

# Breast Surgery: What to expect



# About this book

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**This book is a guide you can use before and after breast surgery.**

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While it does not replace the advice of your care team, it can help answer some common questions.

If you have any questions after reading this, please speak with your surgeon or nurse.

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This information is a general resource. It is not meant to replace your provider's advice. Ask your doctor or health care team any questions. Always follow their instructions.

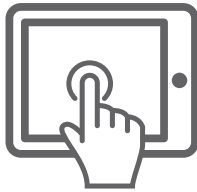
# Learn about your care

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Our breast cancer patient education website offers many resources to help you and your family learn more about your care. You can:



View the information at a time that's good for you.



Use any computer, tablet or phone with Internet access.  
If you don't have Internet, try your local library.



Feel free to share the information with those close to you  
or give them the website address.



To access our breast cancer patient education website:

1. Go to: [www.goemmi.com](http://www.goemmi.com)
2. Enter code: **UHBREAST**
3. Choose your provider from the drop down list
4. Enter your name and date of birth
5. Click on the items you want to view

**Please note:** Not all of the programs on our patient education page may apply to you and your care. If you have any questions, please talk with your doctor or nurse.

# Before surgery

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## Things to do

- If you smoke, stop or cut down on smoking as much as you can. Doing so can help you heal faster. It can also lower your chances of having breathing problems after surgery. If you need help to quit smoking, talk to your surgeon or primary care doctor, or call our patient education office at 216-844-5432 for a list of resources.
- Plan for someone to drive you home from the hospital after your surgery. You may not be as alert as normal due to anesthesia or other medicines you receive. You cannot drive yourself home. Also, you cannot ride alone in a taxi or ride-sharing service such as Uber or Lyft. We suggest you have someone stay with you for the first 24 hours after surgery in case you need help or have problems.
- Talk with your surgeon or nurse if you have questions about your surgery or follow-up plan.
- Ask your surgeon or nurse if you need to do anything else, such as stop taking certain medicines.



## Preadmission testing (PAT)

You may need preadmission testing before surgery. If it's needed, someone from preadmission testing (sometimes called the Center for Perioperative Medicine) will call you with details about when and where to have this done.

Preadmission testing often includes a physical exam and/or phone call, plus a review of your medicines, past surgeries and health history. The preadmission testing staff can also help answer your questions about anesthesia. They may decide you need more testing, such as a blood work, X-rays and/or an EKG. They may also suggest you see other doctors for evaluation.

## The day before surgery

You should receive a call the day before surgery telling you when to arrive and where to check in. If no one contacts you, call your surgeon's office before 4:00 p.m. the day before your surgery. If your surgery is on Monday, call your surgeon's office before 4:00 p.m. on Friday.



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**Find out from your surgeon or preadmission testing when you should stop eating and drinking before surgery.**

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# Day of surgery

If you were told to take any medicines the morning of surgery, take them with only sips of water.

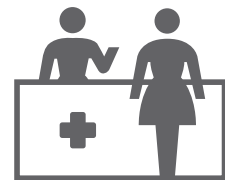
Wear a button-down shirt and leave all jewelry and items of value at home. Remove nail polish from your fingers and toes. Do not use deodorant, perfume or powder.

## What to bring

- Photo ID and emergency contact information
- Insurance (health plan) card
- Name and contact information for all the doctors you see on a routine basis
- A list of all medicines, over-the-counter drugs, vitamins and herbal supplements you take. Include the medicine name, dose, how often you take it and the reason you take it. Write on your list any allergies you have and/or if you do not react well to certain medicines. **If you do not have a medicine list, please bring your medicine bottles on your surgery day.**
- Copies of your Durable Power of Attorney and/or Living Will, if you have them
- A list of any questions you have about your surgery

## Check-in and waiting

Go to the admitting area your surgeon's office directs you to. After checking in, you may be asked to go to the pre-op (pre-operative) area or to your surgeon's office first. When the surgery team is ready, they will call you back. You will:



- Change into a hospital gown and remove your underwear. If you have glasses, contact lenses, dentures and/or a wig, you may be asked to remove them.
- Meet your nurse and members of your anesthesia and surgery teams.
- Answer questions the team members may ask you.
- Have an IV placed in your arm so you can get medicines and fluids. The IV is taken out before you go home.
- Have a chance to go to the bathroom, if needed. If you are a woman between the ages of 18 and 60 and you have not had a hysterectomy or your ovaries removed, you will be asked to do a pregnancy test.

# Information for your family

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## Updates during surgery

Family can wait for you during surgery in our waiting area. Our staff will update them about your progress during and after your surgery. Sometimes the wait is long, so they may want to bring items to help pass the time, such as books, music or a computer. They can bring food and drinks from home, or go to the cafeteria while waiting.



After surgery, you will recover for at least an hour in the PACU (also called the Post Anesthesia Care Unit). We will tell your family when you are moved to the PACU.

