

After your breast surgery

Information for patients

Introduction

This booklet is designed to provide you with information about your recovery and continuing care after your breast surgery **at either the Western General Hospital (WGH) or St John's Hospital (St John's).**

It outlines what to expect when you attend your follow-up, complications to be aware of, exercises to carry out and contact numbers and website links you may find useful.

Index

Subject	Page
Wound care	3
Haematoma	4
Infections	4
Patients discharged with a wound drain	5
Seroma	6
Cording	7
Lymphoedema	7
Returning to daily life	8
Arm exercises	9
Continuing care	13
Contact information	14
Useful web links	14

Wound care

You may have a see-through waterproof (tegaderm) dressing covering your wound. Underneath this are white steri-strips these can stay in place for up to 10-14 days or more. This is shower proof but you may find it can curl up at the edges, if this happens it can be trimmed back with scissors.

Underneath the steri-strips are dissolving stitches, which are used for a better cosmetic finish. A purple surgical glue may also be used, that will wash off, sometimes after a number of weeks. Your surgeon will remove your dressings at your follow-up appointment.

Do

- Leave waterproof dressings if intact until your follow-up appointment, spare dressings can be provided on discharge if necessary.
- Keep your wound and surrounding skin clean by washing with clean warm water.
- Use non-perfumed or gentle soap (where possible avoid direct contact to wound dressings).
- Gently pat your wound dry with a clean towel.
- Deodorant roll-on can be used once reviewed at surgical follow-up appointment.

Don't

- Don't use spray deodorant, perfumes or talcum powder.
- Don't submerge your wound under water, if you prefer a bath ensure the wound is kept above the water level.
- Don't shave until your wound is completely healed.

Potential complications after surgery

It is important to identify any changes after surgery. Without removing your dressings check the area daily. Some changes, such as bruising and swelling, are a normal part of the healing process. This booklet outlines some of the potential issues to be aware of, and advice on who to contact if any of these occur.

Haematoma

When a small blood vessel has leaked and bled into the wound. This would usually happen within the first 24-48hrs, particularly if you are on blood thinning medication.

Signs include:

- A new sudden swelling - this would be hard and firm to touch
- Bruising - dark bruising around the wound
- Leakage - bleeding at the wound site. This can potentially be serious if left untreated.

If you are concerned you have a haematoma, please contact **the Breast Clinic on 0131 537 2632 Monday to Friday 8.00am to 4.00pm out with these hours (in the first 48hrs) call ward 6 on: 0131 537 1631.**

Infection

Signs include (you may have more than one sign of infection):

- Redness
- Discharge
- Heat
- Pain
- Swelling
- Fever.

Good hand hygiene and keeping your wound clean can help prevent infection. Infection is normally treated with oral antibiotics which can be provided by your local GP.

If you are concerned you have a wound infection contact your GP for advice Monday-Friday during working hours. Outwith working hours (evenings/weekends) contact **NHS 24 on 111**.

Patients discharged with a wound drain

- Drains are used to prevent excess fluid collection around your wound.
- You may be suitable for discharge with the drain still in place. This will be discussed on an individual basis with your consultant.
- The drain will be secured with a stitch. In the unlikely event the drain is dislodged, cover the wound with a clean dressing then **contact: Ward 6 on: 0131 537 1631**.
- There is a waterproof dressing covering the drain site which can be changed prior to going home. The dressing should remain in place until the drain is removed.
- The drain bottle will be changed prior to you going home, making it easier for the volume in the drain to be measured.
- Keep the surrounding skin clean by washing with clean running water; you can use gentle/non-perfumed soap. Always perform good hand hygiene prior to touching the drain.

Removal of your drain

Upon discharge you will either be given a date to return to have your drain removed, or be asked to phone the ward daily to tell us the amount in the drain. This will determine when you should have your drain removed. Removal of your drain will be carried out by a surgeon or nurse.

Monitor your drain site daily and if you have any of the following issues:

- Redness, inflammation, increased pain
- Leakage from the site around the drain
- Dislodgment of the drain (not being in the correct place)
- Sudden increase in the amount of fluid in the drain.

Then contact: Ward 6 on: 0131 537 1631

Seroma

A gradual build-up of fluid under your wound, usually after a week.

Signs include:

- Soft swelling
- Fluid like feeling under your skin.
- When touching your wound you may be able to hear the fluid moving under your skin.

