



Breast Surgery

Patient Information Booklet

Please bring this booklet to your admission to the Hospital and to all of your appointments.

For more information, please call

613-732-2811 ext. 6332

Between 8:00 a.m. and 4:00 p.m.

Monday to Friday

Your Health Care – Be Involved

- Be involved in your health care. Speak up if you have questions or concerns about your care.
- Tell a member of your health care team about your past illnesses and your current health condition.
- Bring all of your medications with you when you go to the hospital or medical appointment.
- Tell a member of your care team if you have ever had an allergic or bad reaction to any medicine or food.
- Make sure you know what to do when you go home from the hospital or from your medical appointment.

Patient safety is very important to the Pembroke Regional Hospital and this information is provided to patients/families to help inform you of your essential role in your own safety.

The information contained in this booklet is not specific medical advice or a substitute for medical advice. For your safety, it is advised that you speak with your doctor and healthcare team about your particular health care needs.

Protect Yourself! Clean your hands frequently and ask your health care providers and visitors to do the same. Clean hands save lives.

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SURGICAL TREATMENTS OF BREAST SURGERY

Sentinel Lymph Node Biopsy

How is it done?

“Tracers” are used to identify the sentinel nodes. A small amount of radioactive material is injected into the breast. This travels through the lymph channels into the underarm (axilla). The amount of radiation is much less than a regular x-ray. The surgeon then uses a probe and may also use blue dye to locate the sentinel lymph node(s) during the operation.

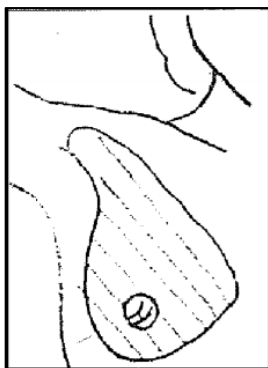
The day before or the morning of your surgery you will need to go to the Nuclear Medicine Department. You will be brought into an imaging room and will lie on an examination table. The technologist will clean an area of the affected breast. The technologist will use a small needle to put the radioactive medicine in your breast. It usually takes a short time for the injection to be done and you may feel some burning at the injection site. This feeling will pass in a few minutes. Fifteen to thirty minutes later the technologist will take several images of your breast and underarm area. He or she will place a small black mark on your skin with a marker. This indicates the location of the lymph node.

Mastectomy Surgery

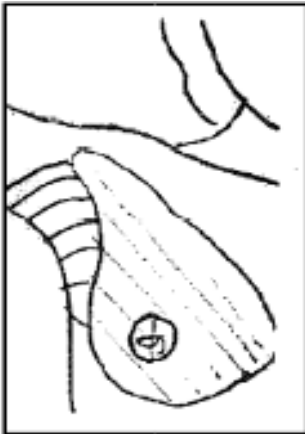


Breast Conserving Surgery (Lumpectomy/Segmental Mastectomy)

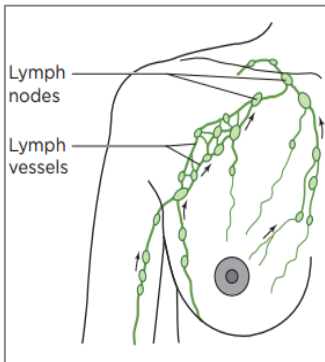
A wedge of the breast including the tumour and some surrounding tissue is removed. If the tumour is not easy to feel a procedure called a wire localization will be done before the surgery. Radiologists use ultrasound or mammography to place a wire through the area that needs removal.



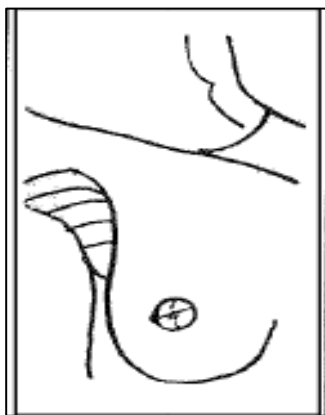
Total or Simple Mastectomy: All the breast tissue is removed, but nothing else.



Modified Radical Mastectomy: All the breast tissue and the axillary lymph nodes are removed.

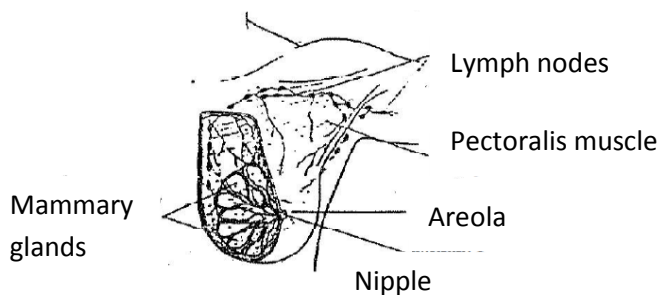


Sentinel Lymph Node Biopsy: Surgical sampling of axillary lymph nodes identified by nuclear medicine. This is done to verify if there is any spread of disease to the lymph



Axillary Dissection: Surgical removal of lymph nodes from the underarm. This is done if there is known disease in the lymph nodes in the armpit.

