

Mastectomy Instructions

What is a Mastectomy?

Mastectomy is surgery to remove all breast tissue from a breast as a way to treat or prevent breast cancer. Newer mastectomy techniques can preserve breast skin and allow for a more natural breast appearance following the procedure. This is also known as skin-sparing mastectomy. Surgery to restore shape to your breast – called breast reconstruction – may be done at the same time as your mastectomy or during a second operation at a later date.

What is a Sentinel Lymph Node Biopsy?

Patients who have an invasive breast cancer, require Sentinel Lymph Node Biopsy for staging.

Sentinel Lymph Node biopsy is usually done through a separate incision under your arm. This is done to determine whether any of the cancer cells have spread to the lymph nodes. In order to determine where the sentinel lymph node is located, a preoperative lymphoscintigraphy is performed.

What is Lymphoscintigraphy?

Definition: Lymphoscintigraphy is a technique that is used to locate the sentinel lymph node (first lymph nodes the tumor is draining into).

Procedure: During lymphoscintigraphy, a radiologist will inject a small, non-toxic amount of a radioisotope in the area around the nipple. While you lie still, a computer records the path of the radioactive material towards the draining lymph nodes.

During surgery, your surgeon will use a tracking device to locate the sentinel lymph nodes. The sentinel node(s) will be removed and studied pathologically. If the node(s) is positive for cancer cells, the surgeon will decide if additional lymph nodes in the axillary area under your arm need to be removed. These lymph nodes will be sent to our pathology department for a full assessment.

You will have an incision in the area under your arm. It is not uncommon for this area to be sore and to have some numbness or tingling after the surgery. This is normal.

Locations of Lymphoscintigraphy Testing: This test will be done either the day before your surgery or the day of your surgery. Please check with your surgery scheduler for instructions.

How do I Prepare for my Mastectomy?

The following information will help you prepare for your upcoming surgery. We hope this information will help make this experience easier for you. If you have any questions regarding the instructions, please contact our Breast Care Center staff. **Please note:** Mastectomies may be performed as an outpatient or inpatient procedure.

- Do not eat or drink anything for 12 hours prior to your surgery.
- People with diabetes, heart disease and other illnesses should contact their primary care doctor for
- directions on taking their routine medication. Inform us if you are taking Coumadin, Aspirin, Plavix, Eliquis or other blood thinning medications.



- Do not take aspirin or aspirin-containing products for seven days before your surgery. Tylenol is okay. Also, stop taking vitamin E supplements, multivitamins, herbal supplements and fish oil one week before your surgery or as soon as possible if your surgery is less than one week away.
- Wear comfortable clothing, such as a two-piece, loose outfit with a zipper or buttons in front that is really easy to put on. You will be sent home in a surgical binder or dressing.
- You will need to have a responsible adult drive you home. It is unsafe and against our policy to permit you to drive home after surgery when you have received any medication that might slow your responses, such as anesthesia, pain medication or any medication to relieve anxiety.

What do I Bring to the Hospital?

If your procedure includes an overnight stay at the hospital, it is recommended to bring the following items:

- Personal items, such as a toothbrush, toiletries, pillow, earplugs
- Slippers and extra socks
- Music player and headphones as well as your favorite music, books on tape, etc.
- Bathrobe that opens in the front, a sweater with buttons or a zipper
- Light reading
- List of important telephone numbers
- Insurance card and a form of ID

****Do not bring any valuables with you to the hospital.****

Instructions After Surgery- Follow-up Care

The surgeon will generally plan to see you about one-two weeks after surgery. The pathology results from your surgery should be available within 7-10 days after your surgery. Follow-up appointments may be made before surgery. Otherwise call us on the day you get home to make your appointment. Your dressing will be changed or removed at your post-operative visit unless you receive other instructions. The breast surgeon will help you make the appropriate consultations with a medical and/or radiation oncologist. Please do not drive until you have clearance from your surgeon.

Pain Management

People experience different types and amounts of pain or discomfort after surgery. The goal of pain management is to assess your own level of discomfort and to take medication as needed. You will have better results controlling your pain if you take pain medication before your pain is severe.

You may be given a narcotic prescription for pain management of moderate pain. Avoid taking Advil or any other non-steroidal anti-inflammatory medications for 48 hours.

Tylenol can replace the prescription pain medicine once the pain lessens.

Healing and recovery improve with good pain control. Please notify us of any drug allergies, reactions or medical problems that would prevent you from taking these drugs. Your pain medication may be a narcotic and should not be taken with alcoholic drinks. Do not use narcotics while driving.

Narcotics also can cause or worsen constipation, so increase your fluid intake, eat high fiber foods – such as prunes and bran – and make sure that you get up and out of bed to take small walks. You can also take a stool softener such as Colace and/or a mild laxative such as Milk of Magnesia. A small pillow positioned in the armpit also may decrease discomfort.

