



**Dr. Patrick McCrea**

**M.D., M.A.Sc., F.R.C.S.C., General Surgeon**

Boardwalk Professional Centre

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## MASTECTOMY +/- AXILLARY NODE SURGERY

This is an instruction sheet for patients scheduled for a mastectomy +/- sentinel node biopsy or axillary node dissection. Read carefully. The Queen Elizabeth Hospital operating room booking office will contact you about a date for your surgery. Please contact our office if you believe there is an error in the type of surgery that is being arranged.

You will likely meet with surgery clinic nurses at the hospital to learn more about your procedure and what to expect. You may also have investigations such as blood work, cardiogram, and x-rays prior to your surgery. Depending on your health, you may meet with an anesthesiologist or other specialists.

In advance of your surgery, you should notify your employer of anticipated absence and make sure that you have help at home if you should need it. Depending on your health and surgery you may go home the day of surgery or be admitted to the hospital. In either case, you will be discharged from the hospital when it is medically appropriate. Further recovery is best done at home.

There is a small chance that your surgery will be delayed or moved to another date to accommodate other patients with surgical emergencies. If your own condition worsens prior to surgery and you are unwell you should go to the emergency department for evaluation.

### Preparing for Surgery

**Lifestyle:** Please try to eat a balanced diet, exercise, quit/reduce smoking, and quit/reduce alcohol. Healthy choices better prepare you and your body for surgery and decreases surgical complications.

**Making Arrangements:** You will have a general anaesthetic and cannot legally drive for 24 hours after your surgery. Please make arrangements to have a responsible adult available to drive you home afterwards. If you do not have someone available, your operation will be cancelled. Arrange to have someone around at home to help you.

**Medications and Herbs:** Please contact Dr. McCrea if you have had any changes to medications. If you take blood thinners (*Ticlid/Ticlopidine, Pradex/Dabigatran, Coumadin/Warfarin, or Plavix/clopidogrel*), Dr. McCrea, an internist, or the Hematology service will be instructing you how to take your medication. The following herbs can cause bleeding and must be stopped 7 days in advance: *Ginkgo Biloba, Ginseng, Ginger, and Garlic.*

**Night before and Morning of Surgery:** Do not eat or drink anything after midnight the day before surgery. Do not take insulin, diabetic pills or fluid pills the morning of your surgery unless otherwise instructed. Bring your medications, in their original bottles, to the hospital on the day of surgery.

**Day of Surgery:** A breast mastectomy +/- axillary node surgery will take 45-90 minutes. You will be in the recovery room for approximately 2 hrs afterwards.



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### **Post-Operative Instructions**

**What to Expect:** You will be discharged the day of surgery. Your throat may be sore from the breathing tube. Cough drops and throat lozenges are soothing. You will most likely have one or two drains which are placed to prevent fluid from accumulating under your skin. It is normal to have staining on your dressing, tingling of your inner arm and incision, and a small amount of pinkish drainage from the wound. You may have some bruising around your mastectomy incision but it should not tense or actively bleed; swelling can be minimized by on/off ice for 24-48 hours.

**Diet:** There are no restrictions. You may resume a full diet as soon as you are hungry.

**Wound Care:** You will have steri-strip tapes over the incisions and possibly gauze dressing which can be taken off after 24 hours. You may shower after 48 hours after surgery but avoid scrubbing the steri-strips and dry them afterwards. Avoid bathing or swimming for one week. The strips can come off at one week time. Call the office if you have a large swelling, pain, redness, or persistent drainage.

**Drain Care:** Drains should be emptied every 8 hours (or more if needed) and the fluid volume measured. When the drainage is less than 30 mL/day for 2 days in a row, it is ready to be removed; call our office and we arrange a time to remove it.

**Pain Control:** You will have mild pain after surgery. The use of narcotics causes unnecessary problems with constipation and nausea and should be avoided when possible; if you are constipated, Colace is a stool softener that can help. The best pain medications are Acetaminophen (Tylenol) and Ibuprofen (Advil). Advil should be avoided in patients with kidney disease. You should take Tylenol and Advil regularly every 6 hours for 48 hours then as needed after this.

**Exercise and Activity:** You may feel tired the night of surgery but by the next day, you should be walking and resuming all non-strenuous activities. Do not avoid using your arm. For guidelines on exercise, refer to our webpage links. If an activity is uncomfortable, stop it and retry 3 days later. At 4 weeks time, you should be back to your full level of activities.

**Driving and Return to Work/School:** You may return to modified or light work duties 3 days after your surgery. Most employers/schools will accommodate modified duties. At 4 weeks time, there are no restrictions. You can drive and operate machinery only if you are not taking narcotics and you feel comfortable reacting to an emergency.

**Follow-up and Emergencies:** Call the office at 902.368.7610 to make a follow-up appointment for 4 weeks after surgery. If you have any problems or questions, do not hesitate to call the office. If you feel unwell, have a fever, a bleeding wound, or increasing pain then go to the emergency room.