

Mastectomy & Axillary Surgery

A Patient Care Guide for Before and After
Surgery

Breast Care Center



ROGEL CANCER CENTER
UNIVERSITY OF MICHIGAN HEALTH

Introduction: Mastectomy and Axillary Surgery

Mastectomy

A **mastectomy** is a surgery to remove all the breast tissue from a breast. Your surgeon will dissect (cut out) the breast tissue from under the skin and off of the wall of your chest underneath your breast. A **total mastectomy** is surgery to remove your entire breast, including the nipple, areola (the darker area skin around the nipple), and the skin over your breast to allow your skin to close and heal flat over the wall of your chest.

Many patients having a total mastectomy will also have **reconstruction** of the breast (a procedure to rebuild the shape and look of their breast). Your surgeon may do breast reconstruction at the same time as your mastectomy (called **immediate reconstruction**) or at a later date after your mastectomy (called **delayed reconstruction**). Reconstruction may be done using implants (which usually require a tissue expander or temporary implant first) or your own tissue (called **flap reconstruction**) to rebuild the breast shape, or **breast mound**. You can get more details about reconstruction by talking to a plastic surgeon.

If you are having an immediate breast reconstruction, your surgeon will do either a skin-sparing or nipple-sparing mastectomy.

- A **skin-sparing mastectomy** is surgery to remove the entire breast, nipple, and areola while leaving the surrounding breast skin (called an “envelope” of breast skin) to cover the reconstructed breast mound.
- A **nipple-sparing mastectomy** is surgery to remove all the breast tissue but leave the breast skin, nipple, and areola. Then, your surgeon can use this skin and nipple “envelope” to cover the breast reconstruction. Whether or not a nipple-sparing mastectomy is a good option for a patient is based on their breast shape and size as well as their cancer

details. Your surgical team will talk with you about whether a nipple-sparing mastectomy is right for you.

After a mastectomy and axillary surgery, fluid normally builds up in the area where your breast tissue was removed. For most patients getting a mastectomy, the surgeon will leave 1 or more thin plastic tubes (**catheters**) in the area where you had surgery. This is to drain the fluid that builds up after surgery. The drain is attached to a bulb with a cap. The surgical team will teach you how to care for these drains. Depending on the amount of fluid that collects in the bulb, the drains are usually removed 1-3 weeks after the surgery.

Axillary surgery

Axillary surgery, or lymph node surgery, is an important procedure. It can help your doctor find out whether breast cancer cells have spread to the nearby **lymph nodes** (small bean-shaped structures that filter substances throughout your body). Then, they can recommend treatment that gives you the best chance of becoming and staying cancer-free. There are 2 types of lymph node surgery: sentinel lymph node biopsy and axillary lymph node dissection.

Sentinel lymph node biopsy

A **sentinel lymph node biopsy** is a procedure that tests your **axillary lymph nodes** (lymph nodes in the underarm or armpit) for cancer. The **sentinel lymph nodes** are the first lymph nodes to which the cancer spreads, or drains. The doctor will find your sentinel lymph nodes by injecting different **solutions** (liquid mixtures of water and other materials) into the breast, such as a blue dye, weak radioactive tracer, or magnetic tracer. These solutions move to and build up in the sentinel nodes, making it easier for the surgeon to see the sentinel lymph nodes. In the operating room, the surgeon will make an **incision** (cut) in the **axilla** (underarm) to locate and remove the sentinel lymph nodes. Most patients have 2 sentinel lymph nodes, but some patients have only 1 and

some patients have 3 or more. The amount of tissue removed with the sentinel lymph node biopsy is very small, so the doctor won't have to leave a drainage tube in your body after the surgery. The risk of side effects (such as **lymphedema**, or swelling from a build-up of lymph fluid) is low.

Axillary lymph node dissection

Axillary lymph node dissection is a more extensive lymph node surgery that is appropriate for some patients if cancer has spread to the lymph nodes, or if the doctor can't do a sentinel lymph node biopsy for technical reasons (scar tissue, dye not reaching the lymph nodes, etc.). To perform the axillary lymph node dissection, the surgeon makes an incision in your armpit under your arm and removes the fatty tissue where the lymph nodes are located. Most patients have between 10 and 20 lymph nodes in the tissue that is removed during the axillary lymph node dissection. However, the actual number of lymph nodes is different for each patient. The **pathology report** (the medical report that tells you what the doctors learned from your surgery) will include the total number of lymph nodes found and how many of the lymph nodes contained cancer. The tissue that is left under the armpit can leak some lymph fluid after the lymph nodes are removed, so the surgeon will put a tube or drain in that area of your body to drain the fluid until the area heals. This usually takes 1-3 weeks.

