

Name: **Another Example**

Date of Birth: **01/01/1983**

## **Breast Team Lumpectomy Post Surgery Guide**

The following information is intended to guide you through your post-op recovery:

### **Diet:**

- For the first few days after your surgery you should eat foods that you easily tolerate normally.

### **Medications/Pain Management:**

- Follow the directions on any new prescriptions that your doctor has given you. You will be instructed prior to your discharge about what daily medications you will need to take when you return home.
- Pain management is an important part of your post-surgery care. You should expect some discomfort after your surgery. You may be sent home with a prescription for pain medication and it is important to take this prior to your pain becoming intense in severity.
- State law strongly encourages physicians to provide a limited amount of narcotic pain medication. If you are almost out and do not think you will have enough to last until your clinic visit, please call our office during business hours (Monday-Friday before noon). Our nurse will review your case with a provider. Narcotic medications cannot be refilled after hours or on the weekend/holidays. Narcotic prescriptions will need to be picked up at the front desk of the office (they cannot be called into a pharmacy or mailed to you).
- In addition to narcotic pain medications, patients may take ibuprofen 800 mg every 6-8 hours to help with pain control provided you do not have peptic ulcer disease or another medical condition that makes NSAIDS unsafe. Acetaminophen 650 mg every 4 hours may also be taken if it is not already combined with your narcotic medication: i.e. Norco (acetaminophen/hydrocodone); Percocet (acetaminophen/oxycodone).
- Some side-effects from narcotic pain medication include nausea/vomiting and constipation. If you experience nausea/vomiting or constipation related to your pain medications, you should stop the medication and take ibuprofen or acetaminophen for pain management.
- You should apply ice packs to the area for the first 24-36 hours after your surgery. Apply the ice pack for 20-30 minutes every 2 hours while you are awake.

### **Bowel Care:**

- While on narcotic pain medications, you should be taking Colace (docusate sodium) 100mg twice daily. If you do not have a bowel movement after 3 days, take Milk of Magnesia - one dose every 8 hours for 3 doses. If that does not work, you should call our office for other suggestions.
- You should ambulate as much as you are able and drink 8 glasses of water per day to help facilitate bowel movements.
- You need to call the office for further evaluation if you experience watery, foul, frequent diarrhea.

### **Dressing/Incision Care:**

- If you have a drain, please leave your dressings in place until your first office visit. If your dressing becomes extremely soiled, or loosens and comes off prior to your first office visit, you may replace it with a dry sterile dressing and tape, and then call the office to arrange a nurse visit for a dressing change.
- If you do NOT have a drain you may remove your dressings 2 days after your surgery. Remove the outer dressing and leave the strips of tape (steri-strips) that cover your incision.
- Steri-strips should remain in place for 10-14 days. The strips will gradually loosen and come off. If they do not come off within two weeks you may remove them yourself.
- If your clothes irritate the incision or if you have some drainage, you may place a clean, dry gauze

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dressing over your incision and change it daily.

- You should continue to wear your compression garment (breast binder or compression bra) until your post-op appointment or until your surgeon instructs you to discontinue use. If you cannot tolerate a breast binder, you may apply compression by wrapping an ACE bandage over a sports bra.
- If the material from the compression garment irritates your skin you may wear a thin shirt or camisole under the garment. A pad under the arm may prevent irritation of the incision under your arm from the garment.
- You must observe your incision daily for signs or symptoms of infection. These signs would include: increased swelling, redness, pain, or smelly wound drainage. It is normal to have some swelling and bruising around your incision. It is normal to have a firm lump directly beneath your incision line. This will disappear within a couple of months.

