



Memorial Sloan Kettering
Cancer Center

PATIENT & CAREGIVER EDUCATION

About Your Mastectomy

This guide will help you get ready for your mastectomy at Memorial Sloan Kettering (MSK). It will also help you understand what to expect during your recovery.

Use this guide as a source of information in the days leading up to your surgery. Bring it with you on the day of your surgery. You and your healthcare team will refer to it as you learn more about your recovery.

Your healthcare team

Doctor: _____

Nurse: _____

Phone number: _____

Fax number: _____



To view this guide online, visit www.mskcc.org/pe/mastectomy

Table of contents

About Your Surgery	3
Total mastectomy	3
Sentinel lymph node biopsy	3
Axillary lymph node dissection.....	4
About your lymphatic system	4
Before Your Surgery	5
Getting ready for your surgery.....	6
Within 30 days of your surgery.....	8
7 days before your surgery	10
2 days before your surgery	11
1 day before your surgery.....	11
The morning of your surgery.....	13
After Your Surgery	17
In the Post-Anesthesia Care Unit (PACU) or recovery room	18
At home	20
When to call your healthcare provider.....	29
Support Services	31
MSK support services	32
External support services	34
Breast cancer support services	35
Medications	37
<i>Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E</i>	
<i>Herbal Remedies and Cancer Treatment</i>	
Educational Resources	49
<i>Caring for Your Jackson-Pratt Drain</i>	
<i>Exercises After Your Mastectomy</i>	

About Your Surgery

This guide has information about several types of breast surgeries. The surgery you're having is called a:

- Total mastectomy
- Total mastectomy and sentinel lymph node biopsy
- Total mastectomy and sentinel lymph node biopsy with possible axillary lymph node dissection
- Total mastectomy and axillary node dissection (also called a modified radical mastectomy)
- Other: _____

If you're having breast reconstruction, your plastic surgeon will give you more information.

Total mastectomy

A total mastectomy is a surgery to remove all your breast tissue. It's usually done through an incision (surgical cut) across your chest, but it can be done in different ways. Your breast surgeon will talk with you about which option is right for you.

During your surgery, your surgeon may also remove one or more lymph nodes from your armpit. A pathologist will examine the lymph node(s) to see if the cancer has spread to them.

Sentinel lymph node biopsy

A sentinel lymph node biopsy is when the first lymph node(s) in your armpit that receive drainage from the breast tumor are removed and checked for cancer cells. These lymph nodes are called sentinel lymph nodes. If cancer cells spread, the sentinel lymph nodes are usually the first place they go. Your surgeon will identify the sentinel node(s) by injecting a special dye into your breast.

If you're having a sentinel lymph node biopsy, you may have lymphatic mapping as part of your surgery. More information about this procedure is included later in this guide.

Your surgeon may send the sentinel lymph node(s) to the pathologist during your surgery. If the pathologist sees any cancer cells, your surgeon may then do an axillary lymph node dissection.

Axillary lymph node dissection

An axillary lymph node dissection is when most or all of the lymph nodes in your armpit are removed. The number of lymph nodes removed varies from person to person.

About your lymphatic system

Understanding how your lymphatic system works can be helpful as you get ready for and recover from your breast surgery. Your lymphatic system has 2 jobs:

- It helps fight infection.
- It helps drain fluid from areas of your body.

Your lymphatic system is made up of lymph nodes, lymphatic vessels, and lymphatic fluid (see Figure 1).

- **Lymph nodes** are small bean-shaped glands located along your lymphatic vessels. Your lymph nodes filter your lymphatic fluid, taking out bacteria, viruses, cancer cells, and other waste products.
- **Lymphatic vessels** are tiny tubes, like your blood vessels, that carry fluid to and from your lymph nodes.
- **Lymphatic fluid** is the clear fluid that travels through your lymphatic system. It carries cells that help fight infections and other diseases.

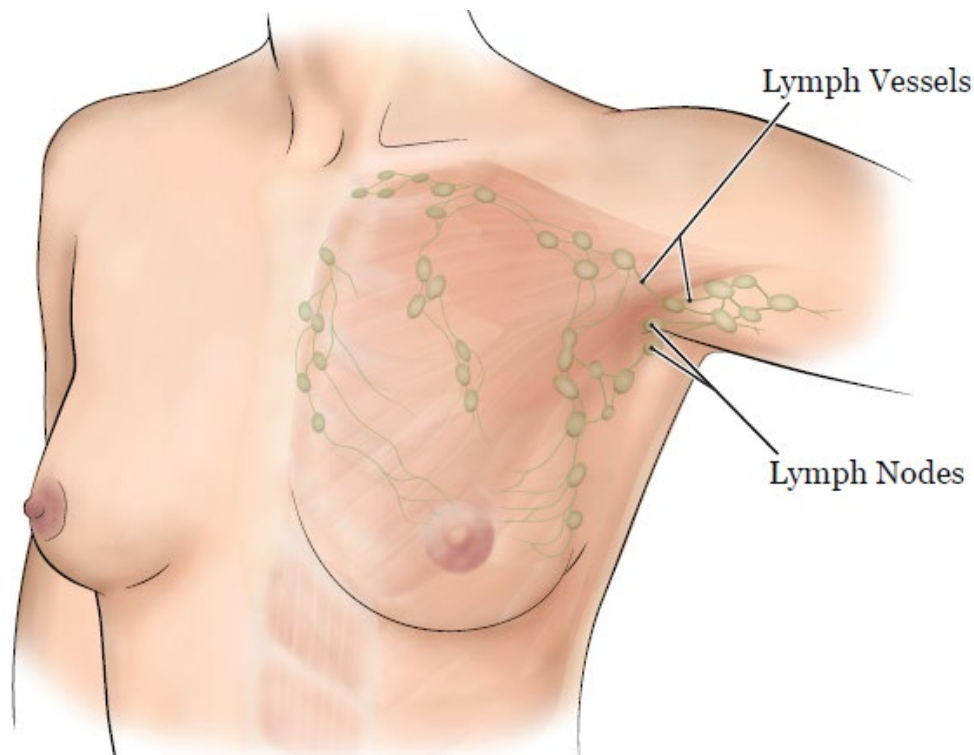


Figure 1. Your lymphatic system in your breast and armpit

Getting ready for your surgery

You and your healthcare team will work together to get ready for your surgery.

Help us keep you safe during your surgery by telling us if any of the following statements apply to you, even if you aren't sure.

- I take a blood thinner, such as:
 - Aspirin
 - Heparin
 - Warfarin (Jantoven® or Coumadin®)
 - Clopidogrel (Plavix®)
 - Enoxaparin (Lovenox®)
 - Dabigatran (Pradaxa®)
 - Apixaban (Eliquis®)
 - Rivaroxaban (Xarelto®)
 - I take dietary supplements, such as herbs, vitamins, minerals, or natural or home remedies.
 - I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.
 - I have sleep apnea.
 - I've had a problem with anesthesia (medication to make me sleep during surgery) in the past.
 - I'm allergic to certain medication(s) or materials, including latex.
 - I'm not willing to receive a blood transfusion.
 - I drink alcohol.
 - I smoke or use an electronic smoking device (such as a vape pen, e-cigarette, or Juul®).
 - I use recreational drugs.
- There are others, so be sure your healthcare provider knows all the medications you're taking.
- I take prescription medications (medications my healthcare provider prescribes), including patches and creams.
 - I take over-the-counter medications (medications I buy without a prescription), including patches and creams.

Preventing pregnancy

If there's any chance you could become pregnant before your surgery, be sure to use a form of birth control (contraception) that doesn't have hormones. For example, you can use a condom, a diaphragm, or a copper (Paragard®) intrauterine device (IUD).

If you have questions about birth control or want help choosing the type of birth control that's right for you, talk with your gynecologist (GYN doctor).

Fertility preservation

Avoid becoming pregnant during your treatment. If your doctor told you to avoid getting pregnant for some time and you want to have children in the future, you may want to think about freezing your eggs. For more information, read the resource *Fertility Preservation: Options for Females Starting Cancer Treatment*. You can find it online at www.mskcc.org/pe/fertility_starting_treatment or ask your healthcare provider for a copy.

About drinking alcohol

The amount of alcohol you drink can affect you during and after your surgery. It's important to talk with your healthcare providers about how much alcohol you drink. This will help us plan your care.

- If you stop drinking alcohol suddenly, it can cause seizures, delirium, and death. If we know you're at risk for these complications, we can prescribe medications to help keep them from happening.
- If you drink alcohol regularly, you may be at risk for other complications during and after your surgery. These include bleeding, infections, heart problems, and a longer hospital stay.

Here are things you can do before your surgery to keep from having problems:

- Be honest with your healthcare providers about how much alcohol you drink.
- Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea (feeling like you're going to throw up), increased anxiety, or can't sleep after you stop drinking, tell your healthcare provider right away. These are early signs of alcohol withdrawal and can be treated.
- Tell your healthcare provider if you can't stop drinking.
- Ask your healthcare provider questions about drinking and surgery. As always, all your medical information will be kept confidential.

About smoking

If you smoke, you can have breathing problems when you have surgery. Stopping even for a few days before surgery can help. If you smoke, your healthcare provider will refer you to our Tobacco Treatment Program. You can also reach the program by calling 212-610-0507.

About sleep apnea

Sleep apnea is a common breathing disorder that causes you to stop breathing for short periods of time while sleeping. The most common type is obstructive sleep apnea (OSA). With OSA, your airway becomes completely blocked during sleep. OSA can cause serious problems during and after surgery.

Please tell us if you have sleep apnea or if you think you might have it. If you use a breathing device (such as a CPAP device) for sleep apnea, bring it with you the day of your surgery.

Using MyMSK

MyMSK (my.mskcc.org) is your MSK patient portal account. You can use MyMSK to send and receive messages from your healthcare team, view your test results, see your appointment dates and times, and more. You can also invite your caregiver to create their own account so they can see information about your care.

If you don't have a MyMSK account, you can visit my.mskcc.org, call 646-227-2593, or call your doctor's office for an enrollment ID to sign up. You can also watch our video *How to Enroll in MyMSK: Memorial Sloan Kettering's Patient Portal* (www.mskcc.org/pe/enroll_mymask). For help, contact the MyMSK Help Desk by emailing mymask@mskcc.org or calling 800-248-0593.

Within 30 days of your surgery

Presurgical Testing (PST)

Before your surgery, you'll have an appointment for presurgical testing (PST). The date, time, and location will be printed on the appointment reminder from your surgeon's office. You can eat and take your usual medications the day of your appointment.

During your PST appointment, you'll meet with a nurse practitioner (NP) who works closely with anesthesiology staff (specialized healthcare providers who will give you anesthesia during your surgery). Your NP will review your medical and surgical history with you. You may have tests, such as an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests needed to plan your care. Your NP may also recommend that you see other healthcare providers.