## Parking

### If your surgery is at UH Cleveland Medical Center

The UH Drive parking garage is the closest garage to Admitting and the surgery waiting area. We also have self-pay valet parking at the main entrance of Lerner Tower and the UH Seidman Cancer Center.



**If your ride parks in the UH Drive garage, we can give them 1 free parking voucher.** For all other visitors, the first hour of garage parking is free but there is a fee if they stay longer or use the valet. Before leaving, visitors must pay for their parking using a self-service kiosk in the hospital. **Please note:** For current parking garage or valet rates, call 216-844-7275.

### If your surgery is at one of our community hospitals

Visitor parking at our community hospitals is free.

## Food

Your family can ask our staff for information about dining options within the medical center, as well as local restaurants.



# After surgery

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You will recover for at least an hour in the PACU (also called the Post Anesthesia Care Unit). During this time, your nurse can check your vital signs and surgical site and help manage your pain. We will tell your family when you are moved to the PACU.

- You may eat and drink after surgery as soon as you feel hungry or thirsty.
- You may have pain in your chest, arm, shoulder or armpit. Tell your nurse or doctor if you have pain and if you need pain medicine.
- Nerves injured during breast surgery can cause numbness or tingling in the chest, arm, shoulder and armpit. These feelings may last or they may go away after a few months.

## Your wound

Your wound (incision) will be closed with internal stitches you cannot see and either skin glue or paper tape called Steri-Strips. A gauze dressing and surgical bra will cover your wound and the skin around it. See the **Wound care** section on page 11 to learn more.

A surgical drain may be placed under your wound. This drain helps remove fluid from the surgery area. It is often removed a few weeks after surgery, based on the amount of drainage you're having. Nurses in the hospital can teach you how to care for the drain. See **Caring for your drain** on page 21 to learn more.

## If you need to stay in the hospital after surgery

Your surgeon may order special sleeves called SCDs that wrap around your legs. SCD stands for **Sequential Compression Device**. SCDs are designed to help prevent blood clots from forming in your veins. If your doctor orders SCDs, they should be taken off only if you are walking or bathing.

You may get a small device called an incentive spirometer. It is designed to exercise your lungs to help prevent pneumonia. Your nurse can show you how to use it. Take 10 deep breaths with the incentive spirometer and cough each hour you are awake.



# Planning to go home

You may be able to go home the same day as your surgery, or you may need to stay in the hospital for a few nights. The chart below lists the planned length of stay for each type of breast surgery. These timeframes can differ from patient to patient. Please ask your surgeon when they think you can go home after surgery.



Type of surgery	Planned length of stay
Lumpectomy	Go home the same day
Sentinel lymph node biopsy only	Go home the same day
Axillary lymph node dissection	Stay 1 night <b>or</b> go home the same day
Mastectomy (surgery to remove the breast)	Stay 1 night <b>or</b> go home the same day
Implant reconstruction	Stay 1 night <b>or</b> go home the same day
TRAM/DIEP reconstruction	Stay 2 to 4 nights

# Caring for yourself after breast surgery

This section explains key things you need to know about caring for yourself after breast surgery. You will also get detailed discharge papers before you leave the hospital. Talk with a member of your health care team if you have any questions.

## Activity

- Walking and moderate activity can help you recover. As you become more active at home, set aside time to rest, if needed.
- **Do not** lift, push or pull more than 10 pounds. For instance, do not shovel snow, carry laundry, use a vacuum, mow the lawn or carry groceries.
- You need to move your arm often, even if you have a breast drain. Doing your arm exercises can help you:
  - Keep from getting a stiff shoulder
  - Regain your strength
  - Lessen neck and back strain
  - Prevent lymphedema, which is a type of severe swelling in the arm



See [Home exercise program after breast surgery](#) on page 13 to learn more.

## Driving

- **Do not drive** until your surgeon says it's OK to do so.
- **Do not drive if you are taking pain meds (narcotics).** You may ride in the car while someone else drives, but you may not drive. This is for your safety and the safety of others.



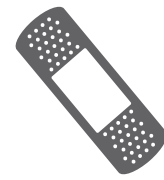
## Self-Care and Showering

- Use your arm for basic self-care such as getting dressed and brushing your hair.
- Most often, you will be allowed to shower 24 to 48 hours after your surgery. **Ask your surgeon when it is OK for you to shower.**

# Caring for yourself after breast surgery

- If you have a breast drain, try to support it when you shower so it is not hanging freely. For ideas on how to do this, talk to your nurse. To learn more about drains, see **Caring for your drain** on page 21.
- Do not take a tub bath, swim or use a hot tub until your surgeon says you can.

