

BREAST CANCER SURGERY

Information Guide



Hôpital Charles-Le Moyne
Hôpital du Haut-Richelieu

Created by

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Table of contents

Surgery.....	3
Wound, drain, and dressing.....	6
Personal hygiene.....	7
Pain relief	7
Nutrition and elimination	8
Advice for preventing lymphedema.....	9
Resuming your daily activities	10
External breast prosthesis	11
Post-mastectomy exercise program	12
Information workshop	22
Educational capsules.....	22
Support.....	23
References.....	23

Support

If you have any questions or concerns or if you feel the need to talk with other women who have gone through a similar experience, please go to the following sites where you can find information on a wide range of topics.

- Réseau de cancérologie de la Montérégie : cicm.quebec
- Québec Breast Cancer Foundation: <https://rubanrose.org/en/>
- Canadian Cancer Society: cancer.ca

References

Ferguson, C.; Swaroop, M. N.; Horick, N.; Skolny, M.; Miller, C.; Jammallo, L. S.; Taghian, A.G. (2015). Impact of Ipsilateral Blood Draws, Injections, Blood Pressure Measurements, and Air Travel on the Risk of Lymphedema for Patients Treated for Breast Cancer, *Journal of Clinical Oncology*, 34(7), 691-698.

Ahn, S. & Port, E.R. (2015). Lymphedema Precautions: Time to Abandon Old Practices? *Journal of Clinical Oncology*. 34(7), 655-658.

Vignes, S. (2016). Les lymphœdèmes : du diagnostic au traitement. *La Revue de Médecine Interne*. 38(2). 97-105.

Vignes, S.; Arrault, M. (2017). Complications après traitement d'un cancer du sein : Prise en charge, nouvelles et fausses idées. *La Lettre du Sénologue*, 75.

Hôpital Charles-Lemoyne (2010). Chirurgie du sein, Direction des soins infirmiers. Document interne.

Canadian Cancer Society (2019). Exercices after Breast Surgery. <http://www.cancer.ca>

CHU de Québec (2020). Centre des maladies du sein Deschênes-Fabia. <https://www.chudequebec.ca/patient/maladies,-soins-et-services/m-informer-sur-les-soins-et-services/centre-des-maladies-du-sein-deschenes-fabia.aspx/>

CHUM (2020). Centre intégré de cancérologie du CHUM. Accessible à <https://www.chumontreal.qc.ca/patients/cicc>

Information workshop

An information workshop entitled *La prévention des séquelles postchirurgie du sein* (preventing complications following breast surgery) will be held four to six weeks after your surgery.

A physiotherapist specialized in breast cancer will call you to set up an appointment for this workshop. The purpose of this workshop is to inform you about postoperative and post-radiotherapy musculoskeletal complications, how to prevent them, what to watch out for, exercise progression and massage techniques for your scars. The physiotherapist may also determine if you need physiotherapy treatments.

Educational capsules

To watch a series of educational capsules about prevention of musculoskeletal complications after breast cancer treatment, see cicm.quebec (educational capsules breast cancer).

These educational capsules present up-to-date information on prevention.

Québec

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Capsules éducatives sur le cancer du sein

CISSS de la Montérégie-Centre

Consulter les autres sections

- Centre intégré de cancérologie de la Montérégie
- Votre première visite au CICM
- Chimiothérapie
- Radio-oncologie
- Recherche oncologique
- Documentation
- Capsules éducatives sur le cancer du sein**

Capsules éducatives Cancer du sein

Série de capsules éducatives sur la prévention des complications musculosquelettiques à la suite des traitements du cancer du sein.

- Capsule 1 : Les complications musculosquelettiques
- Capsule 2 : Le lymphoedème
- Capsule 3 : Programme d'exercices après une mastectomie
- Capsule 4 : Programme d'exercices pendant et après la radiothérapie pour le cancer du sein
- Capsule 5 : Programme d'exercices de renforcement musculaire
- Capsule 6 : Les activités physiques et le cancer
- Capsule 7 : Les neuropathies périphériques induites par la chimiothérapie

De l'information crédible et accessible.
Les capsules développées présentent une information à la fine pointe des connaissances en matière de prévention. Il s'agit d'informations fiables et pertinentes.

Surgery

You have had or are going to have surgery for breast cancer. There are different types of surgery for breast cancer. You and your surgeon have discussed the best option for you. He is the best person to answer any questions you may have before and after your surgery.

