



*James P. Nealon, MD, FACS
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BREAST SURGERY

Preparation instructions

Day of Procedure:

- Do not put anything on your breasts or nipples.
- Do not use deodorant under your arms.
- Please remember to shower with the Hibicleanse the night before and the morning of your surgery.

Lymph Node Sampling:

- You will need an injection into the breast for your lymph node sampling – this will be done in the radiology department or in the preoperative area.
- Lymph node sampling removes lymph node tissue to be looked at under a microscope. It is done to check if a known cancer has spread to the lymph nodes. This is called staging and is done to plan cancer treatment.
- Lymph nodes in the armpit (axilla) can be the first-place cancer appears outside the breast. Nodes may be as small as a pinhead or larger than an olive. Lymph nodes in or just below the armpit, known as axillary nodes, are usually examined as part of comprehensive breast cancer treatment.
- During breast surgery, a number of these nodes may be removed to determine whether cancer found in the breast has entered the lymphatic system. This procedure is called axillary sampling or axillary dissection, depending on the number of nodes removed.
- If nodes are negative, it means they show no evidence of cancer. Positive nodes indicate cancer is present in the lymph nodes. This will be reported as part of your pathology.

Recovery After Surgery

Activity:

- You may be tired; take time to rest.
- Take short, frequent walks each day. Walking up and down stairs is OK.
- You may resume activities of daily living. Avoid strenuous activity, repetitive movements, heavy lifting, pulling, and tugging.
- Avoid activities that cause the breast to bounce excessively. (Running, horseback riding, etc.)
- You may start extremity exercises 10 to 14 days after surgery, as determined by your physician.
- Sexual activity can be resumed as tolerated.
- Do not drive while taking pain medicine.



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Comfort:

- You may have pain medicine prescribed by your doctor. Take as directed with food.
- For mild pain, take acetaminophen (APAP, Tylenol® and other brands). Follow dosing directions on the package.
- Use stool softeners as needed. You can use a light laxative like Milk of Magnesia if needed. Continue all medications that you had been on prior to surgery.
- A small pillow placed under the arm or shoulder of the surgical side may lessen the discomfort. Wear your bra/binder 24 hours per day if it helps decrease discomfort.

Wound Care:

- You may shower, dry off gently with a towel but do not scrub the incisions.
- Do not submerge the incision under water. No swimming or hot tubs for 2 weeks.
- Replace your breast binder with soft padding and wear it at all times unless showering.
- It is not unusual to have swelling and bruising.
- If you have any type of reconstruction, your wound care will be determined by your plastic surgeon.

Drain Care:

- Twice each day, strip your drains, empty and record drainage from your drain, as outlined on drain care handout.
- Clean around drain site next to skin daily.
- Apply a clean drain sponge, secure with paper tape.

Follow up:

- A follow-up appointment will be scheduled at the time of surgery. If you did not get an appointment, please call the office ASAP.

Work Release:

- Work may be resumed in a week or so. This should be light duty with no heavy lifting. Frequent bending, twisting, and reaching should be avoided.
- You should be able to work without restrictions after 2 weeks.

When to Contact Your Surgeons Office:

- Increased redness, swelling, or drainage from incision
- Discomfort not relieved by pain medication
- Nausea and vomiting or cannot keep food down.
- Persistent fever greater than 101°F that does not respond to ibuprofen or Tylenol.
- If you have any questions or concerns, please contact our office at 503-874-0574