Breast surgery and postoperative care
An information guide
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Introduction

This booklet has been produced to help you and your family understand more about your operation. It includes information about the team who will be looking after you, the preoperative assessment clinic, surgery and recovery. The aim is to increase your understanding of the surgery and to get you back to full health as quickly as possible after your operation.

Introduction to the surgical team

At your first appointment in the reconstruction clinic you will need to be seen by the consultant surgeon. You are also likely to meet other members of the team at this appointment, for example; radiology staff, a clinical psychologist and the clinical nurse specialist. The team work closely together to ensure that you receive a quality service.

The aim of this clinic appointment is to make sure that each individual patient is empowered to make a fully informed decision about their care.

The appointment will consist of five sessions:-

1) surgical consultation: you will meet the consultant surgeon who will be undertaking your treatment, to discuss the different surgical techniques available. They will discuss the advantages and disadvantages of surgery, the possible risks and complications, limitations and your expectations of the surgery.

2) nursing consultation: you will meet a specialist breast care nurse in order to get more information on your preoperative responsibilities and postoperative care. You will also be shown clinical photographs from the photographic library, discuss the risks and complications in more detail and be given the time and
opportunity to ask questions, and address any concerns and anxieties.

3) clinical psychologist consultation: you will be able to discuss concerns with the clinical psychologist in cosmetic surgery.

4) diagnostic screening: including mammography and ultrasound.

5) clinical photography session

The team are highly experienced in running these clinics, and patients seem to appreciate the one stop clinic approach.

At the end of the day we hope that you will have the information you need in order to make an informed decision to proceed. However, you are not required to make any decisions at this stage. A further appointment is made for you to discuss your decision with a consultant surgeon.

Useful contacts and telephone numbers:

Your consultant surgeon is:

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Their contact number is:

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Your clinical nurse specialist (CNS) or key worker is:

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The CNS contact number is: 0161 720 2558

Preoperative assessment

What is a preoperative assessment?

Before your operation you will attend the preoperative assessment clinic which is run by registered nurses. The purpose of this clinic is
to assess your general health before having an anaesthetic and undergoing surgery. It also gives you an opportunity to ask any questions about your admission and prepare you for your operation and discharge home. This usually takes place 2-4 weeks before your operation.

**How long will my appointment take?**

Your assessment will normally take between 30-60 minutes. However, you may have to undergo certain tests in other parts of the hospital or see another health professional, which make prolong your appointment.

**What to bring with you to your preoperative appointment**

Please bring all the medications that you are currently taking including any tablets, inhalers, liquids, eye drops, etc. If you have a medical alert card, medical implant e.g. pacemaker, or have an advance directive (if you are Jehovah’s Witness), it is important to bring these details with you.

**Preoperative assessment with the nurse**

During your assessment you will be asked questions about general health, social circumstances and any previous operations and illnesses.

You may also undergo some or all of the following tests:

- recording of temperature pulse and blood pressure
- ECG (heart tracing)
- chest X-ray
- blood tests
- screening for MRSA (commonly known as the hospital superbug).

**Cardiovascular problems**

This is a complication associated with any surgery and anaesthetic. An operation causes a stress response in the body, which in turn can
put undue stress on the heart. Stopping smoking can help reduce the risk. If you have had heart problems in the past please make your surgeon and anaesthetist aware. You will have a heart tracing prior to your operation and the anaesthetist and preoperative nurses will ensure that you are fit enough to undergo an operation.

**Complications of surgery**

Undergoing surgery is not without risk. Being on the enhanced recovery programme will considerably reduce the risk of developing complications and reduce your length of stay. Major complications, however, are relatively rare and minor complications are seldom more than troublesome, although they can delay you going home in some instances. Considerable steps are taken to help reduce these risks. The following complications are the most common with this type of surgery.

**Infection**

The nurses and doctors take great care to prevent infection when operating or attending to wounds and drains. If you are a smoker you can greatly reduce the risk of a chest infection and improve wound healing by stopping smoking now. Help is available via the NHS Smoking Cessation Service.

**Blood clots**

Because you will be lying still during your operation the circulation in your legs becomes sluggish and the blood can clot, this is called deep vein thrombosis (DVT). This can cause pain and swelling in your calf. More seriously a part of the clot can become dislodged and travel to the lungs causing a blockage (pulmonary embolism) which can seriously affect your breathing. You may be required to wear compression stockings which squeeze your legs to help the blood flow around your body. Early mobilisation and leg exercises will also help to keep the blood flowing.
**Signs of a possible blood clot**

If you experience any of the following in the days or weeks after your operation you should contact a health care professional as soon as possible:

- pain or swelling in your leg
- the skin in your leg is hot or discoloured (red, purple or blue)
- your feet are numb or tingling
- the veins near the surface of your legs appear larger than normal
- you feel pain in your chest, back or ribs, which gets worse when you breathe in deeply
- you cough up blood.

**What to bring with you when you are admitted**

The following information is to give you some guidance on what you will need to bring into hospital with you. Please remember that storage space for personal belongings is limited, so only bring necessary items with you.