Lymph nodes and lymphatics are responsible for controlling the fluid balance in your arm and in helping to fight infection. The lymphatic system is a network of vessels that collect excess fluid from the tissues in your body. The fluid is cleaned in the lymph nodes and emptied back into the main circulatory system.



What to bring to the Pre-Operative Assessment Clinic (POAC):

All your current medications in the proper bottles, including non-prescription medications, herbals, vitamins, creams, lotions, eye/ear drops

- A list of allergies including type of reaction
- Provincial health insurance card and proof of any additional health insurance
- Your substitute decision maker if they have signed the consent for you
- Your reading glasses if required
- A translator if you have difficulty understanding or speaking English
- We recommend that you bring one family member or friend with you to your appointment. This person has to be able to accompany you to your various appointments in the hospital. There is some walking involved.

You will be asked if you smoke or consume alcohol on a regular basis. Please be honest, as this may affect your surgery and recovery time.

Your Surgery Day

How do I prepare for my surgery?

You must follow these rules if you are to have your surgery on the scheduled date:

- Do not eat solid food after midnight.
- Drink clear fluids such as water, apple juice, or Gatorade until 06:00 hours and then nothing.
- You should take your medications as instructed by POAC nurse. Medications should be taken with water the morning of your surgery.
- Bring any inhalers with you to the hospital.
- Stop taking Vitamin E and all herbal supplements one week before surgery.
- If you are a smoker, stopping smoking will decrease your risk from the anesthetic and post operative infections.
- On the day of surgery do not wear make-up, nail polish, **deodorant**, or contact lenses. All jewellery and piercings must be removed. No metal is allowed.
- **Do not wear any scented products as the hospital has a scent-free policy.** Make sure to not use any creams, powders, or lotions on your breast.
- Do not bring valuables (jewellery, credit cards, money) to the hospital. We do not assume responsibility for lost or stolen articles.
- Do not drive your car to the hospital the day of your surgery.

What should I bring to the hospital?

- Comfortable clothing including a shirt, preferably with buttons or zippers in the front to wear home.

What happens the day of my surgery?

- On arrival to the hospital, report to the Admitting and Patient Registration office, located in Tower A, Ground Floor, Room 2. The registration office is adjacent to the Emergency department. Please bring your health card. After registering, take the elevator to the Third Floor, Tower A, Surgical Unit, and report to the nurses' station.
- You will then report to surgical desk, Tower A, 3rd Floor. Your care partner can accompany you to this point. Contact information for your care partner must be provided to the nurse so they can contact them when you are ready for discharge.
- After you arrive at the daycare area, you will change into a hospital gown. Your clothes will be put in a locker.
- A nurse will complete the paperwork for your admission to the hospital.
- Depending on your procedure, you may go to the nuclear medicine and radiology departments for wire localization and injection of the marker required for lymph node biopsy.
- You will be taken to the operating room.
- You will talk to your anesthesiologist and surgeon in the waiting area. The nurse, anesthesia assistant, or anesthesiologist will start an intravenous by inserting a small needle into your arm or hand. Medication and intravenous fluids are given through this needle.
- After your surgery, you will go to the Post-Anaesthetic Care Unit (PACU) for monitoring.
- The nurse will check your blood pressure, pulse, and operative site frequently.
- You may have oxygen provided.
- If you feel any pain or nausea, inform the nurse. You will be given medication to help this.
- You will be drowsy after the surgery, but as you start to wake up you will be encouraged to do deep breathing and ankle exercises. These exercises will help to prevent complications.
- You will be transferred to the Day Surgery Unit when the nurse determines it is safe to move you.
- Your care partner will be notified when you are ready for discharge.
- The Day Surgery nurse will review all your post-operative instructions before you leave the hospital.
- Homecare (CCAC) will be arranged if required for drain care.

Ankle and Deep Breathing Exercises

Ankle exercises: Point your toes toward your head, then towards the foot of the bed. Make your feet go around in circles 5 times. This should be repeated at least every hour while you are awake.

Deep breathing exercises: Take a deep breath in through your nose, and slowly blow out through your mouth. Repeat this 3 times. This should be done every hour while you are awake for the first day, then every 2 hours for the next 1-2 days.

Pain and Nausea

Management of pain and nausea is very important for your quick and speedy recovery. Medication is ordered to help decrease pain and nausea. If you are uncomfortable, please speak to your Nurse.

Pain Scale Ruler:

What is a pain scale ruler? A pain scale ruler is a simple tool to measure how much pain you are having. Each Nurse will use this ruler to measure your pain.

Why do we measure your pain? We measure your pain frequently so that we can be sure that your pain medication is working.

What does a pain scale ruler look like? One side of the ruler has numbers from 1 to 10. The other side has colors from white to deep red.

How does our pain scale ruler work? Our ruler is numbered from 0 to 10, with 0 being no pain as shown with a clear face to sad with 10 being the most severe pain you can imagine as shown with a deep red face.

