

Information for
patients and families



Walker Family Cancer Centre

Breast cancer surgery – an information booklet for men

Breast cancer surgery

The information in this booklet is to help you learn about breast surgery for cancer.

Hearing that you have breast cancer is very frightening. Men have told us that one of the most helpful things we can do is to provide them with information about breast surgery and care after their surgery.

As you read this handout, you may think of questions you would like to ask. It helps to keep track of your questions by writing them down. On the back you will find space for writing questions and notes. Take the question list to your next appointment with the doctor or nurse and review the list together.

One of the most common questions men ask after surgery is “Will the cancer come back?” To answer this question, the nurse and doctor need to learn more about you and the type of cancer you have. There are many treatments available that may decrease your risk of having the cancer come back. When you start your cancer treatment you will see a nurse and doctor who have a special interest in treating men with breast cancer. They can explain how different treatments can help prevent cancer from coming back.

**For more information call the
Cancer Information Service (Canadian Cancer Society)
1-888-939-333**

We are here to help you through this difficult time. Please talk with us about your concerns.

Niagara Health System
Walker Family Cancer Centre

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Information about the breast

The breast has three main parts: fibrous tissue, glandular tissue and fat

Fibrous tissue

- Anchors the breast to the chest and supports the breast

Fat

- Surrounds the glandular tissue and helps determine the size and shape of the breast

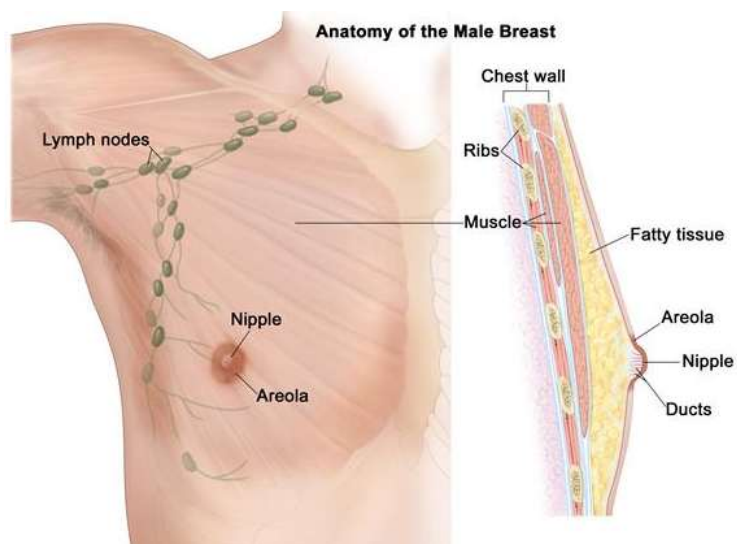
There are 2 other areas that affect the breast: the lymph nodes and the muscles under the breast

Lymph nodes

- Are found under the breast and in the axilla or armpit
- Drain and filter fluid from the breast
- Lymph nodes help protect the body against disease

