

If you are worried or anxious please contact your Key worker.

We hope this leaflet has answered some of your questions. If you require any more advice either before or after your procedure, do not hesitate to contact any of the Breast Care Nurse Specialists.

General statements made in this leaflet do not apply in every case, as each patient is an individual. Your doctor will advise you of any specific aftercare.

Useful Phone Numbers

Lincoln Breast Unit: 01522 537662

Boston Breast Unit: 01205 445998

Grantham Breast Unit: 01476 593945

References

If you require a full list of references for this leaflet please email patient.information@ulh.nhs.uk

The Trust endeavours to ensure that the information given here is accurate and impartial.



If you require this information in another language, large print, audio (CD or tape) or braille please email the Patient Information team at patient.information@ulh.nhs.uk

Discharge Advice Following Breast Surgery

Breast Care Services

www.ulh.nhs.uk

This leaflet aims to provide you with advice following your discharge after breast surgery.

Accelerated Discharge

At your Pre-Assessment appointment we have discussed accelerated discharge with you.

You have agreed to : Day Case
23 hour stay
Inpatient stay

You are asked to ensure you have a supply of paracetamol and Ibuprofen (if you can normally take these).

You may be telephoned by a Breast Care Nurse the next working day.

Dressings

You will be discharged from hospital with the clear dressing on your wound that you currently have.

It is important to regularly observe your wound for signs of infection.

These include:

- Redness around the suture line.
- An increase in pain around the wound site.
- A discharge from the wound particularly if yellow or offensive smelling.

If you notice any of the above or are concerned about your wound please phone your discharging ward or your Key worker for advice.

Diet and Lifestyle

Sexual activity may be more comfortable in a lateral position to avoid pressure on the wound during the early days following your operation.

You can also experience vaginal dryness as a result of Breast Cancer treatments. There are non-hormonal products that may be of benefit. Please ask your Key worker for information.

Try to keep a healthy lifestyle i.e. low fat diet, low alcohol consumption and exercise regularly.

Continue to perform regular breast self-examinations including under the arms and in any scar - look for any possible lumps, any changes in shape, nipple discharge or unusual sensation.

Also encourage family and friends to remain breast aware.

Follow-Up Appointment

You will be seen in the outpatient clinic in 1 to 2 weeks time. The appointment may be given to you before you leave. At this appointment you will see your surgeon who will discuss with you and your partner/friend if you wish, the histology results from your operation and answer any questions, anxieties you or your partner may have.

All the tissue that is removed is sent to the pathologist and analysed. Occasionally this shows that there may be abnormal tissue remaining in the breast/chest wall and a further operation may be necessary.

If required a further appointment can then be made for your Prosthetic fitting. You should have been given a soft prosthesis if required before you left the ward.

Finally tearfulness and lack of energy is normal up until a few months following your surgery. It is also normal to feel anxious about the future and there are ladies who may be able to offer you support at this time. They can be contacted through the local support group.

Exercises

It is usually appropriate to remove some of the glands under the arm together with the breast tissue. This is called 'sentinel node biopsy' or 'axillary sampling'. Since these glands are just below the shoulder joint, patients generally find the shoulder is stiff after the operation. This stiffness resolves steadily with exercises.

You may be seen by the physiotherapist before you go home to show you how to do your arm exercises. You will have been given an instruction leaflet at your Pre-assessment appointment.

We advise that when you are at home, set aside 5 minutes twice a day to practice your arm exercises. Do not force your shoulder, the movement should be free and loose.

There are nerve twigs that run through the fat under the arm that may be disturbed by the operation. This can cause numbness or tingling in a sometimes painful or oversensitive area on the inner side of the upper arm. It can be quite noticeable initially, but becomes less intrusive over time. Some numbness may persist for months or even years. Don't be afraid to do your exercises if you notice these changes - it is quite safe to continue with them.

Occasionally strings of fibrous tissue can form in the arm called 'cording', this is not dangerous but can be uncomfortable. It is important to continue with the arm/shoulder exercises as directed.

In the first 2 weeks we suggest you do not lift heavy weights with your affected side; limit yourself not to lift anything heavier than a full kettle of water. Gradually over a period of 6 to 12 weeks you can resume lifting, pushing and pulling with your arm.

By 12 weeks your arm should have normal movement.

The range of movement is the same as on your un-operated side and your objective is to keep it so. If your range of movement is not progressing, when you are seen in clinic you may be referred to the physiotherapist.

The clear dressing will stay on your wound until you are seen in the outpatients clinic in 1 to 2 weeks time - if it becomes loose before this time do not worry.

There are no stitches to be removed as dissolvable ones have been used.

You are advised to keep your dressing dry although you can bath and shower around it.

Avoid talcum powder and deodorant under your arm if your wound extends into the armpit until you have been seen in the clinic.

It is important to use your arm as normally as possible although using the vacuum cleaner, hanging out washing and driving a car need to be re-introduced gradually.

Seroma

Occasionally you may notice a swelling under your scar that may be uncomfortable to touch or feel tight.

This is called a SEROMA and it is due to a collection of fluid beneath your scar.

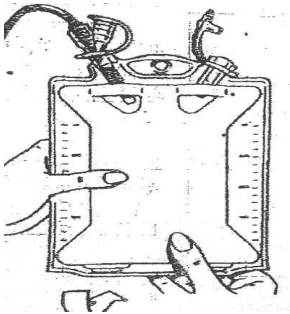
It is dealt with by draining away any fluid that has collected; a short, simple procedure.

This is not uncommon and if you feel this has occurred please telephone your Key worker who can advise you and arrange an outpatient appointment for you to be seen.

Emptying and Measuring of Breast (J-Vac) Drain

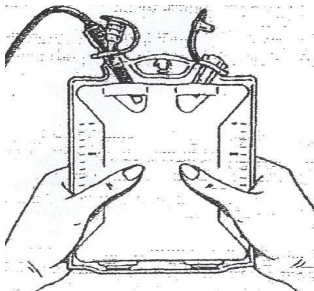
To Empty the Drain

- You will need a measuring container and some tissue. Please disregard the measurements on the drain; they are a guide only.
- Wash hands thoroughly.
- Hold the drain and carefully open the exit plug to expand the reservoir.
- Empty contents into measuring container via exit plug.

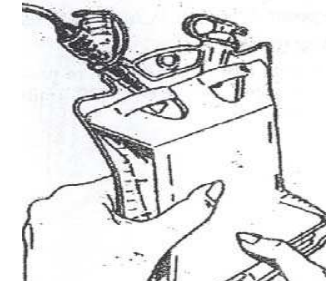


To Reactivate the Drain

- With exit plug still removed, hold the drain between the fingers and thumbs as indicated below.
- Press firmly until the reservoir clicks, then replace the exit plug.



Start suction again by gently bending up the bottom flap until the drain clicks.



Remember.....CLICK....CLOSE.....CLICK

You should empty your drain once a day at the same time each day - usually 8am or 9am.

Once your drain measurement is below 30 mls in the last 24 hours then please telephone the breast clinic to arrange for it to be removed.

Should this occur over a weekend/Bank Holiday the drain may be left in until the next working day.