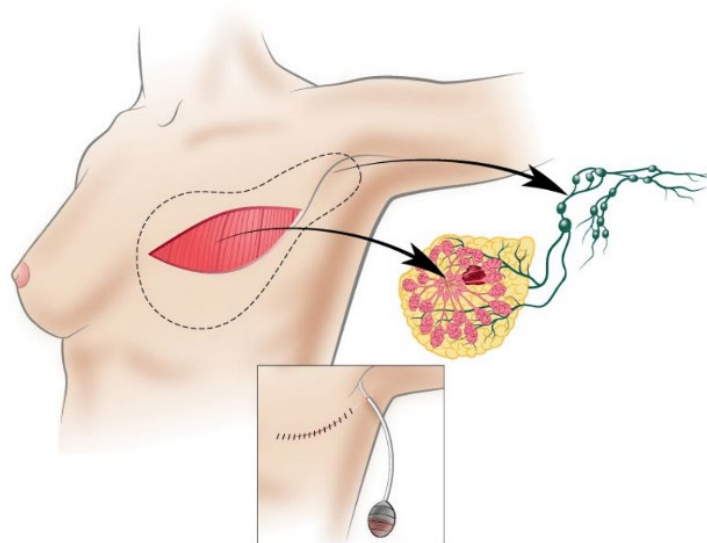


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Getting ready for surgery

Checklist of surgery preparations

Check off the following steps to help you get ready for your surgery.

Find someone to take you home

You must have a **responsible care partner** take you home after your surgery. A responsible care partner is an adult (18+ years old) who can help you get home safely and report concerns to your healthcare providers, if needed. Make sure to plan this before the day of your surgery.

Buy a 4% chlorhexidine gluconate (CHG) solution antiseptic skin cleanser (such as Hibiclens®) and make sure you have liquid antibacterial soap (such as Dial®)

4% CHG solution is a skin cleaner that kills germs for 24 hours after you use it. Showering with it before your surgery will help lower your risk of infection after surgery. You can buy a 4% CHG solution antiseptic skin cleanser at your local pharmacy without a prescription.

- You should only use a 4% CHG solution before your surgery, and not after. Also, you should not use 4% CHG solution on your face or genital area.

Buy hydrogen peroxide (3% solution), alcohol swabs, and drain sponges if you'll be getting a drain placed

You can buy these at your local pharmacy. Your surgeon will put one or more thin plastic tubes (called catheters) in the area of your surgery to drain the fluid that builds up after surgery. This drain attaches to a bulb with a cap. You will need to clean the area with a mixture of half water and half hydrogen peroxide.

Buy over-the-counter (OTC) pain medication

Have acetaminophen pills (such as Tylenol® Regular Strength) and ibuprofen pills (Motrin® or Advil®) available to take after surgery. Acetaminophen and ibuprofen are pain medications that you will take after your surgery to help manage your pain at home. It's helpful to buy it before your surgery. You can get it at your local pharmacy without a prescription.

Set up your online patient portal account

Use the website www.MyUofMHealth.org to set up your Michigan Medicine Patient Portal account. You can use the patient portal to send and receive messages from your healthcare team, see your test results, see your appointment dates and times, and more.

Prepare your body for surgery

Eat a well-balanced diet full of whole grains, lean (low in fat) protein, and fruits and vegetables that help your body heal after surgery. Start doing the posture and shoulder movement exercises (see pages 30-38 in this guide) every day before your surgery, so that they become part of your daily routine.

Instructions for eating and drinking

- **Do not eat anything after midnight on the night before your surgery.** This includes not eating hard candy and gum.
- You can drink a total of 12 ounces of **water** between midnight and 2 hours before your scheduled arrival time. Do not drink anything else.
- **Do not drink anything starting 2 hours before your scheduled arrival time.** This includes not drinking water.

Preventing infections from surgery

Follow these steps to prevent infections from your surgery and increase your chances for a good recovery. Ask your care team about specific instructions related to your surgery.

Before your surgery:



Do not shave or use hair removal products around your underarm, armpit, or breast for at least 3 days before surgery. These can irritate your skin and could cause an infection.



Keep your nails clean and trimmed, and don't put on any nail polish or artificial nails. These may carry germs and increase your infection risk. If someone is helping care for you during and after your surgery, they should also follow these rules to keep their nails clean.



Quit smoking or vaping, and avoid being around smoke. People who smoke or are around smoke get more infections. Talk to your care team about how you can quit before your surgery, and ask them what tools and programs are available to help you quit. Doctors recommend that you stop smoking 4-6 weeks before surgery.

1 day before your surgery:



Shower with a 4% CHG solution antiseptic skin cleanser (such as Hibiclens®) the night before your surgery. If you can't get Hibiclens®, shower with a liquid antibacterial soap like Dial®. Follow these steps:

1. Use your normal shampoo to wash your hair.
2. Use your normal soap to wash your face and genital area.
3. Open the 4% CHG solution bottle. Pour some into your hand or a clean washcloth. Use liquid antibacterial soap if you do not have 4% CHG solution.
4. Rub the 4% CHG solution gently over your body from your neck to your feet. Don't put it on your face or genital area. Rinse off with warm water.
5. Dry yourself off with a clean towel after your shower.



Don't put any deodorant, lotions, creams, powders, makeup, or perfume on your skin.



Dress in clean clothes, and make sure any materials you sleep on (sheets, blankets, pillows) or any items you sleep with (stuffed toys, etc.) are clean. This means that your clothing and bedding should be laundered, dried, and not used until the night before or the day of your surgery.