- dressing gown
- footwear that is secure and non-slip
- towel
- toiletries
- sanitary products (if required)
- a packet of disposable hand wipes to freshen up
- something to do/read
- glasses/hearing aids (if used)
- appointment letter
- any medications you are taking

**After your surgery**

**Moving around after surgery**

The nursing staff will help you out of bed as soon as you are able after the operation. Being out of bed and in an upright position
and walking regularly helps to improve lung function and reduce the risk of chest infection. Early mobilisation is also encouraged to decrease tiredness and reduce the risk of blood clots.

Drains

After breast surgery you may have one or more surgical drains in place near to your wound. This is a small tube that goes under your skin and is held in place by a stitch, so that it doesn’t accidentally slip out. These can sometimes be a bit uncomfortable but they are an important part of your treatment and recovery and help the healing process.

When will the drains be removed?

Your drains will be assessed by the ward staff daily whilst you are an inpatient and by the CNS in the outpatient clinic if the drains are still in following your discharge.

What to look out for

- leaking of fluid around the drain
- burning sensation, the drain site becoming red and warm to touch
- no drainage at all.

Dressings

The dressings used are mostly waterproof, however if they do come off do not worry as they can be removed at home five days after surgery. Underneath you will find some smaller paper dressings called steristrips. These can stay on until you return to clinic but again if they come off before this, do not worry. If you have any concerns regarding your wound or dressings after your operation then please contact your CNS or the ward.
What to expect after surgery:

Pain and discomfort
You are likely to have some pain or discomfort after surgery. Everyone’s experience is different. Some people find changing position and using pillows to support the wound can help reduce pain or discomfort. If you are in pain, tell the nursing staff (or contact your CNS after you have been discharged) as you may need a stronger dose or different type of pain relief.

Bruising and swelling
Bruising is common after surgery but will disappear over time. Swelling is also common and may affect your chest wall. It is a normal part of the healing process and should lessen six to eight weeks after your surgery.

Seroma
Following the removal of the wound drains, many people experience fullness around the area where the drains were inserted. This is due to a collection of fluid called a seroma. The build up of fluid may cause some discomfort, but it is not a cause for concern. The fluid is usually reabsorbed by the body over time. If the seroma is large, causes discomfort, restricts arm movement or doesn’t subside, the fluid can be drawn off (aspirated) by a member of the breast team using a needle and syringe. This is usually a painless procedure as the area around the wound is likely to be numb.

Not all seromas need to be drained. A healthcare professional will need to assess the fluid build up before deciding whether to do this. Sometimes a seroma will refill after it has been aspirated. Some people may need to have the fluid aspirated several times over a period of weeks before it goes away completely.

• to begin with accept offers of help such as shopping and gardening from family and friends
• take gentle exercise, such as walking to improve mobility and strength. Gradually increase the distance as you feel stronger
• eat and drink as normal
• take painkillers if you have pain or discomfort. This will help you to feel better more quickly. You may need to take these for a few weeks after surgery.

Some people can feel ‘very down’ after surgery, many different emotions arise which can cause confusion and mood swings. There is no right or wrong way to feel. If you are feeling low and would like to speak about your feelings please contact your clinical nurse specialist for support. Give yourself time and don’t expect too much. You can resume sexual activity as soon as you feel ready.

Things you shouldn’t do:
• don’t lift any heavy items for at least 6-8 weeks after surgery as this can put pressure on the healing wound
• don’t drive until you feel confident that you feel comfortable wearing your seatbelt and can perform an emergency stop. Some medication may affect your response time so refrain from driving if this occurs. Check with your insurance company that you are covered to drive following surgery
• avoid heavy household chores such as vacuuming for at least six weeks
• don’t return to work until you have spoken to your consultant. This is particularly important if your job involves physical activity rather than sitting down.

Wound infection
Any of the following symptoms could mean you have a wound infection:
• the wound feels tender, swollen or warm to touch.
• redness in the area.
• discharge from the wound.
• feeling generally unwell with a raised temperature.

Contact your CNS if you think you may have a seroma or wound infection. If it is at the weekend, please contact the ward.

**Haematoma**

This is another rare complication where occasionally blood collects in the tissue causing swelling, discomfort and hardness and may require a return to theatre to stop the bleeding.

**Returning home after your surgery**

Although you should be feeling well when you are discharged you may find even simple tasks leave you exhausted. It is common to feel very tired for some time following surgery. It is tempting to try and resume your usual activities once you get home but this can add to your general fatigue.

**Things you should do:**

• get out of bed and get dressed every day. This will encourage your normal sleep pattern to return and help you build strength.

**Support after discharge**

It is important that we are aware of how you are feeling when you first go home. Within three days of being discharged from hospital your CNS will contact you. If you have been discharged over the weekend and need advice, you will need to contact the ward and speak with a member of the nursing team.

**If you have any problems or concerns within normal office hours:**

(Monday – Friday 9:00 am- 4:30pm)

Please contact the CNS’s office at:
North Manchester General Hospital on 0161 720 2558
OR
The Royal Oldham Hospital on 0161 627 8459.

If no-one is available to take your call when you ring, please leave a message on the answer phone and a CNS will ring you back as soon as possible. The answer phone is accessed regularly throughout the day.

We hope that you will be satisfied with the information and care that you receive. We are more than happy to answer any queries or concerns you have throughout your treatment.

Other useful contact numbers:
Pennine Patient User Partnership (P.U.P.P) 0161 627 8699
If English is not your first language and you need help, please contact the Ethnic Health Team on 0161 627 8770.

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897.

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service.

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