The nurse will show you the ruler and ask you to choose a number or colour.



Instructions for patient pick up after surgery

Due to limited space and to ensure confidentiality, visitors, including your escort, are not permitted to wait in the Day Surgery Unit. If they decide to stay at the hospital they are welcome to wait in the cafeteria (Tower A, 2nd floor) or the coffee shop (Tower B, Ground Floor).

Your escort must be available for the entire day of your surgery.

Your escort must keep their phone on for the entire day to be ready to receive the call from the Day Surgery Unit with a pick up time.

There is a 15 minute pick-up and drop-off location at the emergency department entrance.

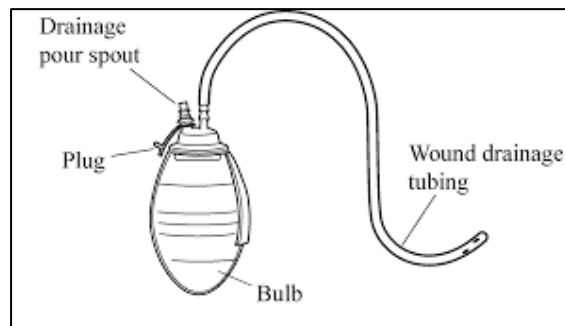
Post-Operative Instructions

We want your recovery to be as safe and as comfortable as possible. For this reason, we suggest that you comply with the following advice:

- Have someone with you for the first few hours upon returning home.
- Do not drive a car or operate machinery for at least 24 hours after procedure.
- Do not make any important personal, business, or legal decisions for 24 hours post-surgery, as full mental alertness may not return for 24 hours.
- Do not drink any alcoholic beverages for at least 24 hours following your procedure, as alcohol may influence the effects of the drugs you have been given.
- Eat lightly for the first meal following your procedure.
- Take it “easy” for a day or two.
- If you have any problems or are concerned about your condition for any reason please contact your surgeon. If you are unable to contact your surgeon or doctor on call, come to the Emergency Department.

What is a drain?

Your Surgeon may use a surgical drain. The drain is used to remove the fluid that would otherwise collect at the surgical site. You will be going home with this drain in place.



How do I look after my drain at home?

Your nurse in the hospital will show you how to empty and care for the drain at home. Home care is arranged before you leave the hospital for patients with a drain.

- Empty the drainage system twice a day and cleanse drain closure with an alcohol swab before opening and closing.
- If the drain leaks at the site where it leaves the dressing, apply a gauze dressing.
- Normally over time, the drainage will change colour from clear red to pink, and then yellow. There is no odor.
- Wash your hands with soap and water before and after emptying your drain.
- A Jackson-Pratt drain before it has been emptied is about the size of a large lemon.
- To empty, remove the plug and empty drainage fluid into a measuring cup and record the amount of fluid.
- To re-establish suction, squeeze the drain in the palm of your hands with your fingers until the inside walls of the drain touch. While maintaining pressure, replace the plug. Slowly release your grip to re-establish suction. The drain should remain somewhat flat. It should not be fully inflated.

How do I care for my incision at home?

- Your post-op dressing may be left in place for 2 days. There will be Steri-strips that remain in place. These can be removed in the shower 7-10 days post-op.
- If there is some drainage, the dressing can be reinforced by placing another gauze dressing over top of it. If necessary, a nurse may have to change this dressing if it becomes very soiled.
- Do not get your dressing wet: take a sponge bath at the sink or take a shallow bath.
- A tensor bandage may be applied after mastectomy to provide comfort and support.
- A supportive sports bra that zips in the front can be helpful for increased comfort.
- Your drain(s) will be assessed by a nurse on day five and removed as ordered by your surgeon. When the drain is removed you may feel a pulling sensation with little pain for a few seconds. A small dressing will be placed over the drain site.
- Some drainage of fluid from the incision(s) may occur for five to ten days following surgery. This fluid may be somewhat red in colour but contains little blood and that is normal. You may also notice some drainage from the site of the drain especially after it is removed. After removal of the drain, the site should close within three to four days.

- You may shower or take a bath once the original dressing and drain are removed. Use mild soap and clean water to wash gently over your incision unless otherwise advised by your surgeon.
- Please note you may have a blue-green tinge to your skin if dye was injected during the sentinel node biopsy procedure. This can last for several months.

When should I call the Doctor?

Notify your doctor if:

- There is a sudden increase in pain, swelling, or tenderness at the surgical site.
- Your temperature becomes higher than 38°C or 100.4°F and remains elevated.
- The drainage from the surgical drain changed colour dramatically and becomes foul smelling.
- You have severe pain with no relief from pain medications.
- There is excessive bleeding.

Activity and Exercise

Why do you need to exercise?