Surgery may be done for different reasons. You may have surgery to:

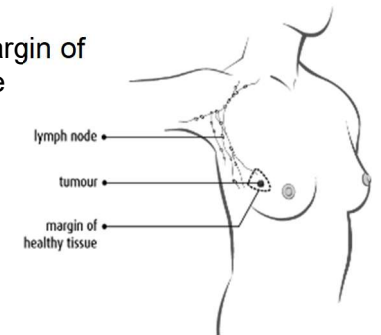
- completely remove the tumour
- check if there is cancer in or remove lymph nodes
- remove cancer that comes back in the breast (called a local recurrence)
- reconstruct the breast ([breast reconstruction](#))¹
- remove an area at risk (biopsy)
- reduce the risk of cancer if you have a genetic mutation.

Breast-conserving surgery (partial removal of your breast)

Partial mastectomy (lumpectomy)

The purpose of this surgery is to remove the tumour along with a margin of healthy tissue to be sure that all the cancer has been removed.

- *Using a harpoon:* If the tumour is not palpable or is not well defined.
- *With sentinel lymph node biopsy:* With this procedure, the first lymph nodes at risk of becoming cancerous can be identified. This or these lymph nodes will be removed from your armpit and analyzed in a lab to determine whether they contain any cancerous cells coming from the affected breast.



¹ Canadian Cancer Society, Cancer information, Cancer types / Breast / Treatment / Surgery, www.cancer.ca/en/cancer-information/cancer-type/breast/treatment/surgery/?region=on, 2020-08-24

² Idem

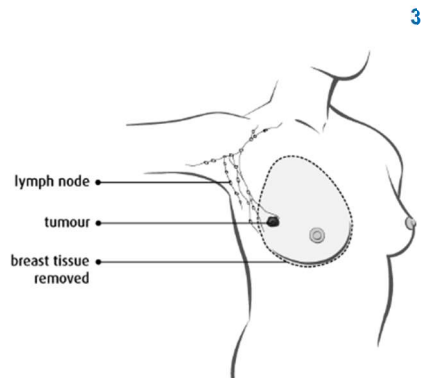
- *With axillary dissection:* This procedure involves removing several lymph nodes in the armpit in a well-defined area.

Mastectomy (complete removal of your breast)

Simple or total mastectomy

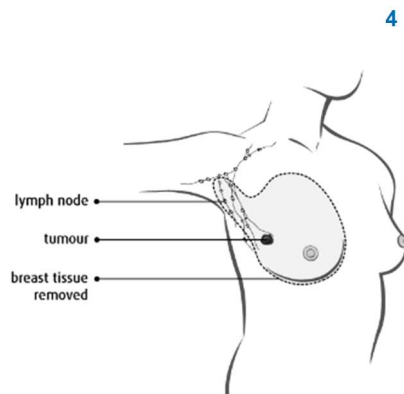
This procedure involves removing the entire breast including the nipple and the skin. The lymph nodes, nerves and chest muscles are left in place

- *With sentinel lymph node biopsy:* With this procedure, the first lymph nodes at risk of becoming cancerous can be identified. This or these lymph nodes will be removed from your axillary region and analyzed in a lab to determine whether they contain any cancerous cells from the affected breast.



Modified radical mastectomy

This procedure involves removing the entire breast including the nipple and the skin. The nerves and chest muscles are left in place. Axillary lymph nodes are removed. An axillary dissection is performed.



³ Canadian Cancer Society, Cancer information, Cancer types / Breast / Treatment / Surgery, www.cancer.ca/en/cancer-information/cancer-type/breast/treatment/surgery/?region=on, 2020-08-24

⁴ Idem

Hand behind your back

Starting position: While standing, put the hand on your operated side on your lower back. Grasp the wrist on your operated side with your other hand.

Movement: Slide the hand on your operated side up as high as possible using your other hand to help. Hold for 5 seconds. At the end of the movement, exhale to get the air out of your lungs to increase the stretch. Return to the starting position.

Parameters: 5 repetitions



Recommendations

You should do each exercise as long as it takes to get movement in your arm back to what it was prior to your surgery without feeling any discomfort in the operated areas. If, despite the exercises, you are no longer seeing any improvement in the mobility of your arm and/or if any discomfort persists in the operated areas, you may do the exercises according to the following progression:
Hold for 10 seconds, 5 reps.
Hold for 20 seconds, 3 reps.

