

Lymph Node Dissection at the QEII

Bring this guide with you to all of your appointments.

This guide belongs to:

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This guide will help you and your family through your surgery experience. It will help you to learn about the care you will receive and how you can help yourself before and after surgery. Please encourage your family or support person to read the guide as well.

Please read through this guide. You can use the space at the back of the guide to make notes or to write down your questions. **Bring this guide with you to all of your appointments and to the hospital on the day of your surgery.**

It is important to remember that you and your family play a big part in your recovery and continuing good health. Other team members are: the surgeon; resident surgeons; nurses in the General Surgery Clinic, Pre-Admission Clinic, Same Day Surgery Unit, and the inpatient nursing unit; the anesthetist; and clerical staff. Having so many people involved in your care may at times be confusing. If you have questions about your care, you may contact your surgeon's office or the nurses in the **General Surgery Clinic at 902-473-4137**. Clinic hours are Monday to Friday, 8 a.m.–4 p.m.

The name of your surgery is _____.

Your surgeon's name is _____.

Your surgeon's office number is _____.

Your surgery will take place at the _____ (location)
on _____ (date) at _____ (time).

Arrive at the hospital at _____.

Lymph Node Dissection at the QEII

Bring this guide with you to all of your appointments.

Lymph nodes

What are lymph nodes?

Lymph nodes, or glands, are tiny soft lumps of tissue that are part of the immune system.

The immune system fights off infection. There are many lymph nodes throughout your body. Lymph nodes are found in groups in the underarm area (axilla), near the collarbone, behind the knees, in the groin, and inside the chest and abdomen (stomach area). Your surgeon may remove a sample of lymph nodes (about 2-20). Your immune system will still work well after the lymph nodes are removed.

Why are lymph nodes removed?

Examining a sample of lymph nodes will give you and your doctor important information.

It will help your doctor decide:

- If there is any cancer in the nodes.
- The type of treatment you may need after you heal from your surgery.

What are sentinel lymph nodes?

If a person has a disease (such as an infection or cancer), fluid from that area will drain to nearby lymph nodes. The first node(s) to receive that fluid is the sentinel lymph node or nodes.

What is sentinel lymph node dissection?

This procedure helps your doctor find where the sentinel lymph nodes are. A harmless radioactive solution and a special blue dye are injected into the tissue around the area where the disease is. The dye travels in the lymphatic fluid to the draining (sentinel) lymph nodes, making the nodes easy to see. The sentinel nodes are then removed by your surgeon, leaving the surrounding nodes in place. After this procedure, the blue dye will make your urine blue or green until the dye leaves your body.

What happens to the lymph nodes after they are removed?

A pathologist (doctor with special training in identifying diseases) will look at the lymph nodes under a microscope. It may take up to 3 weeks before a final pathology report is completed and given to your family doctor and surgeon.

What is an axillary lymph node dissection?

Your surgeon may remove some lymph nodes from your armpit. This is called an axillary lymph node dissection. The lymph nodes are checked for signs of disease.

What is a groin lymph node dissection?

Your surgeon may remove lymph nodes from one or both sides of your groin(s). These lymph nodes receive fluid from the lower half of your body and your legs.

After lymph node dissection (axilla or groin):

- You will spend 1-5 days in the hospital.
- An axilla (underarm) incision (cut) will have dissolving stitches with Steri-Strips™. These will fall off on their own over time.
- A groin incision will have staples or sutures (stitches) that do not dissolve. These will need to be removed by a doctor or nurse.
- There will be dressings over the incision and the drain. The nurses will look after these on the nursing unit.
- Nurses will give you pain medicine as prescribed.
- A drain (“Jackson Pratt” or JP drain) will be placed at the surgery site after a groin or armpit node dissection, but not after a sentinel node dissection.
- See section on drainage care on page 14.

Getting ready for surgery

Pre-Admission Clinic

You may get a call from the Pre-Admission Clinic nurses to ask you questions about your health. You may need to have blood tests, a chest X-ray, and/or an EKG at your local hospital.

Same day surgery admission

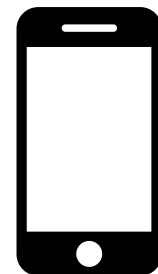
- Date of surgery: _____
- Time of surgery: _____
- What time should I arrive at the hospital? _____
 - › Please arrive 1½ hours before your surgery unless told otherwise.
- Report to the Same Day Surgery Unit unless told otherwise.
 - Halifax Infirmary, Level 5
 - Victoria General, 10th floor

Confirming the time of your surgery

We will call you the day before your surgery to confirm the time of your surgery. If your surgery is on a Monday, we will call on the Friday before. **If you are not going to be home between noon and 2 p.m., you must call us to confirm the time.** We cannot leave a message on an answering machine. If we have not called you by 2 p.m., call the hospital where your surgery is being done between 2–3:30 p.m.