The day of your surgery:



Shower with a 4% CHG solution antiseptic skin cleanser (such as Hibiclens®) the morning of your surgery. If you can't get Hibiclens®, shower with a liquid antibacterial soap. Follow the same steps listed above.



Don't put any deodorant, lotions, creams, powders, makeup, or perfume on your skin.



Dress in clean, loose-fitting clothes. If you're bringing any comfort items to the hospital (blankets, toys, etc.), make sure they are clean.



Brush your teeth and rinse your mouth. This reduces your chances of getting pneumonia (an infection in your lungs) after surgery.

After your surgery:



Keep your incision clean and dry. Always wash your hands before or after changing the bandages or dressings on the incision or touching the incision. When you wash your hands, scrub your fingers, forearms, and under your nails with soap for at least 20 seconds.



Don't take a bath or put your incision under water (such as in a pool or hot tub) until your care team says it's okay. Ask your team about when it is safe to start showering.



Wear clean clothes, sleep on clean bedding, and keep pets and animals away from your incision.

What to expect on the day of your surgery

What will happen before my surgery?

When you come in for your surgery, many staff members will ask you to say and spell your name and birth date. This is for your safety. When it's time to change your clothes for surgery, the staff will give you a hospital gown to wear.

In a space called the “pre-op” area, you will meet with a nurse and anesthesiologist. An **anesthesiologist** is a doctor who gives patients **anesthesia** (medication that prevents you from feeling pain during surgery) and makes sure that you're safe and the medication is working before, during, and after surgery. The nurse and anesthesiologist will review your medical history and ask about what medications you're on.

The staff might also put in an **IV** (a needle or tube for medication that is put into your vein) and talk to you about the plan for anesthesia during the surgery. In most cases, your surgeon will use a **local anesthetic** (a medication that only numbs one specific area) during surgery to numb the area of the incision. You may also receive an intravenous (IV) medication to help you relax or sleep during the surgery. This will be discussed with you before the procedure. The surgery team will review the plan for surgery and mark the surgery site on your skin. Team members are available to answer any questions you have before the surgery.

If you are having a sentinel lymph node biopsy, you may have a blue dye injected into your breast during the surgery. This dye can cause the skin around the injection site to turn blue (this is temporary and will slowly fade away). Your body will get rid of the blue dye through your urine (pee). Your urine will be a blue-green color the day after your surgery.

If you are having an axillary lymph node dissection, a drain tube will be left in your axilla (underarm). See pages 22-24 in this guide for information on how to care for your drain.

How long is the surgery?

How long the entire procedure will take depends on what kind of surgery and breast reconstruction you're doing. Your surgical team will review these details with you before surgery.

When can I leave after my surgery?

After a total mastectomy or a mastectomy with implant reconstruction, many patients are able to go home the same day. Patients that are undergoing a mastectomy with flap reconstruction are usually asked to stay in the hospital for a few days. You won't be able to leave the outpatient surgery area unless you have someone with you to drive you home.

After your surgery

Caring for your incision

Look at your incision every day. The type of dressing (bandage) you will have on your incision depends on the type of surgery you have, where the incision is made, and the surgeon who performs the surgery. You can take off the outer dressing on the incision 24-48 hours after surgery (your care team will talk with you about this on the day of your surgery). While the dressing is in place, it must stay clean and dry. Always wash your hands before and after touching the incision.

Most incisions will be closed with suture materials (stitches) under the skin and that will dissolve over time. Most patients don't need any skin stitches removed after their surgery. The skin incision may be covered with Steri-Strips™ (surgical tape), Dermabond® (surgical glue), or some other material. The surgical tape and skin glue will eventually loosen and fall or peel off on its own. If it doesn't, your healthcare provider may remove them when they see you at your follow-up appointment. Wear clean clothes, sleep on clean bedding, and keep pets away from your incision.

We do not recommend the use of lotions, antibiotic ointments, or creams on the incision area. It's best to let it heal on its own.

Showering

You can shower 24-48 hours after your surgery (your surgeon will tell you exactly how long you should wait before showering). If you had breast reconstruction, your plastic surgeon will let you know when you can shower. Taking a warm shower is relaxing and it can help reduce your discomfort. If you were sent home with a breast binder or surgical bra, you can take it off to

shower. Pin up your drain tube while showering using the lanyard you were given. During your shower, use normal, antibacterial soap to gently wash your incision. Use a gentle washcloth or your hands. After your shower, pat the area dry with a clean towel. Avoid sitting in water that goes up to the surgery area (such as in a bathtub, swimming pool, or hot tub) for 4 weeks after your surgery.

Wearing breast binders

You may be sent home from surgery with a **breast binder** or surgical bra to wear. Your surgical team will tell you how long to keep this in place. Many patients wear this binder or bra for 1-2 weeks. The binder or bra supports the breast and reduces swelling or bleeding after surgery. You should sleep with this on. If you decide to remove the binder within 2 weeks after the surgery, you should wear a comfortable and close-fitting support bra all day for those first 2 weeks.