Tell your NP if you're breastfeeding or pumping your breastmilk for your child.

Your NP will talk with you about which medications you should take the morning of your surgery.

It's helpful to bring the following things to your PST appointment:

- A list of all the medications you're taking, including prescription and over-the-counter medications, patches, and creams.
- Results of any tests done outside of MSK, such as a cardiac stress test, echocardiogram, or carotid doppler study.
- The name(s) and telephone number(s) of your healthcare provider(s).

Identify your caregiver

Your caregiver plays an important role in your care. Before your surgery, you and your caregiver will learn about your surgery from your healthcare providers. After your surgery, your caregiver will take you home when you're discharged from the hospital. They'll also help you care for yourself at home.



For caregivers

Resources and support are available to help manage the responsibilities that come with caring for a person going through cancer treatment. For support resources and information, visit www.mskcc.org/caregivers or read *A Guide for Caregivers*. You can find it online at www.mskcc.org/pe/guide_caregivers or ask your healthcare provider for a copy.

Complete a Health Care Proxy form

If you haven't already completed a Health Care Proxy form, we recommend you complete one now. If you've already completed one or have any other advance directives, bring them to your next appointment.

A health care proxy is a legal document that identifies the person who will speak for you if you can't communicate for yourself. The person you identify is called your health care agent.

Talk with your healthcare provider if you'd like to complete a health care proxy. You can also read the resources *Advance Care Planning* and *How to Be a Health Care Agent* for information about health care proxies, other advance directives, and being a health care agent. You can find them online at www.mskcc.org/pe/advance_care_planning and www.mskcc.org/pe/health_care_agent or ask your healthcare provider for a copy.

Arrange for someone to take you home

You must have a responsible care partner take you home after your surgery. A responsible care partner is someone 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.

If you don't have a responsible care partner to take you home, call one of the agencies below. They'll send someone to go home with you. There's usually a charge for this service, and you'll need to provide transportation. It's OK to use a taxi or car service, but you must still have a responsible care partner with you.

Agencies in New York

- Partners in Care: 888-735-8913
- Caring People: 877-227-4649

Agencies in New Jersey

- Caring People: 877-227-4649

Buy a 4% chlorhexidine gluconate (CHG) solution antiseptic skin cleanser (such as Hibiclens®)

4% CHG solution is a skin cleanser 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 before leaving the Evelyn H. Lauder Breast Center or at your local pharmacy without a prescription.

Buy 325-milligram acetaminophen tablets (such as Tylenol® Regular Strength)

Acetaminophen is an over-the-counter pain medication. You'll use it after your surgery to help manage your pain at home. It's helpful to buy it ahead of time. You can get it at your local pharmacy without a prescription. Always follow the instructions on the container or from your healthcare provider when taking any medication.

7 days before your surgery

Follow your healthcare provider's instructions for taking aspirin

If you take aspirin or a medication that contains aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Aspirin can cause bleeding.

Follow your healthcare provider's instructions. **Don't stop taking aspirin unless they tell you to.** For more information, read the resource *Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E*. You can find it in the "Educational Resources" section of this guide.

Stop taking vitamin E, multivitamins, herbal remedies, and other dietary supplements

Stop taking vitamin E, multivitamins, herbal remedies, and other dietary supplements 7 days before your surgery. These things can cause bleeding. For more information, read the resource *Herbal Remedies and Cancer Treatment*. You can find it in the “Educational Resources” section of this guide.

2 days before your surgery

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs)

Stop taking NSAIDs, such as ibuprofen (Advil® and Motrin®) and naproxen (Aleve®), 2 days before your surgery. These medications can cause bleeding. For more information, read the resource *Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E*. You can find it in the “Educational Resources” section of this guide.

1 day before your surgery

Note the time of your surgery

A staff member from the Admitting Office will call you after 2:00 PM the day before your surgery. If your surgery is scheduled for a Monday, they’ll call you on the Friday before. If you don’t get a call by 7:00 PM, call 212-639-5014.

The staff member will tell you what time to arrive at the hospital for your surgery. They’ll also remind you where to go.

Lymphatic mapping

If you’re having a sentinel lymph node biopsy, you may have a lymphatic mapping procedure the day before or the morning of your surgery. This will help your surgeon find the sentinel lymph node(s) during your surgery.

During your lymphatic mapping procedure, you’ll lie on a reclining chair for about 20 minutes. While you’re in the reclining chair, a healthcare provider will inject (give you a shot of) a small amount of a radioactive liquid under your skin below the areola of your affected breast. You might feel stinging or burning during the injection.

After the injection, you'll massage the area of the injection site for 10 minutes. This will help the radioactive liquid travel to the sentinel lymph node(s). Then, a technologist will measure the radioactivity in your breast and axilla (armpit) on your affected side to see how much of the liquid was absorbed. There are 2 ways they can do this:

- Your radiation technologist might use a small handheld device called a Neoprobe®.
- You might have an imaging scan using a larger machine that you lie down on. Read the section "Nuclear Medicine Scan" for more information.

Both ways work equally well. Your healthcare provider will tell you what to expect.

Nuclear medicine scan

If you're having an imaging scan after your injection, your technologist will take you to the scanning room. You'll lie on a table while the technologist takes pictures. Each picture takes 5 minutes to complete, and you must lie very still during this time. If you feel uncomfortable staying in any position for 5 minutes, ask your technologist to count down the time for you. The scan will take 10 to 15 minutes.

The pictures taken during your scan will show the flow of the radioactive liquid. They'll also show which lymph nodes absorb the liquid. This creates a "map" of your lymphatic system. Your surgeon will use this map to find your sentinel lymph node(s) during your surgery.

If you're having surgery the same day as your lymphatic mapping, a staff member will bring you from the scanning room to the operating room. If you're having surgery at the Josie Robertson Surgical Center (JRSC), your care team will arrange for you to take an MSK van to the JRSC after your procedure. In most other cases, you'll go home after your lymphatic mapping.

Shower with a 4% CHG solution antiseptic skin cleanser (such as Hibiclens)

The night before your surgery, shower using a 4% CHG solution antiseptic skin cleanser.

1. Use your normal shampoo to wash your hair. Rinse your head well.
2. Use your normal soap to wash your face and genital area. Rinse your body well with warm water.
3. Open the 4% CHG solution bottle. Pour some into your hand or a clean washcloth.
4. Move away from the shower stream. 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.
5. Move back into the shower stream to rinse off the 4% CHG solution. Use warm water.

6. Dry yourself off with a clean towel after your shower.
7. Don't put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

Instructions for eating before your surgery



Do not eat anything after midnight the night before your surgery. This includes hard candy and gum.

The morning of your surgery

Instructions for drinking before your surgery



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 water.

Take your medications as instructed

If your healthcare provider told you to take certain medications the morning of your surgery, take only those medications with a sip of water. Depending on what medications you take, this may be all, some, or none of your usual morning medications.

Shower with a 4% CHG solution antiseptic skin cleanser (such as Hibiclens)

Shower with a 4% CHG solution antiseptic skin cleanser before you leave for the hospital. Use it the same way you did the night before.

Don't put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

Things to remember

- If you wear contact lenses, wear your glasses instead. Wearing contact lenses during surgery can damage your eyes.
- Don't wear any metal objects. Remove all jewelry, including body piercings. The tools used during your surgery can cause burns if they touch metal.
- Leave valuable items at home.
- If you're menstruating (have your monthly period), use a sanitary pad, not a tampon. You'll get disposable underwear, as well as a pad if needed.

What to bring

- A button-down or loose-fitting top.
- Your breathing device for sleep apnea (such as your CPAP device), if you have one.
- Your Health Care Proxy form and other advance directives, if you completed them.
- Your cell phone and charger.
- Only the money you may want for small purchases (such as a newspaper).
- A case for your personal items (such as your eyeglasses, hearing aids, dentures, prosthetic devices, wig, and religious articles), if you have any.
- This guide. Your healthcare team will use it to teach you how to care for yourself after surgery.

Once you've arrived for your surgery

Many staff members will ask you to say and spell your name and birth date. This is for your safety. People with the same or a similar name may be having surgery on the same day.

When it's time to change for surgery, you'll get a hospital gown, robe, and nonskid socks to wear.

Meet with a nurse

You'll meet with a nurse before surgery. Tell them the dose of any medications you took after midnight (including prescription and over-the-counter medications, patches, and creams) and the time you took them.

Your nurse may place an intravenous (IV) line in one of your veins, usually in your arm or hand. If your nurse doesn't place the IV, your anesthesiologist will do it in the operating room.

Meet with an anesthesiologist

You'll also meet with an anesthesiologist before surgery. They will:

- Review your medical history with you.
- Ask if you've had any problems with anesthesia in the past, including nausea or pain.
- Talk with you about your comfort and safety during your surgery.
- Talk with you about the kind of anesthesia you'll get.
- Answer your questions about your anesthesia.

Marking your surgical site

Along with asking your name and birth date, staff members may also ask the name of your surgeon, what surgery you're having, and which side is being operated on. Your surgeon or another member of the surgical team will use a marker to initial the site on your body that will be operated on. This is for your safety and to make sure all members of your surgical team understand the plan for your surgery.

Get ready for your surgery

When it's time for your surgery, you'll need to remove your hearing aids, dentures, prosthetic devices, wig, and religious articles, if you have them.

You'll either walk into the operating room or a staff member will bring you there a stretcher. A member of the operating room team will help you onto the operating bed and place compression boots on your lower legs. These gently inflate and deflate to help blood flow in your legs.

Once you're comfortable, your anesthesiologist will give you anesthesia through your IV line and you'll fall asleep. You'll also get fluids through your IV line during and after your surgery.

During your surgery

After you're fully asleep, a breathing tube will be placed through your mouth and into your windpipe to help you breathe.

If you're having a sentinel lymph node biopsy, your surgeon will inject a small amount of blue dye underneath your nipple or near the tumor. This dye will travel in your lymphatic fluid to the sentinel lymph node(s), staining them blue. If you had a lymphatic mapping procedure, your surgeon will also use a small device that measures radioactivity from the liquid injected during that procedure.

Once they locate the sentinel lymph node(s), your surgeon will make an incision and remove them. They may send them to the Pathology department to be checked for cancer cells during your surgery. If the pathologist sees cancer cells, your surgeon may remove more lymph nodes. This is called an axillary lymph node dissection. Your surgeon will discuss this with you in more detail, if needed.

Because blue dye was used during your sentinel lymph node biopsy, your skin, urine (pee), and stool (poop) may be bluish-green for 1 to 2 days after your surgery.

Once your surgery is finished, your incisions will be closed with sutures (stitches) under your skin. You may also have Steri-Strips™ (thin pieces of surgical tape) or Dermabond® (surgical glue) over your incisions. Your incisions may be covered with a bandage.