Shoulder flexion, sitting

Starting position: While sitting, grasp the wrist on your operated side with your other hand, keeping the arm on your operated side straight and the thumb pointing towards the ceiling.

Movement: Slowly raise your arms towards the ceiling while keeping the arm on your operated side straight. Hold for 5 seconds while keeping your shoulders relaxed. At the end of the movement, exhale to get the air out of your lungs to increase the stretch. Return to the starting position.

***Be careful not to arch your lower back.

Parameters: 5 repetitions



Breast reconstruction

Breast reconstruction recreates all or part of a breast that has been removed by breast cancer surgery. It is done by a plastic surgeon who has special training in breast reconstruction surgery. A breast can be reconstructed with an implant, your own body tissue or a combination of an implant and body tissue.⁵

Once you've been diagnosed with cancer, you can see one of the plastic surgeons at your facility to discuss the reconstruction process and the various breast reconstruction options.

After surgery

A post-operative treatment plan will be proposed when your doctor obtains the results of the pathological analysis of the excised tissues. It takes about four weeks to get the final report. It will define the type of cancer, size, its grade, resection margins, hormone receptor status and lymph node status.

Depending on the results, your surgeon will determine whether you need to be referred to the oncology team for a personalized treatment plan that could include complementary treatments after your breast surgery such as chemotherapy and/or radiotherapy. In such case, the oncology clinic will call you to set up an appointment with an oncologist and/or a radiation oncologist. Some patients will have received preoperative chemotherapy treatments.

⁵ Canadian Cancer Society, Cancer information, Cancer types / Breast / Breast reconstruction and prostheses, <https://www.cancer.ca/en/cancer-information/cancer-type/breast/reconstruction-and-prostheses/?region=on>, 2020-08-24

Wound, drain, and dressing

- Depending on the type of surgery and the surgeon who performed the surgery, you will have a little tube (drain) attached to a container to collect fluids (blood and other) which will flow from your surgical wound. This will prevent blood and fluids from accumulating at the surgical site. The tube (drain) will be removed one or two weeks after the surgery. This procedure is not very painful and takes a few seconds only.
- You may be required to wear a large and very tight dressing on the operated breast that extends to the back. This is normal and is done to prevent the development of a hematoma (accumulation of blood) around the site of surgery.
- The dressing will be removed according to the instructions given. You will have either dissolvable stitches or stitches that will be removed by your surgeon. This procedure is not very painful.
- If you have dissolvable stitches, be careful not to pull off the wound closure strips.
- If the wound closure strips have not fallen off after 7 days, you should remove them.
- During the postoperative period, your surgeon may ask you to wear a bra that provides good support 24 hours a day.
- If your surgeon used a dye to help locate a sentinel lymph node, your urine will have a green tinge. Do not worry about this. Your breast may also be bluish, but this should fade within a few months.
- If your wound becomes red, hot to touch and painful, or if you have a fever (over 38.5° C), consult your doctor as soon as possible or, if you are unable to reach him go to the emergency.
- Slight swelling and/or a hematoma (blue) may develop in the wound area. If it doesn't get larger, there is no need to worry.

Shoulder abduction

Starting position: Lying on your back, knees bent, arm along the body, palms towards ceiling.

Movement: Keeping your arm straight, slide it along the surface of the mat to move it away from the body, without lifting it off the mat at any point during the movement. Hold for 5 seconds. At the end of the movement, exhale to get the air out of your lungs to increase the stretch. Return to the starting position.

Parameters: 5 repetitions



Full shoulder flexion, lying on your back

Starting position: Lying on your back with your knees bent. Grasp the wrist on your operated side with the other hand, keeping your arm along the side of your body with your thumb pointing towards the ceiling.

Movement: Slowly bring both your arms as far above your head as possible. Hold for 5 seconds. At the end of the movement, exhale to get the air out of your lungs to increase the stretch. Return to the starting position
*** Be careful not to arch your lower back.

Parameters: 5 repetitions



- It's normal for the cavity where your breast was removed to fill up with fluid and for you to feel a "wave" or tension in the wound area. It may seem like there is a soft lump that can vary in size (seroma). The lump and the fluid will disappear over the weeks following the surgery. If the pain worsens and the lump gets larger and begins to hinder your movements, don't hesitate to mention it to your doctor, who can remove some of the fluid using a needle.

