



Know the Facts | Understanding Breast Surgery





At **Methodist Hospital**, our physicians and staff are here to support you every step of the way as you have your breast surgery. We have prepared this booklet for you as a **resource guide**, and we invite you to keep it close at hand during your appointments, hospital stay and recovery.

Feel free to write notes or questions down as you work with your doctors and other health care professionals. We will do our best to answer all of your questions and concerns. For your convenience, we have included a Cancer Center map and a Breast Cancer Treatment Team Directory and a list of resources in the back pocket of this booklet to assist you during your time with us and throughout your recovery at home.

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 For more information

call the Breast Care Center at Methodist Estabrook Cancer Center **(402) 354-5849**.



Methodist Estabrook Cancer Center offers expanded services that incorporate a patient-focused, problem-specific, coordinated breast health care approach through the Breast Care Center of Methodist Estabrook Cancer Center. To individualize and expedite your care, we offer a more non-traditional approach, including a nurse practitioner who helps you navigate your way through the diagnosis, treatment and recovery process.

A unique benefit of our program is the weekly breast conference that unites experienced radiologists, breast surgeons, medical oncologists, surgical oncologists, radiation oncologists, reconstructive surgeons, pathologists, nurse practitioners, nurses and technologists in a detailed, multidisciplinary review of breast cancer cases. Consensus from this team of experts helps to identify your best treatment options.

Our multidisciplinary focus extends beyond breast cancer to include additional women's health concerns, such as breast pain, nipple discharge, breast lumps and breast health education. Care is coordinated to include a full range of imaging services and treatment options. Education and support services are available to patients and family members. The opportunity to participate in clinical research trials is offered to eligible volunteers.

We are also pleased to offer Harper's Hope, Omaha's first comprehensive cancer survivorship program. Open to all area cancer survivors regardless of where they receive treatment, Harper's Hope can help you live with, through and beyond cancer. The umbrella of Harper's Hope covers five key areas: social services, counseling/behavioral health, cancer prevention and hereditary cancer risk assessment, physical wellness and nutrition. This program was made possible by a gift from The Harper Family Foundation in honor of Josie Harper, who lost her life to lung cancer.

 For more information call **(402) 354-5849**.



Helping You Cope

With Your Breast Cancer Diagnosis

A breast cancer diagnosis can generate shock waves of questions, concerns and stress. Throughout treatment, you are likely to feel changes in your emotional and physical wellness, family roles and work performance. If you and your family need help coping before, during or after your hospitalization, we invite you to turn to the Behavioral Health professionals at Methodist Estabrook Cancer Center.

Behavioral Health Team

Our team includes psychologists, psychotherapists, counselors and a psycho-oncologist (a psychiatrist who specializes in cancer care) who can help you deal with these issues and maximize your quality of life. You may choose to schedule an individual counseling session or you may bring a friend or family member with you.

Methodist Hospital Foundation provides one free counseling session for each patient. Additional visits will be billed to your insurance.

How we can help

Our counselors can help with your recovery in several ways:

- **Stress management**

Research shows that stress management improves the body's natural immune responses. We can teach you techniques that may benefit your immune system and help you feel better. These include progressive muscle relaxation, meditation, self-hypnosis and guided imagery.

- **Goal setting**

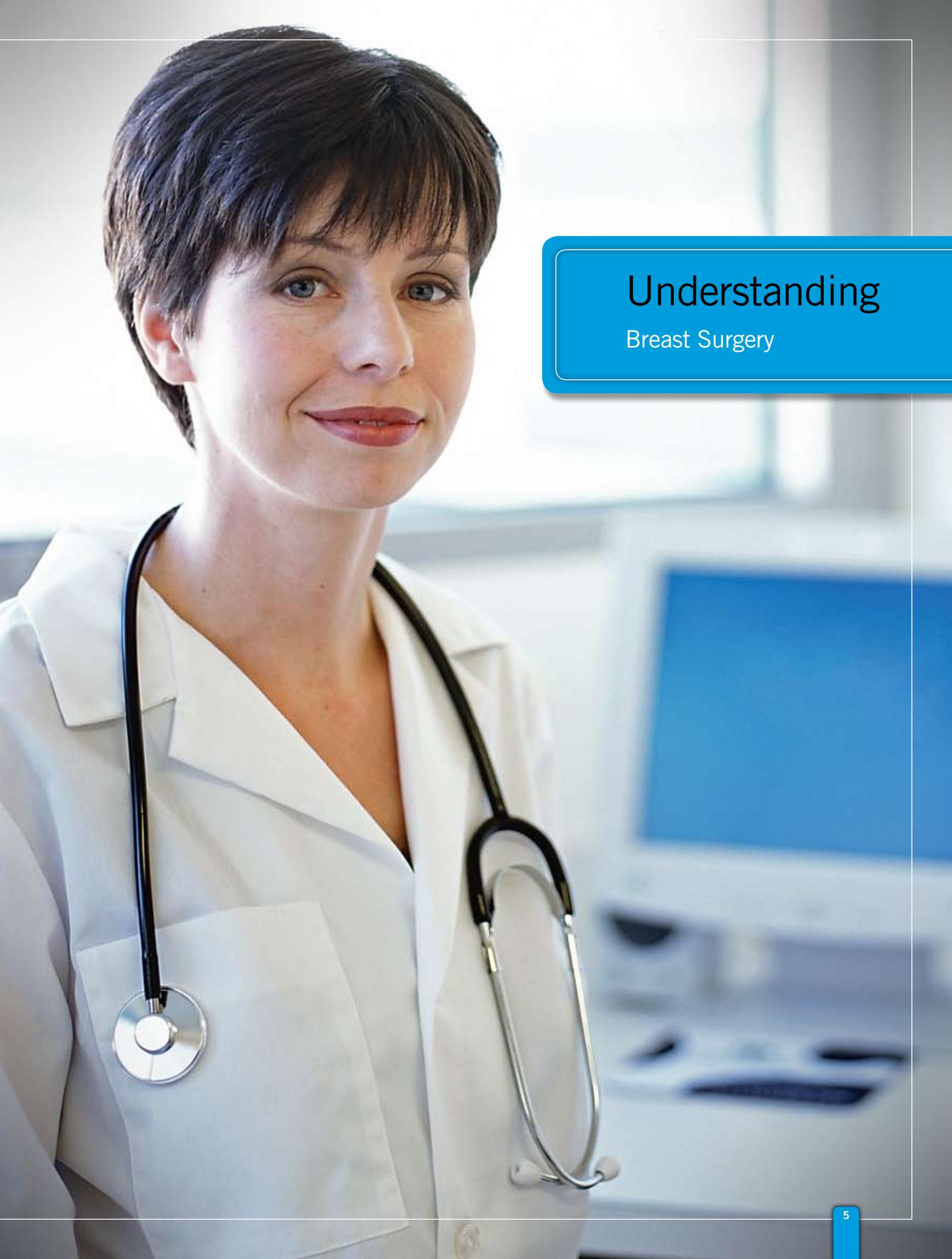
A cancer diagnosis focuses attention on what is really important in our lives. We can help you gain clarity on your current situation and make plans to achieve your goals. Research shows that health improves when we live lives that we truly enjoy.

