



Valley Surgical Specialists

A MEMBER OF COMMUNITY FOUNDATION MEDICAL GROUP & PART OF SANTE HEALTH FOUNDATION

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Preoperative Instructions and Recovery Information:

Name: _____ Date of Surgery: _____

This document is intended to help you be prepared for your surgery, to reduce any fear, prevent any misinformation, and decrease any anxiety about your upcoming surgery. After reading this, **please write any questions you may have on the sides of the pages so that you can be sure to ask them during your preoperative visit or the pre-op area before your surgery.** Your main caregiver should also read this entire document to be helpful during and after your hospitalization.

When **choosing a date** for your surgery, consider recovery time. For a excisional biopsy or lumpectomy you may want to take 1 to 2 days off of work. For a partial mastectomy with lymph node biopsy you may want to take 2 to 4 weeks off of work and a mastectomy may require 4 to 8 weeks depending if you have reconstruction or not. **Please check with your family and work before you choose your date. Last minute cancellations waste time and resources because we cannot easily substitute another patient at the last minute.**

All surgeries are at Clovis community Hospital or St. Agnes Hospital.

Make sure that we have all you're up to date **insurance information** so that we can obtain authorization for your surgery. We do this as a courtesy, so you will know your portion of the surgeon's fee.

Please make sure we have your home and cell phone numbers so you can be contacted by our office or the hospital for any last minute change in the surgery schedule.

Disability leave after surgery:

The general rule is that a mastectomy requires a four week period to resume normal activity. If you have had a complete lymph node dissection instead of a sentinel lymph node biopsy, you may need six to eight weeks to resume normal activities. For reconstruction patients, the plastic surgeon will instruct you on time off, but this is usually 6 to 8 weeks as well. Paperwork for disability can be obtained at our office. Please fill out your part in return to the front desk. We have employees that fill out all of our paperwork and will send it off promptly. You may turn in required paperwork from your employer as well. Please be aware that there is a \$25 charge for all paperwork.

Preparing For Surgery:

1. You will not eat or drink anything after midnight before the surgery.
2. You will take sips of water only with any necessary prescription medications the morning of surgery.
3. If you are on a blood thinner it is imperative that you let us know this during your preoperative visit. You'll be asked to stop them five days prior to surgery. If your cardiologist does not want you to stop the medication, we will write a prescription for Lovenox injections to be used before and after surgery.
4. Always contact our office day or night to leave a message with the exchange if there is an emergency and you need to cancel

Hospital check in:

Bring your written list of medications, exact dose and frequency that you take it, and give it to the admitting nurse. **If you use a CPAP machine at home please bring it to the hospital with you.**

Once you check in you will be brought to the short stay unit. If you have any questions about what is happening to you, please ask the nurses. They will help relieve your anxiety and answer many questions. An anesthesiologist will provide your anesthesia during the entire case.

He or she will meet you in the preoperative area to discuss your anesthesia plan. Please tell the anesthesiologist if you tend to get nauseated because there are many medications that can be added to your IV to reduce the chance of nausea after surgery.

The nurse will start your IV and you will be given medication to help you relax prior to surgery. Almost all cases will be done under a general anesthetic; meaning that you will sleep during the procedure and remember nothing.

Preoperative waiting time:

While all efforts are made to stay on schedule, an operation proceeding yours could delay your start time even up to a couple of hours. Family or friends are allowed to stay with you in the preoperative area. Bring something with you to pass the time.

Operating room:

At this point your operating room nurse will wheel you to the room. Your family or friends at this point should take a quick break so that they will be in the waiting room for you when you are done. It is not unusual for a surgery to run past the estimated time. Your visitors should not become concerned if this occurs. The surgery many times may be finished earlier than anticipated. If your family member is not in the waiting room, they may miss speaking with the surgeon. She may be starting her next surgery and cannot speak with them until the next surgery is finished.

Assistant surgeons:

There may be a resident assisting your surgeon during the surgery. During reconstruction cases the plastic surgeon and breast surgeon will be assisting each other.