Muscles

- Are behind the breasts and are used for shoulder movement



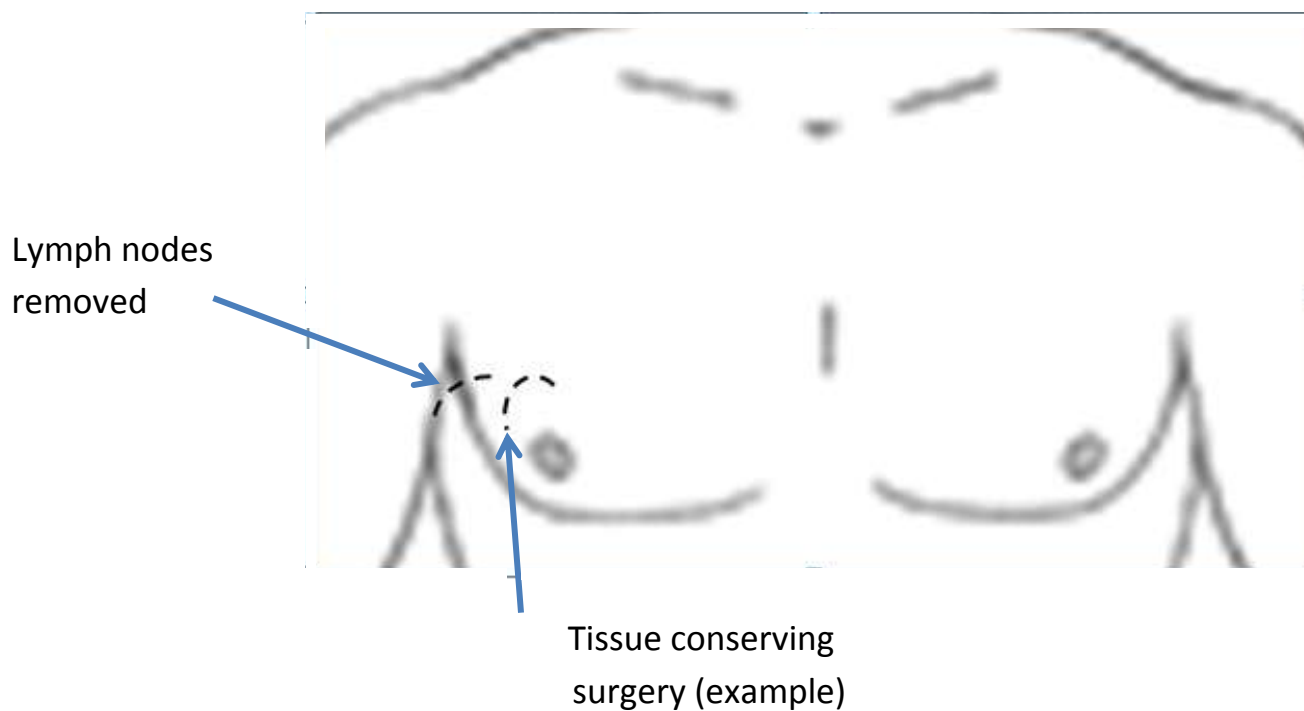
Tissue conserving surgery

Tissue conserving surgery removes only the breast tumour and a part of the surrounding tissue.

Other names for breast conserving surgery are:

- lumpectomy
- segmental or partial mastectomy
- wedge resection

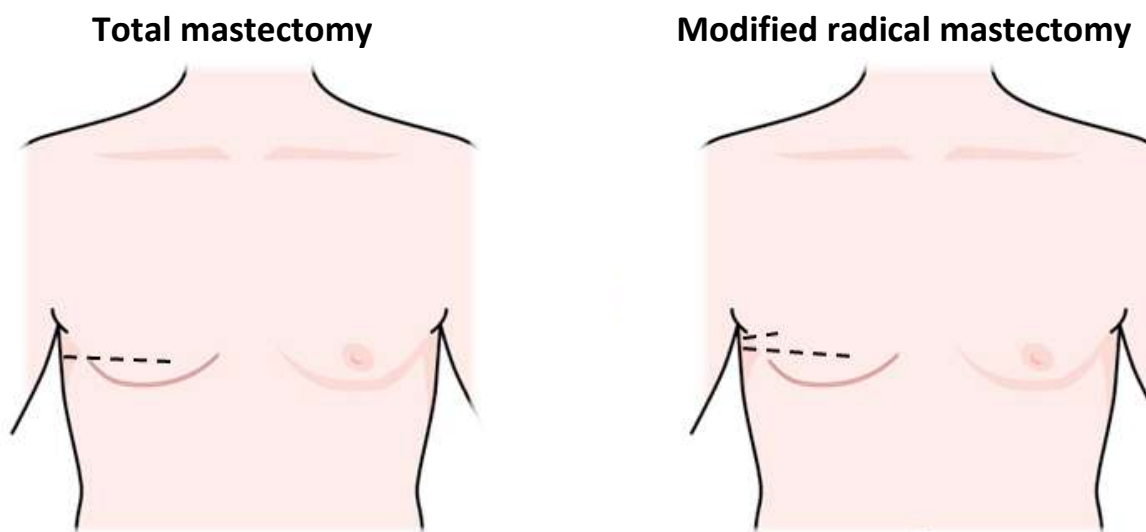
Very often your surgeon will recommend the removal of some lymph nodes. This is called an axillary node dissection. This is done to see if the tumour has spread to the lymph nodes.