- **Social support**

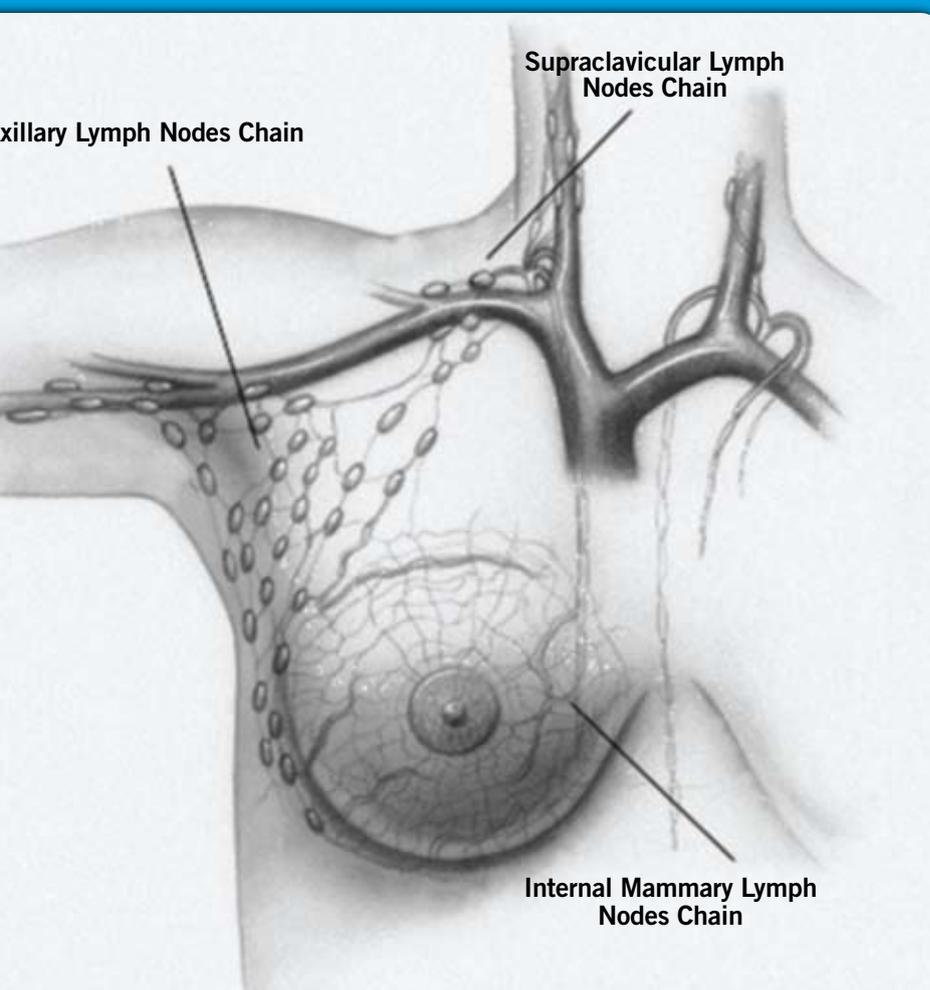
Patients who have good social support tend to do better. Having a safe place to express feelings, share concerns and receive encouragement during and after treatment can boost your physical and emotional health. We can be part of your support team, especially if you do not have a strong network of family and friends in the local area.



For more information call **(402) 354-5849**.



Understanding Breast Surgery



Each breast has 15 to 20 sections, called lobes, arranged like the petals of a daisy. Each lobe has many smaller lobules, which end in dozens of tiny bulbs that can produce milk. The lobes, lobules, and bulbs are all linked by thin tubes called ducts. These ducts lead to the nipple in the center of a dark area of skin called the areola. Fat fills the spaces between lobules and ducts. There are no muscles in the breast, but muscles lie under each breast and cover the ribs.

Lymph, lymph nodes and lymphedema

Knowing the basics of where your lymph nodes are and what they do will help you understand your treatment and recovery process, especially the steps related to preventing lymphedema, a possible side effect of lymph node surgery.

Each breast contains blood vessels as well as vessels that carry lymph, a clear fluid containing water and a few blood cells. The lymph vessels lead to small bean-shaped organs called lymph nodes, clusters of which are found under the arm, above the collarbone, and in the chest, and many other parts of the body. Your lymph nodes and vessels filter and drain away excess fluid, bacteria and by-products of infections and then return about 3 liters per day of lymph to your heart for recirculation.

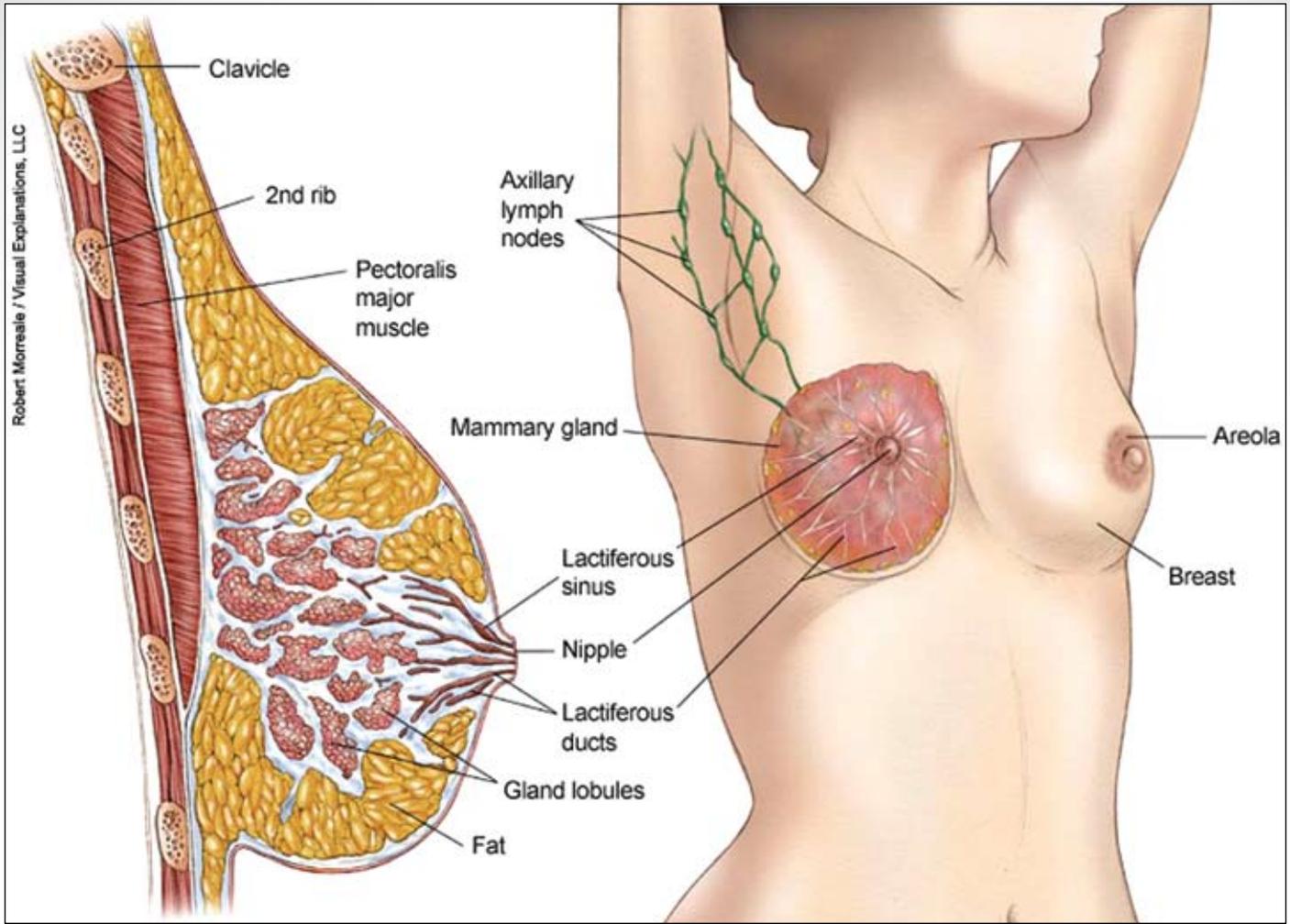
If the lymph nodes are removed, or if they become inflamed or blocked, lymph fluid can accumulate in the soft tissues. Swelling results, often in the arm affected by the surgery. Lymphedema is the medical term for this accumulation of fluid.

More detailed information about preventing lymphedema appears later in this booklet. The three illustrations on the bottom of the opposite page show what different types of cells look like under the microscope.

