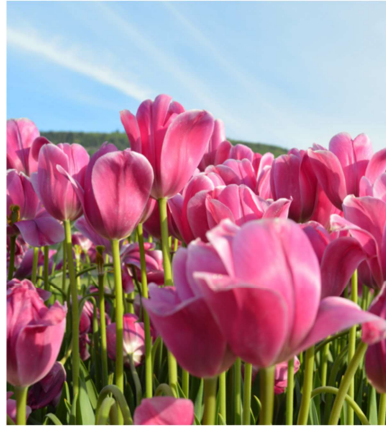


Good afternoon, welcome to your “Having Breast Surgery” teaching session.

# Breast Assessment Program



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Hello- my name is \_\_\_\_\_, I am the Breast Nurse Navigator.  
If you need to use the washroom they are located through the door on your right.

Please feel free to stop me any time if you have any questions or you need more information.

This teaching session is for you to learn more about your breast surgery.

# Confidentiality



Anything you share at this session stays confidential. I will be available to stay at the end of the session if you want to talk to me about your personal situation.

# Today

We will talk about:

- Types of surgery
- Pre-surgical screening appointment
- Surgery day
- Care and activity after surgery

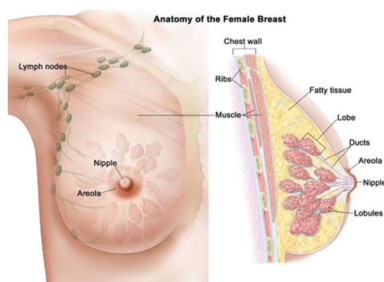
Today we will talk about:

- Types of surgery
- Pre-surgical Screening Appointment
- Surgery day
- Care and activity after surgery



## Surgery for breast cancer

- On the breast
- On the lymph nodes (armpit)



(walk over to the screen and provide explanation for the picture)

## Types of breast cancer

- Ductal carcinoma in situ
- Invasive ductal carcinoma
- Lobular in situ
- Invasive lobular carcinoma

There are four types of breast cancer.

- Ductal carcinoma in situ means the cancer cells have grown and have stayed inside the duct. Carcinoma means cancer.
- Invasive ductal carcinoma is cancer cells that has formed in the breast duct and they have broken through the duct into the breast.
- Lobular in situ is a cancer that has formed in the breast lobule (where milk is produced)
- Invasive lobular carcinoma means the cancer has spread outside the lobular wall.

## Types of surgery

- Lumpectomy (partial mastectomy) with radiation
- Simple mastectomy
- Cancer treatment may also include systemic therapy

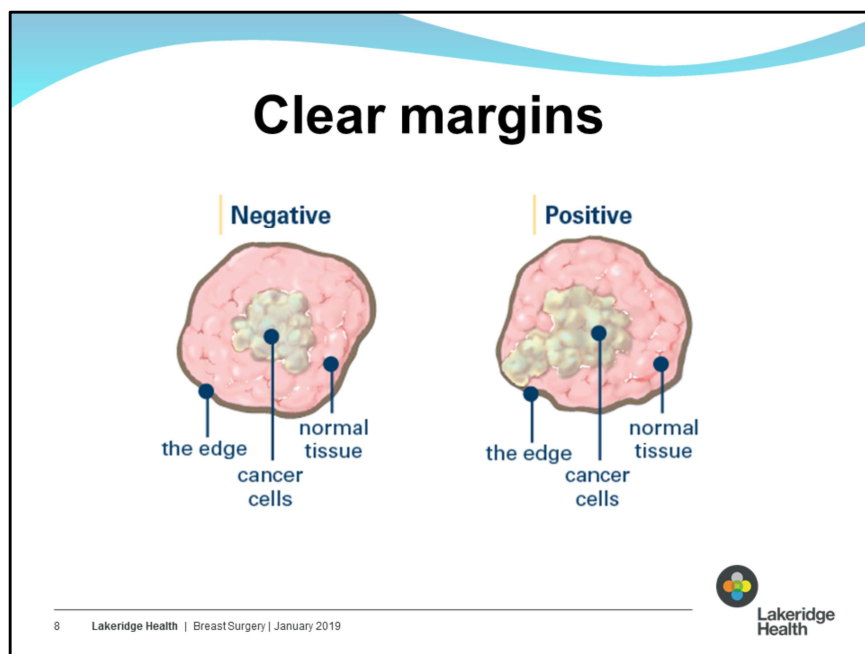


Types of surgery: lumpectomy plus radiation or a simple mastectomy.

There is no survivorship difference between a lumpectomy or a mastectomy.

When you have a lumpectomy plus radiation this is equal to having a mastectomy.

The goal of either surgery is to remove the tumor to get clear margins. Cancer treatment may also include systemic therapy (chemotherapy).



During your surgery the surgeon cannot tell if the margins are clear or not-remember he/she removes the lump surrounded by normal tissue

This information will be discussed with you by the surgeon 2-3 weeks post surgery during your post op appointment where the pathologist has reported on the surgical biopsy.

If you think of cancer cells as having little spider feet that can go outside the shell of the egg.

If this happens then the surgeon will discuss with you of the need to have to more surgery called revision (re-excision) to remove the cancer.

The surgeon does not want to leave any cancer behind.


The surgeon will use the same incision as the previous surgery or you might require a mastectomy.

This surgery will be booked in a timely manner.

