



Caring for myself after an Axillary Lymph Node Dissection (Surgical Oncology)

What are my general guidelines?

1. 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.
2. Eat a balanced diet and try to maintain good nutrition.
3. Drink plenty of fluids. Some of the pain medications can cause constipation, and drinking plenty of water will help to prevent this.
4. You may notice some mild swelling of the involved arm. This will usually resolve on its own. If it is getting worse, notify the Surgical Oncology Clinic. You will also probably notice some numbness on the skin of the inner arm. This is expected and often gets better very gradually.

What are my activity restrictions?

1. Do **not** raise your elbow above the shoulder level on the affected side until your drain is removed.
2. Try to walk a little more each day and continue your breathing and coughing exercises
3. Continue posture, mobility, and strengthening exercises until you have no difficulty moving your arm in all directions.
4. Do **not** lift more than 5 lbs. (a bag of sugar or a 2-liter bottle of soda) with your affected arm for 4 weeks.
5. Do not drive until your surgeon examines you in the office and clears you to drive. 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.

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. 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. Take ibuprofen (Motrin or Advil) with food to avoid upsetting your stomach.

If your pain is not tolerable with over-the-counter medications alone, 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 we 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 dressing on for 48 hours. The incision has been sealed with a skin sealant. This will dissolve on its own over the next few weeks.
2. After 48 hours you can remove the dressing and may shower. For the first week avoid running water directly on the incision, pat it dry with a clean towel, and keep a clean, dry dressing over the incision.
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 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. For the first 3 days, clean the area where the drain tubing enters your body and change the gauze. 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 two 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. Women should continue to wear their bra.

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 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 A 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 7 with the record of how much fluid came out of your drain.

Your surgeon will contact you with your final pathology report or discuss it with you when they see you in the office. Depending on the 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 our office regarding your pathology after 10 days, call the office to check on your results.

Remember that healing from surgery, even if that surgery seems small, 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. The contact information is below.

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:

	Bulb 1 amount	Bulb 2 amount	Temperature Check once per day
Date 5/17/2020	15 ml	5 ml	99.1
Morning	18 ml	10 ml	
Mid day	10 ml	5 ml	
Evening			
	Total 43 ml	Total 20 ml	

	Bulb 1 amount	Bulb 2 amount	Temperature Check once per day
Date			
Morning			
Mid-day			
Evening			
	Total	Total	
Date			
Morning			
Mid-day			
Evening			
	Total	Total	
Date			
Morning			
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Evening			
	Total	Total	

	Bulb 1 amount	Bulb 2 amount	Temperature Check once per day
Date			
Morning			
Mid-day			
Evening			
	Total	Total	
Date			
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