Information for patients and families

Juravinski Cancer Centre
HAMILTON HEALTH SCIENCES

Understanding Breast Cancer Surgery

Information for individuals with breast cancer and their families

Hamilton Niagara Haldimand Brant

To our patients and their families:

Learning that you may have breast cancer brings with it many fears and uncertainties. You may find that coping with the changes that come with having breast cancer are challenging. We encourage you to use this book as a guide to learn about breast cancer surgery. As you read this booklet, you may think of questions you would like to ask. Write down your questions and take them to your next appointment with the doctor or nurse and review the list together.

At this centre, we are experts in breast cancer. The centre provides high quality, evidence-based treatment, compassionate care, education and research.
We are a part of the Regional Cancer Program and our breast cancer specialists, in partnership with McMaster University, are international leaders in this field. This group includes: surgeons, radiation oncologists, medical oncologists, pathologists, radiologists and nurses from across our region. The Regional Cancer Program includes the Juravinski Cancer Centre, Walker Family Cancer Centre and partnering hospitals across the region including Brant, Burlington, Haldimand, Hamilton, Niagara and Norfolk County. For more information about each of these centres please visit:
https://www.cancercareontario.ca/en/cancer-care-ontario/programs/regional-cancer-programs/hamilton-niagara-haldimand-brant

In our region we also have the CIBC Breast Assessment Centre. The centre provides breast cancer screening and diagnostic services; it is the most comprehensive assessment centre of its kind in the region and is located at Juravinski Hospital and Cancer Centre. For more information on breast cancer screening visit the links below:
https://www.cancercareontario.ca/en/types-of-cancer/breast-cancer/screening

http://hnhbscreenforlife.ca/breast-screening/

Before we can discuss your care and treatment, we need to find out more about you, where the breast cancer is located and if it has spread to other parts of your body. As we find out more, we will provide you with information and support, so that you can make informed decisions and take part in your care. Please feel free to talk with us about your condition, care and any concerns that you may have. We welcome your questions at any time.

Your Health Care Team

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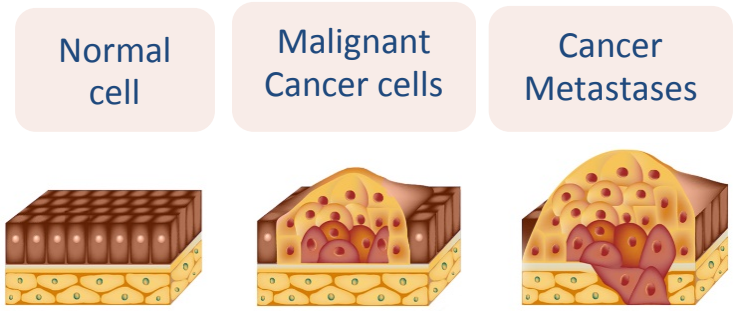
Section One:
Before your surgery

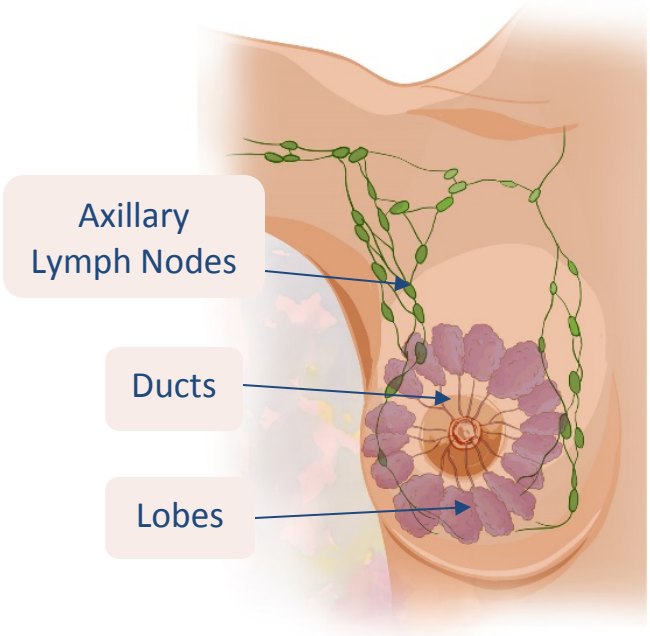
About breast cancer

Cancer is a disease that starts in our cells. Our bodies are made up of millions of cells, grouped together to make tissues and organs such as muscles, bones, the lungs and the liver.



Genes inside each cell instruct the cell to grow, work, reproduce and die. Normally, when our cells follow these instructions, our bodies remain healthy. Sometimes these cells can grow and divide uncontrollably which could lead to groups of abnormal cells form lumps or tumours.

Tumours can be either benign (non-cancerous) or malignant (cancerous). Benign tumour cells stay in one place in the body and are not usually life-threatening. Malignant tumour cells can grow and grow into nearby tissues or even spread to other parts of the body. This is called metastases.



Breast cancer starts in the cells of the breast. Breasts are made up of ducts, lobules and tissue fat with lymph nodes and channels. Muscles are behind and under the breast for support and movement.

Although breast cancer is mainly a disease in women, a small number of men are also diagnosed with breast cancer each year.

The breasts also contain lymph vessels and lymph nodes, which are part of the lymphatic system. The lymphatic system helps fight infections. Lymph vessels move fluid and protein to the lymph nodes. The lymph nodes trap bacteria, cancer cells and other harmful substances. There are groups of lymph nodes near the breast under the arm near the collarbone and in the chest behind the breastbone.

Cancer cells may start within the ducts (this is called ductal carcinoma) or in the lobules (this is called lobular carcinoma). Ductal carcinoma is the most common type of breast cancer. Other types of breast cancer, such as inflammatory breast cancer and Paget's disease, behave differently and may need different treatment.

