please read the guide on anesthesia and pain relief Information guide which the nurse will provide when attending your preadmission meeting.

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, don't hesitate to contact:

If you need help to quit smoking, don't 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: <https://www.tobaccofreequebec.ca/iquitnow>

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.

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

DISCHARGE PLANNING

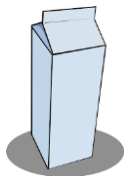
Before your operation, it is important that you prepare in advance for your return home.



- 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

Suggestions to boost your protein intake



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)
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
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



To complete your diet, you can also take a supplement such as Ensure or Boost.

THE NIGHT BEFORE YOUR SURGERY

The night before your surgery

You can eat normally.



The 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

The nurse will tell you if you need to follow the following beverage 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 and 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.



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

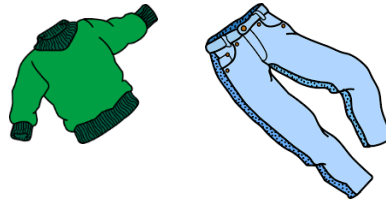
If you have not followed these instructions, you must advise the nurse once you get to the hospital.

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 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.

Do not shave the area to be operated on





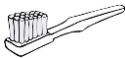

Medication

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



If you do not follow all these instructions
your operation may be cancelled.

WHAT TO BRING TO THE HOSPITAL

- This guide.
- Your valid, unexpired 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. 
- Favor a blouse or vest that opens in the front.
- 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 to, bring sanitary napkins or incontinence products.

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



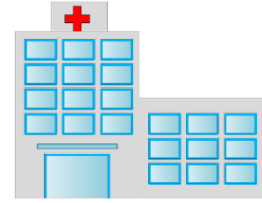
The hospital is not responsible for lost or stolen items.

(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.**



- If you have to stay at the hospital after your surgery:** Go to the reception area of Room RC.5, block C.

The time of your operation will be given to you when you arrive at the unit.

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 DAY SURGERY UNIT OR THE CARE UNIT

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

- Give you a hospital gown to put on (you must remove all other clothing before leaving for the operating room).
- Proceed to a blood test if necessary.
- Check that you have followed the preparation instructions (beverages, fasting, etc.).

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.

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.

IN THE RECOVERY ROOM

- You will wake up in the recovery room.
- No visitors are allowed in the recovery room.
- The staff will make you comfortable on your stretcher or bed.
- You will not be able to eat or drink immediately, but the nurse will allow you to do so when your condition is stable.
- When your condition is stable and pain is well controlled, you will be transferred to the day surgery unit.



Return to day surgery or inpatient unit

The nurse will also check your dressings and drains (if drains used).

The operation is performed through an incision (cut), which may vary in size from one person to another. Wounds are usually closed with melting stitches (in the skin) that will fall out or melt over a period of 1 to 2 months.

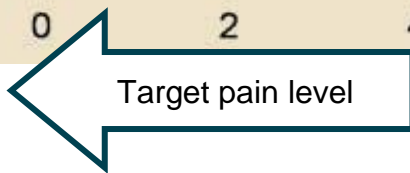
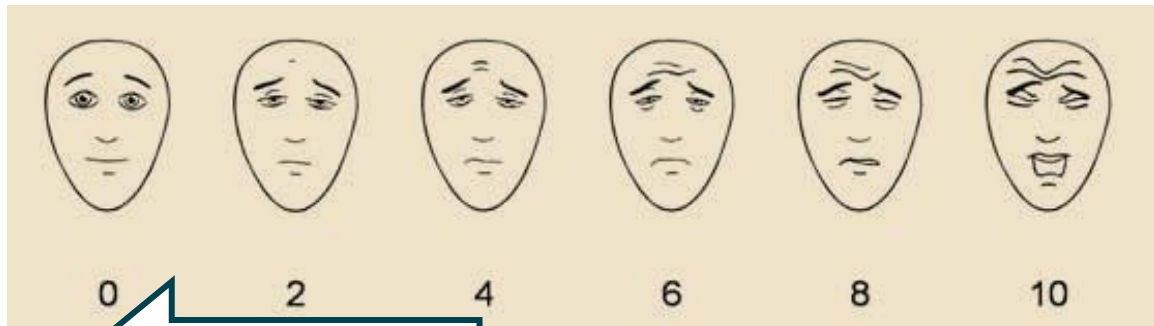
The nurse will give you an instruction sheet before you leave. This sheet will indicate when to remove the dressing and when you can shower. When you remove the dressing, you may see steri-strips. You should leave them in place. They can be removed 7 to 10 days after the operation.

For women undergoing armpit dissection, a drain will be installed. Refer to page 35 for care instructions.

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.



Our goal is to keep your pain below 4/10

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.