Personal hygiene

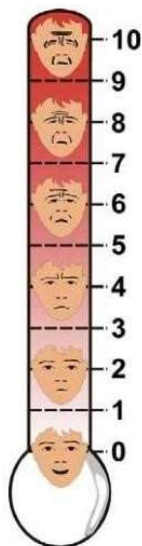
- Use a soft facecloth, mild, unscented soap, and warm water to wash yourself if the stitches in the wound area have been removed.
- You do not have to turn your back to the shower when showering. Some doctors authorize taking a shower after 48 hours. Please check with your doctor. You will be given instructions the day of your surgery.
- Avoid baths, pools, and spas for 14 days.

Pain relief

Post-surgery pain relief is very important. You will:

- eat and sleep better:
- breathe more deeply:
- be able to do your breathing exercises and spit out your phlegm:
- be able to get out of bed and move around and avoid complications:
- move with more ease, do the *Post-mastectomy exercise program* and recover more quickly.

- Your nurse will ask you to rate your pain on a scale of 0 to 10 (see picture on the right), with 0 meaning no pain and 10 meaning the worst pain.
- It's important not to let your pain get higher than 4/10.
- You must inform your nurse if the pain persists or worsens.
- You may be bothered by intestinal gas or cramps. **This is normal.** Walking is an excellent way to relieve these symptoms and also helps your intestinal activity return to normal.
- Once you've returned home, don't hesitate to take the pain-relieving medication prescribed by your doctor to help with pain relief.



Nutrition and elimination

You may have less of an appetite for a few weeks. However, you should be able to stay well hydrated and to eat a little every day. If you are having trouble eating, take nutritional supplements (Ensure, Boost, etc.). If you have uncomfortable gases, avoid beans (legume family), cabbage, and soft drinks. Don't chew gum and don't drink with a straw.

The medication prescribed for pain (opioids) may cause constipation. To help with this, it is recommended that you drink 6 to 8 glasses of water a day (if you have not been instructed otherwise), that you limit your intake of caffeine, gradually increase your fibre intake (prunes, fruits, and vegetables), and walk regularly.

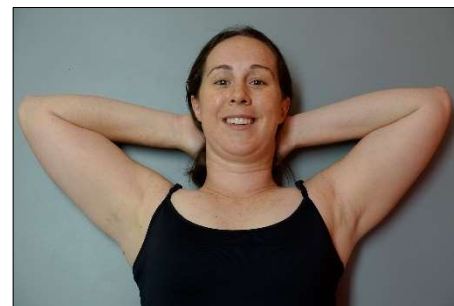
Exercises without drains

Hands behind your neck

Starting position: Lying on your back with your knees bent. Clasp your hands together and put them behind your neck with your elbows pointing towards the ceiling.

Movement: Slowly lower your elbows to the side to touch the mat. Hold for 5 seconds. At the end of the movement, exhale to get the air out of your lungs to increase the stretch. Return to the starting position.

Parameters: 5 repetitions



Partial shoulder flexion, lying on your back

Starting position: Lying on your back with your knees bent. Bend the elbow on your operated side to 90 degrees and grasp the wrist with your other hand.

Movement: Raise the arm of your operated side to a 90-degree angle, using your other hand to help. Hold for 5 seconds and return to the starting position.
***Be careful not to arch your lower back.

Parameters: 5 repetitions



Advice for preventing lymphedema

The classic advice previously given for preventing lymphedema are now being questioned and are no longer recommended. For example; avoiding repetitive activities, taking your blood pressure or blood samples from the arm on the operated side or carrying heavy objects. These recommendations were well before the development of modern surgery and radiotherapy techniques.

Following are scientifically recognized recommendations that are very helpful in reducing the risk of onset of lymphedema (swelling caused by an accumulation of fluids in the soft tissues under the skin).

Maintaining a healthy weight

Several studies have shown that obesity is an important risk factor in the onset of lymphedema. Individuals who are overweight are 3.6 times more likely to develop lymphedema following treatments. Yet another reason to adopt healthy lifestyle habits.

Exercise

In the past, individuals at risk of developing lymphedema were told to limit physical activity. However, it has since been proven that it is preferable to remain active, because physical activity reduces the risk of developing lymphedema. All sports, even the most intense, may be practiced but it is recommended to progress gradually.

Activities that stimulate the cardiovascular system such as walking, cycling, cross-country skiing and dancing also stimulate the lymphatic system.

Not only do muscle strengthening exercises reduce the risk of injury, but muscle contractions create a pumping effect that can facilitate the lymphatic circulation. You should therefore find sports activities you enjoy and practice them regularly. You can find a muscle strengthening program at cicm.quebec (educational capsules for breast cancer, capsule 5).