- To help you in regaining full function motion and strength in your arm.
- To help you in having good posture.
- To help you in the proper care of your arm after surgery.
- To help you in the prevention and management of swelling and lymphedema. (see explanation of lymphedema on page 17 of this booklet)

General Activity

- Use your affected arm as normally as possible within your limits of pain.
- Use your arm for activities such as washing, taking care of your hair, and eating (within your limit of pain). Pace yourself – balance activity with rest periods.
- Avoid lifting more than 2 kg (5 lbs) for two weeks after your surgery,
- Avoid lifting more than 4 kg (10 lbs) for a further four weeks.
- Do not use the side of your surgery when getting out of bed.
- Walking is a good general activity – if you feel discomfort in your surgery arm, use the pocket of a jacket to rest your arm.
- Most patients will have full return of shoulder movement within three months of surgery.
- Watching and maintaining good posture is important after your surgery. After surgery, the muscles in the front of your chest wall may become tight and result can be a rounded forward posture. Check your posture in the mirror and

occasionally walk with your hands clasped behind your back while pulling your shoulder blades together.

- Elevate and support your involved arm on several pillows when sitting or lying down. Sudden movements should be avoided until the drain has been removed and the incision has been healed.
- If you have a venous access device (implanted port), ask your physician, nurse, or physiotherapist if arm exercises need to be modified.

Exercise Program

This section describes exercises that will increase the movement and strength of your arm on the side of your breast cancer surgery. This program has been designed by physiotherapists.

Exercise is an important part of your treatment and recovery after surgery for breast cancer. It can help you:

- Return to your daily activities (such as bathing and dressing)
- Maintain movement in your arm and shoulder
- Improve muscle tone
- Decrease joint stiffness
- Reduce pain in the neck and back area
- Improve your overall well-being

Everyone is different and heals at his/her own pace. Talk to your doctor or another member of your healthcare team before starting the exercises in this booklet, and let them know about your progress. The timelines suggested are only to guide you. Some exercises can be started right after surgery. Exercises that involve moving your shoulders and arms can usually be started once you've had your drain removed. Strengthening and general conditioning exercises can be added to your routine as your healing progresses.

Your doctor may suggest particular exercises, or suggest that you see a physiotherapist or occupational therapist that can help design an exercise plan for you.

These general guidelines can help you develop a successful exercise routine:

- Wear comfortable, loose clothing
- Exercise after a warm shower when your muscles are warm and relaxed.
- Breathe deeply and often as you do each exercise.
- Do the exercises until you feel a gentle stretch, not pain.
- Do not bounce or make any jerky moves while stretching.
- Contact your doctor if you have any unexplained swelling or pain.

- Do not over-exercise. Exercises are daily activities which should not be painful. Increased pain, discomfort and swelling are often signs that you are doing too much.

Find a Physiotherapist

To find a physiotherapist who works with women in your area, ask your doctor for a referral or talk to other women who have had breast cancer.

Right after surgery

These gentle exercises should be done the first week after surgery or while the drain is still in place. It is normal to feel the skin and tissue pull and stretch with these exercises, but take care not to make any sudden movements until the incision has healed and the drain has been removed. Repeat these exercises 3 to 4 times a day.

If you feel sore, numb or tingling

You may feel sore, numb or tingling or burning feeling on the back of your arm or chest wall if surgery has irritated some of your nerve endings. These feelings may increase a few weeks after surgery. Keep doing the exercises unless you notice an increase in swelling or tenderness. If this happens, tell your doctor. Sometimes gentle rubbing or stroking the area with your hand or with a soft cloth can help make it better.

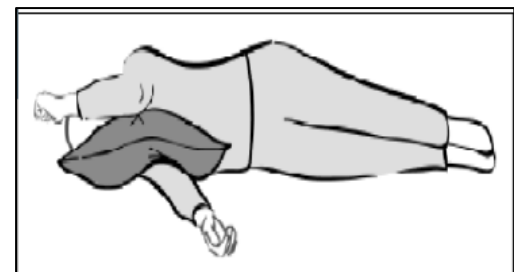
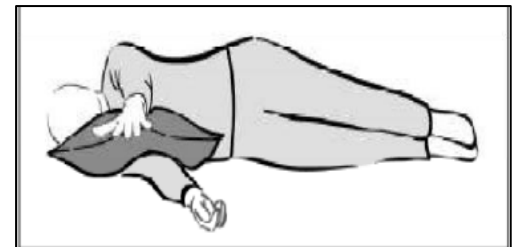
Help reduce swelling after surgery

At the end of the day, or when resting during the day, prop your arm up to help reduce swelling after surgery.

Pump it up

This exercise uses your muscles as a pump to improve the circulation in your affected arm (on the same side as your surgery).

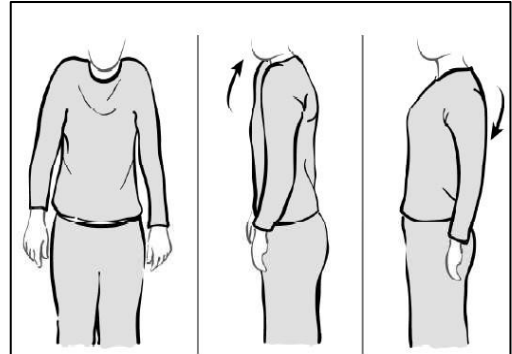
1. Try lying on your unaffected side with your arm straight out, above the level of your heart (use pillows if you need to). Or sit in a chair with a good back support with your arm supported by pillows.
2. Slowly open and close your hand. Repeat 15 to 25 times.
3. Then slowly bend and straighten your elbow. Repeat 15 to 25 times.