Analgesia (pain medication)

- Injections (shots) will be given to you if your pain is too great.
- Medication in tablet form (pill) will be given as soon as you can tolerate it or feed yourself.

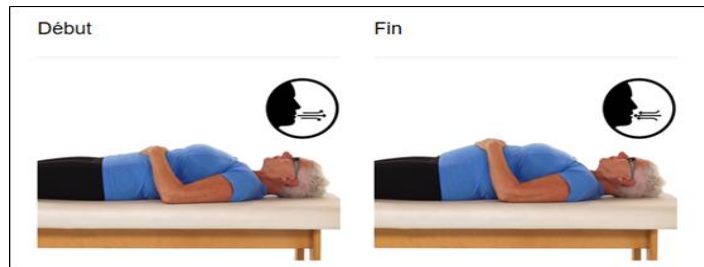


BREATHING EXERCICES

Deep breathing

To do as soon as you wake up

Lie on your back, with your legs slightly bent. Place one hand on your stomach and the other below your breasts.



Breathe in slowly and deeply through your nose or mouth as if you were smelling a flower. At this point, you will feel your lungs expand. Only the hand on your belly should lift.

Keeping your lips pinched, **slowly** exhale through your lips. This will take twice as long. Exhale to get the air out of your lungs by pulling your stomach in.



This exercise is not easy to do.
Therefore, you need to practice before your operation.

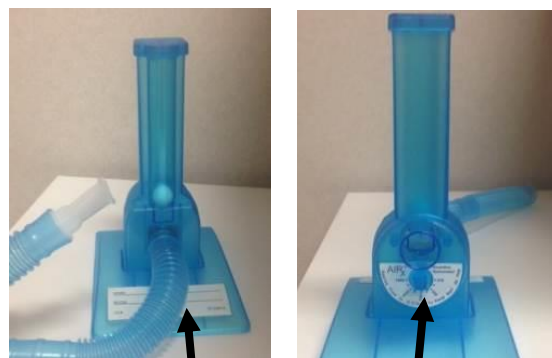
Spirometer

* 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 position.
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.



Tube

Flow
volume
selector

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 helps 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 EXERCICES

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.

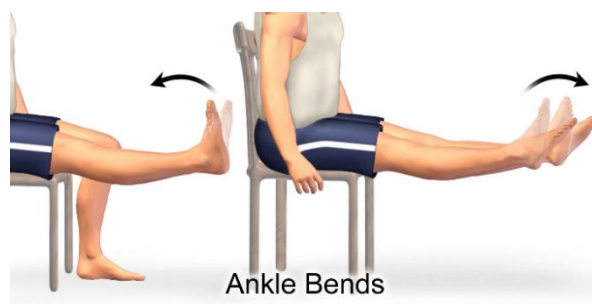


Image: Wikimedia Commons (2017)

Ankle rotation

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 two hours.

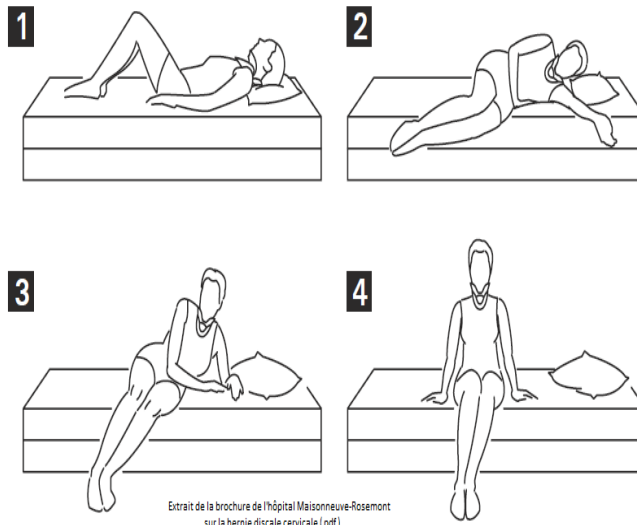


Image: Wikimedia Commons (2017)

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.



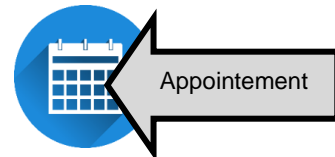
1. Lying on your back, bend your knees.
2. Turn toward your non-operated side.
3. Push against the mattress using your elbow on the non-operated side and your other hand to sit up on the edge of the bed. Slide your legs over the bed at the same time.
4. Stay in this position for a few minutes. Take a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

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

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 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 surgeon. You must absolutely go to this appointment, feel well:



Surgeon's name: _____

Date & time of appointment: _____

Location: _____

You will receive a proof of hospitalization or medical leave from work form if you need one. Your surgeon should be notified if you need these documents.