Halifax Infirmary: 902-473-3187

Victoria General: 902-473-5495



Before surgery

Getting ready for a general anesthetic

- **Do not eat any solid food after midnight the night before your surgery.**
- If your surgery is **before 11 a.m.**, do not drink any fluids after midnight.
- If your surgery is **after 11 a.m.**, you may have up to 8 ounces of clear fluids **before 7 a.m.** Examples of clear fluids are water, apple juice, clear tea, or coffee. Do not drink milk or orange juice. You must not drink anything **after 7 a.m.**
- **You may take your medications as instructed with sips of water. If you have diabetes, you will be told whether or not to take your medication.**
- **You must have someone stay with you at home for 24 hours after your surgery. It would be best to have someone stay with you for a few days.** If you have small children, plan for someone to help you for a few days.

Health and hygiene

- Before coming to the hospital, call your surgeon if you have a fever, cold, or flu-like symptoms.
- A good night's rest before surgery is important.
- Take a bath or shower and shampoo your hair the evening before or the morning of your surgery.
- Nova Scotia Health Authority is scent-free. Please don't use scented products such as perfume before you come to the hospital.

Medications

- Follow the instructions you were given by the Pre-Admission Clinic nurse or by your surgeon about taking your medications.
- **If you take medications, please bring them with you.** Tell the nurse that you have your medications with you.
- **It is very important to tell your surgeon at least one week before your surgery if you are taking over-the-counter medications** such as aspirin (ASA), garlic capsules, vitamin E, St. John's wort, and/or medications for arthritis or blood thinners.



Smoking

- The night before surgery, do not smoke after your evening meal. Smoking can cause more secretions in your lungs, and you could have problems with your breathing.
- Nova Scotia Health Authority is smoke-free for patients, visitors, and staff. There is no smoking or vaping allowed on hospital property.



Food and drink

- Eat at least 3 healthy meals the day before surgery and have a snack at bedtime. Healthy eating helps with quicker healing.
- Do not drink alcohol for 48 hours before your surgery.



Dentures

- Wear your dentures to the hospital.
- Just before you go the Operating Room (OR), they will be removed and placed in a denture cup. Do not place your dentures in a Kleenex® or paper towel. Always place your dentures in a marked denture cup.
- If you have permanent bridges, caps, crowns, or loose teeth, please tell your nurse.

Glasses or contact lenses

- Bring a case to store your glasses in when they are not being used.
- Your glasses will be taken from you just before you go to the OR. They will be returned to you on the unit with your belongings.
- If you have contact lenses, it is best if you wear your glasses to the hospital. If this is not possible, bring your lens container and cleaning solutions. Remember to tell your nurse that you are wearing contact lenses. **They must be removed before you go to the OR.**



Hearing aids

- If you wear a hearing aid, bring it and a storage container with you.
- Depending upon how much hearing loss you have, you may be able to wear your hearing aid to the OR. If it is taken from you, it will be returned to you on the nursing unit.

Valuables

- Leave all valuables (such as jewelry, money, credit cards, cheque books) at home. The hospital is not responsible for the loss of any item.

Pierced body parts

- Please remove jewelry from any body part that you have pierced. This includes all tongue, lip, nose, ear, bellybutton, and nipple rings/studs.

Please bring the following to the hospital:

- › **Provincial Health Card**
- › **Private insurance card**
- › **Your medications in their original bottles**

The day of surgery

- Arrive at the Same Day Surgery Unit on the 10th floor of the Victoria building (VG hospital) or level 5 (Halifax Infirmary).
- After registering, you will go to the Pre-op Room.
- You will be asked to put on a johnny shirt, dressing gown, and slippers.
- Your clothes and other belongings will be marked with your name.
- You will have to wait before going to the OR. The nurses will be available to talk with you about any of your questions or concerns. They will review with you any part of this guide that you need help with or are concerned about.
- Just before leaving for the OR, you will be asked to remove your dentures and eyeglasses or contact lenses. All jewelry, rings, studs, and chains should have been already removed and left at home.

Delays

Sometimes, an unexpected emergency surgery may delay a booked surgery. If this happens, every effort will be made to reschedule your surgery as soon as possible.