Possible changes after mastectomy and axillary surgery

- A scar on your breast and armpit
- A soft lump filled with clear fluid in the area of your surgery (called a **seroma**)
- Skin numbness around the incision
- Changes in feeling on the breast and under the arm
- Nipple deviation (the position of the nipple may change)
- **Lymphedema** (or swelling) of the arm on the side of your surgery
- Limited movement of the arm and shoulder on the side of your surgery
- Blue staining of the breast skin where the dye was injected (this is temporary)
- Blue-green urine the day after the procedure, caused by the blue dye injection
- An allergic reaction to the blue dye (this is rare)

- Damage to the soft tissues around the surgery area, including damage to blood vessels and nerves (this is rare)

Don't worry if you have bruising around the area of your surgery – this is common and normal.

New sensations (feelings) in your breast and under the arm

As you're healing, you may feel a few different sensations in the armpit, on the arm, or on the breast. Tenderness, numbness, and twinges (sudden, sharp pains) are common examples. These sensations usually come and go, and you won't get them as much over time. As you continue to heal, you may feel scar tissue along your incision. It may feel hard. This is normal, and the scar tissue will soften over the next several months.

Fluid build-up and scar tissue can feel like a hard lump under the incision. It will usually go away on its own in 1-2 months. Please let your doctor or nurse know if the fluid build-up continues to get bigger, becomes painful, or also includes redness larger than 1 inch around the incision area.

Some fluid lumps become large and uncomfortable even though they are not infected; these are called seromas. If the seroma is large and uncomfortable, the fluid can be taken out with a syringe (**aspirated**) in the clinic. If the fluid build-up might be caused by an infection, you will need to treat it with antibiotics and sometimes drainage. Your care team will help you with options for managing a seroma or wound infection.

Serious symptoms to watch for and report

Although complications from surgery are rare, they can include infection, bleeding, and sometimes too much fluid in the area of your surgery.

Call the surgical nurses (Monday through Friday, 8:00 am - 5:00 pm) at (734) 647-8902 if you have any of these symptoms:

- A temperature higher than 101°F
- Bleeding that will not stop with gentle pressure
- Severe swelling or bruising of the breast
- Redness or **drainage** (fluid leaking) from the incision
- Unusual or severe pain that your pain medication can't manage
- Nausea or vomiting that won't go away
- Any unusual symptoms that worry you

On weekends, holidays, or after 5:00 pm on weekdays, contact the page operator at (734) 936-6267. Ask to have the on-call surgical oncology resident paged.

Do not use the patient portal for medical emergencies! Call the clinic if you have any symptoms that concern you.

Getting the results of the surgery

You'll be able to see the **pathology results** (a report about what they learned from your surgery, including information about cancer) on the patient portal after 7 business days. Your surgeon's office will make a plan for you to review these results with the surgical team, either by phone or in a follow-up clinic appointment.

Activity after surgery

Many patients go back to work and their normal activities on the day after surgery. After your procedure, you should try not to do too much heavy lifting (heavier than 10 pounds) or intense activity or exercise for 2 weeks.

Continue doing the posture and mobility exercises provided in this guide (pages 30-38) every day. You should start shoulder exercises that involve above-the-shoulder movement only after the drains are removed. These exercises are noted as "after drains are removed" exercises.

If you aren't taking prescription pain medication that might make you sleepy, you can start driving again. Wait to drive until you have the full range of motion of your arm and you can comfortably turn the steering wheel.

Managing pain and medication

What pain can I expect after surgery?

You can expect to have some pain after surgery. This is normal. The pain is usually worse the day after surgery, and quickly begins to get better. A recent study found many patients are able to manage their pain after sentinel lymph node biopsy with over-the-counter (OTC) medications such as acetaminophen (Tylenol®) or ibuprofen (Advil® or Motrin®). For mastectomy, you will receive a prescription medication to help manage the pain. Use this medication only as prescribed. If you have a health condition that does not allow you to take acetaminophen or ibuprofen, let your surgical team know.

How will I manage my pain?

The best way to control your pain after surgery is around-the-clock (all day) pain control with acetaminophen and ibuprofen. **Alternating** these medications with each other (taking them in turns) is the best way to help you manage your pain control. Along with acetaminophen and ibuprofen, you can use heating pads or ice packs on your incisions to help reduce your pain.

How do I alternate over-the-counter pain medications?

You will take a dose of pain medication every 3 hours.

- Start by taking 650 mg of acetaminophen (2 pills that are 325 mg each)
- 3 hours later, take 600 mg of ibuprofen (3 pills that are 200 mg each)
- 3 hours after taking the ibuprofen, take 650 mg of acetaminophen
- 3 hours after that, take 600 mg of ibuprofen

See an example timetable below (if your first dose of acetaminophen is at 9:00 am):

Time	Medication
9:00 am	Acetaminophen 650 mg (2 pills that are 325 mg each)
12:00 pm	Ibuprofen 600 mg (3 pills that are 200 mg each)
3:00 pm	Acetaminophen 650 mg (2 pills that are 325 mg each)
6:00 pm	Ibuprofen 600 mg (3 pills that are 200 mg each)
Continue alternating medications every 3 hours	

We recommend that you follow this schedule around-the-clock for at least 3 days after surgery, or until you feel like you no longer need to. Use the medication diary on page 25-28 to keep track of the medications you are taking.

