

Lumpectomy/Segmental Mastectomy/Partial Mastectomy, Sentinel Lymph Node Biopsy or Axillary Dissection Post-Surgery Guide

The following information is intended to guide you through your post-op recovery:

Diet:

- For the first few days after your surgery you should eat foods that you easily tolerate normally.

Medications/Pain Management:

- Follow the directions on any new prescriptions that your doctor has given you. You will be instructed prior to your discharge about what daily medications you will need to take when you return home.
- Pain management is an important part of your post-surgery care. You should expect some discomfort after your surgery. You may be sent home with a prescription for pain medication. It is important to take your pain medicine prior to your pain becoming intense in severity.
- PLEASE NOTE: No pain medication refills will be authorized on the weekends. If a refill is needed, the request must be made BEFORE 12:00 PM (noon) on Friday.
- Some side effects from narcotic pain medications include nausea and constipation. If you experience nausea or vomiting related to your pain medications, you should stop the medication and take ibuprofen or acetaminophen for pain management.

Bowel Care:

- To prevent constipation you should drink plenty of fluids and take a stool softener such as docusate (Colace) daily. Walking is often helpful to stimulate bowel movements.
- If you have not had a bowel movement within 48 hours after your return home, you should increase your fluid intake. You may take **one** single dose of Milk of Magnesia, as long as you have no abdominal distention. Or you may start over-the-counter Miralax, once daily; you should stop this medication when you reestablish your normal bowel habit.

Incision Care / Drain Care:

If you do NOT have a drain:

- You may remove your dressings 3-4 days after surgery, and then you can begin to shower.
- After dressing is removed, if your clothes irritate the incision or if you have some drainage you may place a clean, dry gauze dressing over your incision; you should change it daily.

If you do have a drain:

- You may have one or two drains in place after your surgery. You will need to empty the bulb(s) at least twice a day and keep a record of the output for each drain per each day. The hospital staff will give you instructions on the care of the drains.
 - Despite discharge instructions from the hospital you do NOT need to clean the drain bulb caps with alcohol. This is unnecessary and may make them too slippery to stay capped.
- Do NOT shower while the drains are in place.
- Please leave your dressings in place until your first office visit. You may re-tape any part of the dressing that loosens and is about to fall off.
- The drains are usually removed once the output is less than 15-30cc for each drain in a 24 hour period. You should call the nurses at your surgeon's office if you have questions about when the drains can be removed.
- If your dressing becomes extremely soiled, or loosens and comes off prior to your first office visit, you may replace it with a dry sterile dressing and tape, and then call the office to arrange a nurse visit for a dressing change.

For all patients:

- Once the dressing is removed you must observe your incision daily for signs or symptoms of infection. These signs include: increased swelling, redness or wound drainage with odor. It is normal to have some swelling and bruising around your incision.
- When your outer dressing is removed you will be able to see steri-strips (tape) across your incision. Those strips should remain in place for 5-14 days. The strips may gradually loosen and come off, or are removed at your postoperative appointment.
- You will likely be given a compression garment (breast binder) immediately after your surgery; you should continue to wear it until your postop appointment or until your surgeon instructs you to discontinue.
- If the material from the compression garment irritates your skin you may wear a thin shirt or camisole under the garment. A pad under the arm may prevent irritation of the incision under your arm from the garment.

Physical Activity:

- Minimize your activity level for the first few days at home, and then resume normal non-vigorous activity. Avoid repetitive movements with the arm on your surgical side; if you have had lymph nodes removed from your under arm avoid lifting your elbow above your shoulder for the first 1-2 weeks after surgery. You may return to exercising when your physician states it is OK.

Bathing and Showering:

- Do NOT shower while the drains are in place. Once your drains are removed you may start showering 48 hours afterward.
- If you do NOT have a drain please note the following instructions are based on the type of dressing you have:
 - If you have a gauze dressing held in place with a woven or fabric tape you may take a shower when you have been instructed to remove your dressing (usually around 3-4 days after surgery).
 - If you have a plastic dressing covering the entire incision you may shower 24 hours after your surgery. Plastic dressings may be removed 4 days after your surgery.
- When you are released to shower, you may do so with your steri-strips and stitches in place. Do not scrub across your steri-strips or incision. **Do not bathe in a tub for 14 days after your surgery.** This includes a “hot tub”.

Driving:

- You may drive when you no longer are taking narcotic pain medications *and* you feel you can quickly respond to situations that will not place others in jeopardy.

Return to Work:

- As a general guideline the following will give you a guide for when to return to work:
 - Light lifting or no lifting type jobs: You may return to work the within three to seven days of surgery.
 - Heavy lifting or physical type jobs: You may return to work within one to two weeks after surgery.
- Your doctor should inform you of when you might return to work. Please notify our office if you need a return to work letter for your employer. It may take up to 48 hours for the letter to be completed. Please leave a fax number for your employer so we can fax your release

Pathology Results:

- The pathology results will usually be available four to five “working” days after your surgery. You can call the office in the afternoon on your fifth post-op day if you have not heard from our office and would like to check for results. Please note your doctor may not be available to discuss your results with you directly when you call.
- If you choose not to call, your results will be covered in detail at your first postoperative appointment with your provider.

Note:

- You should discuss increasing activity level and lymphedema prevention (if appropriate) after surgery with your doctor.
- If you had a sentinel lymph node biopsy your urine may turn blue for approximately 48 hours after your surgery. This is expected and considered normal.
- Do not allow any blood pressures or lab / IV punctures on the arm of the affected side (surgery side). Discuss the length of these restrictions with your surgeon at your postop appointment.

Follow-up Appointments:

- You will be given instructions about your post-operative follow up the day of your surgery; please follow the instructions. If you have not already done so, please call the office after your surgery to schedule this appointment.

Problems to Observe For:

Call the office for the following:

1. Fever >101.0
2. Uncontrolled pain. That is on a scale of 1-10 (10 being the worst pain imaginable) your pain is a level 7 or above.
3. Nausea and / or vomiting that continue for 12-24 hours.
4. Diarrhea that continues for 12-24 hours.
5. Signs of a wound infection.
6. Chest pain or difficulty breathing
7. Your incision separates or opens up.
8. Significant drainage leaking around the drain.

Please call the office if you have further questions after reading this handout. The office is open from 9:00AM to 5:00PM Monday through Friday. For emergencies after office hours, the answering service will be available when you call the office number.

NWSS Phone: (541) 868-9303