

Advice when you are at home after your Wide Local Excision - Mastectomy - Lymph Node Surgery

Post operative advice

Following your operation you will have an adhesive, waterproof dressing over your wound(s). You may also have some suture strips along the incision site. Your sutures will be dissolvable and do not need to be removed.

As the dressings are waterproof you may shower or bathe but do not lie down and soak in the bath. The dressings can be removed between 10-14 days following surgery. This can be done when you attend the surgical Outpatient Department for your follow-up appointment with the Surgeon and Breast Care Nurse or you can remove it yourself. If you don't want to do this yourself you can contact the Practice Nurse at your GP surgery and arrange an appointment to have this done, especially if you are experiencing any irritation from the dressing.

Following a wide local excision wearing a soft, supportive, non-wired bra will support the breast tissue and help healing as well as keeping you comfortable.

If you have had a mastectomy wearing a bra with the soft prosthesis as often as you are able will protect the area and the gentle pressure can help to prevent a seroma forming which is explained later in this leaflet. Using a bra extender can sometimes make a bra more comfortable to wear. Bra extenders can be bought in

most department stores selling underwear. It is your personal choice as to when you start to wear a bra and prosthesis.

If you have questions please contact the Breast Care Nurses during the week on: **01392 402707**. If you have concerns over the weekend or out of regular hours then **contact your out of hours GP or phone 111**.

If you notice any of the following symptoms, you may have developed a wound infection:

- **The wound feels tender, warm to touch and is swollen**
- **Redness in the area**
- **Discharge from the wound**
- **Feeling generally unwell and a raised temperature**

Please contact your GP immediately if you notice any of these symptoms as you may need antibiotics.

Once the dressings have been removed and your wound is completely healed you can start using deodorant again. It may also help to massage the wound(s) with any non-scented moisturiser that suits your skin type as it can help to soften scar tissue and lessen the tightness that sometimes occurs as a result of surgery.

Wound Drains

You may have a wound drain in place following surgery. These are tubes that drain blood and fluid from the wound into a small bottle or bag. They drain fluid from your wound which normally collects after an operation.

You can walk around and move normally with the drains in place. You will be able to go home with a drain in and the district nurse team will check on the output and arrange to remove when ready.

Bruising and Haematoma

Bruising is common after surgery. It can be mild or moderate and will gradually disappear. Occasionally blood collects within the tissues surrounding the wound causing swelling, discomfort and hardness. This is called a haematoma and the blood will eventually be reabsorbed by the body, although it may take a few weeks. If the haematoma causes you any discomfort and feels tight please contact your breast care nurse as it may require drainage, although this is unusual.

Moving Your Arm

After breast surgery it is very important to use and exercise your arm correctly, particularly if you have had lymph gland surgery. Scar tissue that develops as a result of surgery can cause the area to become tight and uncomfortable and moving your arm will help to keep the area supple and prevent tightening and discomfort.

The purpose of the exercises is to avoid arm and shoulder stiffness developing and

the aim is that you will regain the range of arm movement that you had before the operation and help to relieve any tightness over your chest wall particularly following mastectomy.

Your breast care nurse will have given you information about arm exercises.

Taking regular painkillers will help you to do the exercises effectively and enable a quicker recovery from the operation.

Do not be alarmed if you ache or feel a pulling sensation during or after the exercises, it is extremely unlikely that you will cause any damage from performing the exercises and it is probably more harmful not to do them.

You may return to driving as soon as you feel confident that you can use your arm to perform an emergency stop and swerve to avoid an accident. This is usually around 10-14 days. We advise that you do not drive until you have returned to see the surgeon in the follow - up clinic where you will have your dressings removed and arm movement checked. Having someone with you the first time you drive may help if you find it difficult or are feeling less confident since your operation.

You can return to normal activities after the first two weeks, gradually increasing the amount you do over the coming weeks and months.

(Please refer to the specific advice in the section on sentinel lymph node biopsy or axillary clearance) If you find it difficult or painful to move your shoulder and arm, do not feel that you are making any progress or are unable to continue with your arm exercises please let your Surgeon and Breast Care Nurse

know. If appropriate, you will be referred to see a physiotherapist either at the FORCE Cancer Support Centre or through your GP. They will teach you specific exercises that will enable you to regain full shoulder and arm movement.

Seroma

After surgery some people may develop a collection of fluid called a seroma. This can occur under the arm and/or in the breast or chest wall.

This is caused by a collection of fluid and is a normal part of the healing process. It is not harmful and in many cases the fluid is absorbed by the body over time without the need for any intervention. However, if it is uncomfortable and restricts your arm movement the surgeon or a breast care nurse may decide to draw the fluid off to make you more comfortable and allow you to move your arm more freely.

