This handbook has been produced to provide you with specific post-operative information and practical advice following your breast surgery.

**Important advice to all surgical patients**

Please ensure you seek urgent help and advice from this hospital, your GP, local A&E, walk-in centre, urgent treatment centre or NHS 111 immediately if you begin to suffer with any of the following:

- Pain/swelling/heat in the calves
- Difference in leg shape/width from one leg to the other
- Shortness of breath

**If you have been asked to stop your Tamoxifen 4 weeks before having your surgery, you may re-start it again 2 weeks afterwards. Please be assured that this will not have a detrimental effect to your cancer treatment.**

**Support garments**

Following any breast surgery we ask that you wear a soft, non-wired and supportive bra.

If you are having a reconstruction using your abdomen you will need to bring in some supportive briefs to wear and if you are having a reconstruction using your thigh you will need some supportive shorts. These garments should be worn for six weeks after surgery. Wear these for 23 hours a day (day and night); removing only for showering/dressing changes.

Supportive briefs and shorts are worn to help prevent a seroma (see below) and provide support to your wounds and reconstruction.

Occasionally, even if a surgical drain has been used, a patient may develop a seroma. This is a build up of blood-stained fluid which can collect under the skin either in the breast area or the donor site (where the tissue for the reconstruction has been taken). If it is small the doctors may leave it as it will normally disperse into your body within a month or two. If it is a large seroma causing discomfort or pain then treatment is required. This involves a doctor or a trained nurse inserting a fine needle to drain the fluid away.

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Dressings
Usually the dressings you are discharged with are simple steri-strips or micropore tape. Your dressings should remain in place until your dressing clinic/outpatients appointment (one week after discharge). At this appointment a nurse will check your wounds to make sure they are healing. Occasionally more than one follow up appointment may be needed.

Stitches
Usually you will have dissolvable sutures (stitches) that do not need to be removed, although they may take several weeks or months to dissolve completely. Occasionally, as they dissolve they poke out of the skin and irritate slightly. If this happens the nursing staff can trim them for you in your clinic appointment/GP surgery.

If for any reason non-dissolvable stitches were used, the nursing staff will arrange for them to be removed either at the Dressing Clinic or at your GP surgery by your Practice Nurse.

Wound care
The ward nursing staff will advise you whether or not your dressings are waterproof. If you have been informed that you are able to shower with the dressings in place you must ensure they are completely dry before replacing your supportive garments (bra/briefs/shorts). You can pat the dressings dry with a clean towel, leave them to dry in the air or use the cool setting on your hairdryer to dry them. You must ensure you have tested the hairdryer on the inside of one of your forearms before use and hold it approximately 10cm away from your body. You may have a loss of sensation or be completely numb in your breast and donor areas (back, abdomen, and groin/inner thigh) and therefore you are at risk of burning yourself.

Please take care when using hot water bottles, heat pads or holding hot drinks near your reconstructed breast(s) as the risk of burns applies here too, owing to the numbness.

The majority of ladies will have tan coloured Micropore® tape in place over their wounds. This tape is designed to remain in place for approximately 7 -14 days before needing to be replaced. We would advise you to shower as normal with this tape on, and then ensure it is completely dry (as above) before applying your support garments and bra. It is advisable to purchase some of the tape in our QVH Pharmacy as you will need to renew the tape yourself every 7-14 days (when it starts to lift on its own) for 6 -12 weeks. Whilst the tape is in place, there is no need to moisturise; the tape locks in your own natural body oils and encourages the scars to mature.
We advise that you use non-scented toiletries and avoid using sprays or aerosol deodorants on or near any wounds for about two weeks. You may return to using your usual soaps and toiletries once the areas have fully healed.

Analgesia (pain-relief)

You may have been given oral analgesia when you were discharged. It is important that you take pain-relief on a regular basis for the first week after you have been discharged. Missing doses will reduce the build-up effect and potentially cause break through pain which is harder to control.