## Wound care



- Your wound (incision) is kept closed with small paper strips called Steri-Strips or surgical skin glue. If you have Steri-Strips, let them fall off on their own.
- To keep your skin from getting irritated, do not shave or use deodorant on your surgery arm until your wounds are healed. You can use moist towelettes to avoid underarm odor.
- For support and comfort, wear your surgical bra or a wireless support bra most of the time. Ask your surgeon when you can stop wearing it.
- Do not use lotions, creams, powders or ointments until your wound has healed.
- Do not put any type of heating pad on your wound.
- The skin around your wound is often numb after surgery, so you must be very careful to not burn your skin with heat or ice packs. If you did not have breast reconstruction, ask your surgeon the best way to safely use heat or ice on your wound. **If you had breast reconstruction by a plastic surgeon, do not use heat or ice on your wound or the skin around it.**

## Medicines

You may be sent home with prescriptions for pain medicines, a stool softener and antibiotics.



If antibiotics are ordered:

- Take them exactly as your doctor tells you to.
- Do not share them with others.
- Do not skip doses.
- Finish taking all of them, even if you feel better. Do not save them for later.

# Caring for yourself after breast surgery

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## Nutrition

Eat a healthy diet once you are home. Eat foods that are high in protein, iron and vitamin C.

Drink enough fluids so that you do not lose too much fluid and become dehydrated or constipated. Drink at least 8 glasses of fluids each day and try to eat foods high in fiber. Good sources of fiber are whole-grain breads and cereals, dried beans and peas, raw veggies, and fresh and dried fruit. If you eat more fiber, be sure to drink more fluids.



## Keeping your arm safe from injury and infection

Lymphedema (said LIM-fuh-DEE-muh) is a problem that can be caused by cancer or cancer treatment. It occurs when lymph fluid can't flow through the body the way it should. The lymph fluid then builds up in the soft tissues and causes swelling in the arm. It may happen if lymph vessels are blocked, damaged, removed during surgery or treated with radiation. **If you had lymph nodes removed during surgery**, read the section **Ways to prevent and manage lymphedema** on page 17.

## Follow-up with your surgeon

Your hospital discharge papers should tell you when to follow up with your surgeon. Most likely, you will need to return to their office 1 to 2 weeks after surgery. Call your surgeon's office if you don't see an appointment date and time on your discharge papers.



When you see your surgeon, they can explain the results of your pathology report and talk with you about what happens next.

## Other things you need to know

**If you have a sentinel lymph node biopsy**, your surgeon may put a blue dye in your lymph nodes to make them easier to find. If so, your body will excrete the dye through your urine and/or stool, and you may notice that your urine or stool is blue or green for the first 24 to 72 hours after surgery. This is normal.

# Home exercise program after breast surgery

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The next few pages show exercises that can help you gain better movement in your arms and shoulders after surgery. **Ask your surgeon when you can start doing these exercises.**

## Things to know before you start:

- Do these exercises slowly. It may take you a couple of sessions to reach the needed number of repetitions.
- Exercise within your pain tolerance. You may feel stretching or pulling. This is normal. Do not push yourself to the point of pain.
- If you have a breast drain, do only the exercises on page 14 and 15. Once your drain is removed, add the exercises on page 16 to your daily routine.
- If you do not have a breast drain, do all of the exercises on pages 14, 15 and 16.
- To learn about day-to-day activities you can and cannot do shortly after surgery, read the **Caring for yourself after breast surgery** section on page 10.
- Ask your surgeon how long you should keep doing this home exercise program.

## Call your surgeon if:

- You have not regained full motion in your arm 1 month after surgery.
- Your arm still feels weak 3 months after surgery.
- You have any swelling on the same side of your body where you had surgery.
- Your scar feels more tight, raised, sore or sensitive.
- You have any other concerns or questions.



# Home exercise program after breast surgery

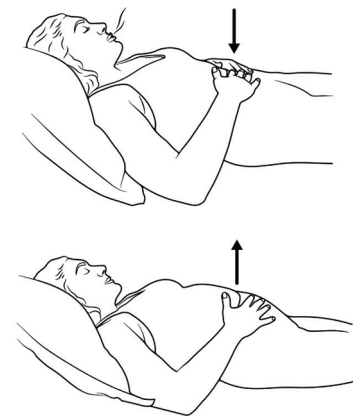
## Before your drain is removed

### Keep in Mind

- Ask your surgeon when you should begin doing these exercises.
- Slowly do 10 to 20 repetitions of each exercise, 2 to 3 times each day.
- You may feel some stretching or pulling. This is normal. If you feel sharp, shooting pains, stop.
- Expect your range of motion to slowly get better. Over time, you should be able to stretch a little further.

### Deep Breathing Exercise

Inhale through nose making your belly button move out towards hands. Exhale through puckered lips as hands follow belly button in.