Tests and screening

Your doctor may do one or more of the following tests to make a diagnosis:

- Imaging tests
- Biopsy

Imaging tests

Imaging tests allow your healthcare team look at your tissues, organs and bones in more detail. Not every test is necessary for every patient. Some examples of imaging tests are:

- Breast or Axilla Ultrasound
- MRI
- CT scan
- Bone scan
- Abdominal Ultrasound
- Chest X-ray

Biopsy – Obtaining tissue for diagnosis

If you have a biopsy, cells are taken from the breast tissue and are checked under a microscope. A biopsy is needed to confirm a diagnosis of breast cancer. There are many types of breast biopsies that you may have they include:

Fine Needle Aspiration

This procedure is typically done in the clinic. The doctor uses a needle to remove fluid or cells from the lump. This procedure is quick, but you may experience some discomfort because the breast tends to be sensitive.

Core Needle Biopsy

This is typically done in the clinic by a radiologist because an ultrasound may be used if the lump cannot be felt by hand. You may be given a medication (sedative) to help you relax. The area where the needle is inserted is “numbed or frozen” with a local anaesthetic. A needle is used to remove cells from the tumour or lymph nodes. You may have some tenderness and bruising after this procedure.

Surgical Biopsy

This is usually performed in the hospital’s operating room as an outpatient procedure, which means that you do not need to stay overnight. A surgeon would remove part or all of a breast lump or abnormal breast tissue.

Hormone Receptor Status Test (Estrogen Receptor (ER), Progesterone Receptor (PR)

This test may be performed to see if the cancer cells removed from your breast tissue have certain hormone receptors. Breast cancer cells that have these receptors need estrogen and progesterone hormones to grow. If the biopsy sample has these receptors, the tumour is called hormone receptor positive. If your health care team knows if your tumour has hormone receptors, this will help them understand whether the cancer is likely to respond to hormone therapy.

HER2 Test

This test may be performed to see if the cancer gene that controls the HER2 protein is in the cells. HER2 stands for human epidermal growth factor receptor 2. HER2 is a protein on the surface of breast cells that causes growth. If the tissue has too much HER2 protein or too many copies of the gene that controls it, the tumour is called HER2 positive. HER2-positive breast cancers act differently than other breast cancers and may need specific treatment.

Staging and grading

Once a cancer diagnosis has been confirmed, the cancer is given a stage and a grade. This information helps you and your health care team choose the best treatment for you.

The cancer stage describes the tumour size and tells whether it has spread to lymph nodes or other parts of the body. Staging is only assessed properly after surgery.

In the earliest stage of breast cancer, cancer cells are found only in the milk ducts or lobules. This is called carcinoma in situ, and typically considered pre-cancerous. If carcinoma in situ is diagnosed before the cells have spread to the surrounding tissue, they do not spread after they have been removed. When breast cancer spreads out of the duct or lobule, it is called invasive cancer.

Stages of breast cancer

The stage of your breast cancer depends on:

- the size of the cancer
- If the cancer has spread to nearby lymph nodes, and
- If the cancer has spread to distant parts of the body.

This information is typically available after the surgery, when pathologists can examine the cancer cells and some lymph nodes have been removed.

A **grade** is given based on how the cancer cells look compared with normal cells. This also shows how quickly the cancer may be growing. To find out the grade of a tumour, the biopsy sample is looked at under a microscope.

Grade	Description
1	Low grade – slow growing, less likely to spread
2	Intermediate grade – moderate
3	High grade – tend to grow quickly, more likely to spread

Treatment

Breast cancer treatment can be complex and depends on the stage and grade of your cancer. Your health care team may suggest that you have one or a combination of treatments including surgery, radiation therapy, and systemic therapy. The order of treatment will also depend on the stage and grade of cancer, and your overall health. Some examples are:

- If you have very early stage cancer, it is common to have surgery first.
- Depending on the size of your tumour and the type of surgery that you have you may need radiation therapy.
- It would be determined after your surgery if you need systemic therapy. Cells will be removed and carefully examined carefully under a microscope.
- If you have later stage cancer, it is common to have chemotherapy first, followed by surgery and then radiation.

The order of treatment is different for everybody, please ask your health care team what the recommended treatment plan is for you.

For further information, visit the links listed below:

http://bethechoice.org/

https://breast360.org/en/

Types of surgeries

There are different methods of surgery for the various types of cancer. Each type of cancer has its own way of growing or spreading which helps your health care team determine which type of surgery is best for you.

To surgically remove cancer from the body, a surgeon must remove not only the original tumour but also any cancer cells which may have travelled in the body. This may include nearby lymph nodes.

Cancer cells are very small, and typically not visible until they have grown to a few million cells even under the best imaging. This means, even after the surgery, there is a small chance that cancer cells are left behind. There is always a small risk that these cells may grow again.

There are different surgical options depending on the breast cancer size, your overall health, and your preference. Typically, you will be given options for a breast surgery in combination with a lymph node surgery from the axilla (armpit).

Types of breast surgery:

- Breast conserving surgery
  - Removal of a part of the breast where the cancer is located
  - Examples include:
    - Segmental resection
    - Lumpectomy
    - Partial mastectomy
- Mastectomy
  - Removal of the whole breast

Types of lymph node surgeries:

- Sentinel lymph node biopsy (SLNB)
  - Removal of a few lymph nodes from axilla (armpit) to make sure no cancer has spread to the lymph nodes
- Axillary Lymph node Dissection (ALND)
  - Complete removal of lymph nodes in the axilla (armpit). This is typically recommended if you already have lymph nodes affected by cancer prior to your operation.