Mastectomy surgery

There are 2 types of mastectomy surgery:

- Total mastectomy is removal of all breast tissue. The lymph nodes and muscles remain. This surgery does not affect your arm.
- Modified radical mastectomy removes all of the breast tissue and some of the lymph nodes under the arm. This may cause discomfort under the arm.



What type of surgery will I have?

The type of surgery you will have depends on:

- The treatment decision made by you and your surgeon
- The size and type of the tumour in your breast
- The location of your tumour
- The size of your breast

Before your surgery, you and your surgeon will have discussed the type of surgery you need.

When will I go home after surgery?

How long you stay in hospital depends on the type of surgery you have. You may go home the same day as your surgery.

When can I get back to work and my routine?

You may feel tired for several weeks after surgery and during the course of your treatment.

Get back to your regular activities and exercises slowly. When you feel tired, stop and rest. It is important to rest when you are tired. Rest time and naps can make you feel better and help your body heal.

Before your surgery, be sure to arrange for time off work to recover. The length of time off work depends on:

- how well you are recovering
- the type of work you do
- your treatment after surgery; either chemotherapy and/or radiation
- the type of surgery you had

Talk with your surgeon about when you can return to work.

Before surgery you may find it helpful to:

- make sure you have all the medications you need
- arrange for meals or shop, prepare, freeze meals ahead of time
- arrange for someone to help you around the house, help with yard work and/or do errands for you

What happens during breast surgery?

An intravenous tube called an IV will be put into a vein in your arm. The IV is used to give you fluids and medications.

For breast surgery, a general anesthetic is given to make you sleep during the surgery.

What should I expect right after breast surgery?

You will go to the Post Anesthetic Recovery Room, or PARR after your surgery. You will stay in the PARR until you are fully awake. You will go to your hospital room if you are staying overnight.

If you are going home the same day as your surgery, you will go to Day Surgery after the PARR, then home.

Community care nursing will be arranged for you if you have drains. The community nurses will help you with wound and drain care.

Incisions and pain

The incisions may be swollen, bruised and painful. The incision may feel lumpy like a ridge – this is normal. You will have staples or clips that are covered by bandages or tape. Ask your nurse for pain medication if you are in the hospital, or take the pain medication that your surgeon prescribed at home.

Apply an ice pack – 10 minutes on and 10 minutes off. Repeat as needed for comfort. Avoid hot or warm packs as the surgery may have changed some nerves so your skin could burn easily.

Diet

You may drink a few hours after your surgery. Your IV will be removed before you leave the hospital, or when you are drinking well. If you feel nauseous or sick to your stomach, you can take medication that will help. Ask your nurse in the hospital or take the medication your doctor has prescribed at home.

Drains

You may have 1 or 2 tubes, called drains, in your breast or armpit. The tubes drain fluid away from the operated site into a container. It is normal for this fluid to look bloody at first, and then turn pink to yellow. The amount will decrease over time.

After surgery, you and a family member will be taught how to look after your drain(s) by a community nurse. When the amount of drainage decreases, the tube(s) will be removed (about 7 to 14 days). It is normal to have some redness around the skin near the tube/drain.

Community nurses will help you with the care of the drain and its removal.

What can I do after breast surgery?

