

Most women feel pain, numbness or tingling around the wound areas. Pain relief is available and assists in the recovery process. After surgery to the lymph nodes women experience some temporary soreness in the shoulder and upper arm. They usually will have numbness under the arm because some nerves have been disturbed during surgery. Generally, these feelings go away in the months after surgery although the numbness may last longer.

Discussing your results

Prior to leaving hospital, you will discuss your results with your Specialist. In some cases surgery may be all that is required. In other cases there may be a need for radiotherapy, chemotherapy and / or hormone replacement therapy. You will have already discussed the possibility of this with your specialist.

One of the advantages of being a patient at Warringal Private Hospital is that all the services required to treat breast cancer are on site. From diagnostic to surgical, physiotherapy, chemotherapy clinics, as well as access to radiation oncologists.

Therefore if further treatment is required you will benefit from a multidisciplinary team of staff collaborating to ensure you are receiving the best possible care.

Breast care nurse

Prior to your operation you will be contacted by one of the hospital's Breast Care Nurses. The role of the Breast Care Nurse is to provide you and your loved ones with all the information, resources and support needed throughout your treatment. The Breast Care Nurse will visit during your stay to offer practical advice, answer any questions you may have and organise any resources required, including first temporary prosthesis if needed.

CONTACT DETAILS:

Please contact your specialist's rooms if you have any concerns following your procedure or if you have any unexpected side effects such as:

- Bleeding
- Fever or chills
- Pain or redness around your wound
- Fluid draining from your wound that may indicate infection

Please contact the Breast Care Nurse if you have any questions about your procedure, future treatment and location of resources.

Breast Care Nurses:

- Ms Maxine Corfield - Ph: 03 9274 1336
- Ms Sue Lee - Ph: 03 9274 1368
- Ms Kelly Beer - Ph: 03 9274 1310

Sutherland (Medical/Oncology) Nurse Unit Manager:

- Ms Maxine Corfield - Ph: 03 9274 1336

Day Chemo Nurse Unit Manager:

- Ms Genevieve Prunty - Ph: 03 9274 1368

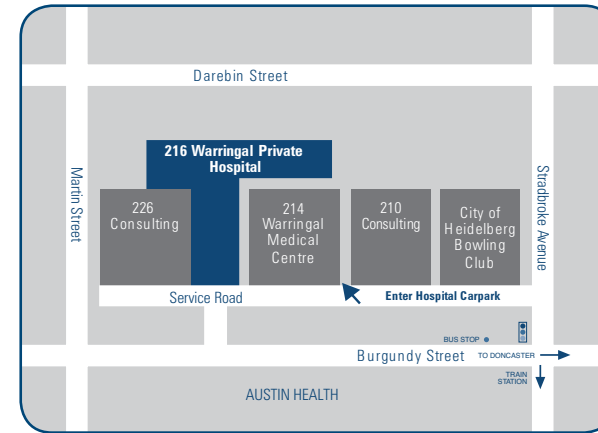
WITH SPECIAL THANKS TO AND FOR YOUR INFORMATION:

- National Breast Cancer Centre: www.nbcc.org.au
- Cancer Council Victoria: www.cancervic.org.au
- Breast Cancer Network Australia: www.bcna.org.au

BEFORE YOU LEAVE HOSPITAL

Have you ...

- been visited by the Breast Care Nurse
- been seen by the Physiotherapist
- had an outpatient's appointment given to you
- received pain relief to take home
- had your scans returned to you
- visited Oncology Day Unit (if applicable)
- visited Radiotherapy Clinic (if applicable)