The operating room (OR)

- You will be taken to the OR by a member of the OR Team. When you get there, a nurse will greet you and ask you several questions. This is done to meet the standards of patient safety.
- Team members will be dressed in masks, caps, and special clothing to make sure the environment is clean.
- The OR is usually cool. You will be given a warm blanket.
- A team member will help you move to an OR bed. A belt, similar to a car seat belt, will be placed around you to make sure you are safe.
- Before you go to sleep, you will have an intravenous (IV) started.
- Several white discs will be put on your chest and shoulder. This lets the anesthetist check your heart rate while you are under anesthesia.
- A larger pad may be placed on your leg, back, or shoulder. This is a grounding pad, and is another safety measure.
- A clothespin-like device, called an oximeter probe, may be placed on your finger. It will help the anesthetist check your oxygen levels during surgery.
- Your surgeon and/or anesthetist will talk with you just before the anesthesia is given.

Waiting room

- **There is a waiting area for your family member or friend while you are in surgery and recovery.**
- A Surgical Liaison Nurse will keep your family updated on your progress during surgery.

After your surgery

Post Anesthesia Care Unit (PACU)

You will be taken on a stretcher to a special nursing unit called the Post Anesthesia Care Unit (PACU). Most patients recover from their anesthesia in this Unit.

The nurses will be waiting for you, and they will frequently check your:

- › Blood pressure and pulse
- › Breathing
- › Intravenous (IV)
- › Dressings
- › Drain(s)

They will also check your level of discomfort and give you medications as needed.

At first you may be sleepy, your mouth may be dry, and there may be a small plastic airway in place to help with your breathing. You may be given oxygen for a short time.

The patches placed on your chest for heart monitoring may still be in place. The oximeter probe may also still be in place to check your oxygen levels.

There may be a small amount of drainage on your dressings. This is normal. Your nurse will watch this and call your surgeon if needed.

When you are more awake and comfortable, you will be taken to the nursing unit.

Nutrition

At first, you will have an intravenous (IV). When you are able to tolerate fluids and food, they will be added to your diet.

Pain and discomfort

You may feel some pain or discomfort. This is normal. You will get medication for pain in the recovery area and on the nursing unit. Before you leave the hospital, you will be given a prescription for pain medication. You must pick up the medication on the way home. Take the medication every 4 hours, as needed for discomfort. Most patients find that they need pain pills for a day or two. We recommend that you take regular Tylenol® and ibuprofen for 24-48 hours, as directed by your surgeon.

Pain control is important. Good pain control can help you:

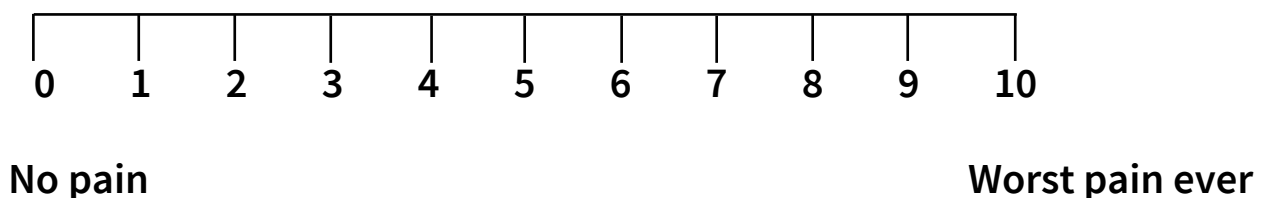
- Enjoy greater comfort while you heal.
- Get well faster! With less pain, you can carry out your normal activities and get your strength back faster.
- Improve your results – people whose pain is well controlled seem to do better after surgery. It may help to avoid problems such as pneumonia and blood clots.

Take pain medication when the pain starts. If you know your pain will get worse when you start an activity or exercise, take pain medication first. It is harder to help pain once it has taken hold. This is very important for pain control.

Contact your surgeon if you are still having pain after taking your pain pills as prescribed.

Here is a scale to help you describe your pain.

Please give us a number for your pain.



Exercises after surgery

Deep breathing and coughing exercises

Please do the deep breathing and coughing exercises that you practiced in hospital once you get home.

These exercises help keep your lungs clear and make your breathing easier. The best time to do these exercises is about 20 minutes after you take your pain medication.

1. Take a deep breath in through your nose.
2. Hold your breath for 2-3 seconds, by counting 1, 2, 3.
3. Blow it out through your mouth.
4. Repeat this type of breathing in and out 6 or 7 times.
5. On your last breath in, hold it for a second and firmly cough.