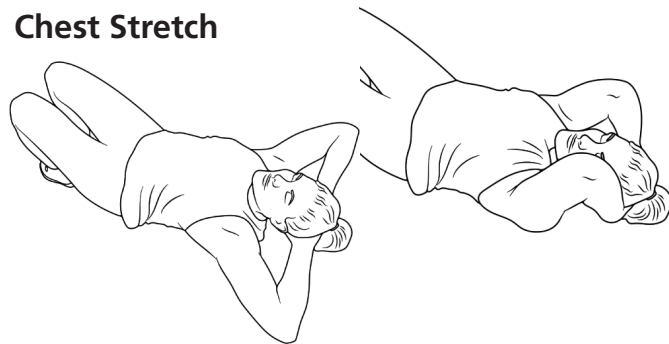
### Elbow Stretch

Lie on your back with your affected arm over your head, supported by your other arm. Let elbow bend down until gentle stretch is felt.



### Chest Stretch

Clasp hands behind your head, elbows pointing at the ceiling. Pull elbows back, pinching shoulder blades together. When you feel a stretch, hold for 5 seconds.



For comfort and to help avoid swelling, you can elevate your arm when resting.

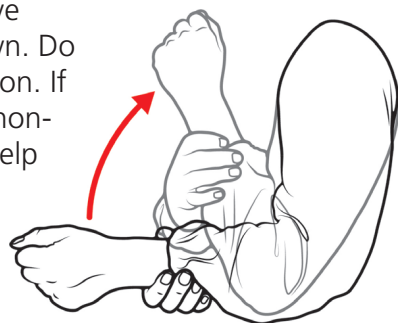
Do the exercises on page 16 after your drain is removed or if you do not have a drain. Keep doing the exercises on pages 14 and 15 as well.

# Home exercise program after breast surgery

## Before your drain is removed

### Bend Elbow

Bend your operative elbow up and down. Do not force this motion. If needed, use your non-operative arm to help bend your elbow.



Repeat 10 times.  
Do 2 sessions a day.

### Turn Palm Up

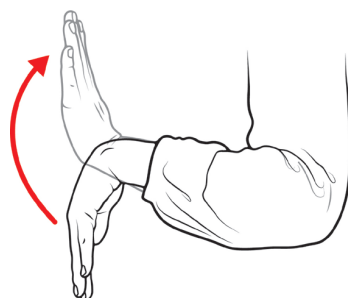
With forearm resting on leg, turn your palm up and down.



Repeat 10 times.  
Do 2 sessions a day.

### Bend Wrist

With elbow bent and at side, move wrist up and down.



Repeat 10 times.  
Do 2 sessions a day.

### Bend Fingers

Make a fist then open hand.

Activity: Hold a handful of coins in this position.



Repeat 10 times.  
Do 2 sessions a day.

### Open and Close Fingers

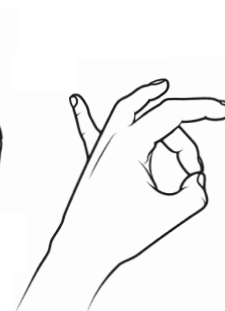
With hand flat on leg, spread all fingers apart, then bring them together as close as possible.



Repeat 10 times.  
Do 2 sessions a day.

### Make an "O" Shape

Touch tip of thumb to tip of each finger making an "O" shape.



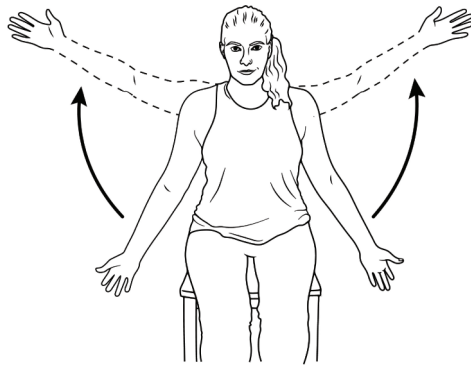
Repeat 10 times.  
Do 2 sessions a day.

# Home exercise program after breast surgery

## After your drain is removed

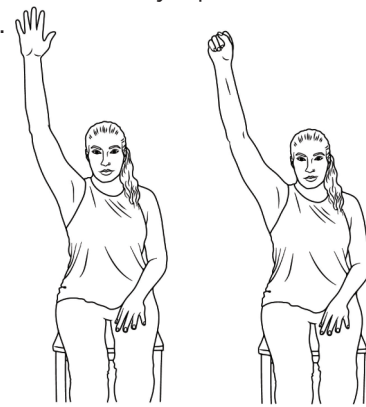
### Snow Angel Stretch

While lying down or sitting, raise arms out and up slowly. Keep your palms up and elbows straight. Do not shrug your shoulders.



### Make a Fist Overhead

Raise affected arm above head. Keep your arm straight and slowly open and close your hand.



### Shoulder Walk-Up Exercise

Do this exercise in 2 ways: facing the wall and then standing with your surgery arm next to the wall.