Important: Do not take more than 3000 mg of acetaminophen (Tylenol®) or more than 3200 mg of ibuprofen (Motrin® or Advil®) in a 24-hour period.

What if I still have pain?

If you have pain that is not controlled with the over-the-counter pain medications, you might have what we call **breakthrough pain**. You may get a prescription for a small amount of a pain medication such as oxycodone, tramadol, or Tylenol® with codeine. Use these prescription pills after surgery if you have breakthrough pain. **Do not take more than 1 pill every 4-6 hours.**

If your pain is still not controlled, call our staff using the number in this guide. We will help make sure you are managing your pain in the best way possible, and if needed, we can give you a prescription for more pain medication.

Don't drive or drink alcohol while you're taking prescription pain medication. Some prescription pain medications can make you sleepy, and alcohol can make the sleepiness worse.

Some prescription pain medications (such as opioids) may cause **constipation** (having fewer bowel movements than usual). Drink plenty of fluids to help prevent this. If you do get constipated, you may need a stool softener or laxative.

Drain care

Taking care of your drain

After your surgery, you will go home with a drain tube in place. The drain will remove fluid that builds up under your wound to help it heal.

- For the first 3 days after surgery, clean the area where the drain tubing enters your body (called the **insertion site**) and change the gauze once a day. Clean the insertion site using cotton swabs and a mixture of half water and half hydrogen peroxide.
- Put a clean drain sponge around the insertion site every day for 2 weeks. You may change the drain sponge more often if it gets very dirty.
- 1-2 days after surgery, you may shower or gently wash the area where the drain tubing enters your body.
 - You may use a liquid antibacterial soap (like Dial®).
 - While showering, pin up your drain tube using the lanyard you were given.
 - Always pat the area dry with a clean towel (never rub).
 - Put the gauze back on after you clean the area.

If you were given a breast binder or surgical bra to wear, continue to wear the bra except for when you shower.

Emptying the drain bulb (reservoir)

You will need to empty and then reattach the drain bulb (**reservoir**) that collects fluid. You may want to ask another person to help you with this. Wash your hands before and after touching the reservoir. Empty the reservoir into the measuring container as many times a day as your doctor or nurse told you to, or once the fluid reaches the 100 cc mark. Do not let the reservoir fill over the 100 cc mark, because the drainage will stop.

Keep a record of the amount of fluid collected in the reservoir. There is a chart you can use for this on page 29. Write down the date, time, and amount of fluid collected from the reservoir.

After writing down the fluid amount, flush the fluid down the toilet and clean the measuring container with soap and water so it is ready for the next time. Using the plastic strap, attach the reservoir to your bra or shirt (you can use a safety pin). Do not disconnect, kink or fold, or poke a hole in the tubing that is connected to the reservoir.

Over time, you will notice that less fluid is draining into the reservoir. The color of the drainage will also get lighter. **We will need to see you back in the office when the fluid in the reservoir is 30 cc or less each day for 2 days in a row.** Call (734) 936-6000 so we can plan to remove the drain. At the time of your follow-up appointment, be sure to bring your record of how much fluid came out of your drain.

“Milking” or “stripping” the drain tubing

To keep the drain working well, we will show you how to “milk” the drain tubing 3 times every day. You may want to ask another person to help you with this. You should always wash your hands before touching the drain.

Instructions:

1. Hold the tubing close to your body with one hand.
2. With your other hand, hold the tubing below the first hand.
3. Wrap an alcohol swab around the tube. Pinching the tubing tightly with the swab, slide your fingers down the tubing and away from your body. Repeat this 2-3 times.
4. Check to make sure that the fluid is flowing into the drain bulb. It is okay if the tube goes flat from the suction. Never disconnect the tubing from the drain bulb.

5. Write down the date, time, and the amount of drainage fluid in the drain care chart (see page 29 of this guide). Bring the completed chart with you to each appointment after your surgery.

Issues with your drain

Call your doctor or the Breast Care Center if:

- The reservoir doesn't hold suction and the bulb quickly re-expands)
- The drain tube falls out or the stitch holding the drain tube comes out
- The drainage fluid in the reservoir starts to smell bad
- You have a fever or there is any redness, swelling, or drainage from the area that gets worse
- There is an air leak, fluid leak, or malfunction of the drain bulb
- Clots form in the tubing and block drainage, and you can't clear them by milking the drain tubing

Tracking resources

Medication diary

Write down when you take pain medication, what kind of medication you're taking, how much pain medication you take, and your pain level (use a scale of 1 to 10, with 1 being very low pain and 10 being the worst pain imaginable).

Copy this table if you need to keep records for more than a week.