Your breathing tube is usually taken out while you're still in the operating room.

In the Post-Anesthesia Care Unit (PACU) or recovery room

When you wake up after your surgery, you'll be in the PACU or your recovery room.

A nurse will be keeping track of your body temperature, pulse, blood pressure, and oxygen levels. You may be getting oxygen through a thin tube that rests below your nose or a mask that covers your nose and mouth. You'll also have compression boots on your lower legs.

Tubes and drains

You'll have a surgical bra around your chest to cover your surgical site and at least 1 Jackson-Pratt® (JP) drain (see Figure 2) attached to the bra. The JP drain will help drain the fluid from your incision and prevent swelling. You'll get supplies and an extra surgical bra to take home to help you care for your incision(s) and drain(s).

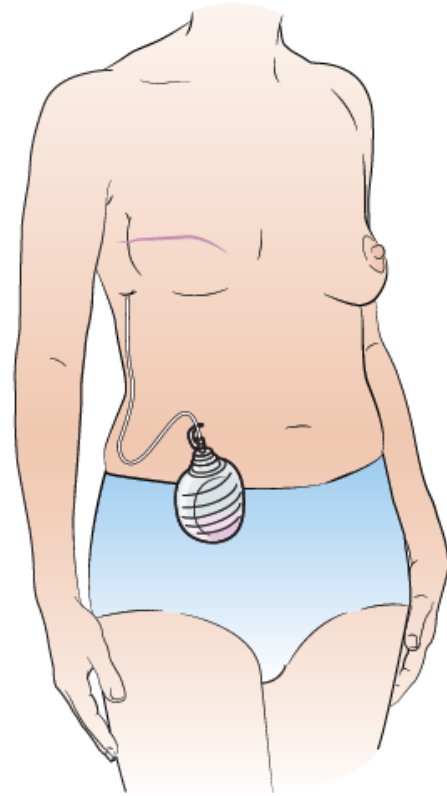


Figure 2. JP drain

Managing your pain

You'll have some pain after your surgery. To help you manage this:

- You'll get pain medication in your IV line.
- Once you're able to eat normal food, you'll get oral pain medication (medication you swallow).

Your healthcare providers will ask you about your pain often and give you medication as needed. If your pain isn't relieved, tell one of your healthcare providers. It's important to control your pain so you can use your incentive spirometer and move around. Controlling your pain will help you recover better.

You'll get pain medication before you leave the hospital. Talk with one of your healthcare providers about possible side effects and when to start switching to over-the-counter pain medications.

Moving around and walking

Moving around and walking will help lower your risk for blood clots and pneumonia (lung infection). It will also help you start passing gas and having bowel movements (pooping) again. Your nurse, physical therapist, or occupational therapist will help you move around.

Read the resource *Call! Don't Fall!* to learn what you can do to stay safe and keep from falling while you're in the hospital. You can ask your healthcare provider for a copy or find it online at www.mskcc.org/pe/call_dont_fall

Exercising your lungs

It's important to exercise your lungs so they expand fully. This helps prevent pneumonia.

- Use your incentive spirometer 10 times every hour you're awake. For more information, read the resource *How to Use Your Incentive Spirometer*. You can find it online at www.mskcc.org/pe/incentive_spirometer or ask your healthcare provider for a copy.
- Do coughing and deep breathing exercises. A member of your healthcare team will teach you how.

Eating and drinking

First, you can drink water or juice. Then, you can start eating solid foods, such as crackers. After that, you can start eating your normal foods again as you're able. If you have questions about your diet, ask to see a clinical dietitian nutritionist

Learning to care for your tubes and drains

You'll go home with at least 1 JP drain in place. The drain(s) will usually be removed about 1 to 2 weeks after your surgery but may be left in longer.

One of your nurses will teach you how to care for the drain(s) before you leave the hospital. It's helpful if your caregiver learns too. This will make it easier for them to help you at home.

For more information, read the resource *Caring for Your Jackson-Pratt Drain*. You can find it in the "Educational Resources" section of this guide.

Planning for your discharge

Your first appointment after surgery will usually be within 1 to 2 weeks after you leave the hospital. Your nurse will give you instructions on how to make this appointment, including the phone number to call.

Leaving the hospital

Before you leave the hospital, look at your incision with one of your healthcare providers. Knowing what your incision looks like will help you notice any changes later.

On the day of your discharge, plan to leave the hospital between 8:00 AM and 11:00 AM. You'll need a responsible care partner to take you home once you're discharged.

Before you leave, your healthcare provider will write your discharge orders and make sure you have all the prescriptions you need. You'll also get written discharge instructions. One of your healthcare providers will review these instructions with you before you leave.

At home

Read the resource *What You Can Do to Avoid Falling* to learn what you can do to stay safe and keep from falling at home and during your appointments at MSK. You can find it online at www.mskcc.org/pe/avoid_falling or ask your healthcare provider for a copy.

Filling out your Recovery Tracker

We want to know how you're feeling after you leave the hospital. To help us continue caring for you, we'll send questions to your MyMSK account every day for 10 days after you leave the hospital. These questions are known as your Recovery Tracker.

Fill out your Recovery Tracker every day before midnight (12:00 AM). It only takes 2 to 3 minutes to complete. Your answers to these questions will help us understand how you're feeling and what you need.

Based on your answers, we may reach out to you for more information or ask you to call your surgeon's office. You can always contact your surgeon's office if you have any questions. For more information, read *About Your Recovery Tracker*. You can find it online at www.mskcc.org/pe/recovery_tracker or ask your healthcare provider for a copy.

Managing your pain

People have pain or discomfort for different lengths of time. You may still have some pain when you go home and will probably be taking pain medication. Some people have soreness, tightness, or muscle aches around their incision for 6 months or longer. This doesn't mean something is wrong.

Follow the guidelines below to help manage your pain at home.

- Take your medications as directed and as needed.
- Call your healthcare provider if the medication prescribed for you doesn't ease your pain.

- Don't drive or drink alcohol while you're taking prescription pain medication. Some prescription pain medications can make you drowsy. Alcohol can make the drowsiness worse.
- As your incision heals, you'll have less pain and need less pain medication. An over-the-counter pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil® or Motrin®) will ease aches and discomfort.
 - Follow your healthcare provider's instructions for stopping your prescription pain medication.
 - Don't take more of any medication than the amount directed on the label or as instructed by your healthcare provider.
 - Read the labels on all the medications you're taking, especially if you're taking acetaminophen. Acetaminophen is an ingredient in many over-the-counter and prescription medications. Taking too much can harm your liver. Don't take more than 1 medication that contains acetaminophen without talking with a member of your healthcare team.
- Pain medication should help you resume your normal activities. Take enough medication to do your activities and exercises comfortably. It's normal for your pain to increase a little as you start to be more active.
- Keep track of when you take your pain medication. It works best 30 to 45 minutes after you take it. Taking it when you first have pain is better than waiting for the pain to get worse.

Some prescription pain medications (such as opioids) may cause constipation (having fewer bowel movements than usual).

Preventing and managing constipation

Talk with your healthcare provider about how to prevent and manage constipation. You can also follow the guidelines below.

- Go to the bathroom at the same time every day. Your body will get used to going at that time. If you feel like you need to go, though, don't put it off.
- Try to use the bathroom 5 to 15 minutes after meals. After breakfast is a good time to go. That's when the reflexes in your colon are strongest.
- Exercise, if you can. Walking is an excellent form of exercise.
- Drink 8 to 10 (8-ounce) glasses (2 liters) of liquids daily, if you can. Choose liquids such as water, juices (such as prune juice), soups, and ice cream shakes. Avoid liquids with caffeine (such as coffee and soda). Caffeine can pull fluid out of your body.
- Slowly increase the fiber in your diet to 25 to 35 grams per day. Unpeeled fruits and vegetables, whole grains, and cereals contain fiber. If you have an ostomy or

have had recent bowel surgery, check with your healthcare provider before making any changes in your diet.

- Both over-the-counter and prescription medications are available to treat constipation. Check with your healthcare provider before taking any medications for constipation, especially if you have an ostomy or have had bowel surgery. Follow the instructions on the label or from your healthcare provider. Examples of over-the-counter medications for constipation include:

- Docusate sodium (Colace®). This is a stool softener (medication that makes your bowel movements softer) that causes few side effects. You can use it to help prevent constipation. Don't take it with mineral oil.
- Polyethylene glycol (MiraLAX®). This is a laxative (medication that causes bowel movements) that causes few side effects. Take it with 8 ounces (1 cup) of a liquid. Only take it if you're already constipated.
- Senna (Senokot®). This is a stimulant laxative, which can cause cramping. It's best to take it at bedtime. Only take it if you're already constipated.

If any of these medications cause diarrhea (loose, watery bowel movements), stop taking them. You can start again if needed.

If you haven't had a bowel movement in 2 days, call your healthcare provider.

The healing process and new sensations

As you're healing from your surgery, you may feel many different sensations in your arm, chest, or chest wall. You may feel sensations such as tenderness, numbness, twinges, or all 3. You may also feel the sensation of liquid going down your arm, when there is no actual liquid. This can happen because your nerves were cut during surgery.

After your mastectomy, you may also feel like your breast or nipple is still present. This is called a phantom sensation.

These sensations usually come and go and often get better within the first few months after surgery. Some sensations may last months, or even 5 years or longer. This is because the nerves are the slowest part of your body to heal. Most people say that the sensations aren't severe or distressing.

Because of the change in sensation, don't place anything hot or cold directly on your surgical site (such as hot water bottles, heating pads, or ice packs).

As you continue to heal, you may feel scar tissue along your incision site(s). It will feel hard. This is common, and it will soften over the next few months.

Caring for your incision

Your incision(s) will be closed with sutures (stitches) under your skin. These sutures dissolve on their own, so they don't need to be removed. If you have small pieces of surgical tape (Steri-Strips) over your incision(s), your surgeon or nurse will remove them at your follow-up appointment. If you have surgical glue (Dermabond) over your incision, it will dissolve on its own over time.

Follow your healthcare provider's instructions on how often to clean your incisions.

A week or two after your surgery, a pocket of fluid may form under the skin of your armpit or chest area where tissue was removed. This is called a seroma, and it's harmless. The area may feel soft and puffy. It may also feel tender.

Seromas often go away on their own. If you develop a seroma that's large or feels uncomfortable, call your healthcare provider's office to discuss with your doctor or nurse.

Call your healthcare provider if:

- The skin around your incision is very red.
- The skin around your incision is getting more red.
- You see drainage that looks like pus (thick and milky).

Eating and drinking

You can eat all the foods you did before your surgery, unless your healthcare provider gives you other instructions. Eating a balanced diet with lots of calories and protein will help you heal after surgery. Try to eat a good protein source (such as meat, fish, or eggs) at each meal. You should also try to eat fruits, vegetables, and whole grains.