### **Drain Care (if applicable):**

- If you have a drain, leave the dressing in place and keep dry (sponge bath only). You will need to “strip” the tubing and record the output *at least two times each day (morning and evening), or when the bulb is 1/3 full.*
- Strip the tubing: Stripping means that you use your fingers to squeeze along the length of the tubing to help prevent clots and maintain the flow of drainage.
  - Using one hand, firmly hold the tubing near the insertion site (close to your skin). This will prevent the drain from being pulled from your skin while you are stripping it.
  - Using your index finger and thumb of the other hand, squeeze the tubing below the first hand. You should squeeze it firmly enough so the tubing becomes flat.
  - As you are squeezing, slide your index finger and thumb down the tube toward the bulb. Then, release the tubing held by the hand closest to your body. Repeat.
  - Do not release the pressure you are creating in the tubing until you reach the bulb.
- Record the output:
  - Wash your hands with soap and water.
  - Carefully remove the plug from the top of the bulb and gently squeeze all of the drainage into the measuring cup provided for you.
  - Record the date, time and amount of fluid each time you empty.
  - To re-create suction, squeeze the middle of the bulb and replace the plug.
  - Rinse the measuring cup and wash your hands with soap and water.
- When your drain output is below 30ml in a 24-hour period (unless otherwise specified by your doctor), call the office to schedule an appointment for a drain removal. If your output remains greater than 30ml/24-hours for 2 weeks, please call the office to see if prophylactic antibiotics are indicated.

### **Physical Activity/Restrictions and Return to Work:**

- Minimize your activity level for the first few days at home, and then resume normal, non-vigorous activity. Avoid repetitive movements with the arm on your surgical side; if you have had lymph nodes removed from under your arm avoid lifting your elbow above your shoulder for the first 2 weeks after surgery.
- Do not lift more than 10 lbs. for 2 weeks.
- You may return to exercising when your physician states it is OK.
- Your doctor should inform you of when you might return to work. Please notify our office if you need a return to work letter for your employer. It may take up to 48 hours for the letter to be completed. Please leave a fax number for your employer so we can fax your release. As a general guideline, the

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following will give you instruction for when to return to work:

- Light lifting or no lifting type jobs: You may return to work within 3-7 days of surgery with a weight lifting restriction of 10 lbs.
- Heavy lifting or physical type jobs: You may return to work within 2-3 weeks after surgery.

### **Bathing and Showering:**

- Do NOT shower while the drains are in place (sponge bath **only**). You may start showering 48 hours after your drains are removed. If you have a plastic dressing placed after your drain removal, you may shower at that time.
- If you do NOT have a drain please note the following instructions.
- If you have a plastic dressing covering the entire incision you may shower 12 hours after your surgery. Remove the dressing 2 days after your surgery.
- When you are released to shower, you may do so with your steri-strips in place. Do not scrub across your steri-strips or incision. **Do not bathe in a tub for 14 days after your surgery.** This includes a "hot tub".

### **Driving:**

- You may drive when you no longer are taking narcotic pain medication *and* you feel you can quickly respond to situations in order to not place others in jeopardy.

### **Pathology Results:**

- The pathology results will usually be available four to five "working" days after your surgery. You can call the office in the afternoon on your fifth post-op day if you have not heard from our office and would like to check for results. Please note your doctor may not be available to discuss your results with you directly when you call.
- If you choose not to call, your results will be covered in detail at your first post-operative appointment with your provider.

### **Note:**

- You should discuss increasing activity level and lymphedema prevention (if appropriate) after surgery with your doctor.
- If you had a sentinel lymph node biopsy your urine may turn blue for approximately 48 hours after your surgery. This is expected and considered normal.

### **Follow-up Appointments:**

- You will be given instructions about your post-operative follow-up the day of your surgery. If not indicated, post-op appointments will be 2 weeks after surgery. If you have not already done so, please call the office after your surgery to schedule this appointment.

### **Problems to Observe for:**

Call the office for the following:

1. Fever greater than 101.0
2. Uncontrolled pain. That is on a scale of 1-10 (10 being the worst pain imaginable) your pain is a

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level 7 or above.

3. Nausea and/or vomiting that continues for 12-24 hours.
4. Diarrhea that continues for 12-48 hours.
5. Signs of a wound infection: increased swelling, redness, pain, or smelly wound drainage
6. Chest pain or difficulty breathing.
7. Your incision separates or opens up.
8. Significant drainage leaking around the drain.

**Please call the office if you have further questions after reading this handout. The office is open from 9:00AM to 5:00PM Monday through Friday. For emergencies after office hours, the answering service will be available when you call the office number.**

**NWSS Phone: (541) 868-9303**