# Lumpectomy

Other names:  
Partial Mastectomy, Segmental Mastectomy, breast conserving surgery

- Complete removal of tumor or lump and healthy tissue
- To obtain clear margins
- Includes radiation treatment

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Other names: partial mastectomy, segmental mastectomy or breast conserving surgery.

A lumpectomy means complete removal of the lump with healthy tissue.

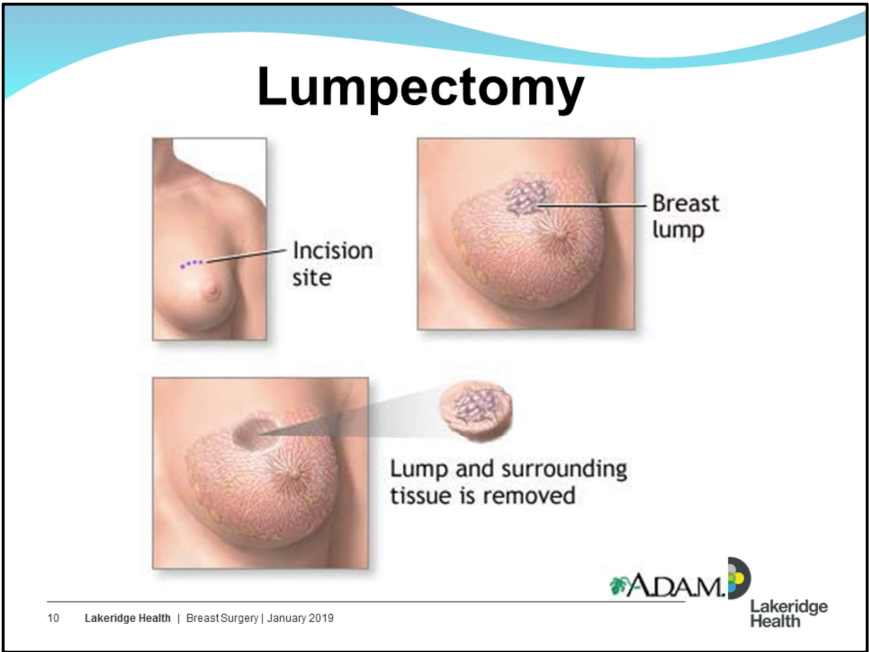
If you picture a hard boiled egg, the yolk is the tumor, the white part of the egg is the normal tissue and the shell is the margin (edge)

The goal of the surgery is to obtain clear margins, which means removing all of the cancer.

When you meet with the surgeon during your post op appointment he/she will make a referral to the radiation oncologist

The radiation treatment, which will take place about 6 weeks after surgery. You will be having radiation Monday through Friday for 4-6 weeks.

The goal of radiation treatment is to prevent future recurrence of the cancer in your breast.



The upper left picture shows what your incision will look like, the greyish lump is the tumor and the bottom left picture shows the lump and normal tissue.

## Lumpectomy

- Small tumours
- 2 tumours close together
- Removed with good cosmetic result
- May be a personal choice

A lumpectomy may be recommended for you if :

- You have small tumours
- You have two tumours that are close together
- The tumour can be removed with a good cosmetic result
- You choose this type of surgery

## After surgery

- You will have an incision – Steri-strips
- Some changes in your breast

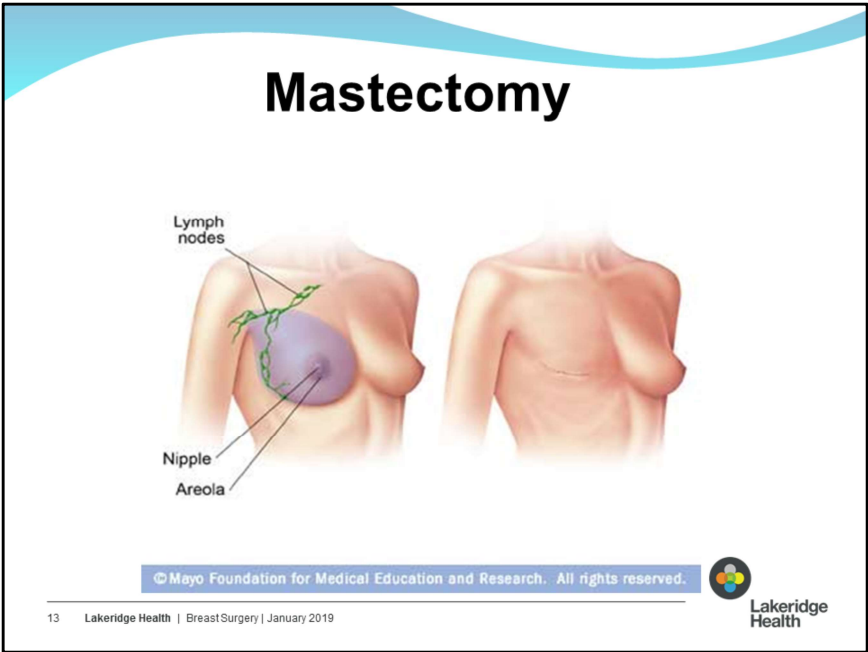


You will have an incision closed with steri-strips.

The place where the breast tissue was removed will fill up with fluid. Over time the body will reabsorb the fluid. You may notice some change to the shape and contour of your breast.

You may also notice a change in the shape and texture of your breast after radiation treatment.