It's also important to drink plenty of liquids. Choose liquids without alcohol or caffeine. Try to drink 8 to 10 (8-ounce) glasses of liquids every day.

If you have questions about your diet, ask to see a clinical dietitian nutritionist.

Showering

If you've had breast reconstruction, talk with your plastic surgeon about when you can shower and if there are any special instructions.

If you haven't had reconstruction, you can shower 24 hours after your surgery. Before you go home, your nurse will teach you how to secure your drains while showering.

When you're ready to shower, remove your surgical bra and any gauze pads that are covering the incision(s). If you have Steri-Strips on your incision, don't remove them. Gently wash your incision(s) with soap and water, letting the shower water run over them. After showering, pat your incisions dry with a clean towel. Put your surgical bra

back on and secure the drains to your bra. If it feels more comfortable, you can place a clean gauze pad over your incision under the bra.

Avoid baths, hot tubs, saunas, and swimming pools until your doctor or nurse tell you it's okay. Also, talk with your doctor or nurse before you use deodorant, lotion, powder, or perfume anywhere near your surgery site.

Wearing a bra

If you got a surgical bra, keep wearing it until your drains have been removed. After that, talk with your healthcare provider about what to wear. Your surgical bra will provide support, help keep you comfortable, and hold your drains in place. You should wear your surgical bra while you sleep but take it off before you shower.

While you're healing from your surgery or going through the different stages of breast reconstruction, your bra can be padded to help balance your appearance. One way to fill the bra is to use a soft breast form (temporary breast prosthesis). This breast form is a lightweight nylon pouch. You can adjust the size of the pouch to match your opposite breast by adding or taking out the cotton fluff inside. You can wash the nylon pouch using a mild soap such as Woolite® or Ivory®, then let it air-dry.

You can get the breast form from the Breast Boutique at the Evelyn H. Lauder Breast Center. The Breast Boutique is located at 300 East 66th Street, at 2nd Avenue. To reach the boutique, call 646-888-5330.

You can also line your bra with soft gauze, which you can get from your nurse. Replace the gauze often to make sure it's always clean.

Breast prosthesis

A breast prosthesis is a more permanent breast form than the soft nylon pouch. If you're interested in wearing a breast prosthesis, talk with your healthcare provider. If you haven't had breast reconstruction, you can usually start wearing the prosthesis about 4 to 6 weeks after your surgery.

Your doctor can give you a prescription for a breast prosthesis during your follow-up appointment. Check with your insurance company to find out what's covered for your breast prosthesis.

There are many types of breast prostheses. Mastectomy boutiques and lingerie stores sell them, and the boutique at the Evelyn H. Lauder Breast Center also carries a full range. A fitter will help you find the best prosthesis for you. If you prefer to shop closer to home, contact the Reach to Recovery program at the American Cancer Society by calling 800-ACS-2345 (800-227-2345) to get a list of stores in your area.

Physical activity and exercise

If you've had reconstruction, don't lift objects heavier than 5 pounds (2.3 kilograms) until your doctor says it's safe. This is usually about 6 weeks for people who had surgery with tissue transfers and 4 to 6 weeks for people who had surgery with tissue expanders. Your doctor will tell you how long you should avoid heavy lifting.

Avoid strenuous activities (such as jogging and tennis) until your doctor tells you it's safe. Your physical therapist will give you written instructions on what exercises and movements you can do while your incisions are healing. Talk with your doctor or nurse before starting any heavy exercises, such as running, jogging, or lifting weights.

The scar tissue that forms around your surgical site can limit the range of motion of your arm and shoulder. If you have had reconstruction, you may also have muscle pain or tightness.

Read the resource *Exercises After Your Mastectomy* for examples of exercises that will help you regain motion in your arm and shoulder. You can find it in the "Educational Resources" section of this guide. If you're having discomfort, you may find it helpful to take some pain medication 30 minutes before starting the exercises.

Sexual activity

You can start sexual activity again when you feel ready. Having sexual intercourse won't harm your surgical area.

It may be helpful to let your partner see your incision soon after surgery. This may ease any worries you both might have. Let your partner know what is and isn't comfortable. Avoid putting pressure on the surgical site in the first weeks after surgery. Try placing a small pillow or towel over the surgical area. If you have any questions, talk with your nurse.

You may have concerns about the effects of cancer and your treatment on how you look or on your sexuality. Our Female Sexual Medicine and Women's Health Program is available to help you. For more information or to make an appointment, call 646-888-5076.

If there's any chance you can become pregnant, be sure to use birth control. Don't use any form of hormonal birth control. Your birth control options are:

- Male condoms
- Diaphragm
- Copper T IUD. If you're interested in this method, talk with your gynecologist. This type of IUD can be kept in place for as long as 10 years or can be removed earlier.

Keep using birth control during your treatment and until your doctor tells you it's safe to try to get pregnant.

Going back to work

Talk with your healthcare provider about your job and when it may be safe for you to start working again. If your job involves lots of movement or heavy lifting, you may need to stay out a little longer than if you sit at a desk.

Driving

Don't drive while you're taking prescription pain medication. These medications can make you drowsy, making it unsafe for you to drive. Also, don't drive until:

- Your drain(s) have been removed.
- You have recovered your full range of motion.
- You can comfortably turn the steering wheel.

If you have questions about when it's safe for you to drive, talk with your healthcare provider.

About lymphedema

Sometimes, removing lymph nodes can make it hard for your lymphatic system to drain properly. If this happens, lymphatic fluid can build up in the area where your lymph nodes were removed. This extra fluid causes swelling called lymphedema.

Lymphedema can develop in the arm, hand, breast, or torso on your affected side (the side where your lymph nodes were removed).

Most people don't develop lymphedema, but some do. It's hard to know a person's risk of developing lymphedema because:

- There's no standard test for diagnosing lymphedema.
- Removing or injuring lymph nodes affects people differently.
- Lymphedema can develop soon after surgery, or it can develop years later.
- Current cases of lymphedema can be caused by older treatment methods.

Your risk of developing lymphedema depends on how your lymph nodes are removed (see Figure 3).

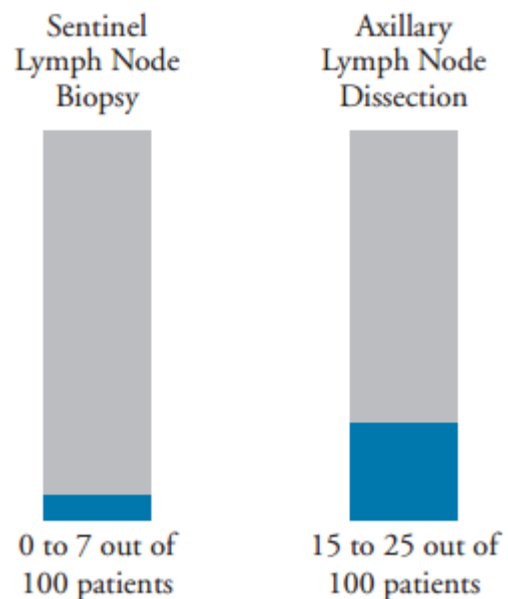


Figure 3. Approximate risk of developing lymphedema

During a sentinel lymph node biopsy, between 1 and a few lymph nodes are removed from your armpit and checked for cancer cells. The risk of developing lymphedema after a sentinel lymph node biopsy is low. About 0 to 7 out of every 100 people who have a sentinel lymph node biopsy develop lymphedema.

During an axillary lymph node dissection, more than a few lymph nodes are removed from your armpit. This is done to remove additional lymph nodes that may have cancer cells. The risk of developing lymphedema after an axillary lymph node dissection is higher than it is after a sentinel node biopsy. About 15 to 25 out of every 100 people who have an axillary lymph node dissection may develop lymphedema.

There's no way to know for sure who will develop lymphedema.

Lowering your risk of developing lymphedema

Doing the following things may help lower your risk of developing lymphedema.

- Stay at or safely work towards a healthy body weight.
- Exercise and stretch your muscles regularly. Talk with your surgeon or nurse about which exercises are right for you.
 - When you resume exercise and activity, make sure to build up slowly and gradually. If you feel discomfort, stop and take a break. Exercise shouldn't cause pain.
- Try to minimize your risk of infection to your hand and arm. Ask your healthcare provider how best to care for cuts, scratches, and burns.

If you had a sentinel lymph node biopsy:

- It's OK to use your affected arm for blood draws, injections (shots), IV lines, and blood pressure measurements. Ask your healthcare providers to try to use your unaffected arm if it's available.
- If you start to notice any signs of lymphedema, always use your unaffected arm. If this isn't possible, talk with your healthcare provider about which arm is safest to use.

If you had an axillary lymph node dissection:

- Read the resource *Hand and Arm Guidelines After Your Axillary Lymph Node Dissection* for information about lowering your lymphedema risk after your procedure. You can find it online at www.mskcc.org/pe/hand_arm_guidelines. One of your healthcare providers will also give you a copy.

Signs of lymphedema

Some mild swelling after surgery is normal. The swelling may last for up to 6 weeks. It's often temporary and will gradually go away. You may also feel pain or other sensations, such as twinges and tingling, after surgery. These feelings are common and aren't necessarily signs of lymphedema.

If you're at risk of developing lymphedema, watch for these signs in your affected arm, hand, breast, and torso:

- A feeling of heaviness, aching, or pain
- A tight feeling in your skin
- Less flexibility
- Skin changes, such as tightness or pitting (skin that stays indented after pressing on it)

If you have any signs of lymphedema or aren't sure, contact your healthcare provider.

Addressing your emotional needs

After surgery for a serious illness, you may have new and upsetting feelings. Many people say they felt weepy, sad, worried, nervous, irritable, and angry at one time or another. You may find that you can't control some of these feelings. If this happens, it's a good idea to seek emotional support. Your healthcare provider can refer you to MSK's Counseling Center. You can also reach them by calling 646-888-0200.

The first step in coping is to talk about how you feel. Family and friends can help. Your healthcare providers can reassure, support, and guide you. It's always a good idea to let us know how you, your family, and your friends are feeling emotionally. Many resources are available to you and your family. Whether you're in the hospital or at home, we're here to help you and your family and friends handle the emotional aspects of your illness.

When to call your healthcare provider



Call your healthcare provider if:

- You have a fever of 100.5 °F (38 °C) or higher.
- You have drainage from your incision(s).
- You have trouble breathing.
- The skin around your incision(s) is warmer than normal.
- You have increased discomfort around your incision(s).
- The skin around your incision(s) is redder than normal.
- The area around your incision(s) is starting to swell.
- Swelling around your incision(s) is getting worse.
- You have any questions or concerns.

Contact information

Monday through Friday from 9:00 AM to 5:00 PM, call your healthcare provider's office.