Breast conserving surgery vs. mastectomy

Patients will sometimes be given an option to choose which surgery they prefer. Studies have shown that breast conserving surgery with radiation has the same result in regards to survival that a mastectomy does.

Your surgeon will provide you with some recommendations but here are some but not all of the advantages and disadvantages about each surgery for you to consider, in your decision making.

	Advantages	Disadvantages
Breast conserving surgery	• Part of your own breast is left behind. • This is a smaller surgery and you will not need fluid drains. • Faster recovery.	• There is a small chance of positive margin (cancer found in the edge of the resected lump) which means more surgery may be needed for complete removal. • You will likely need to have radiation following surgery.
Mastectomy	• Lowers the risk of breast cancer coming back in the same breast. • Your breast can be reconstructed with further surgery. • You may be able to avoid having radiation.	• Larger surgery, which includes a possible overnight stay at the hospital. • A drain will be left for a few weeks.

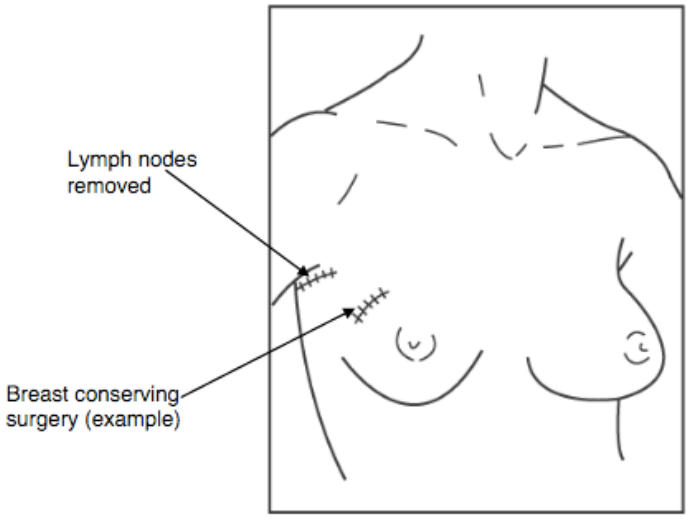
Breast conserving surgery

This surgery removes only the breast tumour and a part of the tissue around the tumour. It is also common for your surgeon to recommend the removal of some lymph nodes. This is called sentinel lymph node biopsy to see if any cancer cells have spread to the lymph nodes.

Possible issues with this surgery include:

- infection
- bleeding
- pain/numbness at the incision
- changes in the breast appearance
- seroma (fluid collection)

- may need further surgery to ensure all of the cancer cells are removed
- greater chance of future recurrence of breast cancer



You may need **seed localization** if the lump that needs to be removed is too small to feel, the surgeon will need a guide to show its location. This guide is a procedure called a pre-op seed localization. It is done before your breast surgery.

Your surgeon's office will provide you with an appointment and this is typically done up to 2 weeks before your surgery. The procedure is similar to the core biopsy where a small cut is made on the skin with local freezing, and a seed is placed in to the lump under the guidance of ultrasound.

For more information click on the link below:

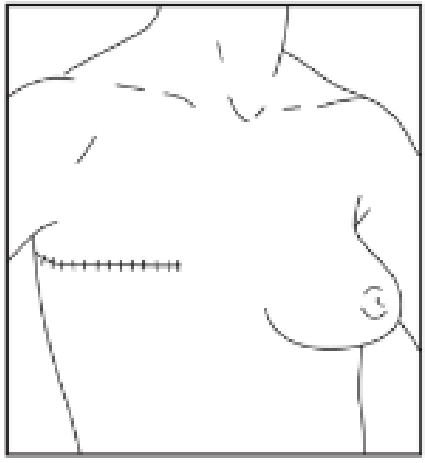
http://199.212.121.215/sitemaker/websitefiles/hamhscon10071/documents/Patient%20Education/SeedNeedleLocalizationUltrasound-th.pdf

Mastectomy

There are 2 main types of mastectomy surgery:

1) **Simple mastectomy** is removal of all breast tissue but leaving lymph nodes and muscles. One drain will be used to remove extra fluid and you may need to stay in the hospital overnight after your surgery.

2) **Modified radical mastectomy** removes all of the breast tissue and the lymph nodes under the arm. This may cause discomfort under your arm. Two drains will be used to remove extra fluid and you may stay in the hospital overnight.



Possible issues with this surgery include:

- infection
- bleeding
- pain/numbness at the incision
- seroma (fluid collection)
- smaller chance of future recurrence of breast cancer

Sentinel node biopsy

Sentinel node biopsy is the removal of some of the axillary lymph nodes in your armpit. These nodes are the first area that cancer could drain, and after they are removed they can be tested to see if any cancer cells have moved there. This is usually done at the same time as your breast surgery.

Before the surgery, you will get an injection of radioactive dye into the breast. This will happen at the nuclear medicine department right before your surgery. This dye will then drain from the breast to those first lymph nodes, to help your surgeon find the lymph nodes during the surgery. Your surgeon may also inject a blue dye into your breast during the surgery to also help with finding the lymph node.

This dye may cause your urine and stool to be a bright blue or green color for a couple of days. The skin of the breast may also be stained blue and may take weeks to completely disappear.

Possible issues with this surgery include:

- infection
- bleeding
- numbness/tingling at the incision
- 2% to 7% chance of lymphedema (swollen arm)
- allergy to dye

Axillary lymph node dissection

This procedure includes the removal of all the lymph nodes from the axilla (armpit) on the same side as the breast cancer. This is usually done at the same time as your breast surgery.