Activity

You will get out of bed the day of your surgery. Ask your nurse for help the first time you get up. Moving and walking will:

- keep your muscles strong
- prevent breathing problems
- help your blood move around your body
- prevent blood clots from forming
- help keep your bowels working

It is important to do deep breathing and coughing exercises. You may place a pillow or rolled towel over your incision. This will support your incision and reduce pain when you deep breathe and cough.

Arm and shoulder movement

To restore your arm and shoulder movement please follow the exercises in the handout **“Exercises after lymph node or breast surgery”**. This is very important.

Diet

Eat light meals for the first day and then begin your normal diet. Pain medication can often cause constipation. To keep your bowels moving drink plenty of fluids, 6 to 8 glasses a day. Eat food high in fibre such as fruits, vegetables and whole grains.

Hygiene

You will be able to get up and go to the bathroom. You can shower 24 hours after surgery. It is okay to remove the bandages. Do not scrub, rub or use a washcloth on the wound or incisions. Carefully pat the area dry.

Under the bandages you may see pieces of tape call steri-strips, or disposable suture or clips, to close the incision(s). These usually stay for 10 to 14 days after surgery.

It is okay if the steri-strips fall off. Take them off if they are peeling, wet and/or caked with blood. There is no need to cover the wound. The wound can be open to air. Daily dressings and tape may irritate the skin.

Do not soak in the tub until your incisions are fully healed, about 4 to 6 weeks or until you see your surgeon after surgery.

Check your incision daily for:

- redness
- pus or drainage
- swelling or warmth

These can be signs of infection, if you note any of these things notify your surgeon.

When should I see the surgeon again?

You will see the surgeon about 3 weeks after surgery. Before you leave the hospital you will be given the date and time of your appointment. If you are not given the actual date and time, you will be instructed to call your surgeon's office for the appointment.

At this visit, your incision will be checked and the stitches or clips may be removed

When should I call the surgeon?

Call your surgeon if you:

- have a rapid increase in swelling or bruising the first 24 hours after surgery
- have a temperature greater than 38° C (100° F)
- notice puss or drainage from the incision
- pain increases or is not relieved by medication
- increase swelling, warmth or redness around your incision, arm or drain

Common questions after breast surgery

When you are home after surgery you may have many questions about what happens next. Here are some common questions that many men ask:

I am worried about pain. How can I control it?

There are different reasons for pain after breast surgery, which may include:

- the type of surgery you had
- your pain tolerance
- being anxious

It is normal to have pain and/or discomfort after surgery. You may not feel pain until several hours after surgery. If you have pain take the pain medication your doctor ordered.

Some men have sharp, stabbing pain for weeks after surgery. This is normal. Please talk with your nurse, doctor or physiotherapist. There are many different ways to control pain.

I feel numbness and tingling after surgery. Is this normal?

It is normal to feel numbness and tingling in your chest, arm and fingers after surgery. Sometimes this goes away, sometimes it does not. Talk with your surgeon if you have these feelings.

Changes in your appearance

It is common for some men to feel alone in dealing with breast cancer, like they are the only one who has gone through this. Give yourself time. Talk it over with your partner or a friend. If you are having a hard time with this, please talk with your visiting nurse, family doctor, nurse, a breast cancer survivor or your surgeon.

Places that can connect you with other breast cancer survivors:



Wellspring's peer support volunteers are cancer survivors and caregivers trained to listen and support you.

Call 905-684-7619 or drop in

Locations in Thorold and Stevensville www.wellspringniagara.ca



Connect by phone or in person to a cancer survivor or caregiver whose experience most closely resembles your own. Based on details that are important to you, such as type and stage of cancer, sex, treatment, side effects, age or family situation, you will be matched with a trained volunteer who has had a similar cancer experience.

Call 1-888-939-3333 or TTY 1-866-786-3934, Monday to Friday, 9:00 a.m. to 5:00 p.m. or email peersupport@ontario.cancer.ca.