After 5:00 PM, during the weekend, and on holidays, call 212-639-2000 and ask to speak to the person on call for your healthcare provider.

MSK support services

Admitting Office

212-639-7606

Call if you have questions about your hospital admission, including requesting a private room.

Anesthesia

212-639-6840

Call if you have questions about anesthesia.

Blood Donor Room

212-639-7643

Call for more information if you're interested in donating blood or platelets.

Bobst International Center

888-675-7722

MSK welcomes patients from around the world. If you're an international patient, call for help arranging your care.

Chaplaincy Service

212-639-5982

At MSK, our chaplains are available to listen, help support family members, pray, contact community clergy or faith groups, or simply be a comforting companion and a spiritual presence. Anyone can request spiritual support, regardless of formal religious affiliation. The interfaith chapel is located near the main lobby of Memorial Hospital and is open 24 hours a day. If you have an emergency, please call the hospital operator and ask for the chaplain on call.

Counseling Center

646-888-0200

Many people find that counseling helps them. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed. To make an appointment, ask your healthcare provider for a referral or call the number above.

Female Sexual Medicine and Women's Health Program

646-888-5076

Cancer and cancer treatments can have an impact on your sexual health. Our Female Sexual Medicine and Women's Health Program can help if you're dealing with cancer-related sexual health challenges such as premature menopause or fertility issues. For more information or to make an appointment, call the number above.

Food Pantry Program

646-888-8055

The food pantry program provides food to people in need during their cancer treatment. For more information, talk with your healthcare provider or call the number above.

Integrative Medicine Service

646-888-0800

Integrative Medicine Service offers many services to complement (go along with) traditional medical care, including music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy.

MSK Library

library.mskcc.org

212-639-7439

You can visit our library website or speak with the library reference staff to find more information about your specific cancer type. You can also visit LibGuides on MSK's library website at libguides.mskcc.org

Patient and Caregiver Education

www.mskcc.org/pe

Visit the Patient and Caregiver Education website to search our virtual library. There you can find written educational resources, videos, and online programs.

Patient and Caregiver Peer Support Program

212-639-5007

You may find it comforting to speak with someone who has been through a treatment similar to yours. You can talk with a former MSK patient or caregiver through our Patient and Caregiver Peer Support Program. These conversations are confidential. They may take place in person or over the phone.

Patient Billing

646-227-3378

Call if you have questions about preauthorization with your insurance company. This is also called preapproval.

Patient Representative Office

212-639-7202

Call if you have questions about the Health Care Proxy form or if you have concerns about your care.

Perioperative Nurse Liaison

212-639-5935

Call if you have questions about MSK releasing any information while you're having surgery.

Private Duty Nursing Office

212-639-6892

You may request private nurses or companions. Call for more information.

Resources for Life After Cancer (RLAC) Program

646-888-8106

At MSK, care doesn't end after active treatment. The RLAC Program is for patients and their families who have finished treatment. This program has many services, including seminars, workshops, support groups, counseling on life after treatment, and help with insurance and employment issues.

Social Work

212-639-7020

Social workers help patients, family, and friends deal with issues that are common for cancer patients. They provide individual counseling and support groups throughout the course of treatment and can help you communicate with children and other family members. Our social workers can also help refer you to community agencies and programs, as well as financial resources if you're eligible.

Tobacco Treatment Program

212-610-0507

If you want to quit smoking, MSK has specialists who can help. Call for more information.

Virtual Programs

www.mskcc.org/vp

MSK's Virtual Programs offer online education and support for patients and caregivers, even when you can't come to MSK in person. Through live, interactive sessions, you can learn about your diagnosis, what to expect during treatment, and how to prepare for the various stages of your cancer care. Sessions are confidential, free, and led by expert clinical staff. If you're interested in joining a Virtual Program, visit our website at www.mskcc.org/vp for more information.

For more online information, visit the Cancer Types section of www.mskcc.org

External support services

There are many other support services available to help you before, during, and after your cancer treatment. Some offer support groups and information, while others can help with transportation, lodging, and treatment costs.

Visit www.mskcc.org/pe/external_support_services for a list of these support services. You can also talk with an MSK social worker by calling 212-639-7020.



PATIENT & CAREGIVER EDUCATION

Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E

This information will help you identify medications that contain aspirin, other NSAIDs, or vitamin E. It's important to stop taking these medications before many cancer treatments. They affect your platelets (blood cells that clot to prevent bleeding) and can increase your risk of bleeding during treatment.

Other dietary supplements (such as other vitamins and herbal remedies) can also affect your cancer treatment. For more information, read the resource *Herbal Remedies and Cancer Treatment* (www.mskcc.org/pe/herbal_remedies).

Instructions Before Your Cancer Treatment

If you take aspirin, other NSAIDs, or vitamin E, tell your healthcare provider. They'll tell you if you need to stop taking it. You'll also find instructions in the information about your treatment. Read the "Examples of Medications" section to see if your medications contain aspirin, other NSAIDs, or vitamin E.

Before your surgery

Follow these instructions if you're having surgery or a surgical procedure. **If your healthcare provider gives you other instructions, follow those instead.**

- If you take aspirin or a medication that contains aspirin, you may need to change your dose or stop taking it 7 days before your surgery. Follow your healthcare provider's instructions. **Don't stop taking aspirin unless your**

healthcare provider tells you to.

- If you take vitamin E or a supplement that contains vitamin E, stop taking it 7 days before your surgery or as directed by your healthcare provider.
- If you take an NSAID or a medication that contains an NSAID, stop taking it 48 hours (2 days) before your surgery or as directed by your healthcare provider.

Before your radiology procedure

Follow these instructions if you're having a radiology procedure (including Interventional Radiology, Interventional Mammography, Breast Imaging, and General Radiology). **If your healthcare provider gives you other instructions, follow those instead.**

- If you take aspirin or a medication that contains aspirin, you may need to stop taking it 5 days before your procedure. Follow your healthcare provider's instructions. **Don't stop taking aspirin unless your healthcare provider tells you to.**
- If you take an NSAID or a medication that contains an NSAID, you may need to stop taking it 24 hours (1 day) before your procedure. Follow your healthcare provider's instructions.

Before and during your chemotherapy

Chemotherapy can lower your platelet count, which can increase your risk of bleeding. Whether you're just starting chemotherapy or have been getting it, talk with your healthcare provider before taking aspirin, other NSAIDs, or vitamin E.

Examples of Medications

Medications are often called by their brand name. This can make it hard to know their ingredients. The lists below can help you identify medications that contain aspirin, other NSAIDs, or vitamin E.

These lists include the most common products, but there are others. **Make sure your healthcare provider always knows all the prescription and over-**

the-counter (not prescription) medications you're taking, including patches and creams.

Common Medications Containing Aspirin			
Aggrenox [®]	Cama [®] Arthritis Pain Reliever	Heartline [®]	Robaxisal [®] Tablets
Alka Seltzer [®]	COPE [®]	Headrin [®]	Roxiprin [®]
Anacin [®]	Dasin [®]	Isollyl [®]	Saleta [®]
Arthritis Pain Formula	Easprin [®]	Lanorinal [®]	Salocol [®]
Arthritis Foundation Pain Reliever [®]	Ecotrin [®] (most formulations)	Lortab [®] ASA Tablets	Sodol [®]
ASA Enseals [®]	Empirin [®] Aspirin (most formulations)	Magnaprin [®]	Soma [®] Compound Tablets
ASA Suppositories [®]	Epromate [®]	Marnal [®]	Soma [®] Compound with Codeine Tablets
Ascriptin [®] and Ascriptin A/D [®]	Equagesic Tablets	Micrainin [®]	St. Joseph [®] Adult Chewable Aspirin
Aspergum [®]	Equazine [®]	Momentum [®]	Supac [®]
Asprimox [®]	Excedrin [®] Extra-Strength Analgesic Tablets and Caplets	Norgesic Forte [®] (most formulations)	Synalgos [®] -DC Capsules
Axotal [®]	Excedrin [®] Migraine	Norwich [®] Aspirin	Tenol-Plus [®]
Azdone [®]	Fiorgen [®]	PAC [®] Analgesic Tablets	Trigesic [®]
Bayer [®] (most formulations)	Fiorinal [®] (most formulations)	Orphengesic [®]	Talwin [®] Compound
BC [®] Powder and Cold formulations	Fiortal [®]	Painaid [®]	Vanquish [®] Analgesic Caplets
Bufferin [®] (most formulations)	Gelpirin [®]	Panasal [®]	Wesprin [®] Buffered
Buffets II [®]	Genprin [®]	Percodan [®] Tablets	Zee-Seltzer [®]
Buffex [®]	Gensan [®]	Persistin [®]	ZORprin [®]

Common NSAID Medications That Don't Contain Aspirin

Advil®	Duexis®	Mefenamic Acid	PediaCare Fever®
Advil Migraine®	Etodolac®	Meloxicam	Piroxicam
Aleve®	Feldene®	Menadol®	Ponstel®
Anaprox DS®	Fenoprofen	Midol®	Relafen®
Ansaid®	Flurbiprofen	Mobic®	Saleto 200®
Arthrotec®	Genpril®	Motrin®	Sulindac
Bayer® Select Pain Relief Formula Caplets	Ibuprofen	Nabumetone	Toradol®
Celebrex®	Indomethacin	Nalfon®	Treximet®
Celecoxib	Indocin®	Naproxen	Vicoprofen®
Children's Motrin®	Ketoprofen	Naprosyn®	Vimovo®
Clinoril®	Ketorolac	Nuprin®	Voltaren®
Daypro®	Lodine®	Orudis®	
Diclofenac	Meclofenamate	Oxaprozin	

Products Containing Vitamin E

Amino-Opt-E	Aquavit	E-400 IU	E complex-600
Aquasol E	D'alpha E	E-1000 IU Softgels	Vita-Plus E

Most multivitamins contain vitamin E. If you take a multivitamin, check the label.

About Acetaminophen

Acetaminophen (Tylenol®) is generally safe to take during your cancer treatment. It doesn't affect platelets, so it won't increase your chance of bleeding. But, talk with your healthcare provider before taking acetaminophen if you're getting chemotherapy.

Medications Containing Acetaminophen			
Acephen®	Esgic®	Percocet®	Vanquish®
Aceta® with Codeine	Excedrin P.M.®	Primlev®	Vicodin®
Acetaminophen with Codeine	Fiorcet®	Repan®	Wygesic®
Aspirin-Free Anacin®	Lorcet®	Roxicet®	Xartemis XR®
Arthritis Pain Formula® Aspirin-Free	Lortab®	Talacen®	Xodol®
Datril®	Naldegesic®	Tempra®	Zydone®
Di-Gesic®	Norco®	Tylenol®	
Endocet®	Panadol®	Tylenol® with Codeine No. 3	

Read the labels on all your medications

Acetaminophen is safe when used as directed. But, there's a limit to how much you can take in a day. It's possible to take too much without knowing because it's in many different prescription and over-the-counter medications. It's often an ingredient in pain relievers, fever reducers, sleep aids, and cough, cold, and allergy medications.