Possible issues with this surgery include:

- infection
- bleeding
- numbness or tingling in your arm or armpit.
- stiffness or discomfort of your shoulder or arm will improve over time and with proper exercises.
- 15 to 20% chance of lymphedema (swollen arm)

Breast reconstruction

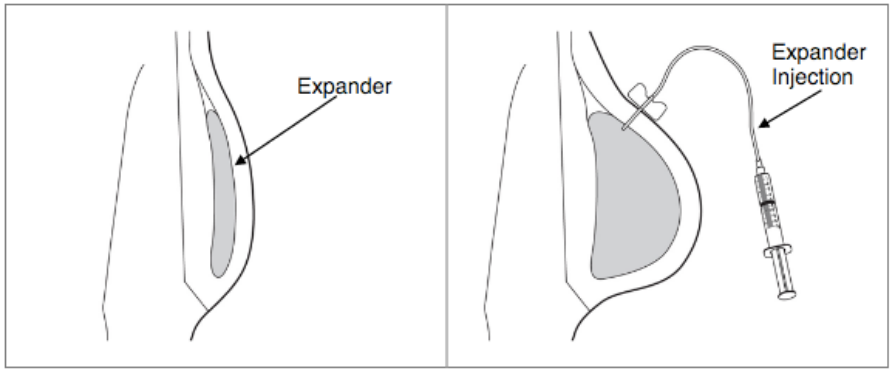
Why breast reconstruction?

Reconstructive surgery can be done at the time of your first cancer surgery, or after your cancer treatments are complete. This will depend on your cancer, the stage and the treatments that you might need. You and your plastic surgeon will decide what type of reconstruction and what schedule works best for you.

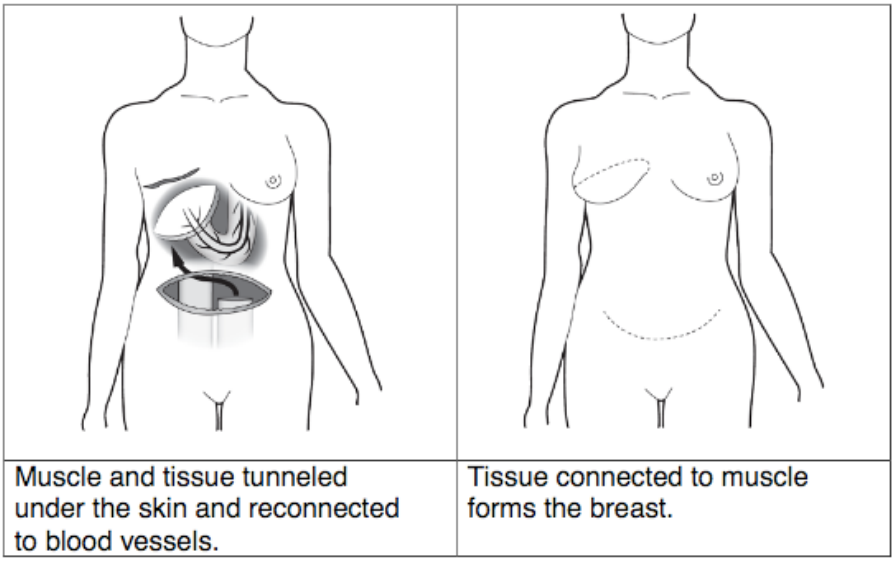
If breast reconstruction is something you are thinking about, please discuss this with your surgeon as there are various options that are available to you.

Types of reconstruction include:

- **Implant:** An implant or prosthesis is used with an expander to form the breast.

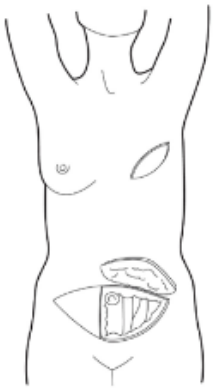
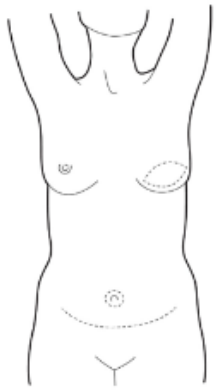


- **Autologous:** Your own tissue is used to form the breast. This is called Autologous Breast Reconstruction. Technical names for this type of surgery include:
    - **TRAM**: Transverse Rectus Abdominus Myocutaneous flap

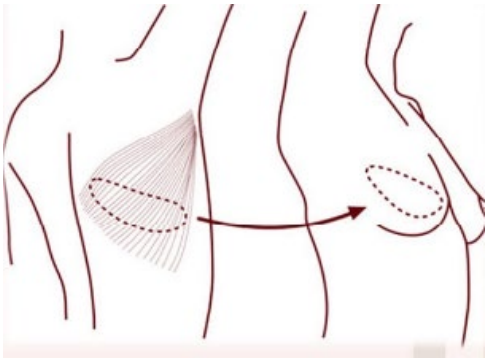


Muscle and tissue tunneled under the skin and reconnected to blood vessels.	Tissue connected to muscle forms the breast.

- **DIEP**: Deep Inferior Epigastric Procedure

	
Tissue taken from the abdomen.	Tissue reconnected to form the breast.

- **LAT**: Latissimus Dorsi flap



Tissue is taken from the back and reconnected to for the breast.

Although reconstruction is an option for most of the patients who require a mastectomy, there are many things to consider.

The following is a list of frequently asked questions that we receive on this topic:

Will I have to pay for breast reconstruction?

If you have a valid OHIP number there is no cost for breast reconstruction surgery. This also includes surgeries such as breast reduction, breast lift or augmentation (increase in size) that may be needed to balance the other breast after a mastectomy. Women who are from out of the province or country should check if their insurance will cover the costs.

What if I do not want breast reconstruction?