If you cough up any phlegm (mucus), repeat the exercise.

Foot and leg exercises

Exercising your feet and legs helps the blood to circulate better.

1. Point your toes downward towards the floor, relax your foot, and then point them upward to the ceiling, and relax.
2. Make circles with both ankles going to the right. Repeat the same going to the left. Relax.
3. Bend your knees up and down.

These exercises should not be done if your surgeon tells you not to.

It is not good to stay in bed for long periods of time without moving your legs and feet. These exercises should be done at least 5 times every hour.

Getting out of bed for the first time

It is important to stay as active as possible. You will be helped out of bed the first couple of times and then as needed. A nurse will show you around the unit when you are up and about.

Activity

You may have discomfort but do not let it stop you from doing things for yourself. Each day, you will feel like doing more. To move from a lying position in bed to a sitting position:

1. Roll on your side.
2. Swing your feet over the side of the bed.
3. Push on the bed with your hand to raise yourself to a sitting position.

Early walking also helps the blood to circulate (move around your body). Walk as much as possible unless your surgeon tells you otherwise.

After groin lymph node dissection

- You will be in the hospital for 3-5 days. You must stay in bed for 24 hours.
- A physiotherapist will do the exercises in this booklet with you, starting on your second day in the hospital.
- Keep the incision area dry when bathing.
- Nursing staff will empty the drain (Jackson Pratt) and change your dressing(s) as needed.
- Start moving slowly by getting up and walking for 10-15 minutes at a time, followed by 3 hours of reclining with your leg raised above your heart.
- You should not bend at the hips more than 30 degrees for the first 5-7 days after surgery.

After axilla lymph node dissection

- You will be in the hospital for about 1 day. You will usually be out of bed and walking on the first day.
- A physiotherapist will do the exercises in this booklet with you on the first morning after surgery.
- Nursing staff will change your dressing and empty your Jackson Pratt drain as needed.

How do I take care of my incision at home?

Axilla

- Do not lift anything more than 5 pounds for 3 weeks after your surgery (e.g. children, groceries, laundry).
- You will have small strips of tape (Steri-Strips™) over your incision, with dissolving stitches just beneath the skin.
- You will have a drain in place covered with a dressing.
- Do not shave or use hair removal creams for at least 2 weeks.
- Do not use deodorants for at least 2 weeks.
- You can take a tub bath as long as you stay dry from the waist up.
- After your drain is removed, you may shower as long as you don't scrub at the Steri-Strips™. You may pat them dry.
- You can take a full bath or shower when the incision is healed, after the drain is removed.
- Steri-Strips™ usually stay on your skin for about 7-10 days. After 10 days, they may fall off over time or you can get in the shower, wet them, and remove them.

Groin

- You will have stitches, staples, or Steri-Strips™ over your incision.
- You will return to the Clinic to have your stitches or staples removed.
- You will have a drain in place covered with a dressing.
- The incision will be covered with a dressing.
- If you have bleeding, drainage, or pus, call your family doctor or the Clinic.
- The incision can be cleaned with soap and water after it is well healed.
- Do not shave or use deodorant or powders in your groin area until your doctor says that it is OK.
- Use moisturizing creams on your feet and toenail cuticles.
- Do not shower until your surgeon says it's OK.

Caring for drainage tubes

When lymph nodes are removed from your groin(s) or under your arm, you will usually have 1 or 2 small drainage tubes placed close to the incision. This drain is called a Jackson Pratt or JP drain. The drain(s) is placed in your wound to remove any fluid that collects under the incision. This will help with healing and lower the chance of infection. You will see fluid, blood, and clots in the drain. The drain(s) will be stitched in place and connected to a small container.

The drainage tube(s) will be in place when you go home. It can be handled by you or with the help of a family member or friend. We will teach you how to care for the drain before your surgery. The nurse on the nursing unit will review this information with you before you go home.

Pin the tube and drain inside your clothing to prevent the drain from being pulled out. If the drain does get pulled out, **DO NOT PANIC**. This is not a medical emergency. Cover the area with a gauze dressing or clean material and call your surgeon to let them know.

It is important that you use your arm normally while the drain is in place. You should continue to use your arm to do your personal care (such as washing your hair).

Groin exercises will start on the second day after your surgery (Day 2).

Jackson Pratt (JP) drain care

What is a Jackson Pratt or JP drain?