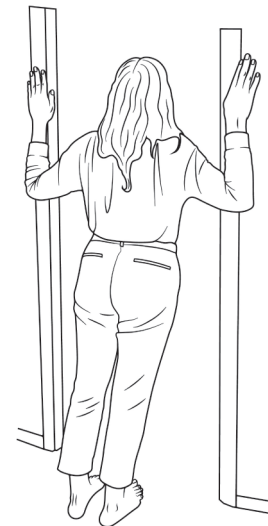
Start slowly each time. Keep your elbow straight and walk your fingers up a wall or doorframe as far as you can. Hold for 5 seconds. You should feel a stretch. If you have sharp, shooting pain, stop.

Expect your range of motion to slowly improve each time.



### Doorway Standing Chest Stretch

Standing in doorway, place hands on wall with elbows bent at shoulder height. Slowly lean forward. Hold 5 seconds.

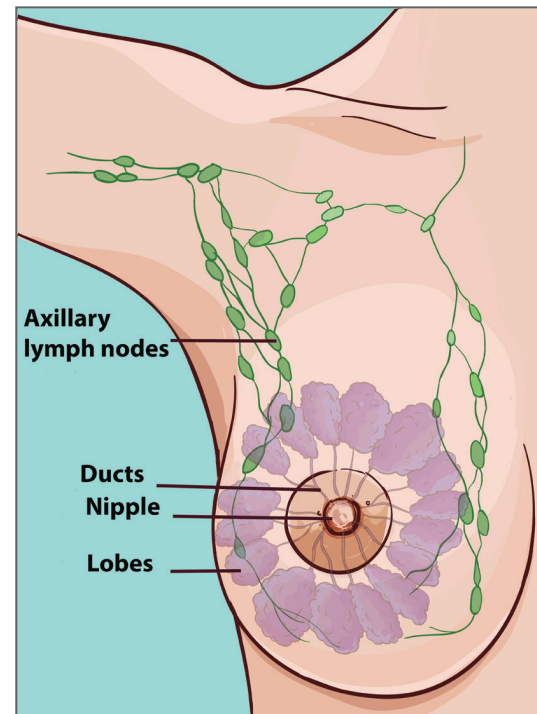




# Ways to prevent and manage lymphedema

## What it is

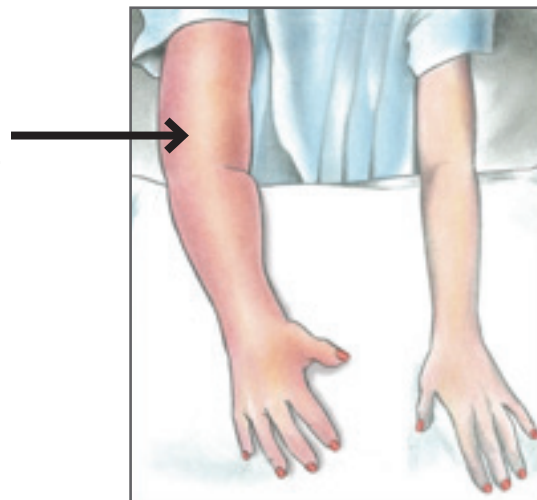
The lymph system is a network of lymph vessels, tissues and organs. These vessels carry lymph fluid throughout the body. Lymphedema (said LIM-fuh-DEE-muh) is the build-up of fluid in soft body tissues when the lymph system is blocked or damaged. This extra fluid can cause swelling in the arms.



## Why it happens

Lymphedema is caused by cancer or cancer treatment. It occurs when lymph fluid is not able to flow through the body the way it should. It may happen in the arm if lymph vessels are blocked, damaged, removed during surgery or treated with radiation.

The arm on the left is swollen, which is a sign of lymphedema.



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# Ways to prevent and manage lymphedema

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## Ways to prevent lymphedema or keep it from getting worse:

**If you had surgery or radiation to the area under your arm, you must take special care of that arm.** Look in a mirror at your affected arm each day. Check for any changes in the way it looks. If something has changed or does not look right, call your doctor.

If lymphedema is not treated, it can lead to swelling that may be very hard to reverse. Follow the steps on the next few pages and call your doctor right away if you have any of the problems listed. The sooner you call your doctor, the better.

## Look often for signs of infection

Cuts and other breaks in the skin, such as scratches and animal bites, must be watched closely for signs of infection. Wash these areas right away with soap and water. Treat with antibacterial ointment, and cover with a clean dressing. Look often for signs of infection, such as:

- Redness, soreness, pain or swelling in your arm
- Heat or red streaks below the surface of the skin in your arm
- Fever of 100.4°F (38°C) or higher



Call your doctor right away if you have any of the problems listed above.

## Keep your skin and nails clean to help prevent infection

Germs can enter the body through a cut, scratch, insect bite or other skin injury. Fluid trapped in body tissues makes it easy for germs to grow and cause infection.

### Ways to care for your skin and nails:

- Wash all cuts right away. Treat small cuts or breaks in the skin with antibacterial ointment.
- Use cream or lotion to keep your skin moist. Use gentle upward strokes to apply lotions.
- Be careful when cutting your nails, and avoid cutting your cuticles.
- Use an electric razor with a narrow head for underarm shaving.

