

## Breast Lumpectomy

Bring this guide with you to all of your appointments and to the hospital on the day of your surgery.

Important phone numbers:

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Clinic: \_\_\_\_\_

My surgeon: \_\_\_\_\_

After your surgery, if you have urgent concerns after hours (evenings, nights, weekends), call 811 or go to the nearest Emergency Department.

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# Appointments

## Pre-admission visit

Where: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

\*Bring all of your current medications with you in their original containers.

## Day of surgery

### Register

Where: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Wire localization

Where: \_\_\_\_\_

Time: \_\_\_\_\_

### Surgery

Where: \_\_\_\_\_

Time: \_\_\_\_\_

# Breast Lumpectomy

This guide will help you get ready for your surgery. It will explain what to expect before, during, and after your breast biopsy or surgery.

**Please read this guide.** Please ask your family to read this guide as well. Make notes and write down any questions you may have for your health care team. Bring these questions with you on the day of your surgery.

## What is a lumpectomy?

You and your surgeon have talked about your biopsy (test) results. Together, you have decided that you need a lumpectomy (surgery to remove the lump and some of the tissue around it).

Some lymph nodes may also be removed. Your surgeon will talk with you about this. To find out which nodes need to be removed, you may have a:

**Sentinel lymph node biopsy:** a radioactive substance and a blue dye may be injected into the breast to show which nodes drain the breast. Only these nodes are then removed.

- › The sentinel lymph nodes are the first axillary (armpit) nodes that drain from the breast into the axillary lymphatic circulatory system. If the cancer were to travel from the breast tumour into the lymphatic system, these nodes would be the first ones to show evidence of cancer.
- › The radioactive dye may be injected on the day before your surgery (afternoon) or on the day of your surgery (morning). You may also have a blue dye injected during surgery. This lets the surgeon see and remove only the nodes that drain from the breast first (usually 1 to 5 lymph nodes). After this procedure, your urine (pee) will be blue or green for 1 to 2 days – this is normal.

## Your health care team

Many people will be involved in your care. **You and your family are the most important members of the team.** Other team members include:

- › **Surgeon and resident surgeons:** Your surgeon and team of surgical residents will talk with you about your care and answer any questions you have. Your surgeon will be in charge of your care.
- › **Registered nurses (RNs):** Registered nurses will care for you before and after your surgery. They give emotional support, medications, nursing care, and teaching instructions.
- › **Anesthesiologist:** The anesthesiologist is a doctor who will give you medications to put you to sleep and keep you safe and comfortable during your surgery. They will talk to you about pain management and what you can expect during surgery.
- › **Clerical staff:** Keeps patient charts in order, answers the phone, orders meals, and arranges appointments. They can often help you with general questions.

## Medications

- Before your surgery, **it is important to tell your health care team about any medications you are taking.** This includes all prescription medications, over-the-counter or herbal products, and any vitamins or supplements. These products could:
  - › have important effects during your surgery.
  - › interact with other medications you are given in the hospital.
- **You may need to stop taking some of these medications before your surgery. Your health care team will tell you what products to stop taking and when to stop taking them.**

## Before surgery

- After surgery, you will likely be discharged home. You will not need to stay overnight in the hospital. **You must arrange for a responsible adult to drive you home.**
- **You must also have a responsible adult stay with you at home for 24 hours (1 day) after your surgery.** This is for your safety.

## Food and drink

- **Do not** drink alcohol for 48 hours (2 days) before your surgery.
- Eat at least 3 healthy meals the **day before your surgery**. This will help your body heal after surgery.
- The night before your surgery, you may have a snack before midnight.  
**Do not eat anything after midnight the night before your surgery.**

## Day of surgery

A few days before your surgery, your health care team will tell you what you may or may not eat or drink on the morning of your surgery. Follow these instructions on the morning of your surgery. Write these instructions in the space below:

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## Bring the following to the hospital:

- › Provincial health card
- › **CPAP machine** (if you have one) and distilled water

## Medications

- You may take your medication(s) as instructed with sips of water **only**.
- Your health care team will tell you if you should take your medications.

## Tobacco

- Using tobacco (including cigarettes, e-cigarettes, cigars, and chewing tobacco) can:
  - › increase your risk of problems during surgery.
  - › slow down your healing after surgery.
- Stopping tobacco use is one of the best things you can do for yourself and your family.
- The night before your surgery, **do not smoke tobacco or cannabis after your evening meal**. Smoking can cause problems with your lungs and your breathing.

## Jewelry

- Leave all jewelry at home. Remove all jewelry from **ANY** body part that is pierced such as the nose, belly button, tongue, face, or ear.

## Valuables

Leave all valuables (cash, credit cards, jewelry) at home. The hospital is not responsible for the loss of any item.

## Before coming to the hospital

### Do:

- Call your surgeon's office if you have a fever, cold, or flu-like symptoms.
- It is important to get a good night's rest before your surgery.
- To help prevent infection after surgery, have a bath or shower the evening before, or the morning of, your surgery.