A Jackson Pratt drain is a type of drainage tube. The drain and tubing are usually removed when the fluid produced is less than 30cc (2 tablespoons) a day. Empty the container at least 3 times a day and/or when the container is half full. If there is no fluid, you must still open and close the container at least 3 times a day. The amount of fluid may change from day to day. The colour of the fluid will also change over time. At first it will be bright red, then dark red, then yellow with long stringy clots. This is normal.

Emptying a JP drain

- Lift the cork.
- Empty the fluid into the toilet.
- Squeeze the bulb with both hands until all of the air is removed.
- Replace the cork while still squeezing the bulb.
- Measure and record the fluid, including the day, time, and amount. Use the small bottle given to you by the nurse.

Your surgeon will remove the drain(s) in the Surgery Clinic about 1 week after your surgery.

Seroma

When a drain is removed, there is sometimes a buildup of fluid. This is called a seroma. It can be the size of a golf ball or bigger. This may need to be drained by the surgeon, as it may be sore, painful, or red and hot. If you have a seroma, call your surgeon.

Pain

Nurses on the nursing unit will give you pain medicine as ordered by your surgeon. You will get a prescription for pain medicine before you go home.

When to call your surgeon

If your dressing gets wet, or you can see fluid coming through your dressing, call the Surgery Clinic at 902-473-4137, or call your surgeon.

If you are worried that something is wrong:

- **Call your surgeon, or**
- **Call Locating at the VG hospital (902-473-2222) and ask to speak with the surgery resident on call.**

Exercises at home

What exercises should I do for my arm and shoulder?

Exercise is important to help you get your strength and movement back in your arm and keep your shoulder from getting stiff. **Arm and shoulder exercises should be done at least twice a day for 6-8 weeks after your surgery to prevent muscle weakness and loss of mobility (movement).**

Your shoulder and arm may not move as easily as they did before surgery. **This is normal!** It usually takes 8-12 weeks after surgery for full movement to come back. To get back your normal range of motion (full movement), you will get exercises to do each day. A physiotherapist will review these exercises with you and answer any questions you have about the exercises.

It is normal to feel a stretching sensation across your chest and shoulder while you do the exercises. You should not feel pain, just a comfortable stretch. Once your drain is removed, you will find the exercises easier to do. Take your time doing the exercises.

Arm exercises

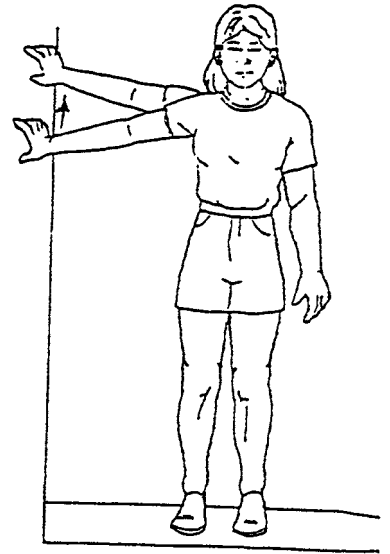
1. Begin with your shoulders relaxed.
2. Lift your shoulders up toward your ears.
3. Hold for 3 seconds, then lower your shoulders.
4. Repeat 5 times. Do this 3 times a day.



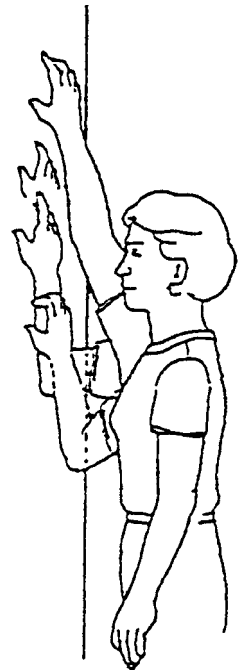
1. Sit and grasp your hands together as shown.
2. Raise your arms until you feel a gentle stretch/tightness. Hold for 3 seconds, then slowly lower your arms.
3. Repeat 5 times. Do this 3 times a day.



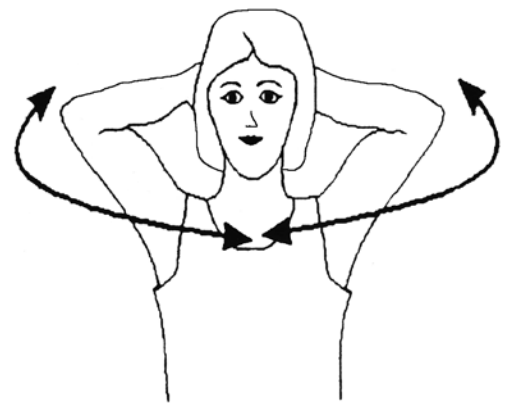
1. Stand sideways near a wall.
2. Slowly “walk” your fingers up the wall sideways, so that you feel a stretch.
3. Hold for 10 seconds.
4. Repeat 5 times. Do this 3 times a day.



