Service: Breast Care

Discharge advice following non-reconstructive breast surgery

Exceptional healthcare, personally delivered
This leaflet has been written to help you understand the changes that are taking place now that you have had your operation.

We have taken views from patients who have had the same operation as you and have used their comments in the leaflet. The leaflet also gives advice for when you are at home.

Pain

Numbness across the scar(s) is common; this can last for a few months. This is due to the fine nerves being either cut or bruised at the time of your operation. As these start to heal, after two to three weeks, you will feel “odd” sensations in the breast/chest area. This can feel like a very quick trickle, which lasts for a few seconds only.

The inner part of your upper arm and armpit can also feel numb for the same reason. Occasionally this area may feel swollen and sometimes tender but when you touch it, it is numb.

If your arm movement becomes restricted (discussed later) then pain will occur. This varies from being uncomfortable to quite painful. If this happens we suggest you take painkillers regularly until the pain improves.

Arm movement

Some patients may require surgery to the arm-pit area (lymph glands). If this is the case your own individual arm movement may feel restricted. Your arm can feel tight and sometimes feel as if you have a tight cord in your arm which is stopping you from being able to straighten your arm.
Your breast care nurse will provide you with an information leaflet regarding post surgery exercise’s to do along with general advice, regarding lifting and arm-care. The leaflet has been compiled by our own NBT physiotherapists to whom some patients will be referred to by their breast care nurse, if appropriate.

If you are concerned about the movement in your arm, please contact your breast care nurse.

Lifting heavy objects (for example, carrying a full tray) can cause your arm to ache, but you will not cause any damage. It can also ache slightly if you use the arm to push the vacuum cleaner. Again, you will not cause any damage, but it may feel more comfortable to use the other arm. This can last for about a month.

**Wide local excision (lumpectomy)**

You may recall that your consultant or Breast care nurse informed you that you will require radiotherapy to your breast following surgery. To assist the Oncologist (Radiotherapy Consultant) in ensuring the area to target the radiotherapy, the surgeon will place small metal clips within your breast once he/she has removed the cancer. This will not affect you in anyway (E.G. going through airport checks).

When the cancer is removed from your breast, the surgeon also removes a border of the ‘normal’ tissue around the lump. As part of the tests performed by the pathologist this normal tissue will be checked to ensure there are no cancer or pre-cancerous cells present. If these cells are found in this tissue, it could indicate there is more cancer or precancerous cells still within your breast and further surgery will be discussed with you. The types of further surgery may be a wider area of the breast tissue or a mastectomy (all of the breast tissue). The tests are very lengthy so it is not possible to know this at the time of your operation, but will be ready when you return for your appointment.
**Mastectomy surgery**

Mastectomy means removal of the entire breast including the nipple and has been recommended by your consultant. You will have a scar across the centre of your chest from where your breast has been removed. Some patients will have a wound drain inserted at the time of surgery which may remain in for a few days. Patients are often discharged with the drain in and given advice about ‘drain-care’ prior to discharge. You will be offered a light temporary breast prosthesis to wear in your bra before you go home from hospital, and once the wound has healed sufficiently, and you are able to wear a bra comfortably (approx 4-6 weeks post surgery), we will arrange an appointment for you to be fitted with a permanent breast prosthesis. We run a weekly prosthetic fitting clinic within the Macmillan Well Being Centre here at Southmead.

**Your wound(s)**

Bruising is quite common after your operation and may take two to four weeks to settle completely.

Haematoma in the wound (blood clot) is unlikely to occur, but is a risk of surgery, as is infection. Please contact your breast care nurse if you have any concerns regarding your wound, if it is red, hot, swollen or there is excessive bruising. If this is on an evening or a weekend please call your on call GP service.

Your stitches are under your skin and soluble, so there is no need to have them removed. The wound(s) is covered by a clear plastic dressing. This is waterproof so you can bathe and shower. This can be removed 7-10 days after your operation. You will also notice paper tape directly over your scar(s). The tape is helping with the cosmetic result of your wound during its healing. This can be removed at the same time you remove the clear plastic dressing. This will not be painful and quite easy to remove. If you do not feel able to do this yourself then book an appointment with your treatment room nurse at you
GP practice. If you are seeing your breast care nurse at this time, she will be happy to remove this for you.

As your scar heals it can become a little puckered and the area where you had your operation can become hard. This is due to the healing taking place. Once the tape is removed we recommend that you gently massage cream onto the scar, this will help prevent the hardness and keep the scar from puckering. The area close to the scar and the scar is numb so this should not feel painful. The creams that can be used include Aveeno and E45 cream.

We recommend the use of non-aerosol deodorants which are perfume free and your breast care nurse will advise you when safe to use again.

Seroma (fluid collection in your wound)

Fluid can collect in the internal area where you had your operation. Your own body healing process can disperse this without you being aware of anything happening. However at times the amount of fluid can build up and can cause swelling. If you have had a lumpectomy the swelling will appear in your armpit and/or at the front of your breast. If you have had a mastectomy then the fluid can collect along under your skin/scar. This can feel uncomfortable but is not harmful. It can be removed using a needle and syringe, at the Breast Care Centre by either the doctor or your breast care nurse. This will not be painful as your scar and surrounding area is still numb.

If you notice or think you have any swelling either contact your breast care nurse or phone the Breast Care Centre for an appointment. If you notice this swelling over a weekend, it is safe to wait until Monday to phone the Breast Care Centre.
Tiredness (fatigue)

You will experience tiredness following your operation. Women describe it generally as ‘not too bad’ and that it can last for up to one month. This will not stop you doing all normal chores, but they may take longer. You may find that you become easily tired and may need to rest during the day. If you are in employment, you may find tiredness noticeable when you return to work. This will only last for one to two weeks. Fatigue can be due to the effects of an operation as well as to all the stress you may have experienced as a result of your cancer diagnosis.

Driving

We advise that you wait a few weeks until you are comfortable and have a full range of movement in your arm. If your arm is stiff or has restricted movement then it may be difficult to steer your car, change gear or use the hand brake (if you have had surgery to your left breast). If you have any concerns please check with your insurance company.

If the seat belt is uncomfortable, clips are available from car accessory shops.

Lymphoedema (swelling of the arm)

Fluid (lymph) is made in all tissue. This fluid drains from the arm through the lymph glands in your armpit. Some of the glands will have been removed from your armpit during your operation if appropriate. This can sometimes restrict the flow of fluid through the remaining glands and cause your arm, breast/chest wall to swell (lymphoedema).
References


NHS Constitution. Information on your rights and responsibilities: www.nhs.uk/aboutnhs/constitution
If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

© North Bristol NHS Trust. This edition published April 2019. Review due April 2021. NBT002461

How to contact us:

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www.nbt.nhs.uk/breastcare