Post Operation:

You will be taken to the recovery room after your surgery, and wake up slowly. If you are having outpatient surgery, a family member may be able to sit with you while you are in the recliner area. Family members are not allowed into the acute care recovery area (the first place you go after surgery) to protect the privacy of the other patients. If you are staying overnight, your family will be notified of your room number by the waiting room staff.

For Inpatients:

In general, you will spend one night in the hospital if you've had a mastectomy with or without reconstruction. You will have sequential compression devices on your legs that will inflate periodically to prevent blood clots. We encourage you to walk as soon and as much as possible to reduce your risk of blood clots as well. You will also be asked to breathe in and out on an incentive spirometer to keep your lungs inflated and to reduce your risk of pneumonia. Everyone experiences pain differently. Report your pain level to your nurse. There is medication written for each level of pain. For patients having reconstruction, Valium (diazepam) as well as other pain medications will be ordered to reduce your pain level. All mastectomy patients should be able to start using Ibuprofen, Motrin, or Tylenol two days after surgery to reduce the need for narcotics. **Please do not use Tylenol and Norco together or Tylenol and Tylenol with Codeine (#3) together.**

Incisions:

We use dissolvable sutures. If you have an incision on your breast or under your arm, your Band-Aid may be removed in two days. Leave the white tapes (called Steri-Strips) on the incision and they will fall off on their own. If you have a mastectomy incision, a plastic Tegaderm dressing may be placed over your chest wall or a large band-aid type dressing may be placed. You will not be changing this dressing. This will be done by your surgeon in the office. You may notice bruising around the incision after surgery. This is normal. If you have an incision under the arm, you will experience numbness, which will make the area feel swollen. This is similar to going to the dentist and having your mouth numbed. We asked that you don't soak your incision in a tub or pool for at least two weeks or when your surgeon gives you permission.

If you have drains:

These temporary plastic tubes allow collection of bodily fluids that build up at the surgery site. It is normal for fluid to escape around the tube. Just place a new dressing on top of the dressing that we've placed in surgery. Your doctor will tell you when you are allowed to shower if you have a drain in place. You will be given a sheet to record the drainage as well as a measuring cup by the hospital staff. Please let us know if this does not occur. You will be recording the output twice today. You will open the cap on the drain and pour the fluid out into a measuring cup and write down the volume. Discard the fluid into the toilet or sink and squeeze the bulb and replace the cap. Some redness around the tube is normal. All tubes will be removed either by your breast surgeon or plastic surgeon around a week or two after surgery.

If you have a lymph node biopsy or dissection: Numbness under the arm or inside the arm is normal. Removing the lymph nodes during surgery can potentially cause swelling of the arm or lymphedema. For this reason, we would like you to minimize repetitive motions, heavy lifting, and heavy work with the affected arm immediately after surgery. For those patients needing a complete node dissection, we will be referring you for lymphedema education and therapy after surgery. Immediately after surgery you may use your arm to take care of yourself and for gentle reaching. We do not want you to spend hours typing, ironing, vacuuming, lifting weights or heavy purses. Please make arrangements for friends and family to assist you.

Discharge to home:

1. Resume eating regular food and drink plenty of fluids.
2. Move for 20 minutes three times daily to regain your energy. Increase your energy by walking whenever you can. Stairs are fine! There is no amount of walking or stairs that harms your incisions.
3. If you suffer from constipation after taking pain medication: Take milk of magnesia as directed on the bottle.
4. If your breast becomes hard and swollen, your incision becomes increasingly red and painful, or if your drain falls out please call the office.
5. If you have had a mastectomy, we ask that you do not drive until you have asked your surgeon during your first postop visit. If you are taking pain medication, you may not drive.

Complications:

With any surgery, there is the possibility of infection or bleeding.