Shoulder shrugs and circles

This exercise can be done sitting or standing.

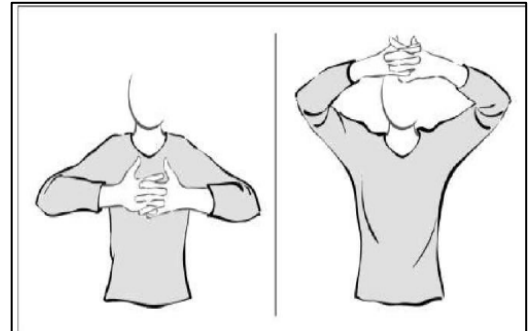
1. Lift both shoulders up towards your ears. Hold for 5 to 10 seconds and then slowly drop them down and relax. Repeat 5 to 10 times.
2. Gently rotate both shoulders forward and up, and then slowly back and down, making a circle. Switch and repeat in the opposite direction. Repeat 5 to 10 times each direction.



Arm lifts

This exercise can be done sitting or standing.

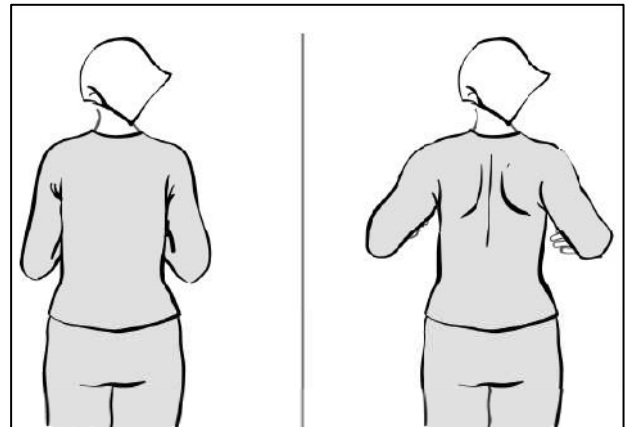
1. Clasp your hands together in front of your chest. Extend your elbows out.
2. Slowly lift your arms upwards until a gentle stretch is felt.
3. Hold for 1 to 2 seconds and then slowly return to the start position.
4. Repeat 5 to 10 times.



Shoulder blade squeeze

This exercise helps improve movement in your shoulder and your posture.

1. Sit in a chair facing straight ahead without resting your back on the chair, or stand up. Your arms should be at your side with your elbows bent.
2. Gently squeeze your shoulder blades together. Keep your shoulders level and take care not to lift up or shrug your shoulders.
3. Hold for 5 to 10 seconds. Relax and return to the start position.
4. Repeat 5 to 10 times.



Deep breathing exercises

Deep breathing exercises will help with relaxation and to remind you to fill your lungs completely.

1. Try lying on your back and take a slow, deep breath. Breathe in as much air as you can while trying to expand your chest and stomach like a balloon.
2. Relax and breathe out slowly and completely.
3. Repeat 4 or 5 times.

First stage of healing (after 5 days or once the drain is removed)

Once your drain has been removed, it is important to start working on getting back the full use of your shoulder. Begin with these easy exercises and then move on to the more advanced exercises once you feel stronger. By the end of this stage, you should have full movement of your affected arm and shoulder.

Talk to your doctor or another member of your healthcare team before beginning any of these exercises.

Avoid heavy lifting

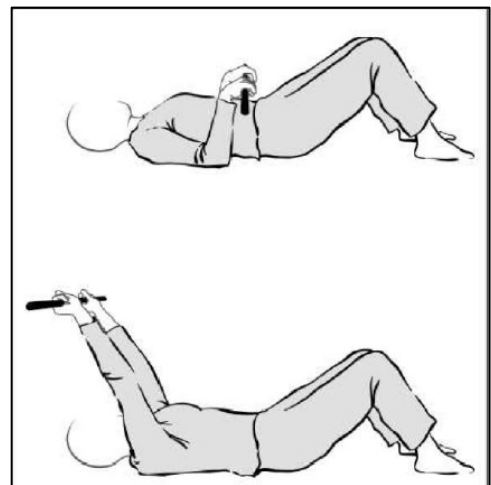
During this stage of healing, don't lift anything heavier than about 5 kg (10 lbs.)

Wand Exercise (3 positions)

This exercise helps improve the forward movement of your shoulder. You will need a "wand" to do this exercise – try a broom handle, stick or cane. You should not feel any pain or pinching during these exercises. If you do, stop the movement before the point of pain or pinching.

