

What are my general guidelines?

1. You received a corset or ACE wrap to wear after the surgery. Continue to wear this over your dressings 24 hours per day until you are seen in the office.
2. You will be more tired than usual, but try not to sleep throughout the entire day. It makes sleeping at night more difficult and will slow your recovery.
3. Try to walk a little more each day and continue your breathing and coughing exercises.
4. Eat a balanced diet and try to maintain good nutrition.
5. Drink plenty of fluids. Some of the pain medications can cause constipation, and drinking plenty of water will help prevent this.
6. Do not drive until you have been seen in the office and cleared. Your reflexes are slower than you think, and any pain from the incision is distracting. Also, you can't drive while taking opioid pain medications because they will further slow your response time.
7. You may resume light activity as you feel up to it.
 - Avoid any heavy lifting (heavier than a gallon of milk).
 - Avoid strenuous activity (including exercise) or excessive stretching with the involved arm.

What pain can I expect after surgery?

It is normal to have some pain after surgery. The goal of managing your acute pain after surgery is to minimize your pain enough to feel comfortable getting up, taking deep breaths, wash, get dressed, and do simple tasks in your home. Pain is usually the worst in the first 24-48 hours.

How will I take care of my pain?

You will receive a prescription for a strong pain medication (painkiller) that contains opioids (also called “narcotics”) for **break-through pain**. Break-through pain means pain that is not controlled by Around-The-Clock acetaminophen and ibuprofen. Use the opioid only if you have break-through pain. Keep in mind that about half of patients who have this surgery need 4 or 5 pills or less to manage their after-surgery pain. Most patients have stopped taking the medication by 1-2 days after surgery. Alternating over-the-counter medications such as acetaminophen (Tylenol®) or ibuprofen (Motrin®, Advil®), maybe all you need to control your pain.

How will I use medications to relieve pain?

- Take Acetaminophen (Tylenol®) 500-1000mg 4 times per day. The maximum daily dose for an adult is 4000mg per day.
- Take Ibuprofen (Motrin® or Advil®) 400-800mg 3 to 4 times per day. The maximum daily dose for an adult is 3200mg per day. This medication needs to be taken with food to avoid upsetting your stomach.

If your pain is not controlled with over-the-counter medications, take only as much of the opioid prescription painkiller as you need. Start with 1/2 of a pill.

- As your pain goes down start taking less of the prescription painkiller and use Tylenol®, Advil®, or Motrin® instead. This is called “tapering off”.
- Do not drink alcohol or drive while taking narcotic pain medication
- Opioids may cause constipation. If you get constipated, you may need to take a stool softener or laxative. Your pharmacist or us can advise you on this.

Use the diary in appendix 2 on page 10 to keep track of the amount of pain medications you are taking

For your safety and the safety of others follow these instructions:

- Store opioids in a locked cabinet, out of reach of children.

- Do not keep leftover pain medications after your pain is gone. Safely dispose of pain medications you no longer need. You can find a map of locations to dispose of leftover medication at: <https://michigan-open.org/safe-opioid-disposal/disposal-map/>

How will I care for my dressing?

1. Leave your outer dressings on for at least 48 hours. Underneath the dressings is a surgical glue (Indermil) that protects the incision and will dissolve on its own. The sutures are underneath the skin and will not need to be removed.
2. After 48 hours you may remove the dressing and shower. For the first week avoid running water directly on the incision, and pat it dry with a clean towel. After the first week, you may begin cleansing your incision with soap and water.
3. Do not soak in the bathtub while your drain is in place. You may take a bath, but do not get the drain site wet.
4. Do not apply any creams or ointments to the incision. Do not shave or use deodorant or antiperspirant under the affected arm.

When should I watch for?

Watch for signs of infection including:

- increase in the swelling or redness near the area of the surgery
- the skin around the incision becomes hot to the touch.
- green or yellow drainage from the wound which may be pus
- bad smell around the wound
- fever over 101°F
- increasing pain

Call the clinic if you have any signs of infection. See the contact information on page 6.

- You should also call if you have bleeding from the incision which is difficult to control with light pressure or leakage around your dressing tube and the gauze dressing is soaked.

How will I care for the drain?

After your surgery, you will go home with a bulb drain in place. The drain will remove fluid that builds up under your wound in order to promote healing. The drain generally does not cause pain. Attach the reservoir (using the plastic strap) to your bra or shirt, usually with a safety pin. Do not disconnect, kink, or puncture the tubing that is connected to the reservoir. You will notice the amount of drainage decreasing over time. The color of the drainage will also lighten over time.

1. Clean the area where the drain tubing enters your body and change the gauze daily for the first 3 days after surgery. Clean the insertion site using cotton-tipped swabs and a solution of ½ water and ½ peroxide.
2. Apply a clean drain sponge around the insertion site daily. You may change it more often if it becomes heavily soiled.
3. After 2 days you may shower or gently wash the area where the drain tubing enters your body.
4. You may use non-perfumed soaps (Ivory or Neutrogena).
5. Always pat dry, never rub.
6. Reapply gauze after cleansing.
7. Continue wearing your bra while the drain is in place.