If you are having a lumpectomy:

For any cancer operation, there is the possibility of positive surgical margins. We will be taking out a piece of tissue depending on the size of your tumor, and it will be examined by a pathologist and at times a radiologist before we leave the operating room. However, we cannot see microscopic disease or cancer cells at the edge of the specimen margin (only under the microscope) until the pathologist has several days to preserve and look at the tissue. A positive margin will lead to further surgery and this occurs about 20% of the time. We are trained to do oncoplastic closures on complicated closures or large resections of tissue so that we can keep the deformity to a minimum. There may be some shrinkage of the breast and dimpling of the incision after radiation. Incisions close to the nipple may also cause some deformity of the nipple and even decrease in sensation. There are other risks not stated here, but they should be rare. If you have a hard lump under the incision the night after surgery, this could indicate bleeding and you should call us. A hard lump can be normal several days after surgery once the healing sets in. A lump that is felt at the surgery site could also be normal fluid filling the space where the tumor used to be, called a seroma. To prevent infections, the nurses at the hospital will give you antibacterial soap to wash with the evening before and the morning of surgery in order to decrease the bacteria on your skin. We will give you a dose of antibiotics in the OR to help prevent infection. If your incision is near the nipple, there is a chance of nipple numbness that may be permanent. The anesthesiologist will discuss the risk the risks of anesthesia with you.

If you are having a sentinel lymph node biopsy or complete lymph node dissection:

This part of the operation makes you sore under your arm and this can last for days to weeks. There is also a risk of being numb under your arm permanently because of the nerves that give you sensation to the area. The more nodes we must remove, the more likely you are to develop numbness or lymphedema, which is swelling of the arm and/or breast. It is important to treat lymphedema as soon as it occurs, so you should inform us during your office visit. We may decide to send you to physical therapy for range of motion, and to teach you to prevent or treat lymphedema. You will be referred after your drains are out. While any drainage tubes are in, you will want to minimize the use of that arm at the shoulder, so no lifting above your head. Feel free to move your elbow and your wrist so they don't get stiff and roll your neck. It is common to get back spasms if you tighten your back and do not relax your shoulders. We will tell you when it is okay to move your arm and begin exercises. We want you to recover with full mobility, so this requires some work and stretching on your part which can be uncomfortable. Seroma, or fluid filling a space, is also possible after tissue is removed. This always occurs with lumpectomy and sometimes after mastectomy, when the drain is pulled.

If you are having a mastectomy:

Seroma-A seroma is a build-up of clear bodily fluids in a place on your body where tissue has been removed by surgery. This can happen after your drain is removed. We are able to drain this fluid in the office. It will rarely be a big enough problem that requires aspiration frequently or placement of another drain. Your chest will be numb after a mastectomy.

Other information about lymphedema-Lymphedema can develop as a result of cancer, cancer treatment (e.g., surgery, radiation), infection, trauma, scar tissue, or anything that changes, blocks or interrupts the flow of lymph through the lymphatic system. The greater the number of lymph nodes removed, the higher the risk for developing lymphedema. Early diagnosis and treatment for lymphedema is important to help reduce symptoms and prevent the condition from progressing. Untreated lymphedema can lead to decreased function and mobility in the affected limb, skin breakdown, infection and other complications.

Lymphedema treatments vary from person to person, depending on the severity and cause. Treatment may include skin care, manual lymph drainage, gentle massage, and light exercises to help stimulate the lymphatic system. Wearing compression bandages, pumps, or garments (e.g., sleeves, stockings) can also help prevent additional fluid from accumulating in the tissue. In addition, medications can help reduce inflammation, prevent blood clots, and treat infections

Complications of reconstruction will be gone over with you in detail by the plastic surgeon.

Resources:

- Cancer.org (American Cancer Society)
- Radin Breast Center Clovis Community Medical Center
- youngsurvival.org
- breast360.org
- Breastcancer.org
- Cancer.gov (National Cancer Institute)

Your informed consent:

The benefits of surgery have to outweigh the risks of surgery. One alternative is to treat non operatively and accept the outcome. When you sign up for surgery, you are accepting the surgical results and the low likelihood of complication. If you feel you do not understand the procedure that you are having, it is your responsibility to ask questions of your surgeon before surgery. We try very hard to explain the procedure and discuss all complications with you before surgery.

We are committed to your health and are very passionate about breast surgery. We request that you participate in your care and read all of the above information very carefully. We ask that you are compliant with our instructions. Once you have read through all the above information please sign that you have read and understand the information provided. We look forward to providing you the best breast care possible and are always interested in your feedback.

I have read and accept the above information, including possible complications of surgery.

My surgery: _____

NAME: _____ DATE: _____