Although you will not have felt it at the time, nor remember it afterwards, you will have had a tube down your throat during the surgery. This can often cause a sore throat for a few days following your surgery



Activity

Avoid strenuous activity, heavy lifting and vigorous exercise. Tell your physician or nurse about your occupation and current activity level, and he or she will help you make a personal plan for “what you can do” after surgery. If having reconstruction, discuss this with the plastic surgeon.

- Take sponge baths, only until the time of your post-op visit.
- Walking is a normal activity that can be restarted right away.
- Coughing or deep breathing is important after surgery. Take 4 deep breaths and 4 coughs every 2 hours while awake after surgery.
- If you have a drain, please do not drive until the drain is out.
- If you do not have a drain, please check with your surgeon as to when you can drive.
- Following a lymph node dissection, don't avoid using your arm, but don't exercise it until your first post-operative visit.
- You will be given exercises to regain movement and flexibility. You may be referred to physical therapy for additional rehabilitation if it is needed.
- Most people return to work within three to six weeks. Return to work varies with your type of work, your overall health and personal preferences. Discuss returning to work with us and disability forms.

Diet

You may resume your regular diet as soon as you can take fluids after recovering from anesthesia. We encourage 8 to 10 glasses of water and non-caffeinated beverages per day, plenty of fruits and vegetables as well as lower fat foods. Talk with us about recommendations for healthy eating.

Incision and Drain Care

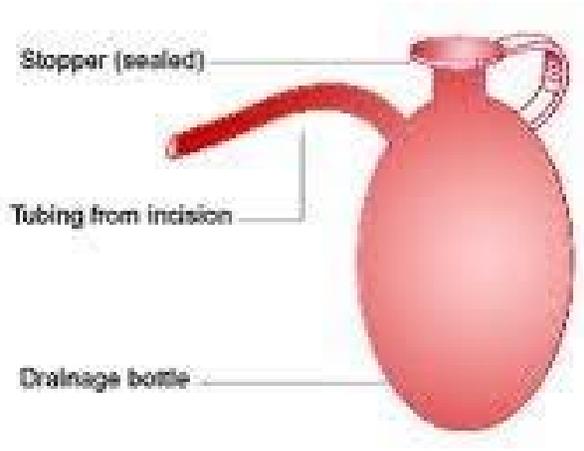
Your incision or scar may have steri-strips (which are small white strips of tape), or surgical glue that may be covered by a gauze dressing or tube top binder.

If you've had reconstruction, the plastic surgeon will remove the binder and fit you with a post-op bra at your first post-op visit.

Do not remove the dressing. We will remove the dressing at your post-op visit. If the dressing falls off, do not attempt to replace it. Call the office and we will give you further instructions. Be careful not to remove the steri-strips.

Bruising and some swelling are common after surgery. A low-grade fever that is under 100 degrees Fahrenheit is normal the day after surgery.

You will have a Jackson-Pratt (JP) drain after your surgery. This drain is a plastic tube from under the skin to outside your body with a bulb attached to it. Empty the drain two to three times per day or when the bulb is full. Write down the amount drained on a sheet of paper for a 24-hour period. Your nurse will teach you how to empty your drain and record the information on the paper that they provide to you.



You may shower one day after the drain(s) is (are) out.

Radiation Therapy After Mastectomy

Some women may require Radiation Therapy after a mastectomy in order to eliminate any cancer cells that may remain after surgery. We will refer you to a radiation oncologist.

When to Contact Us

Contact us for any unanswered questions and emotional support needs. During business hours, Monday through Friday from 8:30am to 5pm, call our main office number. On the weekends or after hours, please call the operator at (908) 273-4300. The operator will contact your surgeon or the surgeon on call.

Call us if you have:

- Pain that is not relieved by medication
- Fever more than 100 degrees Fahrenheit or chills
- Excessive bleeding, such as a bloody dressing
- Excessive swelling
- Redness outside the dressing
- Discharge or bad odor from the wound
- Allergic or other reactions to medication(s)
- Constipation not relieved with stool softeners or Milk of Magnesia
- Anxiety, depression, trouble sleeping
- Any other unusual symptoms

Important Phone Numbers

	New Providence	Florham Park	Livingston
Breast Surgeon	(908) 277-8770	(973) 404-9945	(973) 404-9945
Nurse Navigator	(908) 277-8670	(973) 404-9756	(973) 404-9756
Surgical Scheduler	(908) 277-8725	(973) 404-9994	(973) 404-9994
Medical Oncology	(908) 277-8890	(973) 538-5210	
Imaging	(908) 277-8673	(908) 277-8673	(908) 277-8673
Radiation Oncology	(908) 588-3651	(973) 437-9000	