Day 1						
Time (am/pm)	Name of medication	Number of pills taken	Amount (mg) of acetaminophen	Amount (mg) of ibuprofen	Pain level	Comments
Total amount of acetaminophen taken today (don't take more than 3000 mg in 24 hours): _____						
Total amount of ibuprofen taken today (don't take more than 3200 mg in 24 hours): _____						

Day 2						
Time (am/pm)	Name of medication	Number of pills taken	Amount (mg) of acetaminophen	Amount (mg) of ibuprofen	Pain level	Comments
Total amount of acetaminophen taken today (don't take more than 3000 mg in 24 hours): _____						
Total amount of ibuprofen taken today (don't take more than 3200 mg in 24 hours): _____						

Day 3						
Time (am/pm)	Name of medication	Number of pills taken	Amount (mg) of acetaminophen	Amount (mg) of ibuprofen	Pain level	Comments
Total amount of acetaminophen taken today (don't take more than 3000 mg in 24 hours): _____						
Total amount of ibuprofen taken today (don't take more than 3200 mg in 24 hours): _____						

Day 4						
Time (am/pm)	Name of medication	Number of pills taken	Amount (mg) of acetaminophen	Amount (mg) of ibuprofen	Pain level	Comments
Total amount of acetaminophen taken today (don't take more than 3000 mg in 24 hours): _____						
Total amount of ibuprofen taken today (don't take more than 3200 mg in 24 hours): _____						

Day 5						
Time (am/pm)	Name of medication	Number of pills taken	Amount (mg) of acetaminophen	Amount (mg) of ibuprofen	Pain level	Comments
Total amount of acetaminophen taken today (don't take more than 3000 mg in 24 hours): _____						
Total amount of ibuprofen taken today (don't take more than 3200 mg in 24 hours): _____						

Day 6						
Time (am/pm)	Name of medication	Number of pills taken	Amount (mg) of acetaminophen	Amount (mg) of ibuprofen	Pain level	Comments
Total amount of acetaminophen taken today (don't take more than 3000 mg in 24 hours): _____						
Total amount of ibuprofen taken today (don't take more than 3200 mg in 24 hours): _____						

Day 7						
Time (am/pm)	Name of medication	Number of pills taken	Amount (mg) of acetaminophen	Amount (mg) of ibuprofen	Pain level	Comments
Total amount of acetaminophen taken today (don't take more than 3000 mg in 24 hours): _____						
Total amount of ibuprofen taken today (don't take more than 3200 mg in 24 hours): _____						

Drain care chart

Write down the amount of fluid collected in the reservoir before disposing of it. You will need to empty the reservoir at least 2 times a day. Copy the table if you need to record more days.

Date	Morning amount (cc)	Afternoon amount (cc)	Evening amount (cc)	Total amount for the day

Exercises

The information in this guide describes how to do arm and shoulder exercises and a breathing exercise after your surgery. These exercises will help improve your posture, increase your range of motion, and relax and help with any pain and tightness around your incision (surgical cut). It is also a very good way to relieve tension during the day.

When should I start exercising?

- If you had surgery without drains, you may start doing the exercises in this guide on the first day after your surgery, as long as your surgeon tells you it is safe.
- If you had lymph node surgery with drains in place, talk with someone on your surgery team about when it's safe to do each of these exercises. Shoulder exercises that involve above-the-shoulder movement should be started only after the drains are removed. These exercises are noted as **“after drains are removed”** exercises.

Exercise schedule for after surgery

Exercise name:	Schedule:
Deep breathing	2 times a day and as needed
Chin tuck exercise	2 times a day, 10 repetitions
Shoulder shrug	2 times a day, 10 repetitions
Shoulder roll	2 times a day, 10 repetitions
“W” exercise	Once a day, 10 repetitions
Arm circles	Once a day, 10 circles forward and 10 circles backward on each arm (ask your surgeon about when you should start doing this exercise)

Exercise name:	Schedule:
Forward wall slide	Once a day, 10 repetitions (after drains are removed)
Side shoulder wall slides	Once a day, 10 repetitions (after drains are removed)
Victory arms	2 times a day, 10 repetitions (after drains are removed)

Breathing exercises

What is deep breathing?

Slow, deep, controlled breathing can help you relax, relieve stress, help with pain or tightness around your incision, and improve the flow of lymph fluid. This is the first exercise you should start doing after your surgery.

How do I do deep breathing?

1. Get into a comfortable position. Lie down, stand, or sit upright.
2. Take a slow, deep breath in (inhale) through your nose. Let the air completely fill your lungs. Try not to exhale (breathe out) quickly before you've fully inhaled.
3. As you take a deep breath in, let your belly fill with the air and get bigger by an inch or two. Place a hand on your belly, and the other hand on your chest, as you inhale. You can tell you're breathing deeply and properly if the hand on your belly rises out farther than the one on your chest as you inhale.
4. Exhale completely. Breathe out through your mouth or your nose. As you breathe out, pull in your belly toward your spine while exhaling all of the breath out of your lungs.
5. After you exhale, take in another deep breath through your nose and continue breathing deeply. Try to exhale for twice as long as you inhale, and fully empty your lungs of air.

Posture exercises

Your **posture** is the way you position your head, neck, and shoulders. Good posture is important to have better shoulder movement, more energy, and less stress and tiredness. If you can practice good posture after surgery, you will be more comfortable. We recommend looking at your posture in a mirror (from the front and the side of your body) to see that your back is as straight as possible, your shoulders are level, and your chin is tucked in.