Basic Breast Anatomy

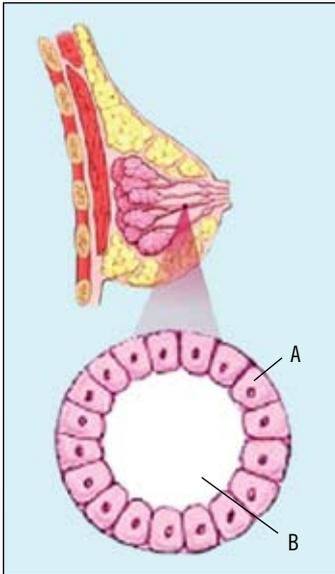
To help you visualize the location of your breast surgery and give you a better understanding of the breast structures that will be affected, we have included a few drawings and a brief explanation of breast anatomy.

 For more information call **(402) 354-5849**.



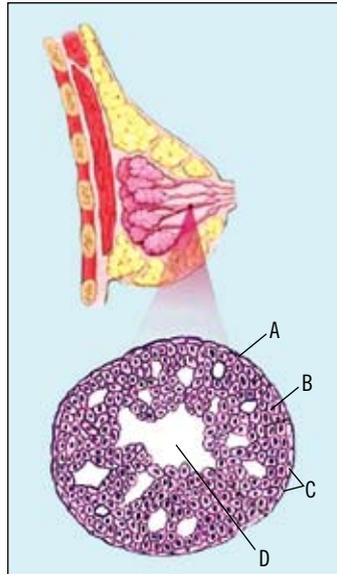
This is what different types of cells look like under the microscope.

Normal duct
Normal breast cell



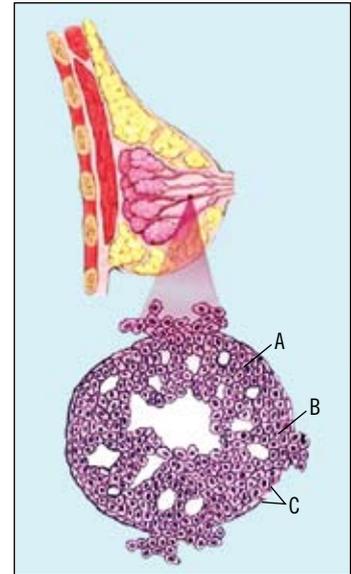
A. normal duct cells
B. lumen (center of duct)

Noninvasive breast cancer
Abnormal breast cell



A. normal duct cells
B. ductal cancer cells
C. basement membrane
D. lumen (center of duct)

Invasive breast cancer
Invasive breast cell



A. normal duct cells
B. ductal cancer cells breaking through the membrane
C. basement membrane

Surgery

Overview



Surgical options

- **Biopsy**

Removal and examination of a sample of abnormal tissue to reach a diagnosis.

- **Lumpectomy/partial mastectomy**

Breast cancer surgery that removes just the tumor, plus a surrounding margin of healthy tissue to be examined for cancer cells.

- **Mastectomy**

Surgical removal of the breast tissue, nipple and areola.

- **Mastectomy with reconstruction**

Surgical removal of the breast tissue, nipple and areola with immediate or delayed restoration of breast volume and shape using breast implants or tissue from another part of the body.

- **Needle or wire-guided localization**

Placement of a guide wire in the breast during a mammogram or ultrasound to pinpoint the area to be surgically removed.

- **Sentinel lymph node biopsy**

Removal of the sentinel lymph node(s) for examination under a microscope. Because the sentinel lymph node is the first lymph node to which lymphatic fluid drains from the area of a tumor, spreading cancer cells are likely to show up here first. If the sentinel lymph node is free of cancer, the other nodes do not need to be removed and examined, and surgery is minimized.

- **Axillary dissection**

Surgical removal of lymph nodes in the armpit (axilla) area.

Surgery Overview Today, women undergoing treatment for breast cancer may select from a greater variety of options than ever before. Listed to the left is an explanation of key terms to help you understand the types of procedures and range of options related to surgical treatment.

Breast MRI To help you choose the most effective surgical option, your doctor may recommend that you have a breast MRI (magnetic resonance imaging). This is a three-dimensional diagnostic scan that uses a combination of magnetic fields, radio waves and computer technology to bounce harmless signals off the body and translate echoes into detailed images. A breast MRI reveals breast abnormalities, including some that may not be visible on a mammogram or ultrasound. The procedure takes about 45 to 60 minutes to complete. Your doctor will explain whether you are a candidate for this type of imaging depending upon your individual case.



For more information call **(402) 354-5849**.



Preparing

For Surgery

Preparing for surgery

Prior to surgery, your physician will order preoperative tests. These typically include basic blood tests, a chest X-ray and EKG (electrocardiogram) to measure heart activity. Your physician and care team will discuss appropriate tests with you. Your doctor will explain your anesthesia and pain control options during your office visit. An anesthesiologist or nurse anesthetist will review your choice of anesthesia with you before you are taken into the operating room. Several days before your surgery, a Methodist Hospital nurse will call to review your health history, allergies and medications, including your use of any herbals or supplements. Special instructions will be given, including which (if any) of your medications should be taken the morning of surgery. Unless you are given other instructions, you should not have anything to eat or drink (including water, gum or candy) for 8 hours before your surgery. You may see these instructions written as “NPO,” which means that you should take “nothing by mouth.” Your stomach must be empty when you are given anesthesia to help prevent nausea and vomiting after surgery.

What to bring to the hospital

Use this checklist as a guideline as you prepare for your hospital stay:

- Overnight bag**
- Personal hygiene items**
- Any glasses, contacts, dentures or hearing aids and their storage cases**
- Front-opening pajamas**
- Appropriate bra(s)** Some surgeons may use a special post-surgical bra if reconstruction is planned. Otherwise, your own bra can be worn. Try to avoid underwires. Front closure styles, including sports bras, are easier. Mastectomy patients might be interested in a camisole. Ask your surgeon.
- Front-opening shirt** Bring a soft, loose-fitting shirt that buttons or zips in the front.
- Pillow** A pillow is especially helpful for the car ride home. Use it to help support your arm or place it between your body and the seat belt for comfort.
- Do not bring valuables, such as jewelry or credit cards, with you to the hospital.**



For more information call **(402) 354-5849**.

At home: Wash with special antibacterial soap before surgery. All people have germs or bacteria on their skin. These germs may cause an infection in your incision after you have surgery. To help prevent infection, you will wash before surgery with a special antibacterial soap. Dyna-Hex® and Hibiclens® are common brand names for this soap.

Your surgeon's office should provide you with a bottle of soap for you to use at home. Both on the night before and the morning of your surgery, wash all of your body from the neck down with the antibacterial soap, paying particular attention to the area where the incision will be located. Do not use any other lotions or powders on your skin.

A close-up portrait of a woman with dark, curly hair, smiling warmly. She is wearing a bright red zip-up jacket. The background is softly blurred, showing green foliage and pink flowers. A blue rounded rectangle is overlaid on the left side of the image, containing the text 'The Day Of Surgery'.

The Day Of Surgery

After Check-In

In most cases, after check-in you will be taken to the Preoperative Care Unit (POCU), a quiet area where you can relax before surgery. Your nurse will place a needle in a vein to give you an intravenous (IV) fluid of water and nutrition. Other medications that may be needed, such as sedatives and antibiotics, may also be given through this vein.