This is a simple procedure which takes approximately 15 – 20 minutes and it is usually painless. In some cases the fluid can collect again and it may need to be done more than once.

If you are concerned that you have a seroma please contact your Breast Care Nurse as soon as possible and she will arrange for you to be seen by a Breast Care Nurse or Surgeon who can drain the seroma for you. If you are concerned about any swelling as the weekend approaches please contact us as early as possible on the Friday so that you can be seen and the seroma assessed.

Pain and Numbness

You are likely to have some pain or discomfort after surgery but everyone's experience is different. It is not uncommon to experience some numbness in the armpit and the upper part of the arm following surgery, particularly if you have had lymph glands removed. This will improve over time and will not affect how you use your arm, although it may not completely resolve.

You may find that you are relatively pain free immediately after the operation and then begin to experience more discomfort as time goes on. This is a normal part of healing and will improve. It is not unusual to experience nerve type pain which can feel like a burning sensation and can affect your arm and hand on the operated side. This will also improve with time, although you may need a more specific type of pain killer to manage the discomfort it can cause.

There are different types of pain relief available. For most people simple pain relief tablets such as paracetamol and ibuprofen are sufficient. If you feel your pain is not well controlled contact your GP or hospital team. One of the main benefits of taking regular analgesia, even if you do not experience very much pain, is that they enable you to maintain good arm movement which is particularly important if you have had lymph glands removed.

Wearing a well-fitting, supportive, non wired comfortable bra will also help to reduce discomfort. This is recommended 24-7 for the first 2 weeks. After this time you can resume wearing your bra as you feel comfortable. Some patients also find changing position or using pillows to support the wound/affected arm can help reduce pain and discomfort.

Lymphoedema

Lymphoedema is swelling of the arm, hand or breast area caused by a build up of lymph fluid in the surface tissue of the body.

This can occur as a result of damage to the lymphatic system following surgery. Although this type of swelling can be controlled it may never completely go away. It can occur weeks, months or even years after surgery.

The risk of this occurring is relatively low and your breast care nurse can discuss with you your individual risk and talk you through strategies to reduce this further. Essentially you should avoid overloading the use of your affected arm in the first 2 weeks post operatively. Take care not to overuse this arm initially, in particular avoid heavy lifting/carrying/repetitive tasks.

Longer term it is advisable to avoid having vaccinations/injections/blood pressure readings taken from this arm. Take care to use appropriate sun screen on this arm. If you have lymph node surgery to both arms discuss risk reducing measures to take with your breast care nurse.

See also the leaflet on Reducing the risk of Lymphoedema booklet for short and long term advice.

Advice When You are at Home

- Continue with your arm exercises and take regular pain killers to help you do them.
- We would recommend not getting your dressing wet. You may need to avoid a full shower/bath until your dressing has been removed in clinic.
- Do not use talc or deodorants near the wound(s) for the first 2 weeks as it may cause minor skin irritation.
- If you notice a wound has become inflamed or there is a discharge, please contact your GP & Breast Cancer Nurse.
- If you notice any swelling over your wound that worries you, please contact your Breast Care Nurse.
- Use your arm normally, but avoid any heavy lifting in the first few weeks.
- Carry out regular arm exercises.
- Return to normal activities within about 2-6 weeks. This will vary from person to person. It is easier to start with a small amount of work and gradually increase what you do. You may feel tired for the first 2 weeks. Gradually increase your activities until you are able to return to normal, but try not to overdo it.
- You can drive once you are confident that you are able to perform an emergency stop and could swerve to avoid an accident. This is usually about 10-14 days following surgery.
- If you have any questions or concerns when you are at home, do not hesitate to contact your Breast Care Nurse or GP.

Results Appointments

Your results appointment is usually sent with your admission papers pre operatively. If not, it should be sent once you are discharged from hospital. If you do not receive an appointment within a week please contact your Breast Care Nurse or the relevant Consultant's secretary.

At this appointment you will be given the results of your surgery which includes details about the cancer in your breast and the lymph nodes (if they have been tested or removed). Your treatment plan will be discussed with you and if further treatment is advised you will be referred on to discuss this with an Oncologist. If you require further surgery a date is usually given at this appointment.

You will usually be seen in an oncology clinic by an Oncologist (a specialist doctor who treats cancer with drugs and radiotherapy) at the RD&E Hospital or North Devon District Hospital within 2 -3 weeks of your results appointment.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by Royal Devon staff undertaking procedures at the Royal Devon hospitals.

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