If you have any insurance forms to complete, please bring them with you and deposit them in the white box in front of room RC-49 (general surgery outpatient clinic). You can go there 24/7. Write down your name, your file number (on the right of your hospital card), the surgeon's name and a (reliable) telephone number where you can be reached. You'll receive a call 7 to 10 business days after this deposit to schedule an appointment to receive your completed forms. If necessary, call 514-230-2571 to reach the secretary.

ONCE YOU GET BACK HOME - INSTRUCTIONS

Hygiene

Showering is not permitted until your drain and/or dressing have been removed. When there are only Steri-strips (no drain or dressing), you may shower.



Skin can be cleansed with a mild, unscented soap (such as Ivory® or Dove®), rinsed well and dried thoroughly.

Bathing is permitted. Do not wet the drain or dressing.

You may wear a bra after surgery. If you feel more comfortable, you can wear it even at night.

Back to work

Returning to work depends on the type of work you do and the operation you have had.



You should allow 2 to 3 weeks off work. Your surgeon will tell you when you can return to work.

A work stoppage certificate will be given to you on request.

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 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's very important to move your arm. Don't be afraid to move around normally.

- The day after your surgery, you can already use your arm for personal care activities such as brushing your teeth, combing your hair, dressing and eating.
- The pain should not prevent you from performing daily activities such as dressing, washing or eating. Take your painkiller if the pain is too intense and at least 30 minutes before exercising, if necessary.
- Walking is one of the best exercises. Increase the distance you walk each day, alternating with periods of rest.
- Avoid vigorous exercise, sudden movements or contact sports for 2 weeks after the operation. Thereafter, you can gradually resume your activities as tolerated.
- During the day, take rest periods and rest your arm on the operated side on pillows. It should be higher than your shoulder. This will help reduce swelling caused by the operation.
- Avoid lying on the side on which you had surgery.



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.

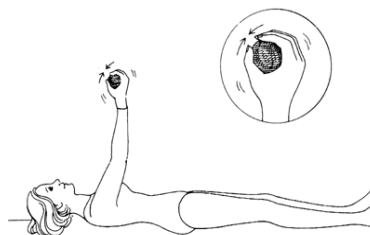
Breathe deeply and often during each exercise.

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

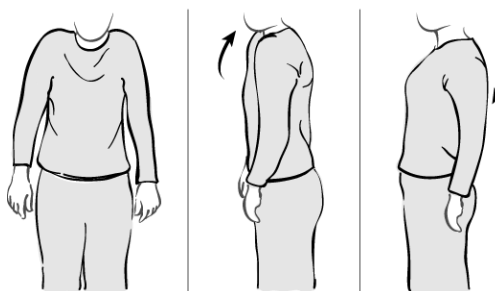
Lie on your back and raise your arm on the operated side.

Squeeze and release a foam ball 15 to 25 times.



Shoulder elevation and rotation

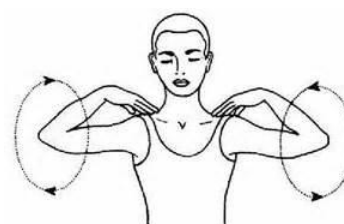
- Lift both shoulders toward your ears.
- Hold this position for 5 to 10 seconds.
- Then lower your shoulders. Repeat 5 to 10 times.
- Then roll your shoulders toward the front and then the back.
- Repeat 5 to 10 times in each direction.



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.

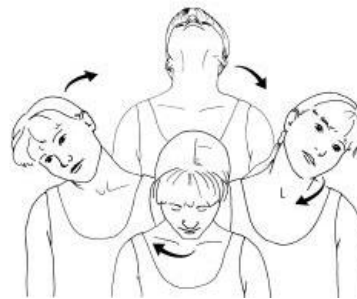


Neck stretching

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.

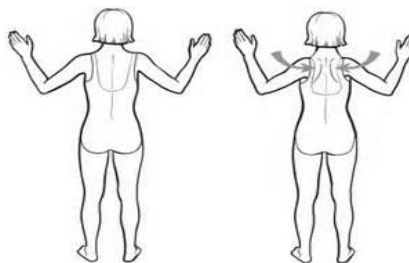


Posture exercise

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.



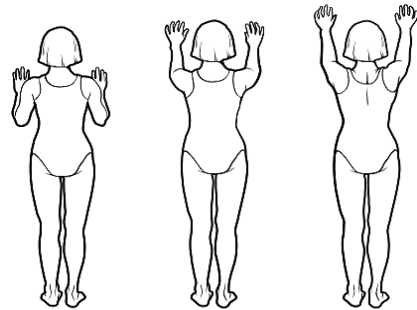
You should do these exercises regularly until your arm is as mobile as before. Compare your mobility and strength with the other arm.