Please read medication instructions carefully and if you are unsure of doses please contact the ward or pharmacy.

Some pain medication can cause constipation. Drinking plenty of fluids and eating fresh fruit and vegetables may help prevent this.

QVH Patient Medication Helpline
Tel: 01342 414215

Dalteparin® and anti-embolism stockings

All breast patients who are having a general anaesthetic will receive a pair of anti-embolism stockings to wear 23 hours a day (removing only for washing) and a blood-thinning injection called Dalteparin every night you are in hospital.

These are given to prevent a blood clot forming in either the legs (DVT) or lungs (PE).

MS TRAM, SIEA and DIEP and TUG/DUG flap reconstructions

Due to the slight increased risk of blood clots patients having a reconstruction using their abdomen or thigh (MS-TRAM, SIEA, DIEP or TUG/DUG) will receive a seven day supply of Dalteparin on discharge to self-administer at home.

These patients will also be instructed to wear their stockings for three weeks after they are discharged.

Instructions on administering the injections will be given by the ward nurses during admission. If you do not feel able to self-administer your injections, please ensure you inform a nurse as soon as possible so that other arrangements can be made for you.
Activities

The rate at which you can return to most of your normal activities varies from two weeks to three months. This depends on which surgery you have had and how you recover.

You may be given exercise sheets whilst you are an inpatient. At the end of this booklet timeline for the resumption of activities examples for the different types of breast surgery.

- Appendix 1 - MS TRAM, DIEP, LD & TUG/DUG
- Appendix 2 - Tissue expander, breast reduction, implants and mastopexy

Remember, we are all different and recovery milestones may vary from patient to patient. These should be used as a guide only.

Diet

We recommend that you eat a healthy well balanced diet to aid wound healing. A dietician is available to offer advice should you need it.

Smoking

Smoking and passive smoking have a proven adverse effect on wound healing. Nicotine reduces the ability of the blood to carry enough oxygen to the tissues and the skin causing wound break-down and delayed healing. If you wish to continue smoking after surgery, we recommend you refrain from doing so until at least 12 weeks after surgery owing to the high risk of wound breakdown and flap failure.

- Smokefree West Sussex Tel: 0300 100 1823
- Medway Stop Smoking Service Tel: 0800 234 6805
- Brighton and Hove NHS Smoking Cessation Service Tel: 01273 296 580
- Kent Stop Smoking Service Tel: 0300 123 1220
- www.smokefree.nhs.uk Tel: 0800 022 4332
Returning to work

If required, the doctors on the ward can provide you with a ‘social security and sick pay statement of fitness to work’ (sick certificate) for up to two weeks. When the decision is made for you to be discharged, please notify the doctor or nurse during the ward round if you need one. Your GP will be informed of the surgery you have had and can take over extending your absence if necessary.

Depending on the type of breast surgery you have had you may be able to return to work sometime between two and eight weeks following your operation. Major reconstructions may take longer than this. This is dependent on how you feel, the type of work you do and the operation you have had. You may wish to consider and discuss with your employer a ‘phased return’ and start with shortened working hours, gradually building up to your norm.

Psychological impact

The majority of patients are pleased with the results of their surgery. Occasionally, women feel very anxious about their treatment or have difficulty coming to terms with their new look because their breasts are not as they had imagined they would be or because they have suffered a complication. If you feel very anxious, worried about your treatment or depressed please speak to the nurses. If you would like information about the psychological therapy service offered please speak to the psychological councillors or Macmillan breast reconstruction nurse specialists.

Symmetrising surgery

Although you will be keen to move on to the next stage of your reconstructive journey it is important to leave a certain amount of time between surgeries to guarantee adequate wound healing and to ensure your reconstruction has had time to settle. The decision to place you on the waiting list for follow up procedures will be made by your consultant in a follow-up out-patient appointment.