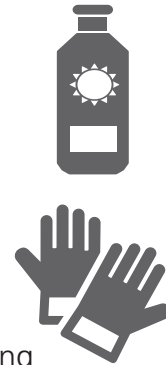


# Ways to prevent and manage lymphedema

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## Ways to protect your skin and nails:

- Try to avoid needle sticks in your affected arm.
- Avoid sunburns. Wear sunscreen of at least SPF 30 when outdoors.
- Use insect repellent to avoid bites and stings.
- Avoid harsh chemicals and abrasive compounds.
- Wear gloves when gardening, cooking, or using strong detergents or cleansers.
- Use a thimble for sewing.
- Avoid burns while cooking. If you have lymphedema, avoid testing bath or cooking water with your affected arm. There may be less feeling in your swollen arm and skin might burn more easily in water that is too hot.



## Avoid blocking the flow of fluids through your body

Keep body fluids moving through an affected arm or in places where lymphedema may happen.

- Avoid heavy lifting.
- Move around and change positions of your affected arm often.
- If you notice more swelling and/or have been diagnosed with lymphedema, wear a **compression garment** on your affected arm during airplane flights, long car rides exercise or any physical activity. This item must be custom measured for your arm, so be sure to ask your doctor for a prescription **before** buying one.

### For the affected arm

- Wear only loose jewelry and clothes without tight bands, cuffs or elastic.
- Do not carry handbags or heavy bags.
- Try to avoid using a blood pressure cuff on the arm with lymphedema.
- Do not use elastic bandages or stockings with tight bands. Do not wrap your arm with anything without talking to your doctor or nurse first.

# Ways to prevent and manage lymphedema

- Avoid extreme heat or cold. Do not use hot tubs, saunas, steam rooms, heating pads or ice packs.
- Avoid heavy massage or rubbing your arm with too much force.
- If you want to exercise with weights, start with a low weight and low number of repetitions. Slowly increase how much you lift and how many repetitions you do. If you notice any swelling in your arm after exercising, call your doctor.

## Call your doctor right away if you have any of these problems:

- Swelling of an arm, which may include finger
- A full or heavy feeling in an arm
- A tight feeling in the skin or a tight feeling when wearing clothing, shoes, bracelets, watches or rings
- Trouble moving any joints in your arm such as your fingers, wrist, elbow or shoulder
- Skin that gets thicker, with or without skin changes such as blisters or warts
- Itching of your arms or hands
- A burning feeling in your arms or hands
- Signs of infection such as:
  - Redness, soreness, pain or swelling in your arm
  - Heat or red streaks below the surface of the skin in your arm
  - Fever of 100.4°F (38°C) or higher
- Other concerns or questions



# Caring for your drain

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A surgical drain may be placed under your wound to help remove fluid from the surgery area. It is often removed a few weeks after surgery, based on the amount of drainage you have. Some patients need more than one drain. If you go home with a drain, you will need to take care of it until it is removed. You need to know how to empty the drain and measure its contents. Your surgeon wants you to keep a record of the amount of drainage. There are record-keeping sheets at the end of this section. Fill them out each day and bring them to your follow-up visits with your doctor.

Your surgeon will tell you how long they think you will have your drain. Drains come in many sizes and shapes. Your hospital nurse can teach you how to care for the drain before you go home.

## Supplies needed to care for your drain

- Measuring cup
- Daily Drain Record - see page 23
- 4" x 4" or 2" x 2" split gauze and tape - if cleaning the drain site and changing your dressing at the same time.

## How to care for your drain

Check and empty each drain 3 times a day. Each time you empty the drain, write the date and the drainage amount on the **Daily drain record** on page 23. If you have more than one drain, write the drainage amounts on a separate line for each drain.

The next few pages explain how to care for and empty a bulb type drain. This section also lists ways to manage drain problems and drain problems to call your surgeon about.

## Other things you should know:

- The color of the fluid in your drain should get lighter in color over time. You should also have less drainage over time.
- If your drain is covered with a gauze dressing, ask your surgeon when to remove it and how to care for the area.
- If your drain is covered with a clear plastic dressing, leave it in place until your follow-up visit with your surgeon.

# Caring for your drain

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## Call your surgeon right away if you have any of these problems:

- Fever of 100.4 °F (38 °C) or higher
- Swelling, warmth, drainage or pain around your drain site
- Increased redness that spreads out from your drain site. It is normal to see a little redness where the drain tubing and stitches enter your skin.
- Sudden increase in the amount of bright red bloody drainage or no drainage at all
- Sudden increase or decrease in the amount of drainage over a 24 hour period
- Thick, cloudy or bad smelling drainage
- Your drain falls out
- Your drain does not maintain suction, meaning the the bulb will not stay flat.