Notify your doctor or the breast care center if:

- The reservoir cannot be reactivated (it quickly re-expands).
- The drain falls out or the stitch holding the drain tube comes out
- The drainage fluid in the reservoir becomes foul-smelling
- You have a fever or there is any increased redness, swelling, or drainage from the site.
- There is an air leak, fluid leak, or malfunction of the drain bulb.
- Clots form in the tubing and block drainage and cannot be cleared by “milking” the drain tubing.

Contact information for surgical oncology is below.

Emptying the drain (reservoir)

You will need to empty and reactivate the drain bulb (reservoir). You will also need to record the amount of fluid collected in the reservoir.

- Empty the reservoir into the measuring container as many times a day as directed by your doctor or nurse, or if the fluid collected reaches the 100cc mark. **Do not let the reservoir completely fill because the drainage will stop.**

Wash your hands before and after handling the reservoir.

Use the chart in appendix 1 on page 7 of this handout to record the amount of fluid collected in the reservoir. Record the date, time, and amount of fluid that has accumulated from each reservoir. Flush the drainage down the toilet and clean the measuring container with soap and water so it is ready for the next time.

“Milking” or “Stripping” the drain tubing

To keep the drain working well we will show you how to “milk” the drain tubing three times per day.

- Always wash your hands before handling the drain.
- Grasp the tubing close to your body with one hand and pull toward your body.
- With your other hand, grasp the tubing below the first hand.
- Using an alcohol swab, pinch tubing tightly, sliding your fingers down the tubing and away from your body, repeat this 2 or 3 times.
- Be sure that the drainage is flowing into the bulb. It is okay if the tube becomes flat from the suction.

Never disconnect the tubing from the bulb at any time.

What is my Follow-up care?

We will see you at the office to remove your drain. When the fluid in the collection bulb is less than 30ml per day for two consecutive days call your doctor or nurse practitioner to make the necessary arrangements. At the time of your follow-up appointment be sure to bring the chart on page 8 with the record of how much fluid came out of your drain.

Your surgeon will contact you with your pathology report or discuss it with you when they see you in the office. Depending on that report, you may need additional surgery, a referral to another doctor (such as a medical oncologist or radiation oncologist), or routine follow-up. We will make these arrangements when we know the final pathology. If you have not heard from us regarding your pathology after one week call the office.

Remember that healing from surgery takes time. If you have any questions about your procedure, your follow-up instructions, or plan of care, do not hesitate to call the Surgical Oncology Nurse Practitioner.

What is the contact information for Surgical Oncology?

- During business hours Monday-Friday 9-4:30 pm call the Surgical Oncology clinic at (734) 936-6000.
- For urgent calls after 4:30 pm, weekends and holidays, ask the operator to page the surgical oncology on-call resident at **(734) 936-6267**.

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Appendix 1: Chart to record the volume of drainage and temperature

This table will help to record your temperature and amount of drainage from the wound drainage system. Use a separate table for each day.

- Write the date in the designate spot.
- Record the amount of drainage from each bulb in the appropriate column. If you only have one bulb leave the second column empty.
- Take your temperature once per day and record it in the last column.

Bring this completed chart with you on each postoperative visit.

Example:

Date: <u>5/17/2020</u>	bulb 1 amount	bulb 2 amount	Temperature
Morning	15 ml	5 ml	- check once per day
Mid-day	8 ml	10 ml	
Evening	10 ml	5 ml	99.1
Additional 5 pm	10 ml		
Additional 10 pm		5 ml	
Total daily amount	43 ml	27 ml	

Date: _____	bulb 1 amount	bulb 2 amount	Temperature
Morning			- check once per day
Mid-day			
Evening			
Additional			
Additional			
Total daily amount			

Date: _____	bulb 1 amount	bulb 2 amount	Temperature - check once per day
Morning			
Mid-day			
Evening			
Additional			
Additional			
Total daily amount			

Date: _____	bulb 1 amount	bulb 2 amount	Temperature - check once per day
Morning			
Mid-day			
Evening			
Additional			
Additional			
Total daily amount			

Date: _____	bulb 1 amount	bulb 2 amount	Temperature - check once per day
Morning			
Mid-day			
Evening			
Additional			
Additional			
Total daily amount			

Date: _____	bulb 1 amount	bulb 2 amount	Temperature - check once per day
Morning			
Mid-day			
Evening			
Additional			
Additional			
Total daily amount			

Date: _____	bulb 1 amount	bulb 2 amount	Temperature - check once per day
Morning			
Mid-day			
Evening			
Additional			
Additional			
Total daily amount			

Date: _____	bulb 1 amount	bulb 2 amount	Temperature - check once per day
Morning			
Mid-day			
Evening			
Additional			
Additional			
Total daily amount			

Appendix 2: a diary to record the amount of pain medications you are taking. (copy table to add additional days)

Day 1				
Time	Name of Medication	Amount of Opioid (in mg)	Amount of Acetaminophen (in mg)	Amount of Ibuprofen (in mg)
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
Total Daily				

Day 2				
Time	Name of Medication	Amount of Opioid (in mg)	Amount of Acetaminophen (in mg)	Amount of Ibuprofen (in mg)
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
Total Daily				

Day 3				
Time	Name of Medication	Amount of Opioid (in mg)	Amount of Acetaminophen (in mg)	Amount of Ibuprofen (in mg)
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
Total Daily				

Day 4				
Time	Name of Medication	Amount of Opioid (in mg)	Amount of Acetaminophen (in mg)	Amount of Ibuprofen (in mg)
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
Total Daily				