The other choice of breast surgery is a mastectomy which is removal of the whole breast, flat against the chest wall

## Mastectomy

- Large tumour compared to the size of your breast
- Tumour located behind your nipple
- Previous radiation to breast or chest wall
- Tumours in more than one area of your breast
- Personal choice

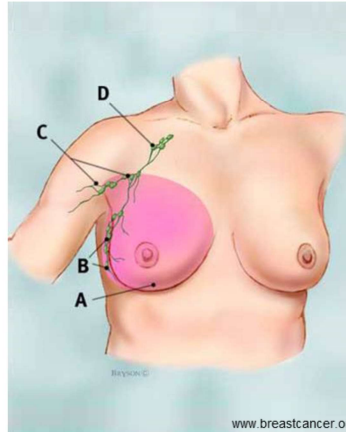
The surgeon would have discussed this type of surgery with you if:

- Your tumour is large compared to the size of your breast. It is difficult for the surgeon to get clear margins without proposing a mastectomy.
- Your tumour is located behind your nipple.
- You have had radiation treatment to your breast or chest wall
- You have tumours in more than one area of your breast. The reason for this is it is usually not suggested to have radiation to one area of the body more than once due to the possible damage to the organs underneath the part that received radiation.

You may choose to have a mastectomy based on your personal situation.

## Modified Radical Mastectomy

- Removal of whole breast and lymph nodes
- Includes nipple-areola area



Pink highlighted area shows the tissue that is removed with a modified radical mastectomy


**After surgery**

Your chest area will be flat

Slightly raised incision

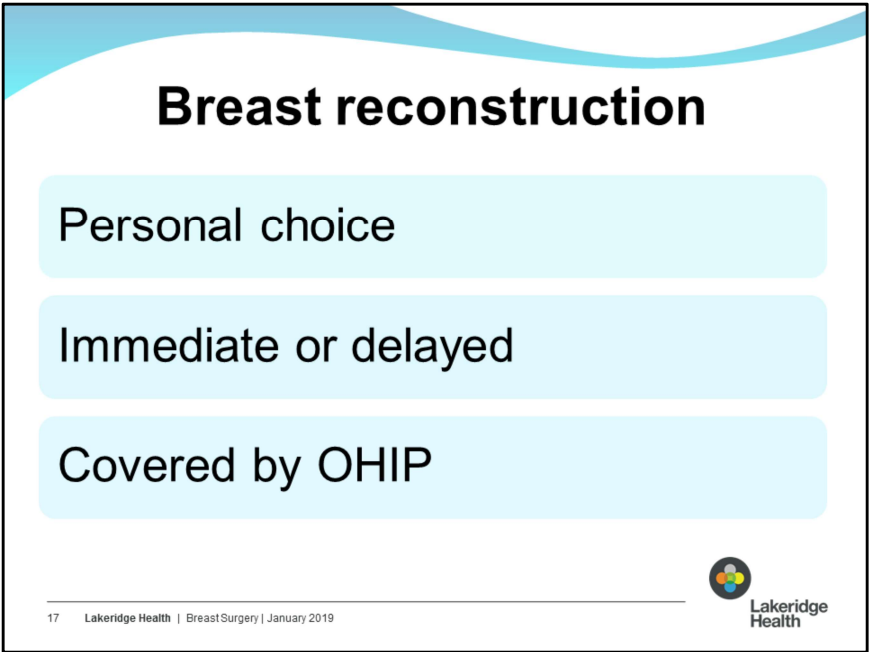
Incision will heal and fade

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After surgery your chest will be flat with an incision across your chest wall.


The incision will be slightly raised but will heal and fade. It is important for you to keep your incision clean and dry. You do not need to apply any kind of cream or ointment.



**Breast reconstruction**

- Personal choice
- Immediate or delayed
- Covered by OHIP

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Talk to your healthcare team about this as a choice for you.

Reference: Understanding Breast Cancer (Canadian Cancer Society).

## **Surgery of the lymph nodes**

### **Sentinel Lymph Node sampling/ biopsy (SLN)**

- 1-4 (or more) lymph nodes removed

### **Axillary Node Dissection (ALND)**

- Likely 10 or more lymph nodes removed

Now I will talk about the surgery on your lymph nodes that takes place at the same time as your breast surgery.

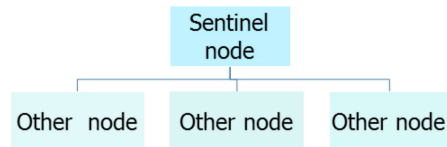
Breast cancer can travel first to the lymph nodes which are found in the underarm area near your breast.

There are two types of surgery, one is called sentinel lymph node sampling which is one or more lymph nodes are removed. The second surgery is called axillary node dissection where there are likely 10 or more nodes removed. The next few slides will explain more.

## Sentinel Lymph Node biopsy

What is the sentinel node?

- Sentinel: guard/watch
- Filter fluid draining from the breast
- First node "standing guard" at the breast



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The sentinel lymph node is the first lymph node or the standing guard in a chain of lymph nodes.

This is the first place the cancer cells from your breast can drain into your lymph nodes.