The full name acetaminophen isn't always written out. Look for the common abbreviations listed below, especially on prescription pain relievers.

Common Abbreviations for Acetaminophen		
APAP	AC	Acetaminop
Acetamin	Acetam	Acetaminoph

Always read and follow the label on the product you're taking. Don't take more than 1 medication that contains acetaminophen at a time without talking with a member of your healthcare team.

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

Common Medications Containing Aspirin, Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs), or Vitamin E - Last updated on September 21, 2020

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PATIENT & CAREGIVER EDUCATION

Herbal Remedies and Cancer Treatment

This information explains herbal remedies and how they can affect your cancer treatment.

One week before you have surgery or start chemotherapy or radiation therapy, you must stop taking any herbal or botanical (plant-based) home remedies or other dietary supplements. This is because they can:

- Interact with your other medications.
- Increase or lower your blood pressure.
- Thin your blood and increase your risk of bleeding.
- Make radiation therapy less effective.
- Increase the effects of sedation or anesthesia (medications to make you sleepy).

You can continue to use herbs in your food and drinks, such as using spices in cooking and drinking tea. However, you must stop taking herbal supplements before your treatment. Herbal supplements are stronger than the herbs you would use in cooking.

Common Herbal Supplements and Their Effects

These are some commonly used herbs and their side effects on cancer treatments.

Echinacea

- Can cause an allergic reaction, such as a rash or trouble breathing.
- Can lower the effects of medications used to weaken the immune system.

Garlic

- Can lower your blood pressure, fat, and cholesterol levels.
- Can increase your risk of bleeding.

Ginkgo (also known as *Ginkgo biloba*)

- Can increase your risk of bleeding.

Ginseng

- Can lower the effects of sedation or anesthesia.
- Can increase your risk of bleeding.
- Can lower your blood glucose (sugar) level.

Turmeric

- Can make chemotherapy less effective.

St. John's Wort

- Can interact with medications given during surgery.
- Can make your skin more sensitive to radiation or laser treatment.

Valerian

- Can increase the effects of sedation or anesthesia.

Herbal formulas

- Herbal formulas contain different herbs. We don't know their side effects. You must also stop taking these products 1 week before treatment. Do not start taking herbal formulas again until your doctor tells you it's safe.

This information doesn't cover all herbal remedies or possible side effects. Talk with your healthcare provider if you have any questions or concerns.

For more information about herbs and botanicals, visit the Memorial Sloan Kettering (MSK) Integrative Medicine Service website at www.aboutherb.com.

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

Herbal Remedies and Cancer Treatment - Last updated on June 24, 2019
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Caring for Your Jackson-Pratt Drain

This information explains how to care for your Jackson-Pratt® drain when you leave the hospital. You may also find it helpful to watch the video below.



Please visit www.mskcc.org/pe/jackson_pratt to watch this video.

About Your Jackson-Pratt Drain

Your Jackson-Pratt drain has a soft plastic bulb with a stopper and a flexible tube attached to it (see Figure 1). The drainage end of the tubing (flat white part) is placed into your surgical site through a small opening near your incision. This area is called the insertion site. A suture (stitch) will hold it in place. The rest of the tube will extend outside your body and will be attached to the bulb.

When the bulb is compressed (squeezed) with the stopper in place, a constant gentle suction is created. The bulb should be compressed at all times, except when you're emptying the drainage.

How long you will have your Jackson-Pratt drain depends on your surgery and the amount of drainage you're having. Everyone's drainage is different. Some people

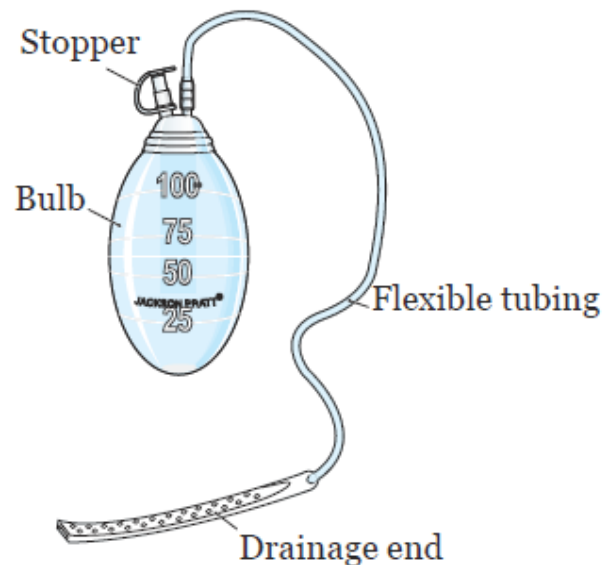


Figure 1. Jackson-Pratt drain

drain a lot, some only a little. The Jackson-Pratt drain is usually removed when the drainage is 30 mL or less over 24 hours. You will write down the amount of drainage you have in the drainage log at the end of this resource. It's important to bring your log with you to your follow-up appointments.

Caring for Your Jackson-Pratt Drain

When you leave the hospital, you will care for your Jackson-Pratt drain by:

- Milking your tubing to help move clots.
- Emptying your drain 2 times a day and writing down the amount of drainage on your Jackson-Pratt drainage log at the end of this resource.
 - If you have more than 1 drain, make sure to measure and write down the drainage of each one separately. Don't add them together.
- Caring for your insertion site.
- Checking for problems.

Milking your tubing

These steps will help you move clots through your tubing and keep the drainage flowing.

Milk your tubing before you open the stopper to empty and measure your drainage. You should also do this if you see fluid leaking around the insertion site.

1. Clean your hands.
 - To wash your hands with soap and water, wet your hands, apply soap, rub them together for at least 20 seconds, then rinse. Dry your hands with a towel and use that same towel to turn off the faucet.
 - If you're using an alcohol-based hand sanitizer, cover your hands with it, rubbing them together until they're dry.
2. Look in the mirror at the tubing. This will help you see where your hands need to be.
3. Pinch the tubing close to where it goes into your skin between the thumb and

forefinger of your hand. Keep this hand in place while you milk your tubing. This will help to make sure that you're not tugging on your skin, which can be painful.

4. With the thumb and forefinger of your other hand, pinch the tubing right below your other fingers. Keeping your fingers pinched, slide them down the tubing, pushing any clots down toward the bulb. You may want to use alcohol wipes to help you slide your fingers down the tubing.
5. Repeat steps 3 and 4 as many times as you need to push clots from the tubing into the bulb. If you can't move a clot into the bulb and there is little or no drainage in the bulb, call your doctor or nurse.

Emptying your drain

You will need to empty your Jackson-Pratt drain 2 times a day, in the morning and in the evening. Follow these instructions when emptying your Jackson-Pratt drain.

Supplies

- Measuring container your nurse gave you
- Jackson-Pratt Drainage Log
- Pen or pencil

Instructions

1. Prepare a clean area to work on. This can be done in your bathroom or in an area with a dry, uncluttered surface.
2. Gather your supplies. You will need:
 - The measuring container your nurse gave you
 - Your Jackson-Pratt drainage log
 - A pen or pencil
3. Clean your hands.
 - To wash your hands with soap and water, wet your hands, apply soap, rub them together for at least 20 seconds, then rinse. Dry your hands with a

towel and use that same towel to turn off the faucet.

- If you're using an alcohol-based hand sanitizer, cover your hands with it, rubbing them together until they're dry.
4. If the drainage bulb is attached to your surgical bra or wrap, first remove it from there.
 5. Unplug the stopper on top of the bulb. This will make the bulb expand. Don't touch the inside of the stopper or the inner area of the opening on the bulb.
 6. Turn the bulb upside down and gently squeeze it. Pour the drainage into the measuring container (see Figure 2).
 7. Turn your bulb right side up.
 8. Squeeze the bulb until your fingers feel the palm of your hand.
 9. Continue to squeeze the bulb while you replug the stopper.
 10. Check to see that the bulb stays fully compressed to ensure a constant gentle suction.
 11. Don't let the drain dangle.
 - If you're wearing a surgical bra, there will be either a plastic loop or Velcro® straps attached at the bottom. Attach the drainage bulb to the bra.
 - If you're wearing a wrap, attach the drainage bulb to the wrap.
 - It may be helpful to hold your drain in a fanny pack or belt bag.
 12. Check the amount and color of drainage in the measuring container. The first couple of days after surgery, the fluid may be a dark red color. This is normal. As you continue to heal, it may look pink or pale yellow.
 13. Write down the amount and color of your drainage on your Jackson-Pratt drainage log.
 14. Flush the drainage down the toilet and rinse the measuring container with



Figure 2. Emptying the bulb

water.

15. At the end of each day, add up the total amount of drainage you had for the day and write it in the last column of the drainage log. If you have more than 1 drain, measure and record each one separately.

Caring for Your Insertion Site

Check for signs of infection

Once you empty your drainage, clean your hands again and check the area around your insertion site for:

- Tenderness
- Swelling
- Pus
- Warmth
- More redness than usual. Sometimes the drain causes redness about the size of a dime at your insertion site. This is normal.

If you have any of these signs or symptoms, or if you have a temperature of 101° F (38.3° C) or higher, call your doctor. You may have an infection.

Your healthcare provider will tell you if you should place a bandage over your insertion site.

Keep your insertion site clean

Keep your insertion site clean and dry by washing it with soap and water and then gently patting it dry.

Problems You May Have With Your Drain

<p>Problem</p> <ul style="list-style-type: none"> The bulb isn't compressed. 	<p>Reason</p> <ul style="list-style-type: none"> The bulb isn't squeezed tightly enough. The stopper isn't closed securely. The tubing is dislodged and is leaking. <p>What to do</p> <ul style="list-style-type: none"> Compress the bulb using steps 3 through 9 in "Emptying your Jackson-Pratt drain" section of this resource. If the bulb is still expanded after following the steps above, call your doctor or nurse. If it happens after business hours, call the next day.
<p>Problem</p> <p>There is:</p> <ul style="list-style-type: none"> No drainage. A sudden decrease in the amount of drainage. Drainage around the tubing insertion site or on the bandage covering the tubing. 	<p>Reason</p> <ul style="list-style-type: none"> Sometimes string-like clots clump together in the tubing. This can block the flow of drainage. <p>What to do</p> <ul style="list-style-type: none"> Milk your tubing following the steps in the "Milking your tubing" section of this resource. If there is no increase in drainage flow, call your doctor's office. If it happens after business hours, call the next day.
<p>Problem</p> <ul style="list-style-type: none"> The tubing falls out of your insertion site. 	<p>Reason</p> <ul style="list-style-type: none"> This can happen if the tubing is pulled. It rarely happens because the tubing is held in place with sutures. <p>What to do</p> <ul style="list-style-type: none"> Place a new bandage over the site and call your doctor.
<p>Problem</p> <ul style="list-style-type: none"> You have redness greater than the size of a dime, swelling, heat, or pus around your insertion site. 	<p>Reason</p> <ul style="list-style-type: none"> These may be signs of an infection. <p>What to do</p> <ul style="list-style-type: none"> Take your temperature. Call your doctor or nurse and describe the signs of infection around your insertion site. Let them know if your temperature is 101° F (38.3° C) or higher.