Important

People heal at different rates, so do not worry if your think your recovery is much slower than you expected. Take into consideration your current medical health, your diet and whether you smoke, as these factors can all affect the rate at which your wounds heal.

**If you notice any redness, heat or swelling, or develop any discharge from the wound(s), or if you feel unwell and develop a temperature, please contact Queen Victoria Hospital for advice.**

**Contact numbers for all departments are at the back of this booklet.**
**Scar massage**

Scars take approximately 18 – 24 months to mature (i.e. become flatter, paler and softer). They are fragile and can be easily damaged if knocked. They often change in colour, dependent on the temperature.

Scarred skin can become thick and lumpy as it is often unable to produce its own oil or sweat. You may find your scar becomes dry and itchy. Massaging your scars daily is therefore essential. It helps to soften the scars, prevent skin breakdown, improve appearance and stops the scars from sticking to underlying structures, which would reduce movement.

You should use your fingertips to massage the scar lines in circular movements and also in movements straight across the scar. When wearing the tan Micropore® tape you can massage over the tape. When you do not have the tape on, you can lubricate the scars using a non-perfumed moisturising cream. You should start gently to get used to the massage but as soon as possible you should apply enough pressure to blanch or lighten the scar. If you are unsure, please ask a nurse, physiotherapist or doctor to demonstrate.

You should carry out scar massage 3 to 4 times a day for 5 to 10 minutes each time. Try to build it into your normal daily routine. Please continue until the scars are soft, pale and flat.

Scars can be sensitive and will burn easily. Total sun block (SPF 50+) must be used for up to two years over the scars.

**Mastectomy**

If you have had a mastectomy as part of your cancer treatment, you will receive an appointment with your referring hospital approximately two to three weeks after the operation; this appointment will be to receive the results of the tissue removed during surgery following a multi-disciplinary team (MDT) discussion.
Lymphoedema

If your surgery involved taking some or all of the lymph nodes form under your armpit (axilla), then you need to be aware this may affect the lymphatic system. The lymphatic system is made up of lymphatic vessels (similar to blood vessels) and lymphatic nodes (glands) which can be found in the neck, armpit and groin. This system forms part of your immune system and helps to deal with infection. It is responsible for cleansing your tissues and maintaining a balance of fluids in your body. People with lymphoedema are more susceptible to infection because infection-fighting white blood cells (lymphocytes) are carried in the lymphatic system.

Lymphoedema is a swelling caused by a build-up of lymph fluid in the tissues. This build-up is a result of damage to the lymphatic system because of surgery or radiotherapy to the lymph nodes in the armpit. This can occur immediately, or develop later.

Lymphoedema is a chronic (long-term) condition and can affect people in different ways. The most common symptom is swelling in the arm (sometimes including the hand and fingers); but can also occur in the chest, breast or shoulder area. Your skin may feel stretched and you may find it uncomfortable to move your arm, and in some people the arm feels heavy and aches.

If you notice any swelling in your hand, arm, fingers or chest- please tell a breast care nurse, your GP or hospital consultant as soon as possible. They will be able to rule out other reasons for swelling and confirm lymphoedema. You will then be referred to a lymphoedema specialist.

Symptoms of lymphoedema are not curable but they do respond well to treatment and can be controlled. This can be done by looking after your skin, exercising and, if needed, wearing an elastic compression stocking or sleeve. In some cases a particular type of massage can be used which must be carried out by a specially trained therapist.

Important

Following removal of some or all of the lymph nodes in your armpit you should not permit the arm on the side of your surgery to be used for taking your blood pressure, having injections, taking of blood or acupuncture.

Be on the lookout for any signs of infection (redness, pain, warmth, sudden swelling and fever). If there are signs, contact your GP immediately, and they will prescribe antibiotics.
What can you do to help yourself?