## After surgery

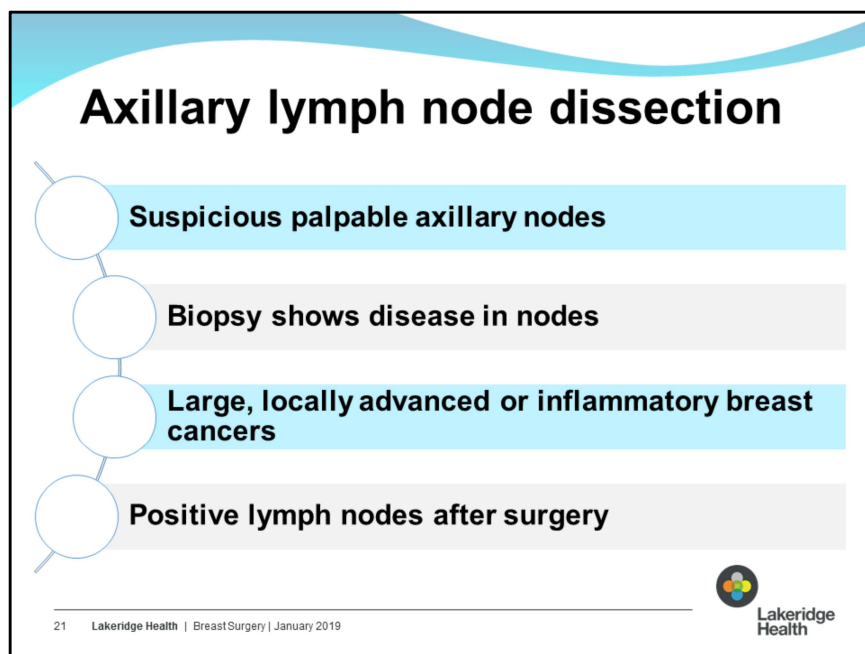
- Small incision
- No drain



This is what your incision will look like. There will be dissolvable sutures and steri-strips over top (like you had with your breast biopsy)

If your breast cancer is close to your underarm area the surgeon may be able to get the lymph node(s) through the breast incision.





If you felt a lump under your arm, and/or the mammogram or ultrasound showed abnormal lymph node, you would have had a biopsy of the lymph node.

If the lymph node biopsy came back showing it was cancer, then you will have this type of surgery.

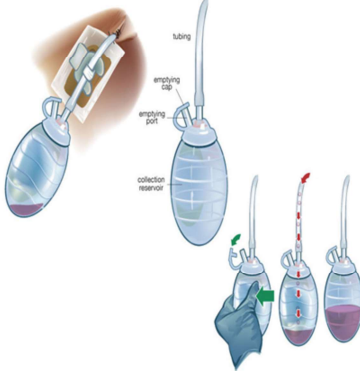
If you have the type of cancer called inflammatory breast cancer and you had chemotherapy treatment first to shrink your tumor, you will have this type of surgery plus a mastectomy.

You may also be offered this type of surgery if three or more of your lymph nodes contain cancer.


This surgery is offered to reduce the chance that the cancer will come back.

If only one or two contain cancer you will need to have extra radiation treatments.

## After surgery



- An incision – 5cm or more in size
- Drain tube in about 1-2 weeks

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You will have a drain put in during your mastectomy or axillary node dissection surgery. This drain is called Jackson Pratt and it is put in during surgery.

The drain tube is placed below your armpit (this drain helps to stop the build up of fluid while healing takes place).

The drain will stay in about 1-2 weeks and is sutured in place. A visiting nurse will be given instructions when it should be removed. (for example: if it drains less than 30cc in 48 hours).

Show the Jackson Pratt drain. ( in the black bag) Provide information on how to measure the amount in the drain, how to drain it and the importance of keeping track of the amount. This will be reviewed by the nurse before leaving the day surgery department.

**Reference the After Breast Care program for those women having a mastectomy (making them aware that they can be given a camisole and bra with pockets to place the drain in place). Janette/Andrea will be available after the session to provide the camisoles/bras.**

The After Breast Care program also offers free prosthetics and bras to women who have no insurance. This Program is offered at Hearth Place once a month by appointment.

## Your Pre-surgical Appointment


- Where to go
- Blood work, an EKG and review of your medications (Medcheck)
- You may also see an anaesthetist



You will be given this appointment by your surgeon's office. You will find Day Surgery on the second floor in the A wing of the hospital. During this appointment you will be seen by a nurse, who will go over the questionnaire you completed at your consult visit. You might have blood work done as well as an EKG. You may also see an anaesthetist if you are at higher risk for surgery.

## Your medications

<b>Your regular medications</b>	<ul style="list-style-type: none"><li>• Take them</li><li>• Surgeon's instructions</li></ul>
<b>Aspirin or blood thinners</b>	<ul style="list-style-type: none"><li>• Restart day after surgery</li><li>• Surgeon's instructions</li></ul>


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The medications you are taking will be reviewed and you will be told which medications you can take the day of surgery or the ones that should be stopped.

You will also be told when to stop and restart any aspirin or blood thinner medications.

## The day of your surgery


 **Do**

- Read your “Adult Day-surgery Surgical Passport” booklet
- Brush your teeth

 **Do not**

- Eat or drink from midnight the night before
- Take diabetic medications
- Chew gum, have candy

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Read you “Adult Day-surgery Surgical Passport”/ This booklet will explain what you can and cannot do the day of and before surgery.

The day of surgery you may brush your teeth.

Please read and bring the surgical booklet that you were given at the consult visit to the pre op and surgery appointment.