This is not harmful and can reabsorb back into your body naturally. However, if the seroma fluid continues to collect and causes discomfort then this may need to be drained. This is a simple procedure that can be done in the breast clinic by a Surgeon, Advanced Nurse Practitioner or Breast Clinical Nurse Specialist (St John's). This may require several drainages.

If you think you have a seroma and wish to make an appointment, please contact:

Western General Hospital (WGH) patients - Advanced Nurse Practitioners on 0131 537 1471

St John's patients - Cancer Navigation Hub 0300 123 1600.

Cording

Cording is a side effect of sentinel lymph node biopsy (1-3 nodes removed) or axillary node clearance (all nodes removed).

Signs include:

- Strings or cord- like structures you can see and/or feel under the skin of your underarm.
- Pain and tightness when lifting your arm above shoulder height and straightening your elbow

Cording typically occurs anywhere from several days to several weeks after surgery. **It is not something to be concerned about and can improve with regular exercises.**

If you think you have cording call the Cancer Navigation Hub for advice on: **0300 123 1600.**

Lymphoedema

Lymphoedema is a chronic swelling of the arm or breast caused by a build-up of lymph fluid in the tissues. It sometimes occurs due to damage/trauma to the lymphatic system because of surgery and/or radiotherapy. Lymphoedema is less common with sentinel node biopsy than axillary node clearance, but it can occur months or even years after treatment is finished.

The main ways of reducing your risk of lymphoedema are:

- maintaining a healthy body weight
- using your 'at risk' arm
- regular physical activity.

If you do develop lymphoedema you can be referred to a specialist lymphoedema team by your doctor or nurse.

Returning to daily life

- It is advised that you ease back into your daily activities gradually over the course of a few weeks. After your surgical follow up appointment the aim is to be back to undertaking most of your normal activities.
- Gentle exercise is encouraged however you should avoid heavy lifting or jerking movements with your affected arm for up to 6 weeks.
- Driving – avoid driving until you have full range of movements in your arm, you are able to perform manoeuvres safely and can perform an emergency stop. It is advisable to check with your insurance provider regarding your cover during this time.
- Wearing a seat belt – you must ensure you are able to wear a seatbelt. You can use a towel or small cushion to help make car journeys more comfortable.
- Returning to work – this will depend on the type of surgery you have had, the nature of your job and how well you are recovering. We normally advise that you wait until after your surgical follow up before returning to work. If a sick certificate ('fit note') is required, the hospital can provide up until your follow up appointment. Thereafter your GP will provide this if required. Please inform the nurse looking after you if you need a sick certificate prior to discharge.
- Regular medications – you will be able to restart your regular medications after discharge. If you are on any anti-coagulants (blood thinners) you may have specific instructions for restarting these. This will be on your discharge letter and discussed with you prior to going home.

- Pain relief – You will be given pain reducing medication to take home. You **should take these regularly for the first few days** and then gradually decrease as you recover. In some cases you may find that your pain increases again after 10 days as you become more active. If this happens then you may need to revert to taking some pain reducing medication again for a few days. You should consult your GP if you experience any side effects such as nausea or constipation as a result of your medications.
- Activities involving weight resisted exercise with the affected arm or high-impact exercise such as heavy gardening, gym, running and aerobics can be resumed gradually after 6 weeks. It is advisable to start gently and build up gradually.

Arm exercises

- In order to regain full use of your arm it is important to do the exercises detailed in this booklet. You may feel some stretching and pulling over the operation area while doing your exercises. Do not overdo the movements at first but gradually increase over time until you can use your arms normally.
- How long - keep doing the exercises for around **6 weeks**, until you are pain free and your movement has returned to normal.
- Radiotherapy -If you have radiotherapy, you will be required to raise your arm overhead during treatment. It is therefore important to do your exercises in preparation for this. It is also recommended to keep doing your exercises throughout radiotherapy to maintain your flexibility. You may also need to continue to regularly stretch your shoulder area in the longer term after radiotherapy finishes if this area continues to feel stiff.

Set A Week 1:

These exercises should be started on the first day after your operation. They should be performed sitting or standing. We advise that you do these 4 times a day. Each movement should be repeated 5 times, increasing to 8-10 times as you get stronger.