Family Member Check-In

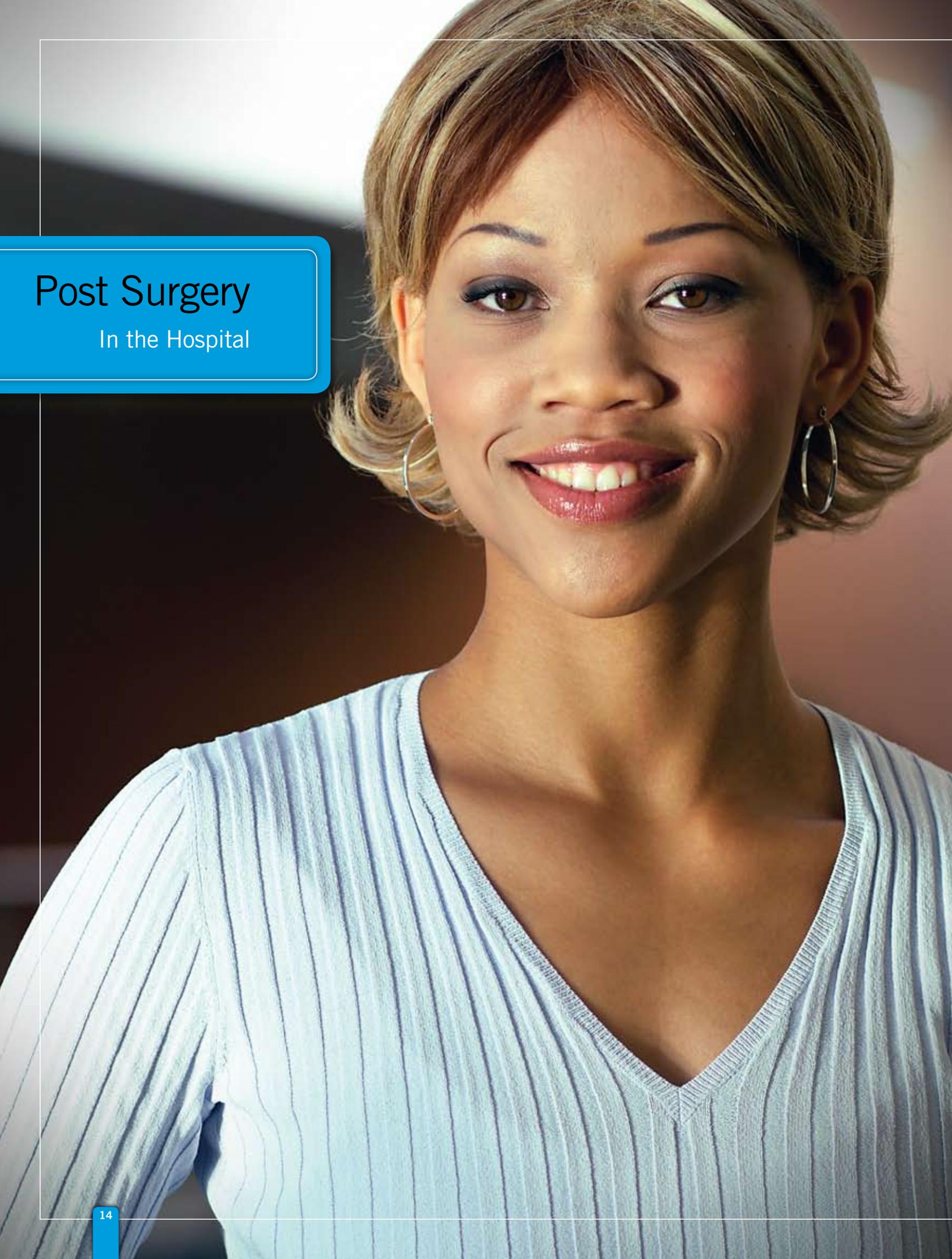
Family members should check in at the designated waiting area. If your surgery is scheduled for the Methodist Hospital Main OR, a Surgery Liaison Nurse will meet with your family in the surgery waiting room to keep them updated on your progress, answer questions and assist as needed. This nurse has direct contact with the surgeons and nurses in the operating room. Additionally, your family can follow your progress on the FamilyVue monitors located in the inpatient and outpatient surgery waiting rooms, the Hospital Cafeteria on the second floor and Cyber Joe's, the internet café on the first floor. Coded names appear on the monitors and the time the patient goes to pre-op, surgery and recovery are displayed. The display automatically refreshes every 20 seconds, keeping information accurate and in real time.

Post Operation Recovery

Following your operation, you will remain in the recovery area, called the Post Anesthesia Care Unit (PACU), for 2 hours or longer, depending upon the type of anesthesia you received. Your heart function, blood pressure, breathing, temperature, bandages and drainage tubes will be closely monitored, and you may receive oxygen for a short time until you begin to wake up.

You will be asked to **check in up to 3 to 4 hours prior to your scheduled surgery.**

The Methodist Breast Care Center scheduler will provide you with your individual check-in time and directions to the appropriate check-in location. You will receive a reminder call from the Methodist Hospital Access Center before the day of surgery.



Post Surgery

In the Hospital

Some pain after surgery is expected, and it should not keep you from doing self-care activities. Try to anticipate pain so it can be controlled before it becomes severe. You may be awakened to take pain medication during the first few days, but as you heal you can take pain medication as you need it.

Fluids and diet

When you return from surgery, you will have the IV (intravenous) tube in your vein until you are comfortable taking fluids and food by mouth. You will begin drinking and eating the same day of your surgery. You will start with sips of liquid and gradually advance to solid foods.

Your incision

Your incision will be covered with steri-strips then a gauze dressing. The gauze dressing will be removed the day after surgery. Typically, your surgeon will use absorbable sutures (stitches that close your incision) that will not need to be removed. If surgical staples or sutures were used, they will be removed about 7 to 10 days after surgery.

To promote healing, your incision should be kept as clean and dry as possible. Always watch for signs of infection, redness, swelling, drainage, foul odor or pain.

The Jackson-Pratt wound drain

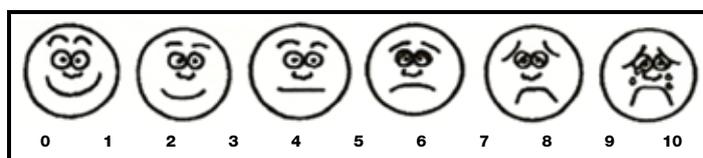
You may notice one or more tubes near your incision. Each tube is connected to an oval-shaped suction device called a Jackson-Pratt wound drain. The wound drain collects the drainage of fluids (a mixture of blood cells and lymph) that accumulate at the surgical site. Draining these fluids promotes healing while reducing swelling, pain and the risk of infection.

Pain control Your comfort is important. Please talk honestly to your nurses and doctors about any pain you are experiencing so they can provide the right medication and treatments.

Pain scale

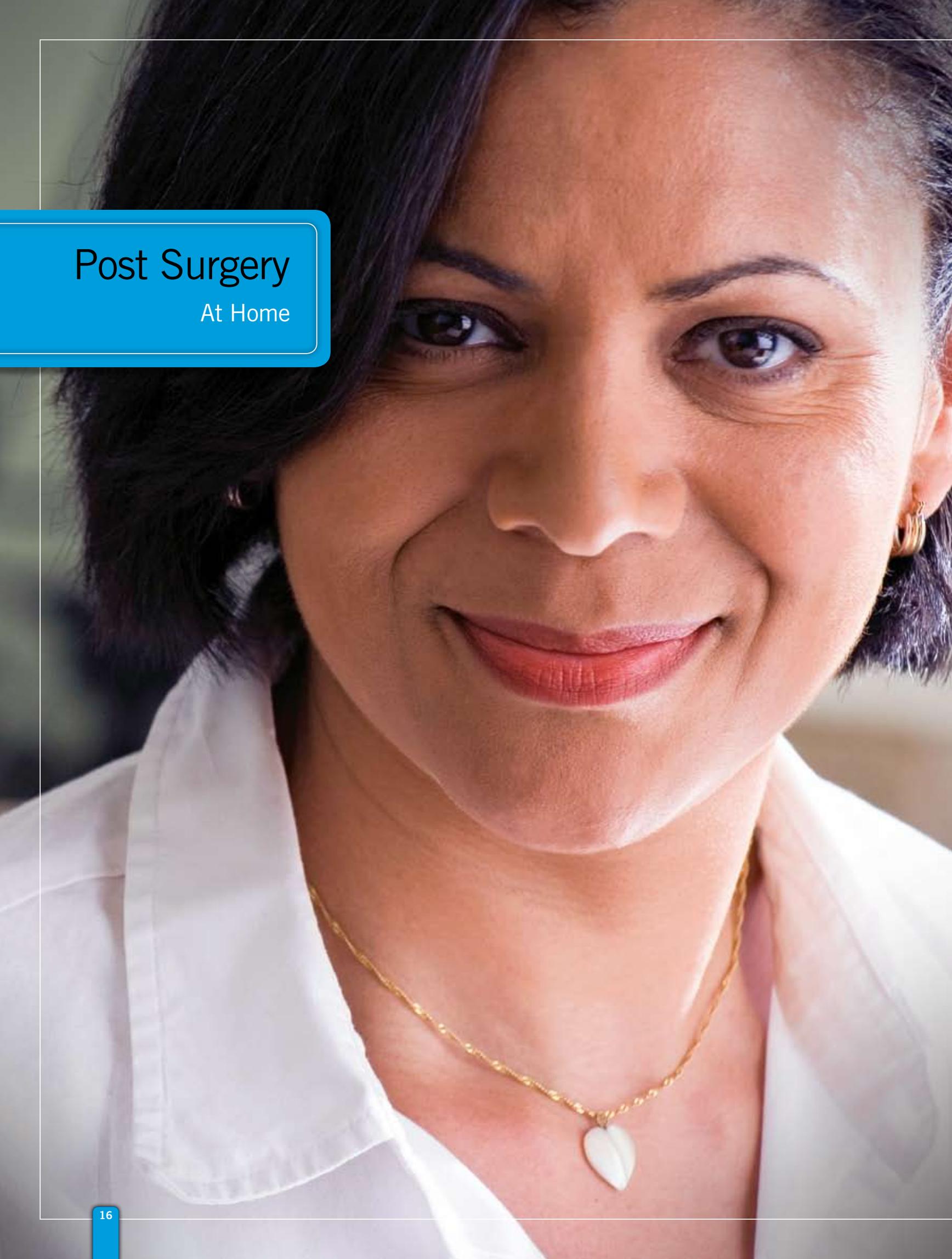
Pain is an individual experience. You are the only person who can tell us how much pain you have and if treatments for pain (such as heat, cold, music, massage, relaxation or spiritual support) are working.