Your family member will be given a card with an identify number and is colour coded to let them know where you are at ie in surgery, recovery room etc.

Do not drink or eat anything after midnight

This includes no gum or candy

Please follow the surgeons instructions if you are taking diabetic medications. For example if you take insulin you might be instructed to take half the dose night before and stop all diabetic medications the day of surgery.

It is easier to lower your blood sugar than to raise your blood sugar.

## The day of your surgery

- Where to go
- Sign in
- Bring a family member/partner-in-care



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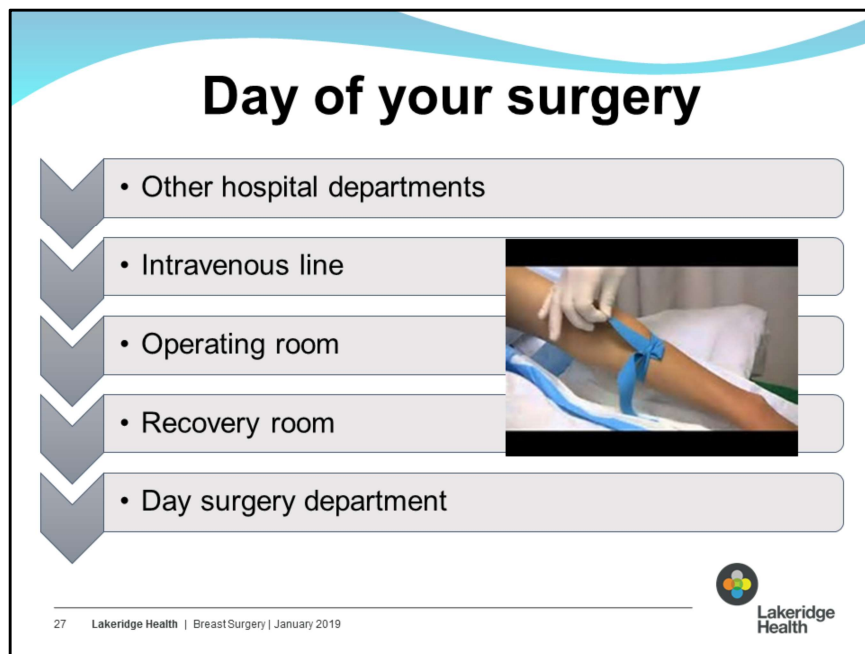
On the day of surgery you will go to the day surgery department, same place as your pre op appointment.

You must have a person stay with you 24 hours post surgery.

The person can spend the day with you in the hospital or they can go home and return to pick you up.

This is a day surgery. If you are having a mastectomy, you may stay in hospital over night.





- After you register in day surgery, you may be taken to other departments for procedures.
- You will have an intravenous line (IV) put into a vein in your arm
- You will be in the operating room for 1 to 1 ½ hours
- Then you will be brought to the recovery room for about 1 hour
- Then you will go to the day surgery department for about 1 hour.
- You will be given written instructions on how to care for yourself at home.
- If you have drains, you will have a visiting nurse come to your home.

## Lymphangiogram

### Step 1:

- Before needle localization (if planned)
- Nuclear Medicine Department
- Injection of small dose of radioactive tracer into nipple area
- Takes about ½ hour

If you are having a sentinel node biopsy, a porter will take you in a wheelchair to the nuclear medicine department.

You do not need this done if you are having an axillary node dissection.

The purpose of this procedure is to help the surgeon see your lymph nodes during surgery.

During this appointment radioactive dye will be injected into your nipple area.

You will not get any freezing. You cannot use any type of freezing cream before you have this done.

Some patients explain it as a burning feeling with very little discomfort. If you try to be relaxed it will help decrease the discomfort.

## Lymphangiogram

### Step 2:

- In Operating Room
- Blue dye injected into breast
- Lymph nodes turn blue
- Wand
- Urine green or blue for about 24 hours
- Breast tissue a bluish colour



When you are in the Operating Room the surgeon will inject a blue dye into your breast that will make your lymph nodes turn blue.

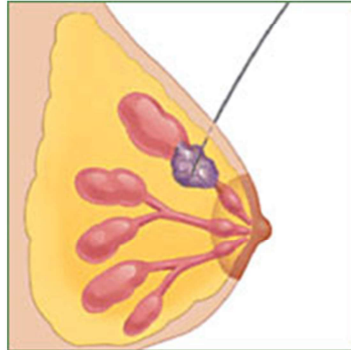
This helps the surgeon to see them. A “wand” also helps to locate the lymph nodes. They are described as “hot”.

The blue dye will make your urine turn green or blue for about 24 hours. It may give your breast tissue a bluish stain. This will go away but it may take up to a few months.

The lymph nodes that turn blue are the ones that the surgeon will remove.

## Guide wire insertion

- ½ hour in Breast Assessment Centre
- Local anaesthetic (freezing)
- A guide wire used
- Return to day surgery




This is used as a guide when the surgeon cannot palpate the lump or see the lump. This is only used for a lumpectomy not a mastectomy.

*Show the wire which is inside a needle.*

The radiologist will inject freezing into your breast tissue and use the ultrasound machine to guide the placement of the needle and wire. When the radiologist has made sure the needle is in the right place in your breast the needle is removed and the wire remains in place. This wire acts as marker to identify the lump.


The wire will be removed during surgery.