# Daily drain record

Check and empty your drain 2 or 3 times a day. Each time, write down the date, time and amount of drainage below. Add up all the drainage for the day and write it in the daily total box. Bring this sheet to your first follow-up office visit.

Date	Drain 1	Drain 2	Drain 3	Drain 4	Drain 5
<b>Daily total</b>					
Example: Morning 5/26/18	50 ml	75 ml	60 ml	100 ml	50 ml
Morning					
Afternoon					
Evening					
<b>Daily total</b>					
Morning					
Afternoon					
Evening					
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Afternoon					
Evening					

# Daily drain record

Check and empty your drain 2 or 3 times a day. Each time, write down the date, time and amount of drainage below. Add up all the drainage for the day and write it in the daily total box. Bring this sheet to your first follow-up office visit.

Date	Drain 1	Drain 2	Drain 3	Drain 4	Drain 5
<b>Daily total</b>					
Example: Morning 5/26/18	50 ml	75 ml	60 ml	100 ml	50 ml
Morning					
Afternoon					
Evening					
<b>Daily total</b>					
Morning					
Afternoon					
Evening					
<b>Daily total</b>					
Morning					
Afternoon					
Evening					
<b>Daily total</b>					
Morning					
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<b>Daily total</b>					
Morning					
Afternoon					
Evening					



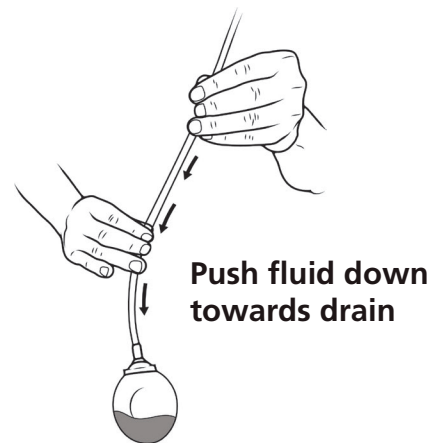
# To empty a bulb type drain

When you empty a bulb type drain, you also need to massage the drain tubing with your fingers to help keep it clear of blood clots. This process is called **stripping**. Step 2 explains how to strip your drain tubing.

1. Gather your supplies. Wash your hands for 20 seconds with soap and water. Dry hands with a clean towel.

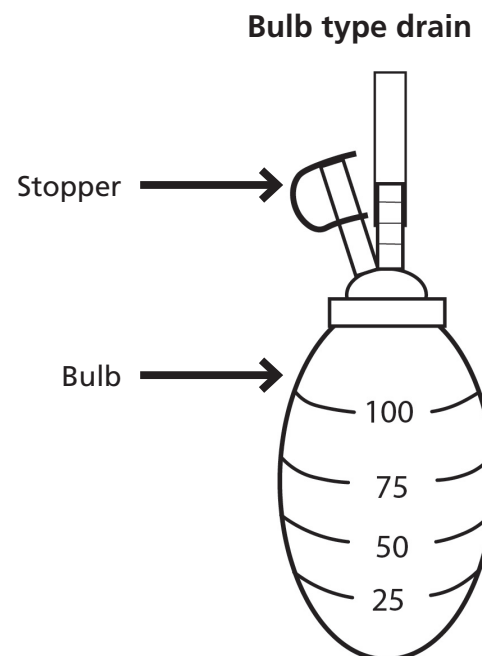
## 2. To strip the drain:

Use 2 fingers to hold the drain tubing near your skin. Hold the tubing firmly to keep from pulling it out. Pinch the tubing with 2 fingers from your other hand. Slide those fingers down the tubing, pushing any clots towards the bulb. Release those fingers when you get to the end. Then let go of the tubing near your skin.



**Tip:** You may want to use alcohol pads to help you slide your fingers down the tubing.

3. Unplug the stopper on top of the drain so that the bulb expands. Don't touch the stopper or the inner opening of the drain.
4. Turn the drain upside down and gently squeeze the drain to empty the fluid into a measuring cup.
5. Squeeze the drain bulb flat in your hand while you replace the stopper. Check to see the bulb stays flat, to restart suction.
6. Write the amount of drainage on your **Daily drain record**. Look at the drainage. If the drainage smells bad or if it is cloudy or bright red, call your doctor's office.
7. Put drainage in the toilet and rinse out the measuring cup with water.
8. Wash and dry your hands.