You will be asked to rate your pain using a scale from 0 to 10. "0" is absence of pain and "10" is extreme pain.



We want to control your pain so that you can:

- Cough and breathe deeply
- Walk and move around
- Be satisfied with your level of comfort
- Experience faster healing



Post Surgery
At Home

How to empty your Jackson-Pratt wound drain:

1. Wash your hands thoroughly before emptying your drain(s).
2. Have the plastic measuring cup from the hospital ready to collect and measure the drainage.
3. Unpin or remove the drain from your clothing.
4. Open the top of the drain. Turn the drain upside down and squeeze the contents of the bulb into the measuring cup. Be sure to empty the bulb as completely as possible. To prevent infection, do not let the stopper or top of the bottle touch the measuring cup or any other surface.
5. Use one hand to squeeze all of the air from the drain. With the drain still squeezed, use your other hand to replace the top. This creates the suction necessary to remove the fluids from your body.
6. Secure or pin the drain back on your clothing to avoid pulling it out accidentally.
7. Measure the drainage and record the amount for your doctor using the chart in the back pocket of this booklet. Do this twice a day or any time the bulb is full. Record the total for 24 hours. If you have more than one drain, remember to record the drainage from each drain separately. Lines indicating cubic centimeters (cc) or milliliters (ml) are on the small measuring cup.
8. Dispose of the drainage in the toilet.
9. Wash your hands again. Remember to wash your hands with liquid antibacterial soap and water before and after emptying your wound drain(s) to reduce the risk of infection.

While you are in the hospital, the nurse will empty the drainage in the device several times a day. **If you do go home with the drain(s) in place**, the staff will help educate you on the care of your wound drain(s).

The drainage color will change from red to pink and finally to a yellow or golden color. The drain is usually removed without difficulty when the drainage has decreased to about 30cc (about 1 tablespoon) in a 24-hour period. This process typically takes 2 to 4 weeks. Drain removal will be performed in your doctor's office.



For more information call **(402) 354-5849**.

Important reminders

- Never insert anything into the drain bulb or tubing.
- Avoid kinking or pulling on the drain tubing.
- Do not let the drain dangle loosely. Secure the drain to your clothing. If you pin the drain to your clothing, be careful not to puncture the drain.
- Keep the container compressed to maintain the suction.
- Your nurse will show you how to “strip” or “milk” the tubing of your drain. You should “milk” the tubing twice a day.
- If the drain becomes clogged, milk the tubing. If it remains clogged, call your doctor.

Caring for your incision

See your physician for suture and/or drain removal as instructed, and apply clean dressings to the incision as directed by your surgeon.

Keep the wound clean and dry. A small amount of drainage can be expected. You may wash your incision with liquid antibacterial soap (such as Dial®) and water as you shower. Dry the skin thoroughly. Do not use ointments, powders, or creams on your incision unless instructed to do so. Most often, you may shower 24 hours after surgery.

If steri-strips (butterfly bandages) are in place over your incision, you may shower with the steri-strips in place. The tapes may either wear off or be removed 7-10 days after surgery. To remove them, gently pull the outside edges toward the wound. You may find it more comfortable to remove the steri-strips while you shower.

Signs and symptoms of infection

Call your nurse or doctor right away if you have:

- Increased redness, swelling or tenderness at the incision or drain site.
- Red streaks or pus-like drainage from the incision or drain site.
- Swelling, tingling or increasing numbness of the arm on your affected side.

- A wound drain that falls out or a drain bulb will not stay collapsed.
- A significant change within a 24-hour period in the amount or type of drainage in the drain (including too much or no drainage, foul-smelling, bright red, brown or black drainage).

Medications

Because you may experience some pain or discomfort during the recovery period, you will be given a prescription for pain relief. Take this as directed. Your reflexes may be slowed by the anesthesia and pain medication. For your safety and the safety of others, do not drive a car or operate machinery for 24 hours after taking any pain medication.

For lesser pain, take a non-aspirin commercial pain reliever (such as Tylenol®, Advil®, Motrin®, ibuprofen) as directed on the bottle. Do not take aspirin unless your surgeon has told you to do so. Your health care team will instruct you about the appropriate combination of your prescription and non-prescription medications.

If your surgeon prescribes an antibiotic, take it until it is all gone. If you notice a rash or are having nausea or vomiting, notify your surgeon.

Personal Hygiene

- **Showering** Choose to shower, not bathe in a tub. Avoid soaking your incision. When showering, hold or support the wound suction device in one hand. Do not allow the drain to dangle because this will put pressure on your incision. If plastic reconstruction surgery is involved, please consult with your plastic surgeon’s office.
- **Deodorant** Use mild or hypoallergenic deodorant.
- **Shaving** Do not shave under the arm on your affected side unless you use an electric razor.
- **Bras and camisoles** If it is comfortable, continue to wear a bra for support. Sports bras and camisoles are sometimes good options. Post-surgical camisoles (with pockets for drains and soft breast forms) may be purchased through Methodist Hospital or the Breast Care Center.



For more information call **(402) 354-5849**.

Activity during recovery

Avoid activities that strain your incision or cause pain. Avoid lifting anything heavier than 10 pounds with the arm on your affected side for 6 weeks following your surgery. Try not to perform pull-push activities (such as vacuuming) for 6 weeks. Do not swim until your incision is well healed.

Remember that we heal at individual rates. Listen to your body. Rest when you need to rest. You are encouraged to walk, but avoid moving quickly and take stairs slowly. Unless your physician tells you otherwise, you can return to your normal activity level after 6 weeks.

Breast prosthesis

If you are having a mastectomy or lumpectomy, you may want to select a breast prosthesis, which is a substitute breast form. A variety of options are available to women today. These include fabric or gel breast form inserts worn inside a bra as well as breast implants surgically placed under the skin.

During your hospital stay, temporary soft form prosthesis are available at no charge from a Reach to Recovery volunteer. Be sure to let your nurse know if you wish to schedule a Reach to Recovery visit.

While most health care plans, including Medicare, cover at least a portion of the cost of external breast forms, we recommend that you confirm coverage with your health care plan. Ask your insurance provider how often your breast form can be replaced, as well as the number of bras that your plan covers yearly.