Melway reference Map 31 K4



Warringal Private Hospital

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Heidelberg VIC 3084

Ph: 03 9274 1300 - Fax: 03 9459 7606
www.warringalprivate.com.au

Surgery for Breast Cancer

Patient information

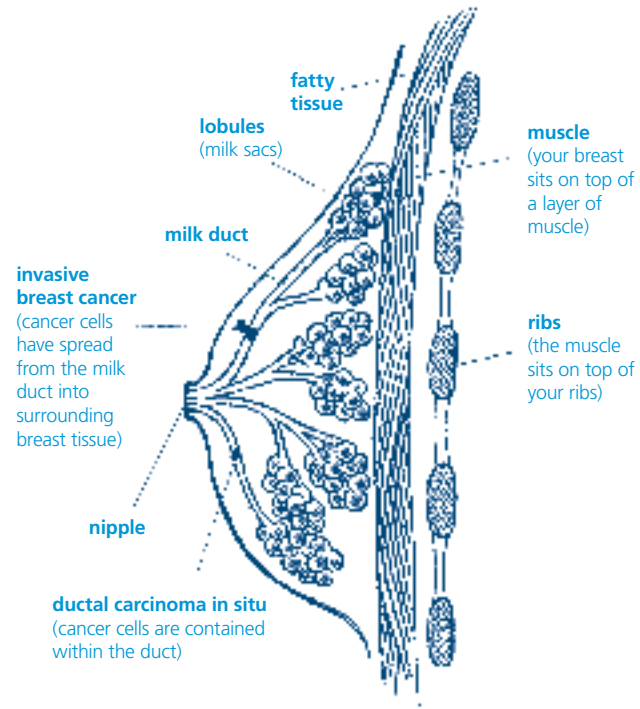


WARRINGAL
PRIVATE HOSPITAL

WELCOME TO WARRINGAL PRIVATE HOSPITAL

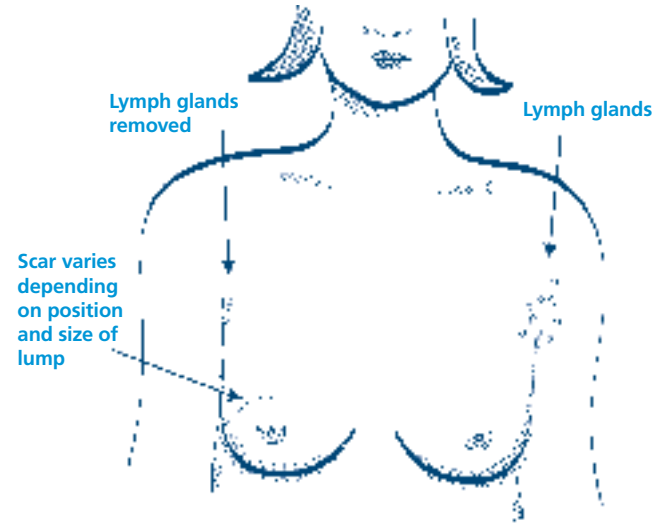
Procedure explanation

You will have already discussed treatment options with your specialist and the type of surgery you have will depend on the presence, size and spread of cancer. The two main types of surgery a woman may be offered are mastectomy and breast conserving surgery.



Breast conserving therapy

Conservative breast surgery is an operation where part of, rather than the entire breast, is removed. The operation can be called a lumpectomy, partial mastectomy, quadrantectomy or wide excision, depending on how much tissue is removed.



Mastectomy

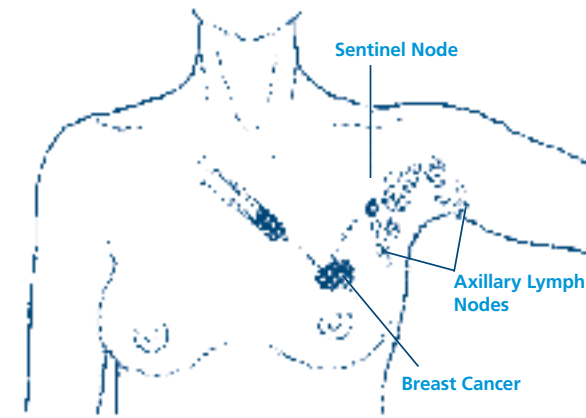
A mastectomy is an operation to remove the breast. This operation can be described as a modified radical mastectomy or a simple mastectomy, depending on the extent of surgery. For many women a mastectomy may not be necessary. It is often possible to remove the area of cancer and some of the healthy surrounding tissue. This is known as breast conserving therapy.

With both conservative breast surgery and mastectomy, the specialist will usually remove some of the lymph glands from under the arm. This is to check whether any cancer cells have spread in to these glands. This procedure is known as axillary dissection, axillary clearance and sentinel node biopsy. If you are having an axillary dissection or clearance it means that a number, or all, lymph nodes have been removed from the axilla.

Sentinel node biopsy involves injecting dye into the cancer prior to your operation. The dye is then carried by the lymphatic vessels in your breast to a 'sentinel' lymph node. The sentinel node is the first to receive lymph from the cancer and the one most likely to contain cancer cells if your breast cancer has spread.

Your surgeon will explain whether you require sentinel node biopsy or axillary clearance.

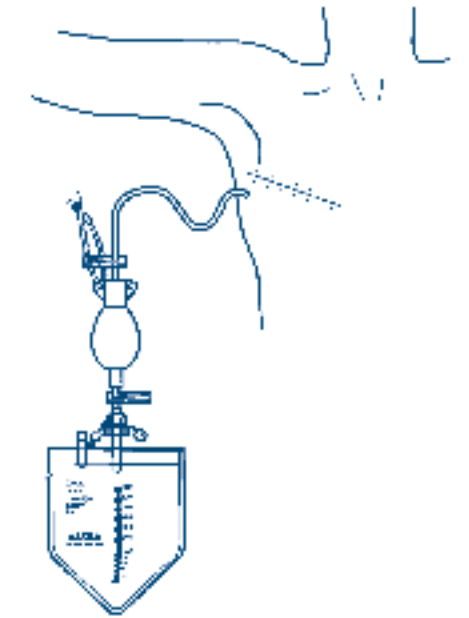
Sentinel Lymph Node Biopsy in Breast Cancer



Post-operative care

- When you wake up from the general anaesthetic you will have intravenous therapy (a needle into a vein giving you fluids) for a few hours after your procedure. You will be given food and fluids shortly after your procedure.
- You will have a wound on your breast where the cancer was removed. If you have surgery to remove lymph nodes you will also have a wound under your arm. If you have a mastectomy there will be one horizontal wound to your chest.
- You will have a waterproof dressing on your wounds which nursing staff will change for you. If you have a pressure dressing, it can be removed 48 hours post-operatively. Underneath will be a waterproof dressing and steri-strips. The nursing staff will teach you how to look after your wound/s at home or arrange for a follow up visit with the breast care nurse.
- If you have had surgery to your axilla you will be required to do arm exercises. You will be seen by the physiotherapist who will recommend exercises which help to restore movement to your arm and prevent fluid build-up (lymphoedema).

Wound drainage



- After breast surgery, 1 or 2 wound drains are placed in the wounds to remove excess fluid to promote healing.
- The wound drain is a thin, soft plastic tube placed in the wounds during surgery. It is sutured into the skin and covered with a waterproof dressing to prevent dislodging.
- For the first day or so after surgery you will have 2 drains, breast and axilla. Usually after 2 days only the axilla drain is required.
- Many patients feel well enough after the first drain is removed for the Specialist, under certain conditions, to allow them to continue their recovery at home with axilla drain in place.
- If you are to be discharged with a drain, the Nurses will educate you on how to care for the wound and drain at home prior to your discharge. You will be referred to a community nurse who will visit daily at home to manage your drain. It is usually removed when drainage is minimal.