When do I go to the Walker Family Cancer Centre (WFCC) to meet the oncologist or cancer doctor?

Your appointment with the WFCC depends on many things including the type of cancer that you have and the treatment that you need. The WFCC will contact you with information about your appointment.

What is chemotherapy?

Chemotherapy is treatment with drugs that kill cancer cells. There are many drugs to treat breast cancer. If you need chemotherapy, you will meet with an oncologist to discuss treatment.

What is radiation therapy?

Radiation therapy uses high-energy radiation rays or particles to damage or destroy cancer cells. If you need radiation, you will meet with a radiation oncologist to discuss treatment.

What can I do to keep myself healthy before I start breast cancer treatments?

Some men find comfort in talking about their situation, others do not. Think about what may help you. There is no right or wrong way to cope at this time.

- stay involved with your current activities, if you can
- exercise regularly
- follow Eating Well with Canada's Food Guide

Will my children also get breast cancer?

If this is a concern for you, please talk with your surgeon or the specialists at the WFCC.

I have heard that surgery may cause my arm to swell and increase in size. Could this happen to me?

This swelling or increase in size of the arm, hand and/or wrist is called lymphedema. It can be caused by the removal of lymph nodes during surgery or radiation therapy. A small number of women may have problems related to lymphedema after their surgery or radiation treatments. The risk is less with sentinel lymph node surgery.

If you have lymphedema your arm may feel heavy and you may begin to have a hard time with some activities. You may notice tingling in your arm or fingers. Talk with your doctor if you have any of these feelings.

Are there things that increase my risk for getting lymphedema?

Surgery involving lymph nodes and radiation therapy put you at risk for getting lymphedema but the following can increase your risk even more:

- scars from injuries, burns, surgery or radiation
- a history of swollen feet or legs in your family
- a history of heart or circulatory problems in your family
- diabetes
- being overweight
- smoking

Here are some things you can do which may prevent problems related to lymphedema:

If possible, on the affected arm:

- Do not have your blood pressure taken
- Do not have IV's, injections or blood tests
- If you injure, cut or scrape your skin, clean and protect the wound right away. Clean with soap and water, use an antibiotic ointment
- Prevent sunburns. Use sunscreen, wear protective clothing in the sun
- Wear gloves with yard work
- Prevent insect bites. Use insect repellents
- Prevent pet scratches