Some women prefer not to have breast reconstruction. Some may prefer to wear a prosthesis (soft, artificial breast) inside their bra and undergarments. Some women may also choose not to wear a prosthesis. You can also change your mind; if you do not want reconstruction now, but in a few years you change your mind, breast reconstruction can still be arranged. The choice is yours.

What about my other breast?

There are some options. Most women leave the breast as is and some women have the breast without cancer removed (prophylactic mastectomy) followed with breast reconstruction. Other women have surgery on the remaining breast to match or balance it with the other side.
This surgery can be a breast lift, breast reduction or breast enlargement. These surgeries are usually done at a later date.

I am worried about the cancer coming back. Can I have a mammogram with a reconstructed breast?

Usually mammograms are not done on a reconstructed breast for routine checkups. Instead you would have regular physical exams. An MRI or ultrasound can be used to check for cancer if there is a concern.

For more information on breast reconstruction, click on the link below:

http://199.212.121.215/sitemaker/websitefiles/hamhscon10071/documents/Patient%20Education/BreastReconstruction-th.pdf

At your Pre-op Clinic appointment you will be given instructions about your surgery and what to expect the day of your surgery or procedure.

Section Two:
After your surgery

Self-care after your surgery

Diet

- There is no specific diet after surgery, but it is always good to eat a well-balanced diet and include lots of fruit and vegetables.
- We suggest that you drink plenty of fluids.

Showering

- You can shower as early as 1 to 2 days after surgery. There is no need to cover wound while showering. Please do not scrub or rub the wound. Do not soak in the tub, pool or hot tub for the first 3 weeks.

Activity

It is normal to feel tired after your surgery. Plan for regular periods of rest, but it is important for your recovery to stay active. We do suggest for 4 to 6 weeks after your surgery that you:

- Do not do strenuous activity or heavy lifting.
- Do not participate in contact sports
- Walk is a normal activity, which you can start right after surgery
- Showering before exercising helps to loosen muscles
- After lymph node dissection, no strenuous activity until you see your doctor. See the exercise guide to keep your shoulder mobile

No driving until pain free and normal range of motion to affected arm has returned.

Incisions and pain

The incisions may be swollen, bruised and painful. The incision may feel lumpy like a ridge – this is normal. You will have dissolvable stitches that are covered by bandages or tape (rarely staples or clips are used). Ask your nurse for pain medication or take the pain medication that your surgeon prescribed.

For comfort, wear a good support bra without underwire. Apply an ice pack – 10 minutes on and 10 minutes off. Repeat as needed for comfort. Avoid hot or warm packs as the surgery may have changed some nerves so you skin could burn easily.

Pain

It is not normal to have severe pain. Each day after your surgery your pain will lessen and you will require less medication for pain.

To manage your pain we suggest that you:

- Take your prescribed pain medication as recommended by your surgeon.
- **Do not** wait until the pain is severe before taking the pain medication.
- Take your pain medication 30 minutes before planned exercise and at bedtime.
- Moderate elevation of the arms helps to decrease tight surgical areas around the wound and helps circulation.
- After lymph node dissection you may use an ice pack to help decrease the swelling in armpit but not more than 20 minutes at a time.

No driving while taking narcotics for pain control.

Wound care

Before you leave the hospital you will be told how to take care of your incision site. You will have two layers of dressing on your incision. The first layer is called steri-strips and that is directly over your incision, then there is a second layer of dressing which can come off 1 to 2 days after surgery.

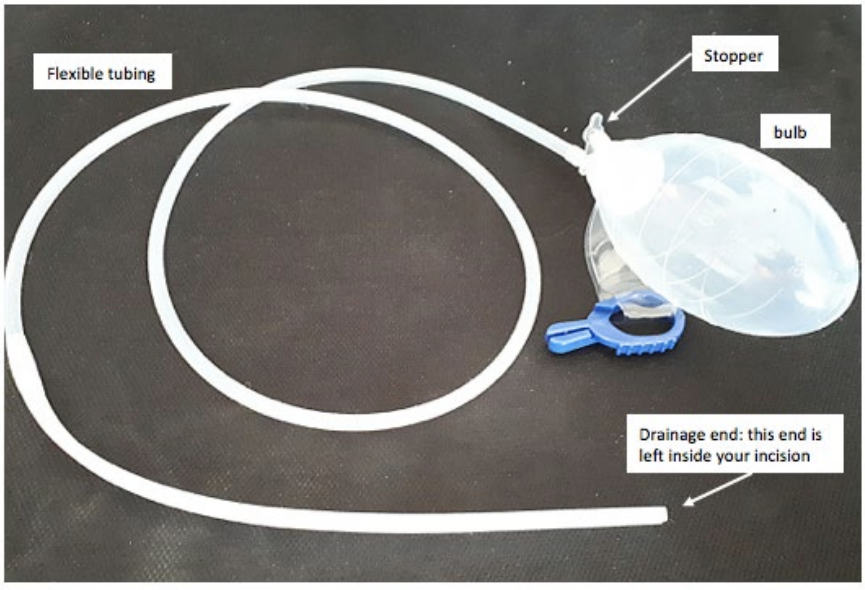
- The majority of patients are being discharged after mastectomy with a binder dressing which is a velcro-type dressing. The binder dressing should be worn for at least 24 hours after surgery. The binder dressing can be worn for comfort after the first 24 hour period or can be removed before the 3-week post-operative visit with your surgeon.
- You may shower in 1 to 2 days after your surgery. Make sure you pat the wound dry. **Do not** apply creams, powder, ointment, deodorants or perfumes, until your follow up with the surgeon.