- Use a moisturiser daily to keep your skin supple
- Take care when cutting or filing nails
- Protect your skin from sunburn. Always use a sunscreen with a high sun protector (SPF), particularly on your scars. We recommend SPF 50+
- Reduce the risk of insect bites/stings by using repellents
- Treat scratches, cuts or bites promptly with an antiseptic cream
- Wear gloves to protect your hands when gardening or washing up
- Avoid very hot baths or showers
- Take care when removing unwanted under-arm hair. The safest ways are to use an electric razor or depilatory cream
- Avoid constriction from tight bra straps, sleeves, watches, rings or heavy shoulder bags
- Avoid heavy lifting and strenuous activities and repetitive energetic movements such as climbing step ladders, washing, painting and decorating
- When flying or travelling by coach or car move your arm regularly. Clench and unclench your fist to aid fluid return, keep well hydrated & wear loose clothing.
- Try to take regular gentle exercise such as swimming

Sometimes, no matter how careful you are, lymphoedema can still occur. Daily skin care is a lifelong commitment

Bra measurement

We recommend that, three months following your breast surgery, you have a professional bra fitting undertaken. This service is provided by most department stores. It is likely that at this stage you will have a change in size due to the decreased swelling and bruising and the natural droop of your tissue; therefore, it is important that your bra is well-fitting and provides you with adequate support. After you are fully healed you may wish to start wearing under-wired bras or bras of a different shape and this is perfectly safe to do so. If you are unsure ask your surgeon or nurse.

Should you have any further questions or need advice or information, please do not hesitate to contact the Macmillan breast reconstruction nurse specialists.
Softies and Nipples following reconstruction

Following your breast reconstruction you may have some breast asymmetry. If you are conscious about this please ask a nurse to provide you with a temporary soft prosthesis known as a “Softie”. This can be used until your wounds have healed fully and you either have further symmetrising surgery or can be fitted for a permanent shell prosthesis.

You may have some self-adhesive prosthetic nipples to wear if you would like. Please ask one of the ward nurses or discharge nurses for some.

Alternatively, please ask the Macmillan breast reconstruction nurse specialists for some if you have not been provided with them on discharge.
Useful contact information

Should you have any further questions or need further advice or information please do not hesitate to contact this hospital.

Macmillan Breast Reconstruction Nurse Specialists
Tel: 01342 414302 or 01342 414306 (answer machine available)

Plastics Dressing Clinic (PDC)
Tel: 01342 414442

Margaret Duncombe Ward
Tel: 01342 414450

Ross Tilley Ward
Tel: 01342 414501

Hospital Switchboard (for service coordinators and secretaries)
Tel: 01342 414000

Appointments
Tel: 01342 414141

Pharmacy
Tel: 01342 414214

Psychological Therapies
Tel: 01342 414478

For urgent enquiries out of hours, please call switchboard on 01342 414000 and ask to speak to the plastic surgery doctor on call.
Activity advice following breast reconstruction surgery
(MS TRAM, DIEP, LD & TUG) Appendix 1

This activity chart is a general guide to increasing your activities

Try to get some rest every day in the early stages of your recovery

<table>
<thead>
<tr>
<th>Activity/week</th>
<th>Physio Exercises</th>
<th>Dusting</th>
<th>Driving</th>
<th>Swimming (once wound has fully healed)</th>
<th>Vacuuming</th>
<th>Heavy Washing/laundry</th>
<th>Heavy Shopping</th>
<th>Sex</th>
<th>Heavy lifting</th>
<th>Aerobic Exercise</th>
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## As advised by your physiotherapist and accompanying leaflet.

▲▲ Varies with the type of operation. Contact your insurance company to ensure your cover is valid at this stage of your recovery.

? The type of operation and the kind of work you do will both effect how soon you can return to work. Your GP will be able to advise you.

* TUG flap – no (knees together for 6 weeks)
Activity advice following breast surgery

(Tissue expander, breast reduction, implants and mastopexy) Appendix 2

This activity chart is a general guide to increasing your activities.

Try to get some rest every day in the early stages of your recovery.

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Please ask if you would like this leaflet in larger print or an alternative format.