1. Lift your shoulders – relax.



2. Pull your shoulders back as if you are trying to squeeze your shoulder blades together at the back then relax.



1. Sit or stand with your hands clasped together. Lift your hands up in front of you to shoulder level with your thumbs pointing towards the ceiling. For the first week only raise your arms to 90 degrees (shoulder height).



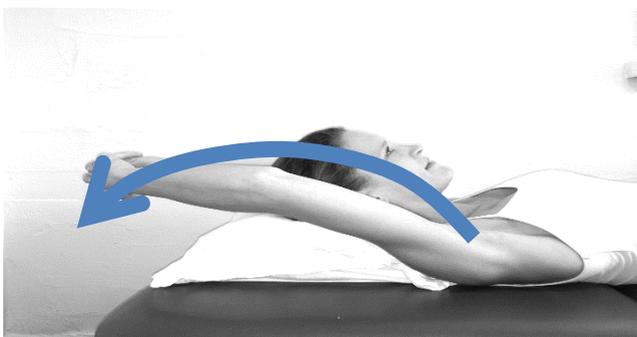
2. Sitting or standing, place your fingers behind your ears. Keeping your head up, stretch your elbows out to the side and then back to the middle.



Set B Week 2:

These exercises are a progression from set A and should be started after one week. The exercises in set B should be done lying flat on a bed.

1. Lying on your back with hands clasped. Leading with your thumb, raise your arms slowly overhead keeping them close to your ears. Hold for 2-3 seconds and lower gently. Progress to holding and stretching for 10-20 seconds.



2. Stretch your elbows out to the side – trying to touch the bed with them. Keep them in this position for 2-3 seconds and slowly bring them back together again. Progress this exercise by increasing the hold to 10-20 seconds.



If you have any questions, please contact:

WGH Oncology physiotherapy team on 0131 537 1923.

Continuing care

- Follow up appointment – your first follow up will be in 2-3 weeks; at this appointment you will be given the pathology results from your surgery. It may be necessary for you to return for a further operation if the pathology team are not satisfied that all the cancer has been removed.
- Treatment – you will be advised what (if any) further treatment is necessary. This can include additional surgery, radiotherapy, chemotherapy, endocrine therapy. Your treatment will be discussed in detail with you at your follow up appointment.
- Breast Clinical Nurse Specialists – are able to provide you with ongoing support and information regarding your treatment and diagnosis. They will make every effort to attend your surgical clinic appointment however this may not always be possible. If you would like to discuss any concerns regarding your breast treatment with you Clinical Nurse Specialist, then please contact the Cancer Navigation Hub to arrange this. The Clinical Nurse Specialists work as a team so if your nurse is not available then another member of the team will be available to help. Please be aware the service does not operate a drop-in.
- If you have undergone a mastectomy, you will be provided with a soft prosthesis on discharge. Once your wound has healed you will be able to be fitted for a prosthesis you can use long term. Your Clinical Nurse Specialist will refer to the current prosthetic supplier.

Longer term follow up is tailored to your pathology results and for some people this is annual follow up and for some it is 2 yearly or more. Follow up appointments will involve mammogram only appointments and some clinic appointments with a Surgeon, Specialist Doctor, or Advanced Nurse Practitioner (ANP).

Contact Information

The Breast Clinic - 0131 537 2632 Monday to Friday 8.00am to 4.00pm

Ward 6 - 0131 537 1631

The ANP Team - 0131 537 1471

The Clinical Nurse Specialists - 0300 123 1600 Monday to Friday 9am – 5pm.

Useful web links

<p>Breast Cancer Now A UK wide charity providing support for anyone affected by breast cancer. www.breastcancernow.org</p>	
<p>Maggie's There is a Maggie's centre located in the Western General hospital Edinburgh grounds. Contactable on 0131 537 3131. www.maggiescentres.org</p>	
<p>Macmillan There is a centre located at the Western General Edinburgh, contactable on 0131 537 3907. www.macmillan.org.uk</p>	

<p>SCAN</p> <p>SCAN aims to improve cancer care services in the South East of Scotland. Visit the website for more information.</p> <p>www.scan.scot.nhs.uk</p>	
<p>OWise</p> <p>A website and mobile app which is specifically used for people with breast cancer, this tool allows you to easily access your personal treatment details. For more information visit the website.</p> <p>www.owise.uk</p>	
<p>Care Opinion</p> <p>Share your experience of healthcare services and read about others.</p> <p>www.careopinion.org.uk</p>	

(Back cover – leave blank)