The mirror test

Stand in front of a mirror where you can see your whole body and check to see if:

- Your shoulders are level (meaning that one shoulder is not up higher than the other).
- Your head is upright.
- Your arms and legs are spaced equally on both sides.
- Your hips are level, and your kneecaps face straight ahead.
- Your ankles are straight.



Look at a side view of your body in the mirror. This is much easier to do with the help of another person, or by having another person take a photo of you. Check for the following:

- Your head is upright (not leaning forward or backward).
- Your chin is parallel to the floor (not tilting up or down).
- Your shoulders are in line with ears (not leaning forward or pulled back).
- Your back is straight.
- Your knees are straight (not bent).
- Your lower back has a slightly forward curve (not too flat or not curved too much forward).



Chin tuck exercise

Do this exercise twice a day.

1. Sitting in a relaxed position with your back straight, move your head backward as far as possible, tucking in your chin toward your chest.
2. Make a double chin as you continue looking straight ahead. Hold for 5 seconds.
3. Relax your chin and return to your starting position.
4. Repeat this chin tuck movement 10 times.



Shoulder shrug

Do this exercise twice a day.

1. Sit or stand comfortably with your shoulders relaxed. If possible, look in a mirror to make sure your shoulders are level.
2. Shrug your shoulders up toward your ears. Hold for 5 seconds.
3. Relax your shoulders again.
4. Repeat this shoulder shrug movement 10 times.



Shoulder roll

Do this exercise twice a day.

1. Sit or stand comfortably with your shoulders relaxed. If possible, look in a mirror.



2. Move your shoulders up, back, and down in a slow, circular motion. Look in a mirror to make sure your collarbones are moving evenly.
3. Relax your shoulders and return to your starting position.
4. Repeat this shoulder roll movement 10 times.

“W” exercise

Do this exercise once a day. Do this exercise standing or sitting. You can also do this exercise with your back against the wall to help you hold the correct position.

1. Form a “W” shape, with your arms out to your side and palms facing forward. Try to bring your hands up so that they are as high as your face. If you can’t raise your arms that high, bring them up to the highest and most comfortable position possible.
2. Pinch your shoulder blades together and downward, as if you’re squeezing a pencil between your shoulder blades.
 - If you feel discomfort in the area of your incision, stop the exercise and do some deep breathing exercises. If the discomfort passes, try to bring your arms back a little farther. If the discomfort does not pass, do not reach any farther.
3. Hold this position (as far back as you can squeeze your shoulder blades together) for 5 seconds.
4. Relax your shoulders and return to your starting position.
5. Repeat this shoulder movement 10 times.



Starting Position



Ending Position

Shoulder mobility exercises

Using your arm in everyday activities, such as letting your arms swing as you walk, is an excellent way of getting back the shoulder **mobility** (range of movement) that you had before surgery. The following exercises will also help you get back full shoulder mobility. Do these exercises slowly, and continue these exercises until you get full arm mobility.

Arm circles (backward and forward)

Do this exercise one arm at a time. Do not do this exercise with both arms at the same time. This will put too much pressure on your chest. Ask your surgeon when you should start doing this exercise.

1. Stand with your feet slightly apart.
2. Raise your arm out to the side as high as you can.
3. Start making slow, backward circles in the air with your arm. Make sure you're moving from the shoulder and not at the elbow. Keep your elbow straight.
4. Gradually increase the size of your circles until they are as large as you can comfortably make them. Try to complete at least 10 full backward circles.
 - If you feel any discomfort or if your arm is tired, take a break and rest your arm at your side. Continue doing the exercise when you feel better.
5. Rest your arm by your side for a few seconds.
6. Raise your arm out to the side as high as you can again.
7. Start making slow, forward circles in the air with your arm. Make sure you're moving from the shoulder and not at the elbow. Keep your elbow straight.



Arm Circles Left



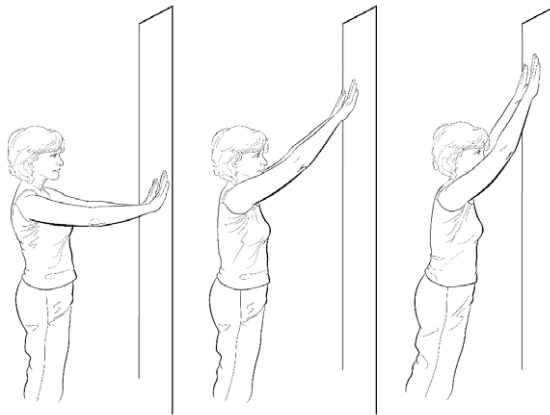
Arm Circles Right

8. Gradually increase the size of your circles until they are as large as you can comfortably make them. Try to complete at least 10 full forward circles.

Forward wall slide (after drains are removed)

Do this exercise once a day. You will need 2 pieces of tape for this exercise and a soft cloth to help you slide your hands up the wall.

1. Stand about 6 inches away from the wall, facing the wall.
2. Using your unaffected arm (the arm on the side where you didn't have surgery), reach up the wall as high as you can and mark the spot with a piece of tape. This will be your goal for your affected arm (on the side where you had your surgery).
 - If you had surgery on both arms and breasts, set your goal using the arm that moves most freely and comfortably.
3. Place both hands on the wall, with the soft cloth underneath your hands, at a height that is comfortable.