## After your surgery



**Do**


- Plan frequent rest periods
- Gradually increase activity



**Do not**

- Activities that involve heavy lifting or pushing or pulling

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After surgery most patients do very well.

Usually by the third day you will feel pretty good, by day 7 almost like yourself and by day 14 back to normal

We like you to return to your normal activities. The exception is heavy lifting or pulling which can reduce the healing time. You may do activities that are not uncomfortable. It takes 48 hours for the incision to seal.

## After your surgery

For 24 hours you may have some dizziness or drowsiness.

Do not

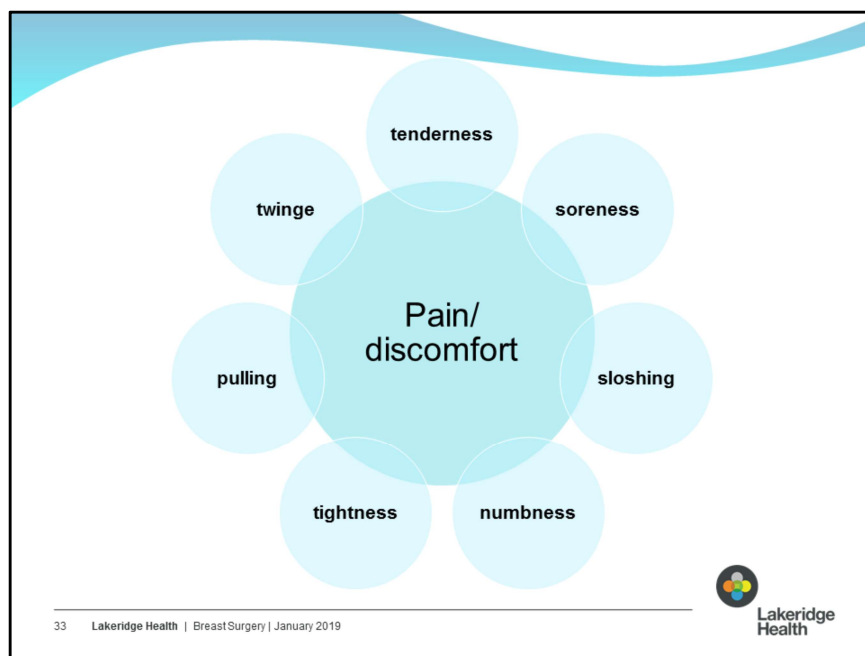


- Drink any alcohol or smoke
- Drive or operate machinery
- Make any important legal decisions or sign any legal documents

Everyone responds differently to the anesthesia.

You might feel drowsy, dizzy so this is the reason why you need someone to spend 24 hours with you after your surgery.

It is suggested for you not to smoke, drink alcohol, drive a vehicle until you are not on any prescription pain medication and you can turn your head without any strain.



Everyone's response to surgery is different.

Most discomfort is under the arm

The breast incision is numb and will remain numb.

Women having a lumpectomy sometimes hear a sloshing noise. When the lump is removed the tissue fills with air, then fluid. It is normal for the breast to be full looking after surgery. Your body will absorb the fluid over time.

The back of the arm and under the arm may feel numb or have increased sensitivity. This may go away. The feeling of numbness doesn't affect the strength of your arm.

You may have a pulling feeling under the arm. This will go away over time.

## Managing your pain

Move your arm

Lessen each day

Prescription

Nausea

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It is important to keep your arm moving after surgery. Do what feels comfortable.

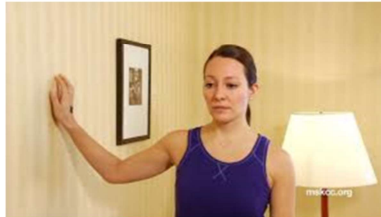
You will be given a prescription for pain medication. Use it as needed.

You may also take plain Tylenol (acetaminophen) to manage your pain/discomfort. You may take gravol for any nausea you might have.



## Exercise and activity

- Exercises several times/day



You can:

- Do normal activities
- Drive when you have full range of motion of your arm/shoulder

Exercise after surgery is important to prevent you from having a frozen shoulder. If you will be having radiation you will need to be able to lift your arm above your head. Continue to do your regular activities. This will allow you to keep moving your arm.

Please read the Exercises after Breast Surgery booklet. This is in your green bag.

You may drive when you can turn your head side to side without any pain.

## Care at home

If you have a drain:

- A visiting nurse will change your dressing




If you have a drain:

A visiting nurse will see you in your home or in a community clinic to change your dressing.

This is set up for you in the day surgery department after your surgery.


You will not have a nurse if you have a lumpectomy and/or sentinel lymph node sampling.

## Care at home



**Do**


- Keep the drain site dry
- Sponge bath



**Do not**

- Shower for 48 hours
- Use hot water, strong cleansers or talcum powder

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You will have a dry gauze dressing over your incision. It needs to stay in place for 48 hours. After 48 hours, you can remove the dressing. You will see steri-strips covering your incision. These will stay on for 7-10 days. You can shower with the steri-strips in place. If they have not fallen off after 10 days, you can remove them.



If you see a suture thread at each end of the incision do not remove it, the surgeon will remove it.

Please do not use hot water, perfumed soaps, talcum powder or deodorant. You can begin to use deodorant 5 days post surgery. If you have a drain, it cannot be submerged in bath water.

## Care at home

- Elevate arm on a pillow
- Comfortable fitting supportive bra
- Sex
- Back to work

Everyone is different!