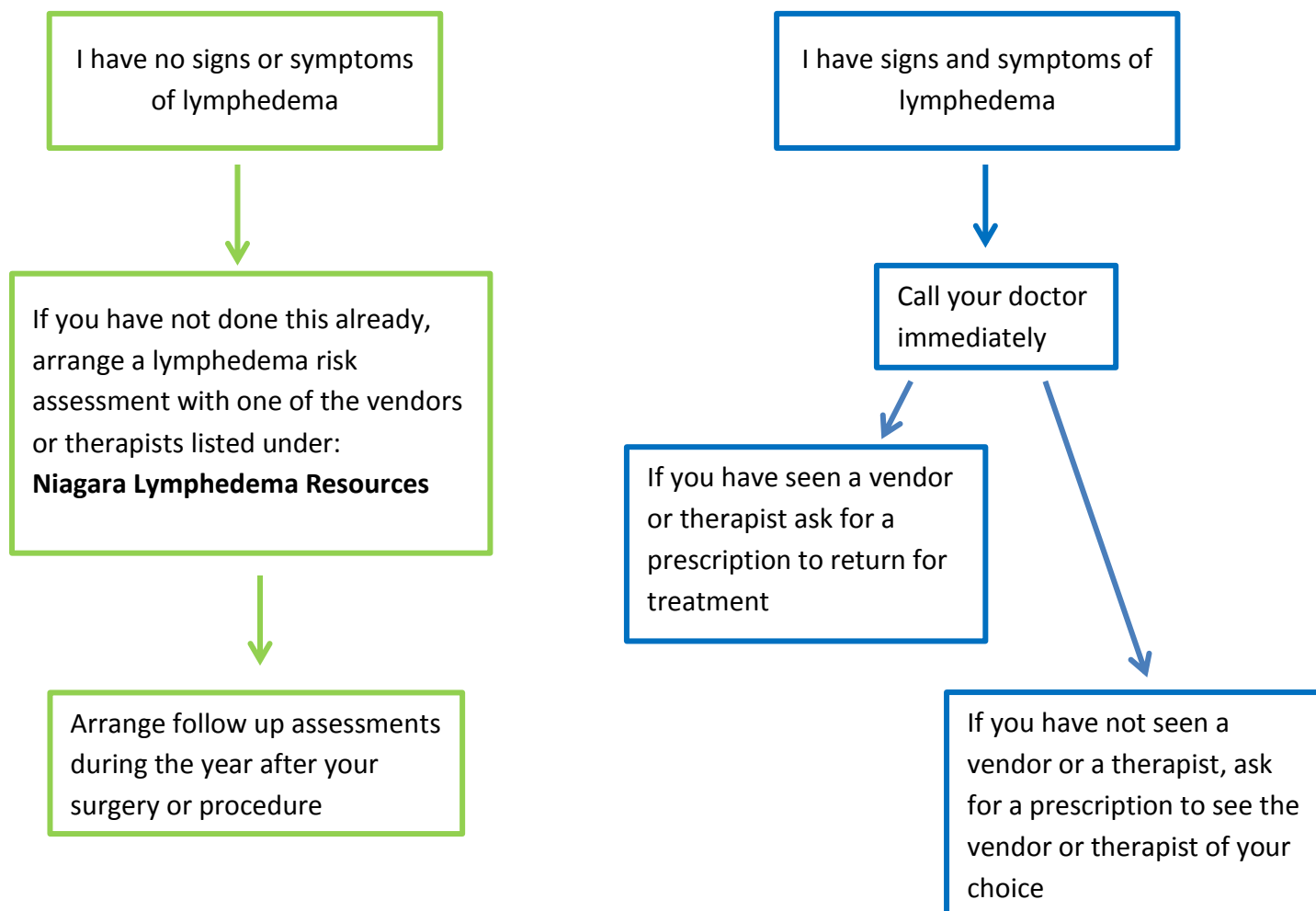
Housework and yard work

- Prevent burns: use an oven mitt when baking
- Use gloves when doing dishes, housework, yard work or working with sharp tools
- Avoid heavy lifting
- Avoid repetitive arm movements such as painting

Weight

- Keep your weight under control. Men who are obese are at greater risk of developing lymphedema

Care pathway for patients after lymph node surgery or procedure



It is ideal to see someone with specialized training in lymphedema management before symptom happen. They can provide more information about lymphedema management. You may never develop lymphedema, but if you do treatment and management are best if baseline measurements are available. See p.16 for lymphedema resources in Niagara.

The **Lymphedema Management Referral** is used to help get information from your doctor to the vendor or therapist who is assessing or treating you.

Niagara Lymphedema Resources

ADP Vendors for Compression Garments

Hauser's Pharmacy (free education/ baseline measurement)	St Catharines	1200 4 th Ave. (Niagara Health System, St. Catharines Site) L2S 0A9	905-685-3030
Niagara Prosthetics & Orthotics Corp. (free education/ baseline measurement)	St. Catharines	547 Glenridge Avenue and 1200 4th Ave. L2T 4C2 (Niagara Health System, St. Catharines Site)	905-688-2553
Pharmx Rexall Drug Stores (Rexall Dell 8212)	St Catharines	105 Queenston St., L2R 2Z5	905-938-5138
Pharmashield Dispensary	Niagara Falls	5400 Portage Road, L2G 5X7	905-356-8482