Position 1

1. Lie on your back with your knees bent. Hold your wand with both hands (your palms should be facing down) and your hands should be shoulder-width apart.
2. Lift the wand over your head as far as you can go until you feel a stretch. Your unaffected arm will help lift the wand.
3. Hold for 1 to 2 seconds, lower arms.
4. Repeat 5 to 10 times.



Position 2

Repeat with palms still facing down but slightly wider than your hips or shoulders.

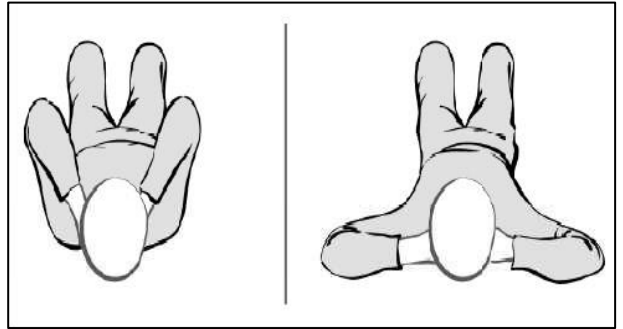
Position 3

Repeat with palms facing up (under grip) and hands hip-distance apart.

Winging it

This exercise helps improve movement in the front of your chest and shoulder. It may take several weeks of regular exercise before your elbows get close to the floor. If you feel pain or pinching in your shoulder, place a small pillow behind your head, above your affected shoulder.

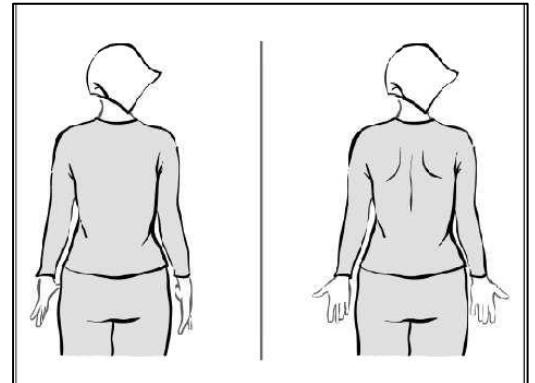
1. Lie on your back with your knees bent. Clasp your hands behind your neck with your elbows pointed up to the ceiling. If you are unable to comfortably place your hands behind your neck, place your fingers on your forehead with your palms facing up.
2. Move your elbows apart and down to the bed (or floor). Hold for 1 to 2 seconds.
3. Repeat 5 to 10 times.



Posture

This exercise helps improve movement in your shoulder and your posture. You may find it easier to check your movements by sitting in front of a mirror.

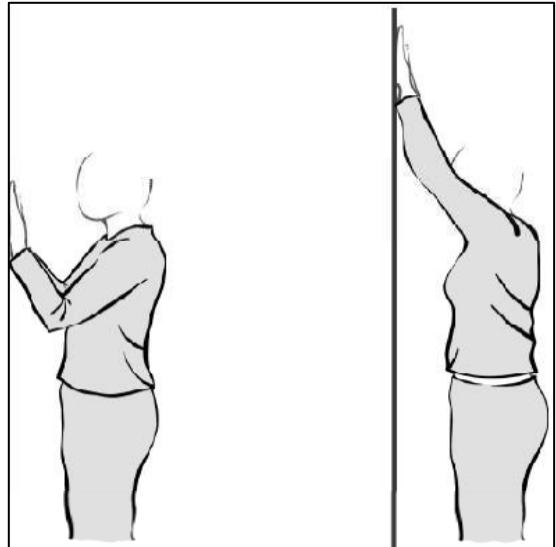
1. Sit in a chair facing straight ahead without resting your back on the chair, or stand up. Your arms should be at your side with your elbows straight and your palms facing your sides.
2. Open your chest, gently squeeze your shoulder blades together, and rotate your thumbs so your palms face forward.
3. Hold for 5 to 10 seconds. Relax and return to the start position.
4. Repeat 5 to 10 times.



Wall climbing

This exercise helps increase movement in your shoulder. Try to reach a little higher up on the wall each day.

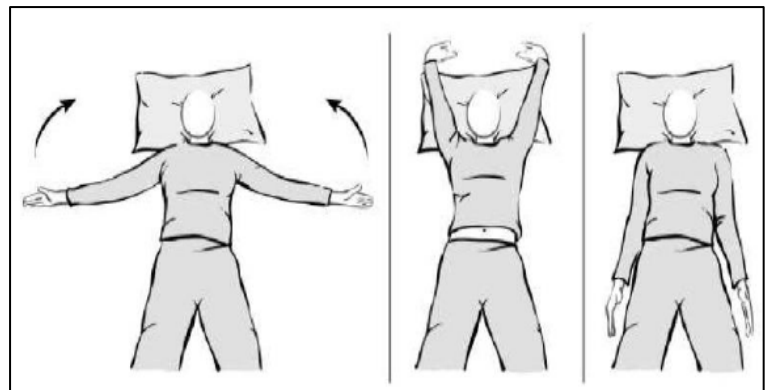
1. Stand facing the wall, about 5 cm (2 inches) away. Place both hands on the wall at shoulder level.
2. Use your fingers to climb up or slide as high as you can go until you feel a stretch. It may help you relax if you rest your forehead on the wall.
3. Return to start position.
4. Repeat 5 to 10 times.