You will need to wait until the swelling around your incision has decreased, usually 4 to 6 weeks, to be fitted with a permanent prosthesis. Your surgeon will instruct you when it is time for your fitting, in most cases about 2 months after surgery.

When you are ready to shop for a prosthesis, make an appointment with a certified fitter or trained prosthetic specialist. Our Breast Care Center staff can help you make these arrangements.

Physical Therapy

Physical therapy is a vital part of your care and recovery. Your active participation in physical therapy will help you return to your previous level of activity, with full strength and mobility in the arm on your affected side. Physical therapy is divided into two phases, inpatient and outpatient.

Phase One: Inpatient

Your physical therapist will work with you during your hospital stay, providing education and exercise instruction for optimal function as you return home.

Phase Two: Outpatient

Our physical therapy department will call to schedule your outpatient appointment with a physical therapist for 2 to 3 weeks after surgery. The therapist will assess your progress, tailor an exercise program to your specific needs and determine whether further physical therapy appointments are needed.

Physical therapy is available at multiple Methodist sites. To find a site near you, call (402) 354-4670.

At Home Exercises

- **Posture awareness** Maintain good posture with your head and shoulders aligned with your hips. Frequently check your posture throughout the day to avoid slouching.
- **Diaphragmatic breathing** Lie on your back, sit or stand. Place your hands just below the rib cage. Breathe in through your nose, feeling your hands rise on your abdomen. Slowly release the air through your mouth. Repeat 2 times every hour.
- **Shoulder pinches** While relaxing your shoulders, gently squeeze your shoulder blades together. Hold for 10 seconds, then relax. Repeat 10 times, twice a day.
- **Elbow flexion/extension** Stand or sit with your arm at your side. Bend your elbow as far as you can without discomfort. Then straighten your elbow as far as possible. Repeat 10 times, twice a day.

- **Chicken wings** While standing or sitting with good posture, raise your elbows to shoulder level. Keep your hands in front of your body. Repeat 10 times, twice a day.
- **Wings** Lie on your back or sit with good posture. Place your hands on your shoulders. Start with your elbows together then pull your elbows back. Hold for 10 seconds. Repeat 5 times, twice a day.

If you have any questions about your exercises, please call your physical therapist at (402) 354-4670.

Harper's Hope exercise classes

With financial support from the Harper's Hope cancer survivorship program, Physical Wellness offers an exercise program tailored to meet the unique needs of people healing from breast cancer. The classes can help ease the side effects of treatment, increase independence and decrease the risk of complications:

- **Aerobics** This class offers cancer survivors the well-established benefits of aerobic exercise: improved strength, endurance and cardiovascular fitness.
- **Strength/Weight Training** Strength training can improve bone density, strength and flexibility. This program teaches strengthening and endurance exercises to improve stamina and help speed the return to normal activities.
- **Pilates** This class emphasizes stress-reducing breathing exercises, flexibility to regain range of motion and improved core strength and mobility to reinforce a cancer survivor's positive self-image and boost self-esteem.

For more information and class registration, call Methodist Physical Therapy at (402) 354-4377.

Nutrition and Cancer Treatment

Nutrition is an important part of your cancer treatment and recovery. Good nutrition can provide energy, help with healing, promote health and reduce your risk of infection.

Cancer and cancer treatment can sometimes cause side effects that can affect your ability to eat. Some of these side effects may include loss of appetite, changes in weight, dry mouth, changes in sense of smell or taste, nausea, vomiting, diarrhea and constipation.

For healthy nutrition:

- Choose a diet with many types of plant-based foods.
- Try to eat at least 5 colorful servings a day from the fruit and vegetable group, including citrus fruits and dark-green and deep-yellow vegetables.
- Include more high-fiber foods each day, such as legumes and whole-grain breads and cereals.
- Eat a good source of protein with each meal, such as legumes and lentils, nuts and seeds, soy foods, fish, poultry and meat.
- Limit high-fat foods, particularly those from animal sources. When eating fats, choose a healthy fat such as canola, olive or safflower oils.

Helpful nutrition tips during your recovery:

- Eat 6 to 8 small meals a day instead of 3 large meals.
- Keep nutritious snacks handy to eat when you are hungry.
- Choose soft, moist foods that are easy to chew and swallow.
- Serve foods at different temperatures, such as very cold or room temperature.
- Avoid foods that are fatty, greasy or spicy.

For more nutrition information

Nutritional recommendations can vary for each person. For more information about good nutrition for cancer treatment and recovery, or to learn how to manage a specific side effect with your diet, ask to speak with the Methodist Estabrook Cancer Center Registered Dietitian or call (402) 354-4282.



For more information call **(402) 354-5849**.

General Sleep Tips

You can help the healing process by getting plenty of good quality sleep. Follow these tips for better sleep at home. If you still have difficulty sleeping, talk with your doctor.

12 Tips for Better Sleeping

1. Sleep only when you are sleepy.
2. If you can't fall sleep within 20 to 30 minutes, get up and do something boring until you feel sleepy.
3. Don't take naps.
4. Go to bed at the same time every day.
5. Exercise regularly, but refrain from exercise at least 4 hours before bedtime.
6. Develop sleep rituals.
7. Use your bed only for sleeping.
8. Stay away from caffeine, nicotine and alcohol 4 to 6 hours before bedtime.
9. Have a light snack before bedtime.
10. Take a hot bath 90 minutes before bedtime (only after your surgical incision is well healed).
11. Make sure your bed and bedroom are quiet and comfortable.
12. Use light to set your biological clock by getting 15 minutes of direct sun when you wake up in the morning.

Possible Side Effects

Post Surgery



Venous Thromboembolism (VTE)

When you are in the hospital for surgery, you are at an increased risk of developing venous thromboembolism. While VTE may occur in any area of the body, it occurs most often in the legs.

There are two major types of VTE:

- Deep vein thrombosis (DVT) occurs when a blood clot forms in a vein deep inside an extremity, often a leg.
- Pulmonary embolism (PE) occurs when a blood clot breaks off and travels to the lungs.

Signs and symptoms of VTE

Call your nurse as soon as possible if you experience any of the following symptoms of VTE:

- Pain or tenderness in the legs or arms
- Swelling
- Discoloration of the area, such as a pale or bluish skin tone
- Skin that feels warm to the touch
- Shortness of breath or chest discomfort.

VTE risk factors

You are at higher risk of VTE if you:

- Have a traumatic injury
- Are immobile
- Had recent surgery (especially abdominal or leg surgery)
- Have a clotting disorder that makes your blood clot more easily
- Have a history of DVT or clots in the lung
- Are pregnant
- Take contraceptives or hormone replacement
- Are overweight
- Are over the age of 40 (and your risk increases with increasing age)
- Have a special kind of IV called a central line
- Have paralysis or severe weakness, especially of the legs
- Have any serious illness, but especially if you have cancer, heart disease, inflammatory bowel diseases (like Crohn's), kidney disease (like nephritis), chronic lung disease, severe infections or autoimmune diseases (like lupus)
- Are hospitalized in critical care
- Have significant varicose veins
- Are a smoker.

Your care team will work closely with you to **reduce your risk of complications** or side effects of surgery. Any type of surgery increases the possibility of developing a blood clot in the veins, a condition called venous thromboembolism, or VTE. We encourage you to take an active part in your care. Learn about these possible complications and follow the recommended steps to prevent them from occurring.

VTE Preventive Measures

In-bed exercises to help prevent VTE

If you have had surgery, or if you are in bed or unable to move about for most of the day, be sure to do these leg and foot exercises 5 to 10 times every 1 to 2 waking hours:

- Push the toes of both feet toward the foot of the bed. Pull the toes towards the head of the bed. Relax both feet.
- Circle both ankles, first to the right, then to the left. Make 3 circles with each ankle.
- Bend the knee and slide the foot back toward your body, and then stretch out or straighten the leg completely. Relax the leg.