Assistive Devices Program

- Patients with Lymphedema can access the ADP program to receive supplemental funding, covering 75% of the cost of compression garments authorized through ADP. The patient then pays the remaining 25% and if they have supplemental insurance, submits invoices for refund.
- An application is completed initially and every 2 years a renewal is required. See website below for more details:
 - o http://www.health.gov.on.ca/en/public/programs/adp/pub_adp.aspx#

ADP Authorizers in Niagara

- Susan Tomczuk at Hauser's Pharmacy (905)685-3030
- John Mulligan RMT (905)687-1828
- Vivian Dim at Niagara Prosthetics and Orthotics, Mondays 2-4PM (905)688-2553

Manual Lymphatic Drainage Therapists

- 1) John Mulligan RMT/CLT-LANA (905) 687-1828 john@lymphedematherapist.com
- 2) Cindy Schultz RMT (905)684-6066 clcschultz@gmail.com
- 3) Susan Ryczko RMT/CDT (905)704-1744 susanryczko@hotmail.com



Go with the flow – Lymphedema education and support

Walker Family Cancer Centre – Level One

Join us on the **second Tuesday of every month** for an informal education session that includes demonstration of recommended exercises

[Drop in or call 905-682-6451 to register](tel:9056826451)

Manual Lymph Drainage

- Increases the flow of lymph fluid and activates collateral pathways
- Can treat many types of swelling associated with surgery or trauma – promotes wound healing

Indications: Edema, lymphedema (primary or secondary), swelling due to trauma, promotion of wound healing, dermatological conditions, obstructive edema

Contraindications: Uncontrolled cardiac failure, renal failure, pulmonary failure, acute infections

Complex Decongestive Therapy

4 Components	2 Phases
Manual Lymph Drainage	Intensive Phase: consists of the 4 components, plus patient education. Compression is used 23 hours/day
Compression Therapy	
Decongestive Exercise	Management Phase: patient applies practices and principles learned in intensive phase to manage condition
Skin care	

Indications: Lymphedema, primary and secondary. A modified version is used for non-healing ulcers, lipedema, mixed edemas

Contraindications: Uncontrolled cardiac failure, renal failure, pulmonary failure, acute infections. Malignant cancer is a relative contraindication.

Compression garments

Compression sleeves, gloves and gauntlets are the types of compression garments used for arm lymphedema. These garments are made of strong elastic fabrics. They are worn during the day and removed at night. Replace compression garments every 4 to 6 months as they lose their elasticity and do not work as well.

You need a prescription to buy them. They can be expensive and the costs can be shared by accessing the Assistive Devices Program (ADP). Please talk to your health care team about the referral process.

Lymphedema Management Referral

Patient Name: _____

Primary Physician: _____

Referred by: _____ **Contact Info:** _____

Diagnosis:

Area Affected:

Lymphedema (chronic)

Swelling (acute)

Chronic Venous Insufficiency

Combined lymphedema

Lipedema

Other _____

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<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Right Arm

Right Leg

Right Foot

Other: _____

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Left Arm

Left Leg

Left Foot

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Doppler done

Suggested Treatment/Service:

- Information on treatment options, garments and available funding
- Massage Therapy: Manual Lymph Drainage
- Massage Therapy: Complex Decongestive Therapy
- Compression Garment

Comments:

This information checklist has been provided for you because you have been identified as having a condition or procedure that puts you at risk for developing lymphedema.

I have been given this information:	YES	NO
Post-operative exercise information		
Who to call if I notice swelling or other symptoms: Dr. _____ Phone _____		
Appropriate lymphedema educational material (breast or leg)		
List of Lymphedema Resource providers		
Information about services available from Lymphedema Resource providers		
Information about education sessions available at Walker Family Cancer Centre		

If you have not received all of the information above, please talk to someone on your health care team.

Notes:



The information in this handout has been developed by the team at WFCC using resources from Juravinski Hospital and Cancer Centre, and Canadian Cancer Society.

Revised Sept. 2014