1. Stand facing a wall as shown.
2. Slowly “walk” your fingers up the wall, so that you feel a stretch.
3. Hold for 10 seconds.
4. Repeat 5 times. Do this 3 times a day.



1. Lie on your back with a pillow under your head.
2. Place both hands behind your head.
3. Let your elbows fall out to the sides and towards the pillow until you feel a good stretch across your chest.
4. Hold for 10 seconds.
5. Repeat 5 times. Do this 3 times a day.



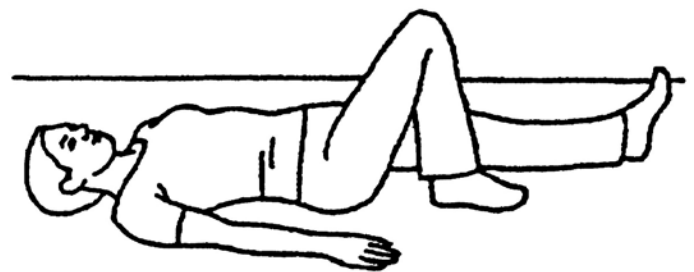
Leg exercises

Leg exercises will start on the second day after your surgery (day 2).

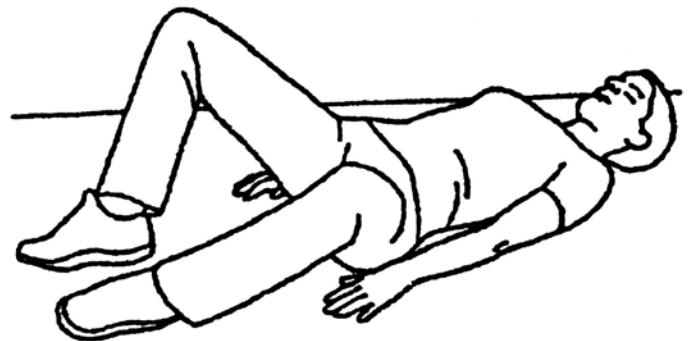
1. Lie on your back or sit.
2. Bend and straighten your ankles quickly for one minute without stopping. Do this once every hour.



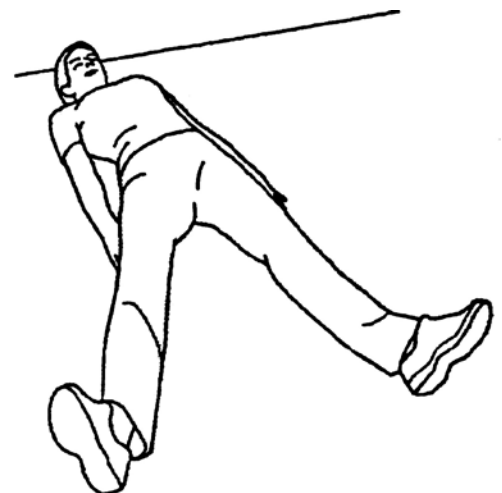
1. Lie on your back with your legs straight.
2. Bend your knee until your foot is flat on the bed. Hold for 5 seconds. Straighten your leg.
3. Repeat 5 times.
4. Do this 3 times a day.



1. Lie down with your knees bent and your feet flat on the bed:
2. Separate your knees until you feel a tightness or stretch across your inner thighs.
3. Hold for 5 seconds. Bring your knees back together.
4. Repeat 5 times.
5. Do this 3 times a day.



1. While lying on your back with your legs flat on the bed:
2. Slide one leg out to the side and then back to mid position.
3. Repeat 5 times.
4. Do this 3 times a day.



After lymph nodes are removed

In the underarm area:

Removing lymph nodes in the underarm area may affect nearby nerves. You may notice numbness, tingling, “pins and needles”, and/or burning across your chest, around your back, and/or down your arm. Rarely, it may also cause pain in these areas. Many people find that these feelings lessen but do not go away completely.

In the groin area:

Removing lymph nodes in the groin area may affect nearby nerves. You may notice numbness, tingling, and/or “pins and needles” along the front and inner areas of your thigh on the side of surgery.

These feelings happen because of damage to the nearby tissues, nerves, and blood supply during your surgery.