Once you know how to care for your Jackson-Pratt drain, you will do it on your own. Your nurse will watch you the first time you empty your drainage to make sure you're doing it correctly. Even after you start caring for it yourself, you can always ask for help. If you have any problems, call your doctor's office.

Caring for Your Skin After Your Drain Is Removed

Your drain will be removed at your doctor's office. You will have a bandage over the insertion site.

It's important for you to keep your insertion site and the area around it clean and dry. This will help to prevent infection and promote healing of your skin. Caring for your skin after your drain is removed will be different if you had reconstructive surgery.

Caring for your skin without reconstructive surgery

If you had surgery without reconstruction, follow these guidelines after your drain is removed.

- Remove the bandage after 24 hours.
- You may shower after you remove the bandage but don't take a tub bath or submerge the area in water (such as in a bathtub or swimming pool) until your incision is completely closed and there is no drainage.
- Wash the site gently with soap and rinse the area with warm water. Pat the area dry.
- Inspect the site, using a mirror if necessary. It's normal to have:
 - Slight redness
 - Mild swelling
 - Tenderness
 - A small amount of clear or slightly bloody drainage on the gauze pad

Caring for your skin with reconstructive surgery

If you had reconstructive surgery, follow these guidelines after your drain is removed.

- Change the bandage every 12 hours as needed.

- Your surgeon will let you know how long to wait before showering after your drain is removed.
- Don't take a tub bath or submerge the area in water (such as in a bathtub or swimming pool) until 6 weeks after your reconstructive surgery.
- Wash the site gently with soap and rinse the area with warm water. Pat the area dry.
- Inspect the site, using a mirror if necessary. It is normal to have:
 - Slight redness
 - Mild swelling
 - Tenderness
 - A small amount of clear or slightly bloody drainage on the gauze pad

Call your doctor or nurse right away if you have:

- Bright red drainage
- A temperature of 101° F (38.3° C) or higher
- Increased redness, tenderness, swelling, pressure or pus at your insertion site
- Skin that is hot to the touch around the surgical sites

Call your doctor or nurse during business hours if:

- The amount of drainage suddenly drops or has increased 100 mL over the past 24 hours
- The tube falls out of your insertion site
- You can't compress the bulb

Your Jackson-Pratt Drainage Log

JP# _____

Date	Comments	Morning	Evening	Total

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

Caring for Your Jackson-Pratt Drain - Last updated on February 1, 2019
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Exercises After Your Mastectomy

This information describes how to do a breathing exercise, arm and shoulder exercises, and scar massage after your mastectomy (breast surgery).

Your physical therapist will tell you when to start doing each of these exercises. They'll also tell you the range of motion to use while doing them.

Your range of motion is how much you can safely move a part of your body. Depending on the type of surgery you had, you may need to limit your arm's range of motion for a little while after your surgery. This gives the tissue in your shoulder, armpit, and breast time to heal.



Ask your physical therapist when it's safe for you to start doing these exercises.

Deep Breathing Exercise

Deep breathing can help you relax and ease discomfort and tightness around your incision (surgical cut). It's also a very good way to relieve stress during the day.

1. Sit comfortably in a chair.
2. Take a slow, deep breath through your nose. Let your chest and belly expand.
3. Breathe out slowly through your mouth.

Repeat as many times as needed.

Arm and Shoulder Exercises

Doing arm and shoulder exercises will help you get back your full range of motion on your affected side (the side where you had your surgery). With full range of motion, you'll be able to:

- Move your arm over your head and out to the side
- Move your arm behind your neck
- Move your arm to the middle of your back

Do each of the exercises below 5 times a day. Keep doing this until you have a full range of motion again and can use your arm as you did before surgery in all your normal activities. This includes activities at work, at home, and in recreation or sports. If you had limited movement in your arm before surgery, your goal will be to get back as much movement as you had before.

If you get your full range of motion back quickly, keep doing these exercises once a day instead of 5 times a day. This is especially true if you feel any tightness in your chest, shoulder, or under your affected arm. These exercises can help keep scar tissue from forming in your armpit and shoulder. Scar tissue can limit your arm movements later.

If you still have trouble moving your shoulder 4 weeks after your surgery, tell your surgeon. They'll tell you if you need more rehabilitation, such as physical or occupational therapy.

Before you start, gather the following supplies:

- 4 pieces of dark tape (to mark your progress with some exercises)
- A stopwatch, timer, or watch with a second hand (to time some exercises)

If you had one of the surgeries listed below, you can do the following 4 exercises (shoulder rolls, shoulder wings, arm circles, and W exercise) on the first day after your surgery.

- Mastectomy
- Mastectomy with immediate lymphatic reconstruction (ILR)
- Mastectomy with breast reconstruction using a tissue expander
- Mastectomy with ILR and breast reconstruction using a tissue expander
- Mastectomy with breast reconstruction using a pedicled latissimus flap (a type of reconstruction where tissue is taken from muscles in your back)
- Mastectomy with ILR and breast reconstruction using a pedicled latissimus flap

Your physical therapist will tell you the range of motion to use. Your range of motion depends on the specific surgery you had.

If you had another type of breast reconstruction, follow your physical therapist's instructions for when to start doing these exercises.

Shoulder rolls

The shoulder roll is a good exercise to start with because it gently stretches your chest and shoulder muscles.

1. Stand or sit comfortably with your arms relaxed at your sides.
2. Start with backward shoulder rolls. In a circular motion, bring your shoulders forward, up, backward, and down (see Figure 1). Do this 10 times.
3. Switch directions and do 10 forward shoulder rolls. Bring your shoulders backward, up, forward, and down. Do this 10 times.

Try to make the circles as big as you can and move both shoulders at the same

time. If you have some tightness across your incision or chest, start with smaller circles and make them bigger as the tightness decreases. The backward direction might feel a little tighter across your chest than the forward direction. This will get better with practice.

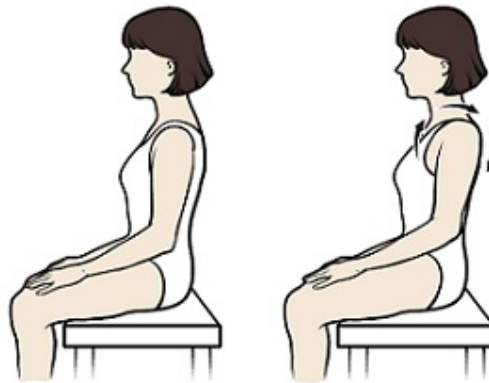


Figure 1. Backward shoulder rolls

Shoulder wings

The shoulder wings exercise will help you get back outward movement of your shoulder. You can do this exercise while sitting or standing.

1. Place your hands on your chest or collarbone.
2. Raise your elbows out to the side (see Figure 2), limiting your range of motion as instructed by your healthcare team.
3. Slowly lower your elbows.
4. Do this 10 times. Then, slowly lower your hands.

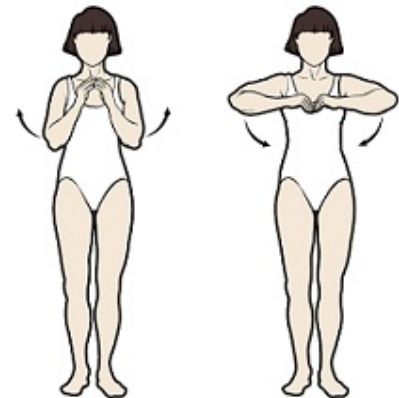


Figure 2. Shoulder wings
Range of motion: _____
degrees

If you feel discomfort while doing this exercise, hold your position and do the deep breathing exercise. If the discomfort passes, raise your elbows a little higher. If it doesn't pass, don't raise your elbows any higher. Finish the exercise raising your elbows only high enough to feel a gentle stretch and no discomfort.

Arm circles

If you had surgery on both breasts, do this exercise with both arms, 1 arm at a time. Don't do this exercise with both arms at the same time. This will put too much pressure on your chest.

1. Stand with your feet slightly apart for balance. Raise your affected arm out to the side as high as you can, limiting your range of movement as instructed by your healthcare team (see Figure 3).
2. Start making slow, backward circles in the air with your arm. Make sure you're moving your arm from your shoulder, not your elbow. Keep your elbow straight.
3. Increase the size of the circles until they're as big as you can comfortably make them, limiting your range of motion as instructed by your healthcare team.
 - If you feel any aching or if your arm is tired, take a break. Keep doing the exercise when you feel better.
4. Do 10 full backward circles. Then, slowly lower your arm to your side. Rest your arm for a moment.
5. Follow steps 1 to 4 again, but this time make slow, forward circles.

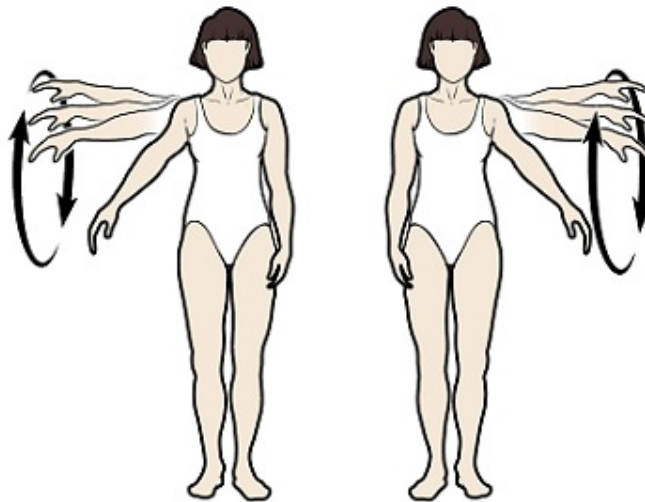


Figure 3. Arm circles
Range of motion: _____ degrees

W exercise

You can do the W exercise while sitting or standing.