Walk to help prevent VTE

Walking is the single most important action you can take to help prevent blood clots. Walking helps improve the flow of blood throughout the body including the legs.

After surgery, walk as soon as possible. If you are not currently walking, ask your doctor when you will be able to begin walking. The staff will help you get out of bed, walk to the bathroom and walk in the halls. Ask for pain medication, if needed, so you can get up and walk.

Avoid sitting for long periods of time. Get up and walk. Even short walks are better than no walks. A good goal is 100 feet at least 3 times a day. This is about half the distance around your hospital floor. Set a daily walking goal for yourself. The chart on the opposite page will help you set goals and chart your progress.

It is normal to have some discomfort and swelling immediately following surgery. If your symptoms persist or increase, call your doctor.

Lymphedema risk management

Lymphedema can occur soon after surgery, within a few years or even decades after cancer surgery or therapy.

Signs of lymphedema:

- Increase in hand, arm or breast swelling
- Feeling of “fullness” in the hand or arm

Lymphedema preventive measures

- **Protect the arm on your affected side from routine medical procedures.** Unless ordered by your doctor, do not allow anyone to draw blood, give an injection, insert an intravenous (IV) needle or take your blood pressure on the affected arm.
- **Avoid infection.** Minimize your exposure to nicks, cuts and other skin irritants. For examples, wear gloves when gardening or handling household chemicals. Shave carefully in the armpit. If you do get a cut, wash it carefully and apply an antiseptic ointment such as Bacitracin or Neosporin®.
- **Pace yourself as you return to previous activities.** Use your arm as normally as possible, but take a break when your arm feels heavy, tired or fatigued.
- **Avoid pressure or constriction of the affected side.** Avoid tight or binding jewelry, especially watches and bracelets. Avoid tight-fitting bras or other clothing. When sleeping, avoid lying on your affected side.
- **Avoid extreme temperatures.** Protect your arm by wearing sunscreen outdoors. Avoid hot showers, baths and dishwashing water. Stay out of hot tubs and saunas.
- **Live a balanced life.** Eat a well-balanced diet and stay active to maintain your recommended weight.

If you have any questions, call the Methodist Lymphedema Center at (402) 354-4377.



For more information call **(402) 354-5849**.



Preventive

Breast Cancer Care

5 easy steps for self examination

Restart breast self-exams approximately 2 months after breast surgery.

Step 1: Look with arms on hips

Begin by looking at your breast(s) in the mirror with your shoulders straight and your arms on your hips.

Check for healthy breasts that are:

- Their usual size, shape and color.
- Evenly shaped without visible distortion or swelling.

Notify your doctor if you see any of the following:

- Dimpling, puckering or bulging of the skin.
- Nipple position change or shift from pointing out to pointing in.
- Redness, soreness, rash or swelling.

Step 2: Look with arms above head

Now, raise your arms and look for the same changes.

Step 3: Check for nipple discharge

While you are at the mirror, gently squeeze each nipple between your finger and thumb and check for nipple discharge. Nipple discharge (other than milk) is typically associated with non-cancerous conditions, but do alert your doctor to the presence and type of nipple discharge.

Step 4: Lie down to examine your breasts

Now feel your breasts while lying down, using your right hand to feel your left breast and your left hand to feel your right breast. Use a firm, smooth touch with the first few fingers of your hand, keeping the fingers flat and together. Cover the entire breast from top to bottom (from your collarbone to the top of your abdomen) and side to side (from your armpit to your cleavage).

Follow a pattern to be sure that you cover the whole breast. You can begin at the nipple, moving in larger and larger circles until you reach the outer edge of the breast. You can also move your fingers up and down vertically, in rows, as if you were mowing a lawn. Begin examining each area with a very soft touch, and then increase pressure so that you can feel the deeper tissue.

Your breast self-exam (BSE) will continue to be very important to your overall health. You should continue to perform a monthly breast self-exam on the non-affected breast. A review of the 5-step BSE is described to the left and pictured below. For more information, ask your nurse.



Mammography after breast surgery

Have a yearly mammogram. If you have had a lumpectomy, some radiation oncologists recommend a post-treatment mammogram, then annually. If you have had a mastectomy, you need to continue yearly mammograms on the unaffected side. If you have an implant used in your reconstruction, most often mammograms are not done on that side.

Step 5: Stand or sit to examine your breasts

Finally, feel your breasts while you are standing or sitting. You may find that this is easier to do in the shower when your skin is wet and slippery. Check you entire breast, using the same hand movements described in Step 4.

American Cancer Society Guidelines

Recommended steps for the early detection of breast cancer among women 40 or over include:

- Annual clinical breast exam
- Monthly breast self-exam
- Annual mammogram.



Cancer Screening Guidelines for Women

20 to 39

Breast self-exam	Every month
Breast exam by health care provider	Every year
Pap test and pelvic exam	Every year or under 20 if sexually active
Physical exam including mouth, skin, thyroid, lymph nodes and ovaries	Every year

40 to 65

Breast self-exam	Every month
Pap test and pelvic exam	Every year
Physical exam including mouth, skin, thyroid, lymph nodes and ovaries	Every year
Mammogram	Every year starting at age 40
Fecal occult blood test to screen for colorectal cancer	Every year starting at age 50
Sigmoidoscopy or colonoscopy to screen for colon cancer	Every 3 to 5 years after age 50

Over 65

Breast self-exam	Every month
Pap test and pelvic exam depending upon personal history. If previous pap smears have been normal, see your health care provider for frequency/discontinuation	Every year
Physical exam including mouth, skin, breasts, ovaries, thyroid, lymph nodes, uterus and rectum	Every year
Mammogram	Every year
Fecal occult blood test to screen for colorectal cancer	Every year
Sigmoidoscopy or colonoscopy to screen for colon cancer	Every 5 years



For more information call **(402) 354-5849**.



8303 DODGE STREET | OMAHA, NE 68114 | (402) 354-5890 | bestcare.org

Methodist Breast Care Center Treatment Team

Methodist Breast Care Center Administration

Medical Director, Clinical

James Reilly, MD, Surgical Oncologist
(402) 354-3090

Medical Director, Imaging

Richard Kutilek, MD
(402) 354-5849

Nurse Coordinator

Kathryn Simone, APRN
(402) 354-3090 or (402) 354-5849

Imaging Coordinators

Dianne McCann, BS, RTRM
(402) 354-5848

Sandra Wolff, RN, Biopsy Scheduler
(402) 354-3971

Scheduling Coordinator

Vicki Hough, MA
(402) 354-3090

Methodist Estabrook Cancer Center Administration

Main Number
(402) 354-5890

Dan Lydiatt, DDS, MD, Medical Director
Josie Abboud, RN, Service Executive

Behavioral Health/Psycho-Oncology Program

Main Number
(402) 354-5890

Cancer Prevention & Hereditary Cancer Risk

Main Number
(402) 354-5276

Harper's Hope, Cancer Survivor's Program

Main Number
(402) 354-HOPE

Medical Oncology

Oncology Associates, P.C.
(402) 354-5860
Oncology Hematology West, P.C.
(402) 354-8124

Oncology Nutrition Services

Main Number
(402) 354-4282

Oncology Research

Main Number
(402) 354-5144

Oncology Social Work

Main Number
(402) 354-4213

Pathology

Methodist Hospital Pathology Center
(402) 354-4541

Physical Wellness/Lymphedema

Main Number
(402) 354-0808

Radiation Oncology

Methodist Radiation Oncology
(402) 354-4104

Radiology

Radiologic Center, Inc.
(402) 354-4344

Reconstructive Surgery

Referrals available upon request.

Smoking Cessation Assistance

Methodist Hospital's Quit Smart™ Program
(402) 354-5237 or toll-free (877) 448-7848



Methodist Estabrook Cancer Center Resources

Harper's Hope*

A Cancer Survivor's Program

Harper's Hope is a comprehensive cancer survivorship program with a full menu of services to help you at any point in your cancer journey. Initial use of the services is free of charge, and you will not be denied access to Harper's Hope services because of inability to pay.