### Do not:

- **Do not use lotions**, creams, powders, or deodorant before your surgery.
- **Do not wear make-up** on the day of your surgery.
- Remove all nail polish from your fingers and toes, if possible.
- **Do not shave your armpits** for at least 7 days (1 week) before your surgery. This will help to prevent possible infection after surgery.
- Nova Scotia Health is scent-free. **Do not use any scented products** before coming to the hospital.

## Dentures

- Wear your dentures to the hospital (if you have them).
- In the Operating Room (OR), you will take off your dentures and place them in a denture cup. They will be returned to you in the recovery room. You may also leave them with your belongings.

## Glasses/contact lenses

- If you wear contact lenses, it is best to **wear glasses to the hospital** instead. If this is not possible, bring your lens container and cleaning solutions.
- Remember to tell your nurse that you are wearing contact lenses. **You must remove them before you go to the OR.**
- Please leave these items with your primary support person or family member, if possible. **The hospital is not responsible for the loss of any item.**

## Hearing aids

- Wear your hearing aid(s) to the hospital (if you have one).
- You will be able to wear your hearing aid(s) in the OR.

## Day of surgery

### Wire (needle) localization

- You may need a wire localization. A mammogram or ultrasound will be done in Diagnostic Imaging (X-ray Department) before your surgery.
- Your surgeon will tell you if you need a wire localization. Your health care team will tell you what to expect. You will be awake for this procedure. Wire localization is similar to the breast biopsy procedure you had:
  - › You will be asked to sit or lay down.
  - › The lump will be located using a mammogram or ultrasound.
  - › A member of your health care team will then inject (put in) a local anesthetic (freezing medication) into your breast so that you are comfortable.
  - › We will then insert a thin needle, and thread a wire through the needle.
  - › We will do a mammogram or ultrasound to check the placement of the wire and tape the wire in place.
  - › After the procedure, you will go to Pre-op/Day Surgery.



## **Pre-op/Day Surgery**

### **Waiting room**

- There is a waiting area for your primary support person while you are in surgery and the recovery room.
- For privacy and the consideration of other patients, please limit how many support people you bring with you on the day of your surgery.
- The pre-op nurses will meet with you and ask you questions. Please ask them about any questions or concerns you may have.
- You will be asked to put on a hospital gown, a hospital house coat, and foot covers. Your clothes and other belongings will be placed in a locker.
- Your surgeon and anesthesiologist will talk with you before your surgery.
- Your surgeon may mark the side (right/left) with their initial if you have not had a wire localization.

### **Delays**

Sometimes, a booked surgery may be delayed because of an unexpected emergency. There is a chance that your surgery may be cancelled if there is an emergency. If this happens, your health care team will talk with you about this.

### **The Operating Room (OR)**

- You will be taken to the OR by a member of your health care team.
- In the OR, a nurse will talk with you and ask you questions. This is for your safety.
- OR team members will be dressed in masks, caps, and special clothing to make sure the room stays clean.
- The OR is usually cool. You will be given a warm blanket.
- Before you go to sleep for surgery, you will have an intravenous (IV) needle inserted in your arm. All of your medications will be given through the IV.
- You will breathe oxygen through a mask placed over your mouth and nose.
- During surgery, we will monitor your blood pressure, heart rate, and oxygen levels.

## After surgery

### Post Anesthesia Care Unit (PACU)

- After surgery, you will be taken on a stretcher to the PACU (recovery room). In the PACU, the nurses will:
  - › check your dressing on your incision, breathing, temperature, blood pressure, pulse, and oxygen level.
  - › ask if you are feeling sick to your stomach.
  - › ask if you have pain.
  - › give you pain medication(s), as needed.
- At first, you may be sleepy, your mouth may be dry, and your throat may be sore. There may be a small plastic airway in place to help your breathing. You may be given oxygen for a short time.
- There may be a small amount of drainage on your dressing(s). This is normal. Your nurse will watch for this and call your surgeon, if needed.
- **Do not get up for the first time on your own.** Ask a nurse for help.
- When you are more awake and comfortable, you can get dressed. A member of your health care team can help you, if needed.
- Before being discharged, your health care team will talk with you about your care at home.

**You must have a responsible adult drive you home after surgery.**

**You must also have a responsible adult stay with you at home for 24 hours.**

**After your surgery, do not drive for at least 24 hours, or as told by your surgeon.**

## Care at home

### Food and drink

- Start with clear fluids. If you can keep water down, you may start to eat as you usually would.
- **Do not** drink any alcohol for at least 24 hours.
- It may take time for your appetite to get back to normal. Try eating smaller meals and snacks more often.
- Eating well-balanced, healthy meals will help you get your strength back.
- Always follow your surgeon's or dietitian's instructions about healthy eating.