1. Form a “W” with your arms out to the side and palms facing forward (see Figure 4). Try to bring your hands up so they’re even with your face. If you can’t raise your arms that high, bring them to the highest comfortable position. Make sure to limit your range of motion as instructed by your healthcare team.
2. Pinch your shoulder blades together and downward, as if you’re squeezing a pencil between them.
 - If you feel discomfort, stop at that position and do the deep breathing exercise. If the discomfort passes, try to bring your arms back a little further. If it doesn’t pass, don’t reach any further.
3. Hold the furthest position that doesn’t cause discomfort. Squeeze your shoulder blades together and downward for 5 seconds.
4. Slowly bring your arms back down to the starting position. Repeat this movement 10 times.

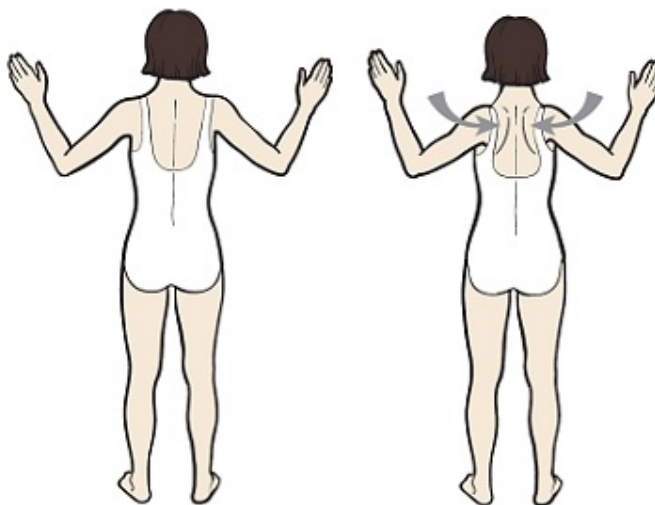


Figure 4. W exercise
Range of motion: _____ degrees

If you had one of the surgeries listed below, you can do the following exercise (back climb) on the first day after your surgery.

- Mastectomy
- Mastectomy with ILR
- Mastectomy with breast reconstruction using a tissue expander
- Mastectomy with ILR and breast reconstruction using a tissue expander

If you had breast reconstruction using a pedicled latissimus flap or other type of tissue transfer, follow your physical therapist's instructions for when to start doing this exercise.

Back climb

You can do the back climb stretch while sitting or standing. You'll need a timer or stopwatch.

1. Place your hands behind your back. Hold the hand on your affected side with your other hand (see Figure 5). If you had surgery on both breasts, use the arm that moves most easily to hold the other.
2. Slowly slide your hands up the center of your back as far as you can.
 - If you feel tightness near your incision, stop at that position and do the deep breathing exercise. If the tightness decreases, try to slide your hands up a little further. If it doesn't decrease, don't slide your hands up any further.
3. Hold the highest position you can for 1 minute. Use your stopwatch or timer to keep track. You should feel a gentle stretch in your shoulder area.
4. After 1 minute, slowly lower your hands.



Figure 5. Back climb

If you had one of the surgeries listed below, you can do the following 3 exercises (hands behind neck, forward wall crawls, and side wall crawls) on the first day after your surgery.

- Mastectomy
- Mastectomy with breast reconstruction using a tissue expander

If you had breast reconstruction using tissue transfer or had immediate lymphatic reconstruction (ILR), follow your physical therapist's instructions for when to start doing these exercises.

Hands behind neck

You can do the hands behind neck stretch while sitting or standing. You'll need a timer or stopwatch.

1. Clasp your hands together on your lap or in front of you.
2. Slowly raise your hands toward your head, keeping your elbows together in front of you, not out to the sides (see Figure 6). Keep your head level. Don't bend your neck or head forward.
3. Slide your hands over your head until you reach the back of your neck. When you get to this point, spread your elbows out to the sides. Hold this position for 1 minute. Use your stopwatch or timer to keep track.
 - Breathe normally. Don't hold your breath as you stretch your body.
 - If you have some tightness across your incision or chest, hold your position and do the deep breathing exercise. If the tightness decreases, continue with the movement. If the tightness stays the same, reach up and stretch your elbows back as best as you can without causing discomfort. Hold the position you're most comfortable in for 1 minute.
4. Slowly come out of the stretch by bringing your elbows together and sliding your hands over your head. Then, slowly lower your arms.

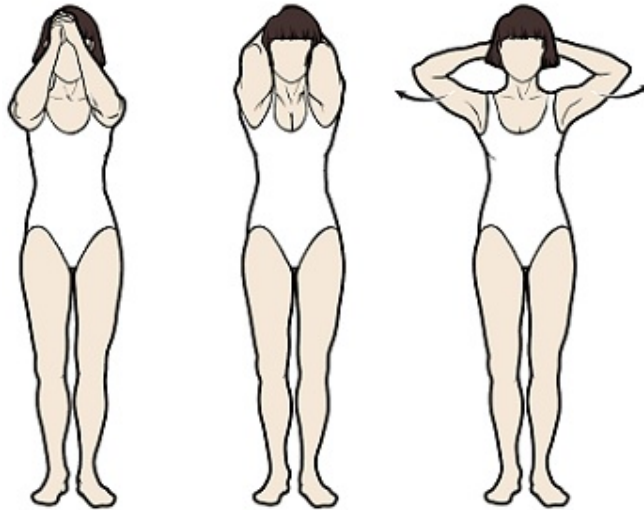


Figure 6. Hands behind neck

Forward wall crawls

You'll need 2 pieces of tape for the forward wall crawl exercise.

1. Stand facing a wall. Your toes should be about 6 inches (15 centimeters) from the wall.
2. Reach as high as you can with your unaffected arm. Mark that point with a piece of tape. This will be the goal for your affected arm. If you had surgery on both breasts, set your goal using the arm that moves most comfortably.
3. Place both hands against the wall at a level that's comfortable. Crawl your fingers up the wall as far as you can, keeping them even with each other (see Figure 7). Try not to look up toward your hands or arch your back.
4. When you get to the point where you feel a good stretch, but not pain, do the deep breathing exercise.
5. Return to the starting position by crawling your fingers back down the wall.
6. Repeat the wall crawl 10 times. Each time you raise your hands, try to crawl a little bit higher.
7. On the 10th crawl, use the other piece of tape to mark the highest point you reached with your affected arm. This will let you to see your progress each time you do this exercise.

As you become more flexible, you may need to take a step closer to the wall so you can reach a little higher.

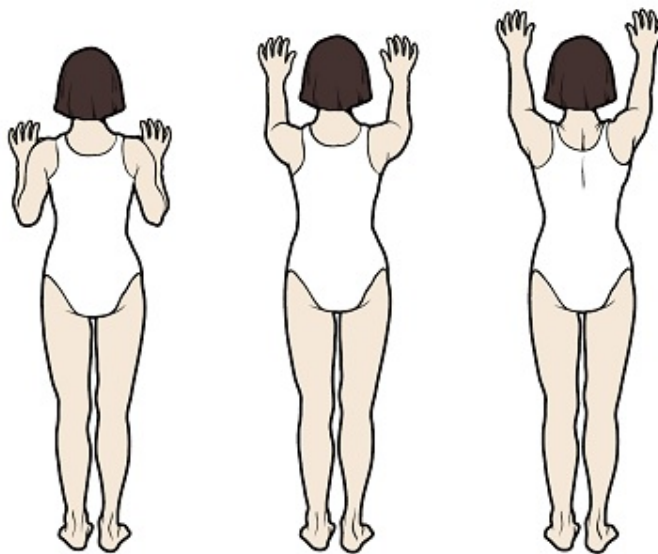


Figure 7. Forward wall crawls

Side wall crawls

You'll also need 2 pieces of tape for the side wall crawl exercise.

You shouldn't feel pain while doing this exercise. It's normal to feel some tightness or pulling across the side of your chest. Focus on your breathing until the tightness decreases. Breathe normally throughout this exercise. Don't hold your breath.

Be careful not to turn your body toward the wall while doing this exercise. Make sure only the side of your body faces the wall.

If you had surgery on both breasts, start with step 3.

1. Stand with your unaffected side closest to the wall, about 1 foot (30.5

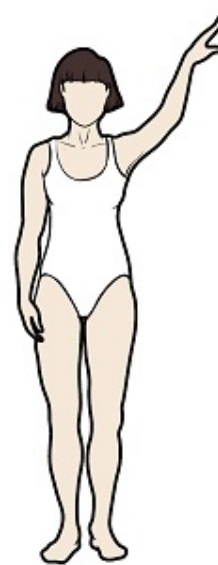


Figure 8. Side wall crawls

centimeters) away from the wall.

2. Reach as high as you can with your unaffected arm. Mark that point with a piece of tape (see Figure 8). This will be the goal for your affected arm.
3. Turn your body so your affected side is now closest to the wall. If you had surgery on both breasts, start with either side closest to the wall. Crawl your fingers up the wall as far as you can. When you get to the point where you feel a good stretch, but not pain, do the deep breathing exercise. Return to the starting position by crawling your fingers back down the wall.
4. Repeat this exercise 10 times.
5. On your 10th crawl, use a piece of tape to mark the highest point you reached with your affected arm. This will let you see your progress each time you do the exercise.
6. If you had surgery on both breasts, repeat the exercise with your other arm.

Scar Massage

You may feel uncomfortable touching your skin in the area of the scar. It's very important that you become comfortable moving the skin over this area. Moving the skin will help improve the circulation and soften the tissue.

Don't start doing scar massage until your incision has fully healed and your nurse tells you it's safe. There should be no open wounds or scabbed areas. The area of the scar may be numb or extra sensitive at first. Both of these feelings are normal after surgery.

To do the massage, place 2 or 3 fingers over the scar and gently move the skin in all directions. Then, pick up your fingers and move them 1 or 2 inches (2.5 to 5 centimeters) in each direction of the area of the scar and repeat the massage. Don't squeeze your breast tissue.

Do this massage once a day for 5 to 10 minutes.

Swelling

After your surgery, you may have some swelling or puffiness in your hand or arm on your affected side. This is normal and usually goes away on its own.

If you notice swelling in your hand or arm, follow the tips below to help the swelling go away.

- If it's within your range of motion restrictions, raise your arm above the level of your heart and do hand pumps several times a day.
 - To do hand pumps, slowly open and close your fist 10 times. This will help drain the fluid out of your arm.
 - Don't hold your arm straight up over your head for more than a few minutes. This can cause your arm muscles to get tired.
- Raise your arm to the side a few times a day for about 20 minutes at a time. To do this, sit or lie down on your back. Rest your arm on a few pillows next to you so it's raised above the level of your heart.
- If you're able to sleep on your unaffected side, you can place 1 or 2 pillows in front of you and rest your affected arm on them while you sleep.

If the swelling doesn't go down within 4 to 6 weeks, call your surgeon or nurse.

Contact Information

If you have any questions, call the Rehabilitation Service at 212-639-7833.

For more resources, visit www.mskcc.org/pe to search our virtual library.

Exercises After Your Mastectomy - Last updated on June 3, 2021

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