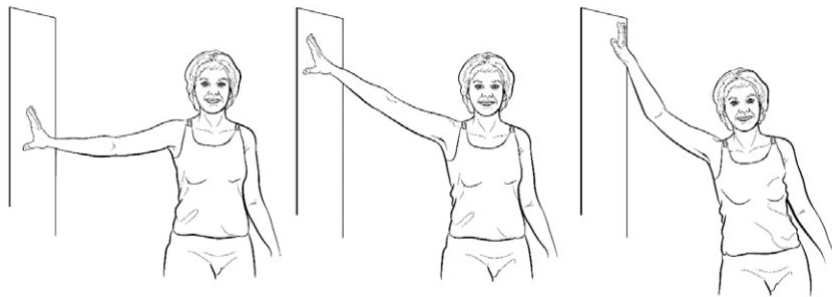
4. Slide your hands up the wall as far as possible, keeping them together. Try not to look up at your hands, but look straight forward and keep your back straight.
5. When you get to the point where you feel a good stretch (but not pain), take a few deep breaths while you hold the stretch.
6. Slide your hands back down the wall to the starting position.

7. Repeat 10 times. Each time you move your hands up the wall, try to slide up a little higher.
8. Every day, mark the highest point you reached with your affected arm with another piece of tape. This will help you see your improvement.

Side shoulder wall slides (after drains are removed)

Do this exercise once a day. You will need 2 pieces of tape for this exercise and a soft cloth to help you slide your hands up the wall.

1. Stand about 12 inches away from the wall. The side of your body with your unaffected arm (the arm on the side where you didn't have surgery) should be toward the wall.



2. Using your unaffected arm, reach up the wall as high as you can and mark the spot with a piece of tape. This will be your goal for your affected arm (on the side where you had your surgery).
 - If you had surgery on both breasts and arms, set your goal using the arm that moves most freely and comfortably.
3. Turn your body so that your affected side is toward the wall.
4. Place your hand on the wall, with the soft cloth underneath your hand, start at shoulder level.
5. Slide your hand up the wall as far as possible. When you get to the point where you feel a good stretch (but not pain), do the deep breathing exercise.
6. Return to your starting position by sliding your hand back down the wall to shoulder height.

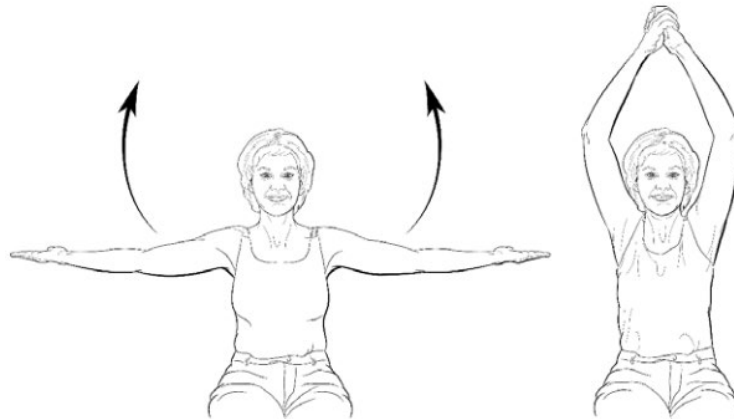
7. Repeat 10 times. Each time you raise your hand, try to slide it a little higher.
8. Every day, mark the highest point you reached with your affected arm with another piece of tape. This will help you see your improvement.

You should not feel any pain while doing this exercise. It is normal to feel some tightness or pulling across the side of your chest. By focusing on your normal breathing, your tightness should decrease. Do not hold your breath.

Victory arms (after drains are removed)

Do this exercise twice a day.

1. Sit or stand comfortably with your shoulders relaxed. If possible, look in a mirror to make sure your shoulders are moving evenly.
2. Move your arms outward and hold them away from your sides of your body, with your palms facing up.



3. Raise your arms upward (keeping your elbows straight), and hold your hands together over your head.
4. Hold your hands and arms like this for 5 seconds, and then relax and return your arms back to your sides.
5. Repeat this movement 10 times.

Contact information

How to contact your health care provider

- Monday through Friday 8:00 am - 5:00 pm: call the Breast Care Center at (734) 936-6000.
- Weekdays after 5:00 pm or on weekends and holidays: contact the Michigan Medicine paging operator at (734) 936-6267 and ask to have the on-call surgical oncology resident paged.

Useful phone numbers:

Breast Care Center	(734) 936-6000
Breast Imaging (Mammography)	(734) 936-6274
Breast Surgery Clinic	(734) 936-6000
Cancer Center Nutrition Services	(734) 647-8902
East Ann Arbor Surgical Center	(734) 232-3053
East Ann Arbor Surgery Family Waiting Room	(734) 232-3000
Lymphedema Class Registration	(877) 907-0859
Nuclear Medicine Department	(734) 936-5090
Patient Education Resource Center	(734) 647-8626

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