Lymphedema

Lymphedema is a buildup of fluid that causes swelling of your arm or leg. It happens after trauma to or removal of lymph nodes. A lymph node dissection and/or radiation therapy will raise the chance of this happening. Lymphedema may happen right after surgery, or days, months, or years later. Be sure to take care of your affected arm and hand, or leg and foot.

Taking care of your arm and hand after an axillary lymph node dissection

- If the arm on the side of the surgery gets swollen, it may be helpful to:
 - › Remove any rings and/or watches.
 - › Open and close your hand for one minute without stopping every hour.
- Raise the arm above the level of your heart and place on a pillow for 45 minutes, 3 times a day. Bend your elbow slightly.
- Do the exercises in this booklet.
- If you get a cut or burn on the “surgery-side” arm or hand:
 - › Wash the area gently and put on an antibacterial ointment such as Polysporin®. Do not use a Band-Aid®.
- Note: these instructions are not generally for people who have had only a sentinel node removed. Talk about this with your surgeon.

It is important to take care of your arm even when you have healed from surgery. This will help keep you from getting an infection in your arm.

- To avoid injury to your arm:
 - › Wear gloves when cleaning or gardening.
 - › Wear oven mitts when handling hot dishes.
 - › Use a thimble when sewing.
 - › Keep your nails and cuticles trimmed and clean.
 - › Use insect repellent to prevent bites and stings.
- Do not wear tight-fitting jewelry or clothing.
- Carry your bags and purse on your non-operated side.
- Use your “surgery-side” arm as much as possible in your personal care activities.

Taking care of your groin, leg, and foot after a lymph node dissection

- Do not raise your leg above hip level until the drain is removed.
- Do the leg exercises in this booklet.
- Do not place your incision underwater for a long period of time (e.g., bathing, swimming, hot tub).
- Do not take part in vigorous (hard) activities or exercises that might put stress on the incision.
- Do not put powders or lotions on your suture line (where your stitches are).
- Do not wear tight or uncomfortable clothing.
- Wear socks and shoes to protect your feet.
- Do not drive until after the drain is removed or your surgeon says it’s OK.
- When sitting, prop your leg up on a pillow to prevent swelling. If swelling happens, lie in bed and raise your leg up on pillows so it is above your heart.
- Do not walk or run long distances, or push or strain.
- Use an electric razor or hair removal cream for your legs, if needed.
- Take extra care of your leg and foot, including your toenails and cuticles. Cut nails straight across.

Contact your surgeon right away if you have:

- A rash, blistering, redness, or your skin feels hot. An infection could be starting or you may be developing lymphedema.
- Any swelling of your arm and/or hand or leg and/or foot.
- Fever, chills, or night sweats.
- Increasing redness, pain, or pus at your incision site.
- Bleeding that does not stop with firm pressure.

Follow-up visit with your surgeon

You will have a follow-up visit with your surgeon about a week after your surgery if you have a drain. If you do not have a drain, you will have a follow-up visit 2-3 weeks after surgery. We suggest you bring someone with you to also listen to the information and ask questions. You may have questions about your surgery, wound care, or the need for treatment after surgery. Write these questions down and bring them with you to your visit.

At this visit, the surgeon and nurse may:

- Check your incision.
- Remove any Steri-Strips™.
- Remove your drain.
- Ask about any discomfort and arm or leg sensations (numbness, tingling, burning).
- Check for any pockets of fluid buildup near your incision in your underarm, groin, or leg.
- Check your groin and your leg movement.
- Check your arm and shoulder movement and arrange for you to see a physiotherapist if needed.
- Talk with you about when you can go back to work.
- Talk with you about any questions you may have.