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.



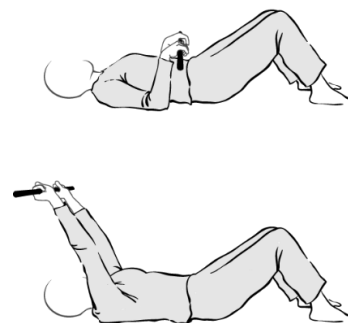
Shoulder flexions with a stick

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.



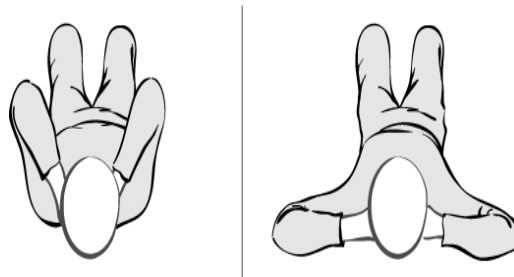
Pectoral stretches

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.

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.

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



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



**N'hésitez pas à demander si
vous avez besoin d'aide**

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.




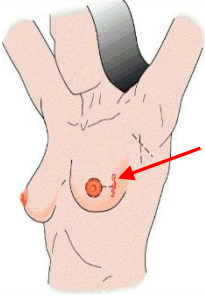
COMPLICATIONS


If you have difficulty breathing:

**Immediately call
Urgences-santé at 911**



If you have one or more of the following signs or symptoms:

 <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>
	<p style="text-align: center;"><u>Wound</u></p> <p>Redness Increased.</p> <p>Heat.</p> <p>Significant swelling.</p> <p>Abnormal discharge.</p> <p>Bleeding Abundant.</p>	<p style="text-align: center;"><u>Arm on operated side</u></p> <p>Increased redness.</p> <p>Pain not relieved</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:

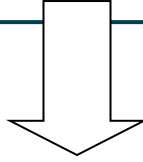
Contact the Breast Clinic at 450-668-1010, ext. 24515 (Monday to Friday, 8:30 a.m. to 3:30 p.m.).

*****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.

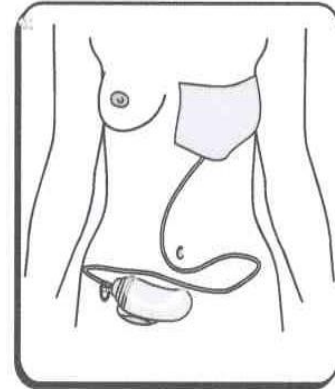


Illustration 1

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.

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.

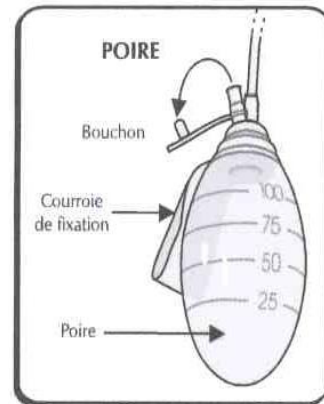


Illustration 2

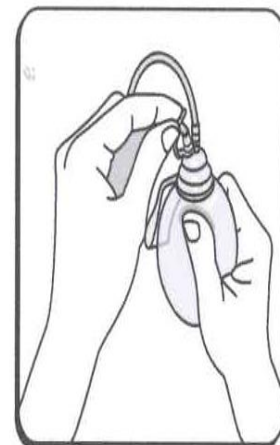


Illustration 3

Record the amounts each day in the chart and bring your results to your next medical visit.

Date	Morning	Afternoon	Supper	Sleep	Total

Contact Info-Santé (811) on weekends and evenings or the breast clinic nurse: 450-668-1010, ext. 24515 (Monday to Friday) if:

- Your dressing becomes soiled and the drain does not fill.
- Fluid is leaking around the drain.
- You have swelling, pain or redness around the drain site.
- The drain swells immediately after closing the cap.

The drain fills quickly with blood and/or you have to empty it every hour.

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
For health advice, call 811
24 hours a day, 7 days a week

Outpatient clinics

Breast clinic (CRID)	450-668-1010, ext. 24515
Preadmission clinic (<u>preoperative only</u>)	450-975-5566
Day surgery unit (between 7h00 and 22h00)	450-668-1010, ext. 23549
Surgery clinic	450-975-5562

CLSC

Laval area

Accueil première ligne.....	450-627-2530, ext. 64922
CLSC des Mille-Îles	450-661-2572
CLSC et centre de services ambulatoires Ruisseau-Papineau.....	450-687-5690
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

Laurentian area

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

Lanaudière area

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 

July 2024
Direction des services professionnels
62-100-704