# Ways to manage drain problems

Problems	Why this might happen	What to do
<b>Drain bulb isn't compressed (flat)</b>	Bulb isn't squeezed tightly enough  Stopper isn't closed securely  Tubing is dislodged and is leaking	<ul style="list-style-type: none"> <li>Strip the drain tubing using the steps on page 25.</li> <li>If the bulb is still won't stay flat, call your surgeon's office. If the office is closed, call on the next business day.</li> </ul>
<b>Drainage concerns</b> <ul style="list-style-type: none"> <li>No drainage</li> <li>A sudden decrease in the amount of drainage</li> <li>Drainage around the drain site or on the bandage covering the site</li> </ul>	String-like clots can clump together in the tubing and block the flow of drainage	<ul style="list-style-type: none"> <li>Strip the drain tubing using the steps on page 25.</li> <li>If the amount of drainage does not increase after stripping the tube, call your surgeon's office. If the office is closed, call the next business day.</li> <li>If the surgical site is getting bigger or painful, call your surgeon's office right away</li> </ul>
<b>Tubing falls out</b>  This is rare because the tubing is held in place with sutures (stitches).	Tubing is pulled or gets caught on something	<ul style="list-style-type: none"> <li><b>Do not put the tube back in.</b></li> <li>Place a new clean bandage or bandaid over the site and call your surgeon's office.</li> </ul>
<b>Clots or solid material in your tubing and bulb</b>	Some thick or solid clots or "whitish" material may form in the drain tubing after a few days. This is normal.	<ul style="list-style-type: none"> <li>Strip the drain tubing using the steps on page 25.</li> </ul>
<b>Increased redness that spreads out from your drain site</b>  <b>Warmth or swelling around drain site</b>  <b>Thick, cloudy or bad smelling drainage</b>  <b>New or more pain around your drain site that is not helped by medicine</b>	Infection	<ol style="list-style-type: none"> <li>Take your temperature.</li> <li>Call your surgeon's office right away and describe the problems you are having. Tell them if you have a fever of 100.4°F (38°C) or higher, chills and/or shaking.</li> </ol> <p>If your surgeon's office is closed, still call and tell the answering service so that someone can call you back.</p>

# When to call your surgeon

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## Call your surgeon right away if you have any of these signs of infection:

- Fever of 100.4°F (38°C) or higher
- Chills or shaking
- New or more pain not helped by your pain medicine
- Swelling or warmth around your wound (incision) or drain site
- Increased redness that spreads out from your wound or drain site
- Thick, cloudy or bad smelling drainage for your wound or drain



## Other reasons to call your surgeon

- New bleeding or bruising.
- Signs of a blood clot such as pain, swelling, redness or warmth in your arm or leg.
- Signs of lymphedema, such as the arm on the same side as your surgery is red, swollen or painful, or the arm feels heavy, full, tired or tight. See page 20 for other problems to look for.
- Sudden increase or decrease in the amount of drainage from your drain over a 24 hour period.
- Sudden increase in the amount of bright red bloody drainage or no drainage at all.
- Your drain falls out.
- Your drain does not maintain suction, meaning the bulb will not stay flat.
- Non-urgent concerns or questions.

## Call 911 if you have:

- Chest pain or tightness
- A feeling like you are short of breath or it's hard to breathe
- Heavy bleeding from a wound that won't stop
- Any other problems you feel are urgent or an emergency



# Home going checklist

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**Use this checklist to help you and your family be prepared. If you are unsure about something or have questions, talk with your surgery team.**

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- I have someone who will drive me home after my surgery.
- I have a plan to get any prescription medicines I need.
- I know what activities I can and cannot do while I heal.
- If I have a drain, I know how to care for it.
- I have, or know where to buy, supplies for drain and/or wound care.
- I know who and what number to call if I have any questions, concerns or problems.
- I know when I need to see my surgeon for an office follow-up visit.
- I made sure all my questions were answered.

# Free support and resources

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## Within UH Seidman Cancer Center

- Ask to speak with a social worker.
- Call our Cancer Information Service line at 216-844-5432 or 1-800-641-2422.



## Local

These cancer wellness centers offer many services for patients and family members, such as support groups and education programs.

**The Gathering Place** in Beachwood and Westlake  
216-595-9546 or visit [touchedbycancer.org](http://touchedbycancer.org)

**Stewart's Caring Place** in Akron  
330-836-1772 or visit [stewartscaringplace.org](http://stewartscaringplace.org)

**Aunt Susie's Cancer Wellness Center** in Canton  
330-400-1215 or visit [auntsusies.org](http://auntsusies.org)

**Yellow Brick Place** in Youngstown  
234-228-9550 or visit [yellowbrickplace.org](http://yellowbrickplace.org)



## National

**American Cancer Society**  
800-227-2345 or [cancer.org](http://cancer.org)

**National Cancer Institute**  
800-422-6237 or [cancer.gov](http://cancer.gov)

**Breast360 from the American Society of Breast Surgeons Foundation**  
[Breast360.org](http://Breast360.org) - Information about breast issues written by breast surgeons

**Susan G. Komen**  
877-465-6636 or [komen.org](http://komen.org) – breast cancer information

**CancerCare**  
800-813-4673 or [cancer.org](http://cancer.org) – online and phone support groups, counseling and workshops

# My questions and notes



A series of 20 horizontal black lines spaced evenly down the page, providing a template for writing notes or questions.





[UHSeidman.org](http://UHSeidman.org)