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Breast & Axilla Surgery

(Partial/Total Mastectomy & Axillary Sentinel Lymph Node Biopsy/ Axillary Lymph Node Dissection)

Your Surgery and Recovery at Home

This booklet belongs to: _____

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Breast & Axilla Surgery

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Types of surgery

Surgery for breast masses (benign or malignant/cancer) depends on:

- Size/location of mass
- Size of breast
- Type/stage of cancer
- Patient age & health
- Personal choice
- Other treatment options

The Breast: Partial mastectomy

Also known as "lumpectomy" or "breast-conserving surgery," your surgeon removes only the breast mass and a rim of healthy tissue around it. For cancer, this is usually followed by radiation therapy 1-3 months after surgery.

The Breast: Total mastectomy

Your surgeon removes the entire breast, nipple, and areola, with only skin remaining over the chest wall. Reconstruction can be discussed with your breast cancer and plastic surgeon, either immediate (i.e., during index procedure) or delayed (i.e., months to years after surgery) based on your underlying breast issue and candidacy.

The Axilla: Sentinel lymph node biopsy

If breast cancer cells leave the tumour, they can travel to lymph nodes in the armpit before spreading elsewhere. If you have breast cancer, your surgery will likely include a procedure in the axilla.

The first lymph node cancer cells reach is called the "sentinel" node. A sentinel lymph node biopsy (SLNBx) is done during breast surgery, to remove 1-4 lymph nodes and confirm if they are normal or have any breast cancer.

Since lymph nodes are small and difficult to find, you will need two injections: a radiotracer injected the morning of surgery in the Nuclear Medicine Dept., and a blue dye injected during your surgery. Both tracers are taken by lymph nodes to identify the sentinel nodes for removal. Your skin/pee may be blue for days to weeks after surgery as your body eliminates the dye. This is normal.

The Axilla: Lymph node dissection

If you are not a candidate for SLNBx, your surgeon may remove all lymph nodes in the armpit. This may be done during your index surgery or later based on additional tests.

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Going Home

You should plan to be discharged home within <24hr, likely same-day or the next. You will need a ride home.

Activity

We want you to stay active and sleep well. No heavy lifting >10lbs, impact sports, or heavy work for 4-6 weeks after surgery. You may return to driving or work once you feel ready, usually around 1-2 weeks after surgery.

Diet

We want you consuming a regular diet and staying hydrated at home. Constipation is common after surgery, so ensure you are drinking plenty of water, adding fibre (e.g., Metamucil®), and staying active. Avoid smoking.

Incision care

Always wash your hands before and after touching your incisions. You can usually shower 2 days after surgery. Avoid soaking your incisions and pat the area dry. No baths, hot tubs, or swimming for 4-6wks after surgery.

Top bandages can usually be removed after 5 days or if saturated, with underlying Steri-Strips remaining for up to 2wks after surgery.

There may be bruising or swelling after your surgery on the chest, axilla, or arm. To reduce swelling and help with pain, place a gel pack or ice in a cloth over your incision area for 10-20 minutes 4-6 times per day for the first two days.

Managing pain

It is normal to have some discomfort or pain. This should slowly improve but might last a few days to weeks. Your pain should still allow you to move, deep breathe, cough, and do every-day tasks.

Your surgeon will provide instructions for "multimodal analgesia," a combination of over-the-counter (OTC) and prescription meds to optimize pain control. She will likely recommend starting OTC pain pills like acetaminophen (Tylenol®) and a non-steroidal anti-inflammatory med or NSAID (e.g., ibuprofen [Advil®, Motrin®] or naproxen [Naprosyn, Aleve®]) as instructed on the bottle for 72hrs, then as needed. No NSAIDs if you have kidney, ulcer, or heart issues.

If OTC medications aren't improving pain, add the prescription medication. This may be an opioid (narcotic) medication to be used for a short amount of time (e.g., Dilaudid, Tramadol). An additional prescription for gabapentin may be written to help with nerve pain after axilla surgery. No driving while taking opioids. You can also ask your pharmacist or call 8-1-1 with medication-related questions.

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Common postop issues

- Arm swelling: more common after axilla surgery form a buildup of lymph fluid ("lymphedema"). To protect your arm and prevent swelling, lie down and lift/rest your arm higher than your chest for 45min at least twice a day, and do range of motion exercises with your arm/shoulder three times a day for at least 4wks.
- Upper arm numbness/burning: also common after axilla surgery due to small nerves crossing the axilla getting divided. This should improve with time.
- Breast numbness: This is more common if the nipple-areola is removed during surgery. This may improve with weeks to months but may be permanent.

Follow-up

You should see your family doctor 1-2 weeks after surgery, and your surgeon 2-3 weeks after surgery. Earlier follow up is to ensure your final pathology is reviewed and any additional treatments are arranged.

Please call your surgeon's office to book a follow-up appointment date/time if this was not provided before your surgery.

My surgical follow-up appointment:

Call your surgeon, GP, or Health811 if:

- Nausea or vomiting not improving
- Warm, red, swollen incision, or blood or pus (white/yellow/green fluid) draining from the area
- Pain not improving with pain medications, or preventing you from moving
- Redness, tenderness, or pain in your arm, calf or lower leg
- Feeling increasingly tired or dizzy

Call 911 or go to Emergency if:

- Fever >38°C (101°F)
- Trouble breathing or shortness of breath
- Chest pain
- Sudden severe pain
- Bandages get very tight or area under becomes swollen/uncomfortable, especially within 48hr after surgery or after restarting a blood thinner