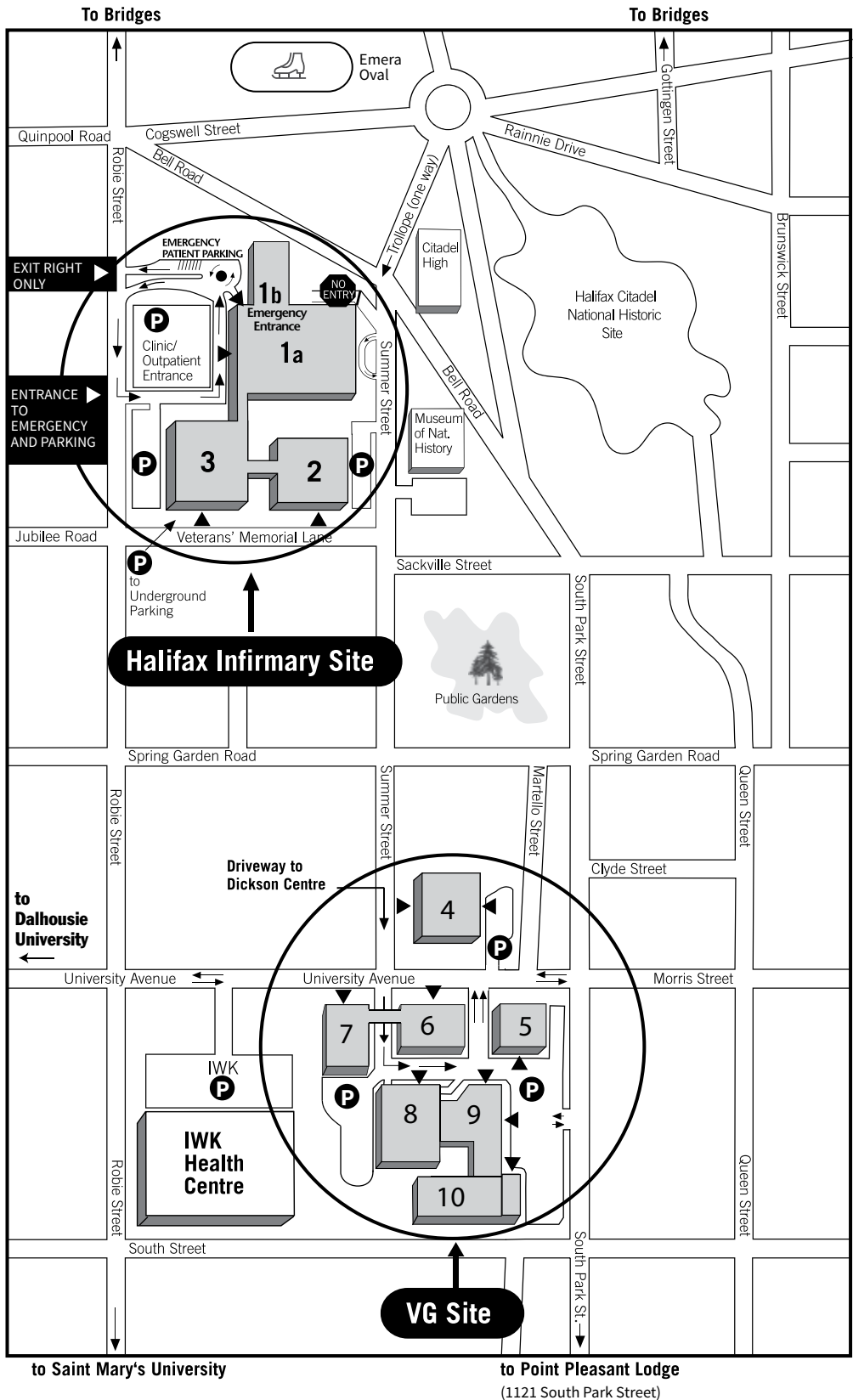
QEII Health Sciences Centre

is made up of 10 buildings located on two sites

- | Halifax Infirmiry Site | |
|------------------------|---------------------------------------|
| 1a. | Halifax Infirmiry |
| 1b. | Emergency Dept. |
| 2. | Abbie J. Lane Memorial Building |
| 3. | Camp Hill Veterans' Memorial Building |
| VG Site | |
| 4. | Nova Scotia Rehabilitation Centre |
| 5. | Bethune Building |
| 6. | Mackenzie Building Laboratories |
| 7. | Centre for Clinical Research |
| 8. | Dickson Building |
| 9. | Victoria Building |
| 10. | Centennial Building |

- P** Patient Parking
- ▶** Entrance Doors

Please do not wear scented products when you come to the QEII.



Looking for more health information?

Find this pamphlet and all our patient resources here: <http://library.nshealth.ca/PatientGuides>

Contact your local public library for books, videos, magazines, and other resources.

For more information go to <http://library.novascotia.ca>

Nova Scotia Health Authority promotes a smoke-free, vape-free, and scent-free environment.

Please do not use perfumed products. Thank you!

Nova Scotia Health Authority

www.nshealth.ca

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The information in this brochure is for informational and educational purposes only.
The information is not intended to be and does not constitute health care or medical advice.
If you have any questions, please ask your health care provider.

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The information in this pamphlet is to be updated every 3 years or as needed.