Avoiding infections

An infection on the operated side increases the risk of developing lymphedema. It is therefore important to take some precautions if you have an injury. If you cut yourself or scrape yourself, carefully clean the wound with water and a mild soap and protect it with a clean, dry dressing. The dressing must be changed every day. It is of utmost importance that you make sure that no foreign bodies or dirt remain in the wound.

If, despite these precautions, redness, oozing, or inflammation appears, or if you develop a fever or any pain, see a doctor quickly.

Resuming your daily activities

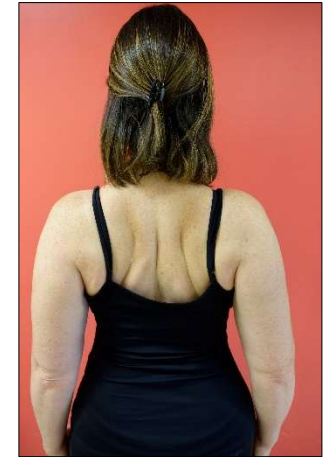
- It's normal to feel tired after surgery. Take the time to rest between activities for as long as you feel the need to do so.
- From the day after your surgery, you should start to use the arm on the operated side as usual, while respecting the pain and feeling of stretching. Your arm on the operated side should be used in activities of daily living such as hygiene, clothing and nutrition.
- Start the exercise program the day after your surgery.
- Gradually resume your daily activities according to your capacity and tolerance.
- Consult your surgeon before resuming physical activities that require a lot of effort on the operated side (swimming, tennis, cross-country skiing, etc.).

Scapular retraction

Starting position: Standing or sitting, arms at your side.

Movement: Move the shoulders backwards to squeeze your shoulder blades together. Hold for 5 seconds. Return to the starting position.

Parameters: 5 repetitions



Shoulder rotation

Starting position: Standing or sitting, with your back leaning against the wall, elbow on the operated side pressed against your body, bent 90 degrees, thumb pointing towards the ceiling.

Movement: Open your forearm outwards while keeping your elbow pressed against your body. Return to the starting position.

Parameters: 5 repetitions



External breast prosthesis

There are very light fabric prosthesis that you can slip into your bra, as well as gel prosthesis with the shape and texture of a natural breast. Your wound must be fully healed before you start using them.

You must wait for your surgeon's authorization before wearing any of these prosthesis. For more information, visit: <https://www.ramq.gouv.qc.ca/>

The Régie de l'assurance maladie du Québec (RAMQ) covers part of the cost of the prosthesis and your personal insurance may cover the remainder of the cost. You will automatically be allocated an amount every two years on the date you had your surgery. Make sure you have the document authorizing the reimbursement signed by your surgeon.

There are also knitted prosthesis, known as *Knitted Knockers*. These are soft, lightweight, and comfortable and women can use them after undergoing a partial or total mastectomy. Knitted prosthesis are handmade by volunteers who are concerned with the well-being of breast cancer patients. This gives them the opportunity to contribute in their own way to helping women affected by breast cancer.



For more information:

- knittedknockerscanada.com/
- www.comfemme.org/les-nichons-tricotes/qu-est-ce-que-les-nichons-tricotes

Post-mastectomy exercise program

You should begin the exercise program the day after your surgery.

These exercises are meant to keep the shoulder on the operated side mobile while increasing tissue flexibility in the operated areas.

During the exercises you may feel discomfort in the operated areas. You should gradually and gently stretch the sensitive area without making any sudden movements and without straining.

For the first days, it may be helpful to take a painkiller 30 minutes before doing the exercises.

You can do any exercises requiring you to lie down on an exercise mat on the floor or on your mattress without a pillow.

You should do each exercise 2 or 3 times a day. Schedule around 10 to 15 minutes per session.

Note

We have divided the exercises into two sections : “Exercises with drains” and “Exercises without drains”.

If you have drains, you should only do the exercises in the section “Exercises with drains”.

If you don't have a drain, you should do the exercises in the sections “Exercises with drains” and “Exercises without drains”.

You can find the post-mastectomy exercise program at cicm.quebec (educational capsules for breast cancer, capsule 3).

Exercises with drains

Making circles with your shoulders

Starting position: Standing or sitting, arms at your side.

Movement: Make small circles with your shoulders. Gently move your shoulders upwards, backwards, downwards, then back to the front.

Parameters: 5 repetitions