Snow angels

This exercise can be done lying down on the floor or on a bed.

1. Lie on your back and extend your arms out at your sides.
2. Move them up to your head and down to your thighs, and repeat (as if you're making an angel in the snow).



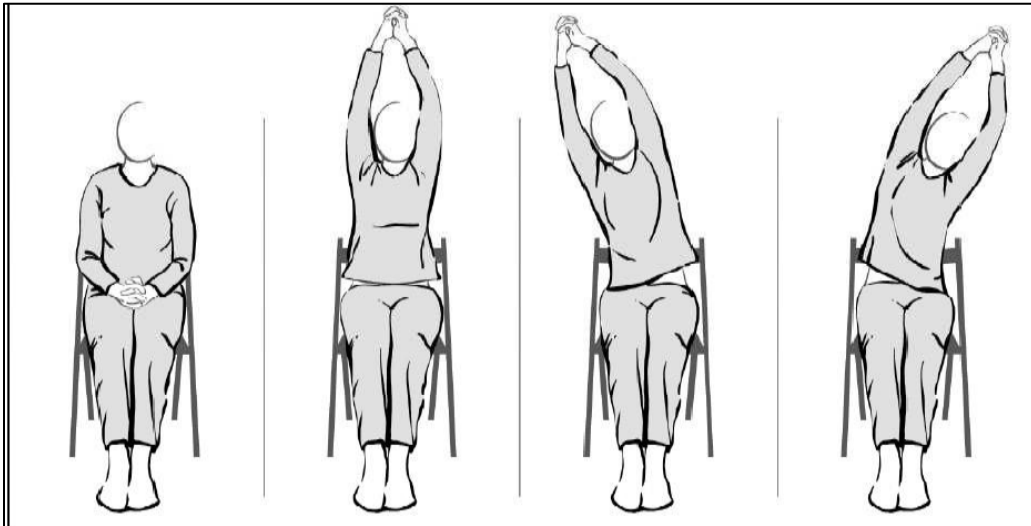
More advanced exercises

Once you are getting good movements in your shoulder, try these more advanced stretches.

Side bends

This exercise helps improve movement on both sides of your body.

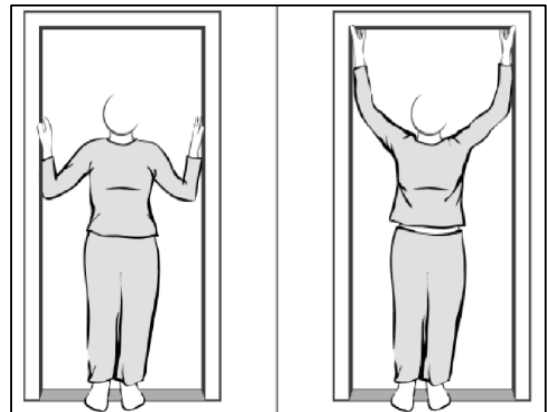
1. Sit in chair and clasp your hands together in your lap.
2. Slowly lift your arms over your head. Keep your elbows bent slightly.
3. When your arms are above your head, bend at your waist and move your body to the right. Hold 1 to 2 seconds.
4. Return to the center and then bend to the left.
5. Repeat 5 to 10 times.



Doorway stretch

This exercise helps increase movement in your shoulder.

1. Stand in a doorway and place each hand lightly on either side of the door frame.
2. Slide your hands up as far as possible.
3. Return to start position.
4. Repeat 5 to 7 times.



Achieving full movement of your arm

Continue doing these exercises until both arms are equally strong and can move easily. This may take 2 to 3 months. When you can reach across the top of your head and touch the opposite ear without feeling a stretch in your underarm, then you have achieved full movement of your arm.

Second stage of healing *(from about 6 weeks after surgery)*

As you feel stronger, you can gradually introduce strengthening and general conditioning exercises into your routine. For some women, this will mean getting back to their old routines, while for others it may mean trying out some new activities.

Talk to your doctor or another member of your healthcare team about starting a specific strengthening program or aerobic exercise, and whether there are any special precautions you should take.

If you have pain, your shoulder is tight, or if your hand/arm begins to swell, talk to your Doctor or another member of your healthcare team.

Strengthening

Slowly getting back into household chores, gardening, or yard work are some of the ways you can continue to build up your strength.

Within 4 to 6 weeks after surgery, you can also begin doing strengthening exercises with light weights, (500 g to 1 kg or 1 or 2 lbs.). If you don't have any light weights, you can use an unopened soup can or a plastic bottle filled with water. Check with your Doctor or Physiotherapist to decide what weight is best for you. They can also suggest strengthening exercises for the upper body that are suitable for you.