### What should I do if I am constipated (not able to poop) after surgery?

- Some prescription medications can make you constipated.
- Slowly eat more foods with fibre, like:
  - › Whole grain breads and cereals
  - › Vegetables
  - › Fresh fruit
  - › Dried peas, beans, and lentils
  - › Nuts and seeds
- Drink 6 to 8 cups of fluids a day (like water, milk, juice, or decaffeinated tea or coffee).
- Ask your primary health care provider or pharmacist about using stool softeners or laxatives (medications to help you poop), if needed.

### Pain management

- You may have discomfort or burning in the area of the surgery for a few days.
- A few days after surgery, you may have tingling, burning, or shooting pains in your breast. This is normal. It may help to gently rub or tap around the area.
- Your surgeon may recommend or prescribe a mild pain reliever and anti-inflammatory pain medication. Use prescription medications as directed to keep your pain under control.

## Care of your incision (cut)

- You may wash at the sink the day after your surgery. **Do not get your dressing wet.**
- **48 hours (2 days) days after surgery:**
  - › Remove the dressing. You may have Steri-Strips™ (strong pieces of tape) or skin glue over your incision.
  - › **You do not need to put on a new dressing.**
- You may shower. **Do not soak your breast until your incision has fully healed. This includes having a tub bath, swimming, and going in a hot tub.**
  - › It is OK if the Steri-Strips™ get wet.
  - › Pat your incision dry after showering — **do not rub.**
- The incision is usually healed when the scab falls off on its own (usually 10 to 14 days after surgery).
- **Do not** put any ointments or creams on or around your incision.
- Your stitches will dissolve (go away) on their own.
- If you have Steri-Strips®, they may fall off on their own. You can remove them **10 days after surgery** or as told by your surgeon. To remove your Steri-Strips®, soak them in warm water to loosen the sticky parts. Once they are damp, gently and slowly roll one corner back, then pull the Steri-Strip® off.

## Activity

- You may go back to gentle activity when you feel ready, as told by your surgeon.
- You may have sex when you feel ready.
- **Do not** do any aerobic activities (like sports, exercise, or jogging) for 7 days.
- **Do not** lift anything over 10 pounds for 4 to 6 weeks, or as told by your surgeon.
- **Do not** hold your arm tightly against your chest on your operated side.
- Try to move your arm as soon as possible after surgery. This will help to lower your risk of complications, help your body heal, and help avoid any stiffness or pain in your shoulder joint.
- Follow any additional instructions about activity and exercises given to you by your health care team.

## Deep breathing and coughing

To keep your lungs clear, breathe deeply and cough a few times every hour you are awake. When you cough, hold a pillow or folded blanket tightly against your incision to support it and lessen any pain.

1. Take a deep breath in through your nose. Hold it for a couple of seconds.
2. Breathe out through your mouth and cough.

## Tips:

- Wear a **full/firm support** bra during the day.
- Full/firm support bras are designed for the most support. This type of bra is usually made of a thick seamed material, with or without underwire.
- **Do not wear a sports bra or a stretchy bra.**
- You can choose whether to wear a bra while sleeping.
- The area where breast tissue has been removed will fill in with fluid (seroma). You may hear the fluid make a sloshing sound. This is normal. This should get better after 2 weeks.

**Call your surgeon, primary health care provider, or 811 if:**

- Your breast or chest wall swells and quickly becomes firm or hard in the first 24 hours after surgery
- Your breast changes colour
- Your breast or chest becomes red
- You feel faint or dizzy, or pass out
- You have a fever (temperature above 38<sup>0</sup> C/101.3<sup>0</sup> F) for more than 24 hours
- The incision leaks
  - › If you notice bleeding from the incision, press firmly with your hand for 3 to 5 minutes. **If the bleeding does not stop, keep pressing firmly and go to the nearest Emergency Department right away.**
- The incision feels hot
- You have pain that does not go away after taking pain medication as prescribed
- There is fluid in the incision that is thick or smells bad

**If you cannot reach your surgeon or primary health care provider, go to the nearest Emergency Department right away.**

## Follow-up appointment

- You will have a follow-up appointment with your surgeon 4 to 6 weeks after surgery.
- It may help to bring a support person with you to this appointment. They can also listen to the information and ask questions.
- Before the appointment, write down any questions you may have. That way, you will have them ready during your visit. You may have questions about your surgery, incision care, or treatment after surgery.
- Your surgeon may want you to have more tests and another surgery. This will depend on:
  - › the type of surgery you had.
  - › the results of your biopsy on your breast tissue that was removed.
- It is important to see your primary health care provider after your surgery as well. They will receive copies of the reports about your surgery and hospital appointments. They can support and guide you, as needed.

What are your questions?

Please ask. We are here to help you.





# Notes:

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### Looking for more health information?

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

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

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

Connect with a registered nurse in Nova Scotia any time: call 811 or visit <https://811.novascotia.ca>

Learn about other programs and services in your community: call 211 or visit <http://ns.211.ca>

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

*Please do not use perfumed products. Thank you!*

[www.nshealth.ca](http://www.nshealth.ca)

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