- Do not use herbal remedies without speaking with your surgeon.
- Avoid tub baths until wound has healed fully.
- **It is normal to have some swelling and bruising.**
- **Temporary swelling in the extremity is fairly common;** elevate arm above the heart for 45 minutes three times a day to help promote circulation.

Caring for your drains

You may have 1 or 2 tubes, called drains, in your breast or armpit. The purpose of your drain is to collect fluid from the surgery site. This helps prevent bruising and swelling. Your drain works by suction. Before you are discharged, a nurse will show you how to care for your drain and how to empty it. It is normal for this fluid to look bloody at first, then turn pink to yellow. The amount will decrease over time. If you have a drain left in place, you doctors will organize for home and community care nursing. (It is likely that you may have to visit their clinic, but home care services are available if you are sick and unable to go).

JP (Jackson-Pratt) drain:



Helpful tips at home

- Empty the drain into a container when the fluid collects in the bottom or at least every 8 hours.
- The drain works the best if positioned below the surgical area. Secure the drain with a safety pin to your clothes.
- Check your drain often for kinks and/or clots. There should be no tension or tug on the drain or tubing.
- Generally, you will have the drains in until there is less than 20 to 30 milliliters of fluid over a 24 hour period for two days in a row. Be sure to ask your surgeon if you have any questions.
- If you have more than one drain, only one drain should be removed at a time.

Emptying the drain

1. Open the stopper of the bulb

2. Pour out the bulb content in to a measuring cup. Record the output.

3. Squeeze the bulb

4. Close the stopper making sure the bulb is collapsed (this keeps suction on)

Common drain issues

There are some common issues that you may have with the drains. If you have any concerns, please call the office and we will arrange you for a sooner follow-up.

- Redness
  - Redness smaller than a nickel coin is normal and is a reaction to the drain or the stitch.
- Leakage
  - May occur around the drain and this is usually caused by blockages in the drain. Try to milk the drain to unclog the blockage.
  - Milking (stripping) of the drain.

1. Secure the JP with one hand and squeeze the flexible tubing with your other hand

2. Pull the hand squeezing the flexible tubing downward. This allows for any clot in the tubing to dislodge.

Drain is not holding the suction.

- This usually means that there is air entering the wound.
- Check to see if the drain has slipped out if this happens you will see the white tip at the end of your see through tube. This white tip should be inside your wound.
- Your community and home care nurse will manage this problem with their next visit, or call the office for a sooner follow-up.
- Check if there are any holes that you can see on the tubing system where air may be leaking in. If you can see it, you can try to seal it with a clean Tegaderm (transparent tape) or Vaseline gauze.

These issues do not require for you to go to emergency if you are feeling fine. If you have trouble following the instructions of how to fix your issue please call your health care team or your community nurse.

Possible complications of having drains after surgery

Seroma

A seroma is fluid that has collected in the area surgical area. It is common after a lumpectomy or a mastectomy. This can cause swelling or pain at the cut (incision) area. Some women feel the sensation of the fluid "moving" (sloshing of fluid or gurgling).

This will often clear up on its own. If swelling continues you may need to have the fluid removed. Call your surgeon if this swelling continues or redness over the seroma gets bigger.

Hematoma

A hematoma is blood that has collected around the cut (incision) area that can cause pain, redness and swelling. This will usually clear up on its own and can take a few weeks to months. Notify your surgeon this pain, redness and swelling increases or if you see blood dripping through the cut (incision).

Avoiding Infection

- Wash hands frequently.
- Use moisturizer daily to prevent skin form becoming dry.
- Use an electric shaver when shaving under arm.

Lymphedema

The removal of axillary lymph nodes or radiation therapy can cause the lymphatic system not to drain lymph fluid properly, this can cause swelling of the affected arm. You may have numbness, discomfort, tightness and sometimes an infection.

Prevention of lymphedema

- Exercise regularly; speak with your doctor first before starting/resuming exercise program like weights.
- Gradually increase activity of affected arm.
- Maintain ideal body weight; overweight patients are more likely to develop lymphedema.
- Wear loose fitting clothing and jewelry.
- Do not carry heavy bags or purse on affected side.
- Avoid skin injury on the side of the surgery – wear protective gears such as glove while gardening.
- Wear sunscreen at all times to avoid sunburns, skin breakdown.
- Avoid lying on affected side, elevate arm on pillow.

Exercises after breast or upper body lymph node surgery

Breast or lymph node surgery may limit the strength and movement of your arm and shoulder. You may feel stiff and weak in this area and the skin may feel tight, but exercises can be helpful. Your balance may also be affected causing stiffness in your head and neck.

All exercises should be done slowly and controlled. Pain is not the goal, only light stretching.

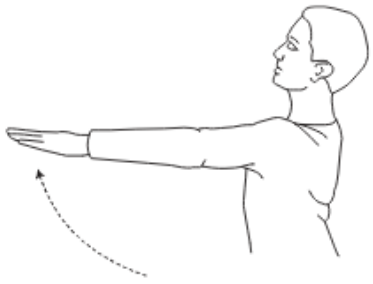
Doing these exercises after surgery:

- will help bring back the movement and strength of your arm and shoulder
- decrease the stiffness and increase the movement of your head and neck
- may avoid, control or decrease pain
- may avoid, control or decrease swelling
- will make it easier to prepare for radiation therapy if needed

1 to 6 days after surgery

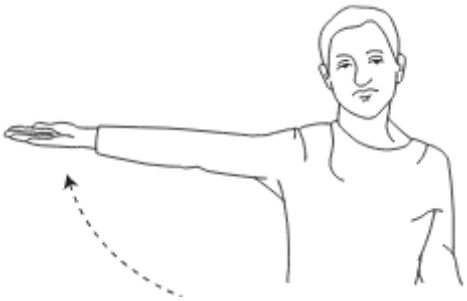
Lift arm straight up in front of you:

- stop at 90º – there should be no pain
- do up to 10 times
- do the exercise 2 to 3 times a day



Lift arm straight out to the side:

- stop at 90º – there should be no pain
- do up to 10 times
- do the exercise 2 to 3 times a day

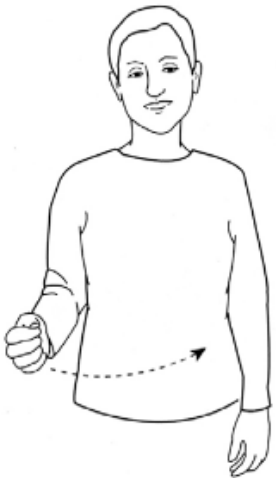


Hand pumping and ball squeezing:

- make and release a fist or hold a soft ball in your hand
- squeeze and relax
- do up to 20 times
- do the exercise 2 to 3 times a day

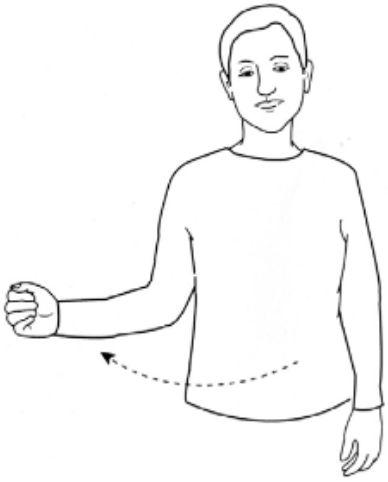
Arm movement

- Do up to 10 times.
- Do the exercise 3 times a day.



Start with your elbow beside your body, your arm bent 90° so that your hand is level with your elbow.

Slowly bring your hand in towards your chest, keeping your elbow by your side.

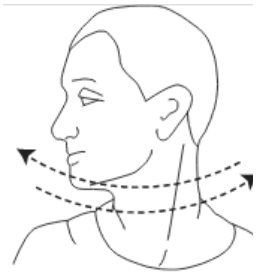


Move your hand away from your body as far as you can comfortably go. Stop if you feel pain.

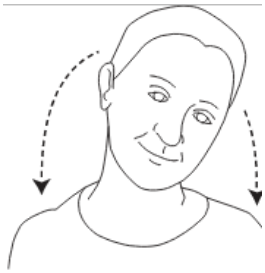
Neck

- Do up to 10 times.
- Do the exercises 3 times a day.

Bend your neck forward. Chin to chest. Bring your head back to neutral position.



Turn head to one side then to the other side.



Look straight ahead. Bend your ear toward your shoulder.

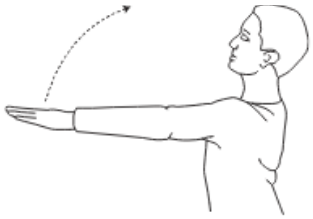
7 days after surgery – or when you no longer have the drains

At this time, try to get back to your regular activities unless your surgeon has told you not to. You should feel the stretch.

Continue with:

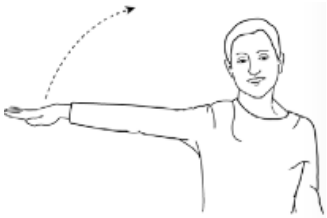
Lift arm straight up in front of you

- move toward your head



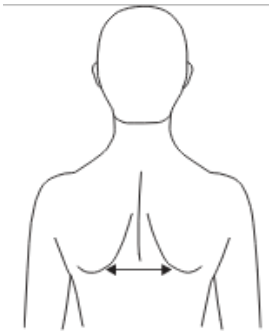
Lift arm straight out to the side

- move up toward your head

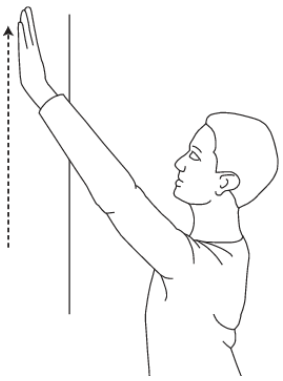


Should blade squeezes:

- pull your shoulders back and down with your arms at your side
- squeeze your shoulder blades together
- hold for 5 seconds
- do this 15 to 20 times – 3 times a day



Wall climbing:



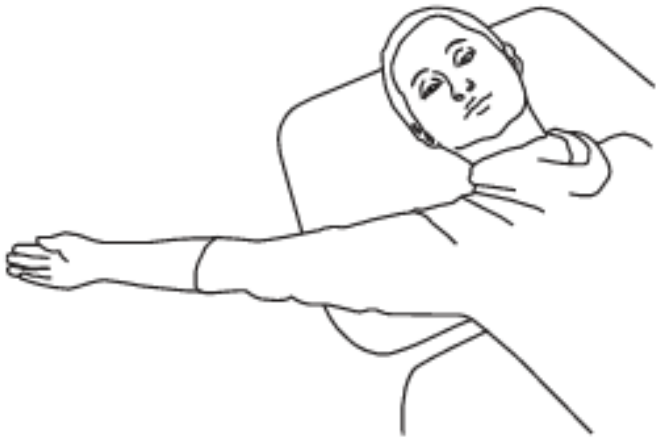
- place your fingers on the wall about waist level
- slowly start to walk up the wall as far as you can
- you can place your hand on a towel so that it slides up the wall easily
- climb the wall 5 times, and then hold for 15 to 30 seconds
- do this 3 times a day

Do this exercise until you can stand in front of the wall, with your arm up by your head.