General conditioning

Regular aerobic exercise, which is any exercise that gets your heart and lungs working hard, will improve your general heart condition. It can:

- Help improve your cardiovascular fitness, which is how well your heart, lungs and blood vessels deliver oxygen to your muscles, so that you can do physical work for longer periods of time.
- Help you maintain a healthy body weight.
- Help you feel better, which may reduce stress and anxiety.
- Help you as you face the challenges of living with cancer.

Brisk walking, swimming, running, cycling, cross-country skiing and dancing are all examples of aerobic exercise.

What is lymphedema?

This is a swelling in the chest, arm or hand by lymph fluid. Proper skin care and avoiding potential trauma and infection of the limb decreases the risk of lymphedema. Inform your doctor or surgeon if you notice swelling. Massage and compressive garments may be recommended.

Where can I get more information and support?

Women have different informational needs regarding their diagnosis of breast cancer and related treatment.

For more information you can call:

- Canadian Cancer Society, Pembroke Office.....613-735-2571
- Ottawa Regional Women’s Breast Health Centre.....613-761-4400
- Information Specialist at the Canadian Cancer Society1- 888-939-3333
- Willow: Breast Cancer Support and Resource Services.....1-888-778-5000
- Breast Cancer Action Ottawa.....613-736-5921
- Maplesoft Cancer Centre.....613-247-3527

Or visit: <https://surviorship.ottawacancer.ca/main.jsf>

Social Work Support

Social workers can provide several types of support for you and your family/friends:

- **Practical support** – If you have needs or issues with finances e.g. prescription costs, housing, help at home, convalescent care, relaxation methods, dealing with children, etc.
- **Emotional support** – It is possible to discuss any reactions that arise for the breast cancer diagnosis and treatment or any other issues that are causing you or your family/friends concerns. This can be provided via telephone conversations, individual meetings, or support groups (e.g. “Stepping Stones”) as per your need and preference.
- **Contacting us** – You may ask to be referred to a Social Worker at any time during your treatment journey. Talk to your Surgeon or nurse if you are interested.

Clinical Pathway – Patient Version
Breast Surgery Day Stay

Process – Pre-admission (2-3 weeks before surgery)	
Assessment	<ul style="list-style-type: none"> • Your nurse will take your weight, height, blood pressure, and pulse.
Tests	<ul style="list-style-type: none"> • Your nurse will also complete an admission assessment. They will ask questions about your health, past history (including alcohol intake and smoking status). • Blood tests, urine sample, electrocardiogram (EKG), and chest x-rays are rarely required but may be ordered in special circumstances.
Consults	<ul style="list-style-type: none"> • Anesthesia may be consulted if ordered by your Surgeon.
Medications	<ul style="list-style-type: none"> • All your medications, including non-prescription, herbal and vitamin supplements will be reviewed. • You will be advised what medications and supplements to take before your surgery and what to stop.
Nutrition	<ul style="list-style-type: none"> • You may continue with your normal diet. • No solids after midnight, sips of clear fluids until 6:00 a.m., then nothing.
Rest and Activity	<ul style="list-style-type: none"> • You can continue with normal activity.
Education	<ul style="list-style-type: none"> • The nurse will review the patient education booklet with you. • The nurse will also review deep breathing and coughing exercises
Discharge Planning	<ul style="list-style-type: none"> • Your Nurse will discuss your arrangements for help at home after surgery with you.

Process – OR (Day after surgery)	
Assessment	<ul style="list-style-type: none"> • Your nurse will monitor your temperature, blood pressure, pulse, and oxygen level frequently. • Your breast dressing and drain will be monitored. • Your fluid intake and output will be recorded.
Medications	<ul style="list-style-type: none"> • Your pain level will be monitored and pain medication will be given as required. • If you feel nauseous, let your Nurse know and they will give you medication for this as well.
Treatments	<ul style="list-style-type: none"> • You will be given oxygen if needed. • You will be encouraged to do deep breathing and coughing exercises. • You will also be encouraged to do ankle and leg exercises every hour while awake. • The Nurse will administer Intravenous fluids. If applicable: <ul style="list-style-type: none"> ○ Your Jackson Pratt drain will be emptied.
Nutrition	<ul style="list-style-type: none"> • You will be allowed juice and crackers as tolerated in Hospital and regular diet as tolerated after discharge.
Education	<ul style="list-style-type: none"> • Your Nurse will review the pain scale with you. • Your Nurse will also discuss methods to manage your pain or nausea with you.
Discharge Planning	<ul style="list-style-type: none"> • You will be going home the day of your surgery. Your Nurse will call your driver to pick you up. • You may receive a follow up phone call from the hospital to enquire about your post operative course. Information from these calls help us to monitor outcomes and guide quality improvements. • A Follow up appointment will be arranged with the Surgeon's office to review pathology, assess and arrange for referral to medical, and cancer clinic as required. • If you have any questions or concerns, please call your Surgeon's office.

References:

Adapted from Queensway Carleton Hospital, *Breast Surgery Day Surgery Patient Information Booklet*.