Service areas include:

- Social Services
- Counseling/Behavioral Health
- Cancer Prevention & Hereditary Cancer Risk Program
- Physical Wellness
- Nutrition

The program is a lasting tribute to a woman who lost her life to cancer: Josie Harper, the late wife of former ConAgra President Mike Harper. The Harper Family Foundation helped establish Harper's Hope at Methodist Estabrook Cancer Center to honor Josie and make a lasting difference in the lives of cancer survivors throughout the Omaha community, regardless of when or where they obtain cancer treatment.

**Harper's Hope services are made possible through the generous support of Methodist Hospital Foundation. For more information, call (402) 354-HOPE or visit www.harpershope.org.*

Breast Cancer Support Groups

We encourage you to join us at any of the ongoing meetings as we look at positive ways to recover from breast cancer. Each meeting offers a comfortable forum to discuss emotional, physical and practical issues. Feel free to come just to listen, if you wish.

These free, informal meetings are held at Methodist Estabrook Cancer Center on Tuesdays from 4:30 p.m. to 6 p.m. in the Lower Level Conference Room. No registration is required. For more information, call (402) 354-5890.

Cancer Prevention & Hereditary Cancer Risk Program

A professional assessment of cancer risk can be helpful regardless of whether you have a personal history, family history or no history of cancer. The Cancer Prevention & Hereditary Cancer Risk Program offers free personal cancer risk assessment through the support of Methodist Hospital Foundation.

Genetic counseling and testing are available for the evaluation of hereditary cancer, when appropriate. A limited number of inherited gene alterations have been linked to breast cancer. Although these gene alterations greatly increase the risk of developing breast cancer, they occur in only about 5 percent to 10 percent of all breast cancers.

The chance that you might have an inherited gene alteration is greater if one or more of the following is true:

- You have been diagnosed with breast cancer before age 50, cancer in both breasts or more than one primary cancer.
- A woman in your family has had breast cancer before age 50 or ovarian cancer at any age.
- A woman in your family has had both breast and ovarian cancer.
- A woman in your family has had breast cancer in both breasts.
- A male in your family has had breast cancer.
- Your family is of Ashkenazi Jewish descent.

For more information, call the Cancer Prevention & Hereditary Cancer Risk Program at (402) 354-5276 or call toll-free at (866) 658-2812.

More resources on other side.



Resources (continued)

Look Good ... Feel Better

The Look Good ... Feel Better program offers you the opportunity to work with volunteer beauty professionals who will help you look and feel more comfortable. They will teach you how to use wigs, makeup and other accessories to boost your self-image, confidence and sense of control while undergoing radiation or chemotherapy.

This program, held in cooperation with the American Cancer Society, is offered at Methodist Estabrook Cancer Center on the second Monday of each month. Feel free to bring a friend. This is a free program, but advance registration is required by calling (402) 354-8888 or (800) 958-6498.

Methodist Estabrook Cancer Center Library

You will find helpful assistance with a wide variety of current cancer and health-related resource materials, many of which are available for checkout, at the Methodist Estabrook Cancer Center Library. Hours of operation are Monday through Friday, 8:30 a.m. to 4:30 p.m. For more information, call (402) 354-3797.

Reach to Recovery

Reach to Recovery is a national program, developed and sponsored by the American Cancer Society, offering information and support from a trained volunteer who is a breast cancer survivor herself. If your procedure requires an overnight stay at Methodist Hospital, during your stay you will be asked if you would like a confidential visit from a Reach to Recovery volunteer. If at any time you are interested in talking with a Reach to Recovery volunteer, call the Breast Care Center at (402) 354-5849.

Social Work Services

Social workers can provide information and referrals for many needs, including:

- Advance directives/living wills
- Alternative living arrangements
- Counseling
- Disability questions
- Durable medical equipment

- Educational information
- Emotional distress
- Extended care services
- Financial assistance
- Hair loss
- Health insurance issues
- Home health services
- Hospice care
- Income loss
- Interpreter services
- Legal issues
- Lifeline 24-hour medical alert system
- Lodging
- Problem solving
- Rehabilitation
- Religious/spiritual concerns
- Respite care
- Social issues
- Support groups
- Transportation
- Workplace issues.

An oncology social worker is available Monday through Friday from 8 a.m. to 4:30 p.m. by calling (402) 354-4213. Social work services are also available seven days a week through the Methodist Hospital operator at (402) 354-4000.

CarePages

CarePages are free, private Web pages that allow family and friends to stay in touch before, during and after hospitalization.

To create your own CarePage:

1. Visit www.bestcare.org/CarePages
2. Click on the "Create A CarePage" link
3. Register, and follow the steps to complete your CarePage.

For assistance, email CarePages customer support at support@carepages.com, or call toll-free (888) 852-5521, 8 a.m. to 6 p.m., Monday through Friday.

For more information

If you need more information on cancer resources, programs and support services available to you through Methodist Estabrook Cancer Center, contact:

- Methodist Estabrook Cancer Center (402) 354-5890
- The Breast Care Center (402) 354-5849
- www.bestcare.org



National Cancer Organizations

American Cancer Society

The American Cancer Society, one of the oldest and largest community-based voluntary health agencies in the nation, fights cancer through research, education, advocacy and service.

9850 Nicholas Street, Suite 200
Omaha, NE 68114
(402) 393-5800
www.cancer.org

National Cancer Institute

The National Cancer Institute (NCI) is the U.S. government's principal agency for cancer research and training. Current cancer information is available to health professionals and the public through such online NCI resources and databases as CancerNet, PDQ and CancerLit, and information specialists are available by phone Monday through Friday, 9 a.m. to 4:30 p.m. local time.

6116 Executive Boulevard, Room 3036A
Bethesda, MD 20892
(800) 4-CANCER or (800) 422-6237
TTY: (800) 332-8615
www.cancer.gov

Susan G. Komen Breast Cancer Foundation

This non-profit organization funds national breast cancer research, project grants and local education, screening and treatment projects in communities from coast to coast.

611 Fenwick Drive
Papillion, NE 68046
(402) 537-5629
www.komen.com

National Breast Cancer Coalition

This grassroots advocacy organization promotes research into the cause, prevention and treatment of breast cancer.

1101 17th Street NW, Suite 1300
Washington, DC 20036
(202) 296-7477
www.natlbcc.org

People Living With Cancer

This organization provides information approved by the American Society of Clinical Oncology to help patients and families make informed health care decisions.

1900 Duke Street, Suite 200
Alexandria, VA 22314
(703) 519-2927
www.plwc.org

Y-ME National Breast Cancer Organization

This voluntary health organization works to ensure through information and peer support that no one faces breast cancer alone. A 24-hour counseling hotline is available, including a men's support line through the Partner's Match Program.

212 W. Van Buren, Suite 1000
Chicago, IL 60607
(800) 221-2141
(800) 986-9505 (Español)
www.y-me.org

Lance Armstrong Foundation: LIVESTRONG—Young Adult Alliance

LIVESTRONG Young Adult Alliance is dedicated to improving survivorship and quality of life for young adults living with cancer.

P.O. Box 161150
Austin, TX 78716-1150
(512) 236-8820
www.laf.org

CancerCare

CancerCare is a national non-profit organization that provides support services to anyone affected by cancer. Programs include: education, financial assistance and practical help.

275 Seventh Avenue
New York, NY 10001
(212) 712-8400 or (800) 813-HOPE
www.cancercare.org

Pregnant With Cancer

An international network of women who have faced cancer during pregnancy.

P.O. Box 1243
Buffalo, NY 14220
(800) 743-4471
www.pregnantwithcancer.org

Young Survival Coalition

An international, non-profit network of breast cancer survivors and supporters dedicated to the concerns and issues that are unique to young women and breast cancer.

61 Broadway, Suite 2235
New York, NY 10006
(646) 257-3000 or (877) YSC-1011
www.youngsurvival.org



Jackson-Pratt Wound Drain

Please use this sheet to keep track of your drainage.
It will help to have this record as we monitor your continued recovery.

Date _____ cc _____