- Stand beside the wall just less than your arm length away.
- Place your fingers on the wall about waist level.
- Slowly start to walk up the wall as far as you can.
- You can place your hand on a towel so that it slides up the wall easily.
- Climb the wall 5 times, and then hold for 15 to 30 seconds.
- Do this 3 times a day.
- Do this exercise until you can stand right beside the wall.

Chest stretch:

- lie at the edge of your bed
- raise your arm up straight in line with your shoulder
- carefully let it fall out of the side until you feel a stretch between your breast and shoulder
- hold for 30 seconds
- do up to 3 to 5 times, 2 times a day



When should you call the surgeon?

Call your surgeon if you:

- notice a rapid increase in swelling or bruising the first 24 hours after surgery
- have a temperature greater than 38°C (100°F) or higher
- notice pus or drainage from the incision
- pain increases or is not relieved by medication
- increase swelling, warmth or redness around your incision, arm or drain

When should you see the surgeon again?

You will see the surgeon about 3 weeks after surgery. Before you leave the hospital you will be given the date and time of your appointment. If you are not given the actual date and time, you will be instructed to call your surgeon's office for the appointment.

At this visit, your incision will be checked and the stitches or clips may be removed. Your surgeon will also give your information about your appointment with the oncologist and/or JCC.

Wearing bras after surgery

After a lumpectomy you should look for:

- Good support bra; no underwire bras
- May be worn at nighttime
- Cotton sports bra with front closure, less elastic the better, armholes should be cut low

After a mastectomy you should look for:

- Fluffy cotton breast forms can be worn in bra for the first couple of weeks
- Once the wound has healed usually in 4 to 6 weeks you than can be fitted for a breast prosthesis

Bras and prostheses

Temporary breast form prosthesis can be obtained from the **Canadian Cancer Society Peer Support Program**. They also have a list stores in your area that carry mastectomy bras.

- 1-888-939-3333

Knitted Knockers

Knitted Knockers are special handmade breast prosthesis for women who have undergone mastectomies or other procedures to the breast.

- https://www.knittedknockers.org/

Suppliers of breast prostheses and mastectomy products

For the most current list of companies providing these products, please refer to the Ontario Region of the Canadian Cancer Society's "Community Services Locator", a searchable directory of resources.

Visit www.cancer.ca and click on "Ontario" followed by "Support/Services" to access directory and locate products and services in your community.

The **Assistive Device Program (ADP*)*** can assist permanent residents of Ontario with the cost of breast prosthesis. Your private insurance may cover any costs the ADP does not pay for.

- 1-800-268-6021

Treatments after your surgery

Before or after your breast surgery you may need additional treatment such as chemotherapy, radiation therapy, or hormone therapy.

What is chemotherapy?

Chemotherapy is treatment with drugs that kill cancer cells.
There are many drugs to treat breast cancer. You may be referred to an oncologist to discuss treatment before or after your surgery.

What is radiation therapy?

Radiation therapy uses high-energy radiation rays or particles from outside of the body to damage or destroy cancer cells. Radiation is given in small doses and is usually given over 3 to 6 weeks. If you need radiation, you will meet with a radiation oncology to discuss the details of your treatment.

Other useful links for radiation therapy:
http://199.212.121.215/sitemaker/websitefiles/hamhscon10071/documents/Patient%20Education/RadiationTherapyBreastJCC-th.pdf

What is hormone therapy?

The hormone estrogen can cause some cancers to grow. Hormone therapy interferes with this process and can stop or slow down the growth of cancer cells. If you need hormone therapy, you will meet with an oncologist to discuss treatment.

Coping after surgery

A diagnosis of breast cancer is a difficult time. Coping with the treatments, side effects, managing your emotions and adjusting to the changes in body image can be very overwhelming.

These feelings are normal. It is important that you look for emotional support through a family member, close friend or from another breast cancer survivor. Give yourself time to adjust to your new body image.

You may want to speak with a social worker or dietician at the cancer centre for help.

Genetic counselling guidelines

Only 10% of breast cancer are caused by an inherited genetic mutation such as BRCA1 or BRCA2.

There are a series of guidelines for healthcare professionals in Ontario to determine who is eligible for genetic counselling and possible genetic testing.

Not all eligible individuals will be offered genetic testing. If indicated, a referral will be made for assessment at the JCC.

Back to work

You may have questions or concerns about taking time off of work for your procedures, working through your cancer treatments or returning to work after your treatment is finished.

For more information about going back to work please see the links below:

https://www.cancerandwork.ca/

Resources

For more information about these Cancer Care treatments and other information see the link below:
http://199.212.121.215/sitemaker/websitefiles/hamhscon10071/documents/Patient%20Education/PatientFamilyHandbookJCC-th.pdf

Community Resource	Phone Number	Website
Cancer and Work		https://www.cancerandwork.ca/
Canadian Cancer Society Cancer Information Service – An information specialist can answer your questions by email or phone.	1-888-939-3333 TTY 1-866-786-3934 Email: info@cis.cancer.ca	www.cancer.ca
Cancer Care Ontario	416-971-9800	www.cancercare.on.ca/
CancerView	1-877-360-1665	www.cancerview.ca
Canwell Program Hamilton YMCA (Cancer Exercise)	905-667-1515	www.canwellprogram.ca
MacWarriors (Cancer Exercise)	905-525-9140 ext. 27541	www.pace.mcmaster.ca
Smokers Helpline	1-877-513-5333	www.smokershelpline.ca
Wellwood Resource Centre	905-667-8870	www.wellwood.on.ca
Wellspring	1-888-707-1277	www.wellspring.ca

My health care team members

Name	Phone

Notes and questions

PD 4452 – 05/2019
dpc/pted/LA/BreastCancerSurg-th.docX
May 7, 2019