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Try and elevate your arm on a pillow. Please pick up a heart shape pillow when you leave at the reception. This can be used to provide elevation for your arm and when you are driving ( to prevent the seat belt from touching the breast surgery site)

Please wear a bra for a week, this means during the night as well. It will give you more comfort.

You may have sex when you feel comfortable

The time to go back to work is individual.

If you want to wait until you have been seen by the surgeon post op, the medical and radiation oncologist to find out the length of the treatment plan, this is okay.

If you have paper work to be completed you can drop the forms off at surgeons office. A social worker can help you with any forms.

Everyone is different!

Show the heart pillow and tell the woman to go the front desk and get a pillow that can be used for elevating the arm and for the seat belt for comfort


# Lymphedema

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- Swelling
- Feeling of heaviness
- Tighter clothing, shoes, rings, watches
- Pain
- Less joint movement/flexibility
- Skin infections

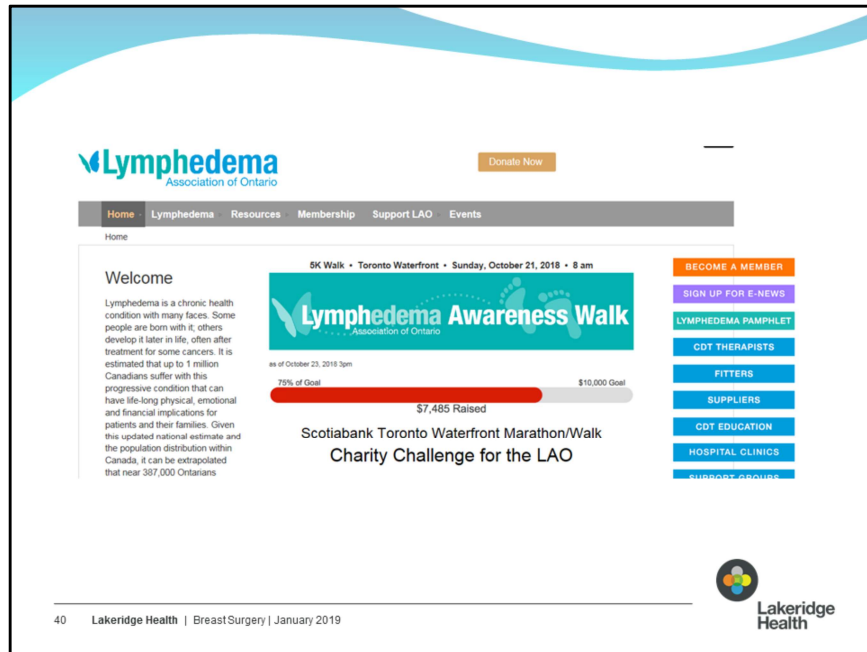
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Lymphedema is caused by a build-up of your lymphatic fluid when your lymphatic system is damaged. This damage can be caused by the surgery or radiation treatment you were given for your cancer. This leads to swelling in your tissues where the lymph flow is blocked.

Swelling of the arm or lymphedema happens more often with axillary node dissection and after radiation. This is not seen very often with sentinel node sampling. This can happen any time after surgery and these are the signs listed to watch. You can be referred to a physiotherapist. This is not curable but is treatable



Supports and resources from the Lymphedema Association of Ontario and Hearth Place Cancer Support Centre  
**Show** the brochures that are found in their green bag

## See a doctor

Fever above 38.3° C/ 100.9° F

Excessive bleeding or swelling

Redness

Discharge or bad odour

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There are two main risks of any surgery and they are infection and bleeding. There is a very small risk with this type of surgery.

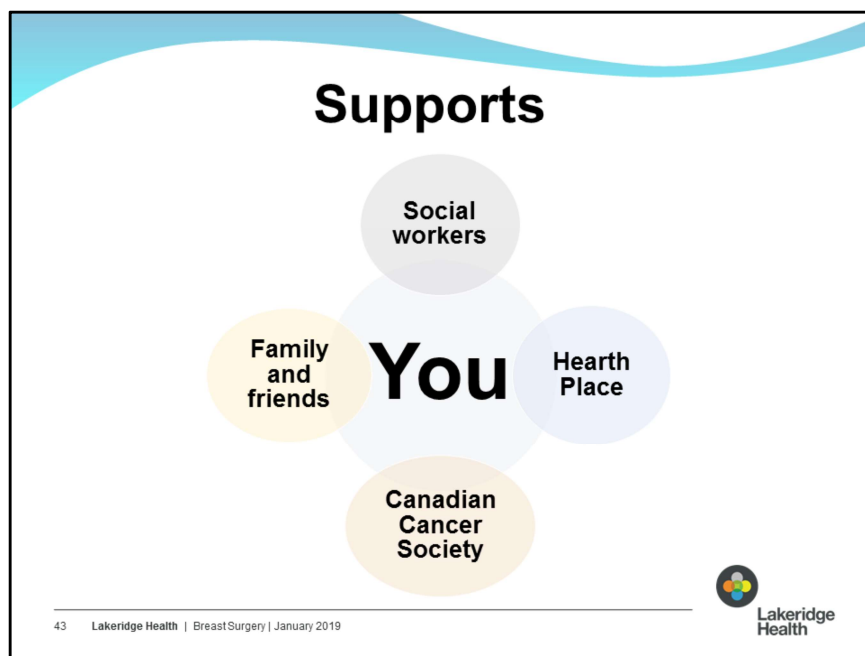
If you have any of these symptoms, go to see your family dr/walk in clinic or emergency department.



## When to call the Nurse Navigator

- Hard, painful area in breast area/under arm
- Questions
- Concerns
- Support

If you notice an area of your breast or under your arm that has become hard or painful, you may have developed a seroma (a collection of fluid that may need to be drained). It is important that you call the Nurse Navigator or your Surgeon's office.



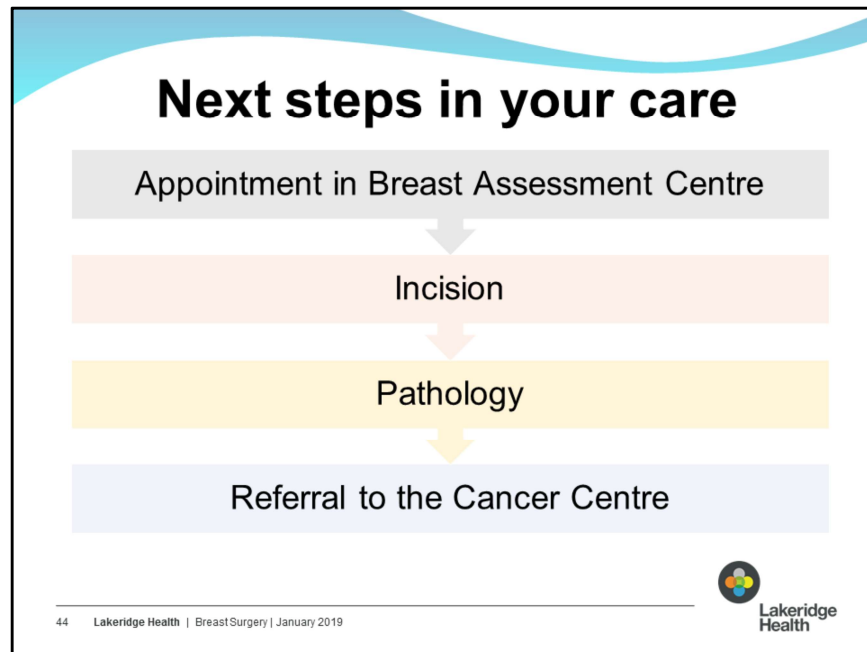
What supports may be available to you?

You can be referred to a social worker at any time, just let me know and a referral can be made for you.

Hearth Place Cancer Support Centre offers different types of support for you. This includes one to one support, support groups and other classes and programs.

The Cancer Society has a peer support program. You can be matched with someone who has had a similar cancer journey as you. You are connected with this person by phone.

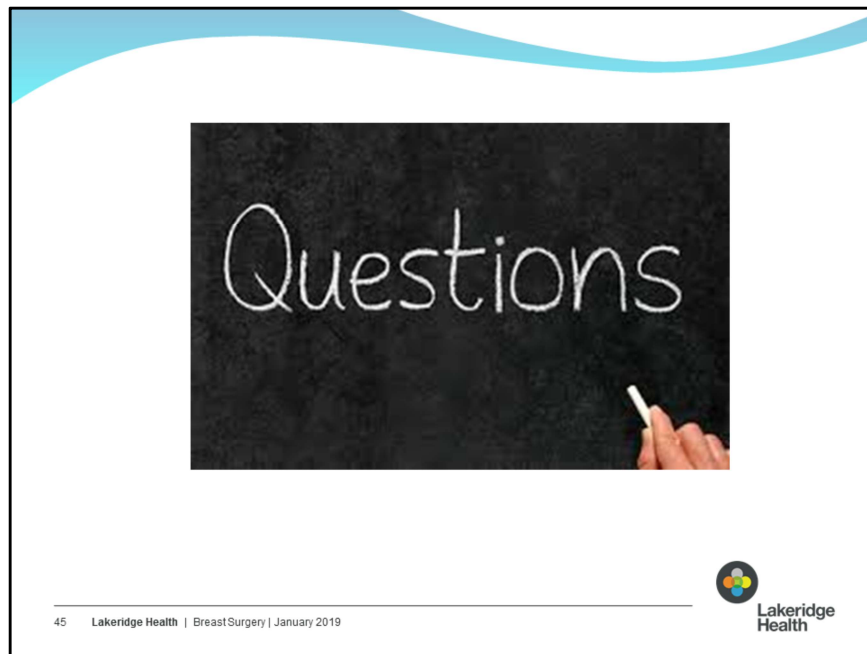
Your family and friends may be there for you as well.



A post op appointment will be made for you in the breast assessment centre 2-3 weeks after your surgery.

- During this appointment the surgeon will look at your incision.
- The surgeon will review your pathology report. It is a very long report.
- This report will tell if the margins are clear, how many lymph nodes were removed and if any contain any cancer.
- Your breast cancer biomarkers will be reviewed (estrogen/progesterone and Her-2-neu)
- If no surgery is required, you will be referred to the cancer centre. You may see a medical oncologist, radiation oncologist or both.
- The oncologist will talk to you about what treatments you may need as the next step in your care.

-



Reference the evaluation.

Remind them to get their pillows on their way out at reception.

Once the post session evaluations have been completed for the woman having mastectomy, have Janette assist with fitting of the bra/camisole.