



Hôpital **Montfort**

Your surgery date: _____

Your surgeon: _____

Phone #: _____

Breast Cancer Surgery

Patient Guide



DISCLAIMER

This guide is not intended to replace the advice of your surgeon.

Talk to your surgeon to make sure that the information presented in this guide applies to your situation.

The content of this guide was prepared by The Ottawa Hospital and adapted by Hôpital Montfort.

The illustrations and texts accompanying the exercises were reproduced with the permission of the Canadian Cancer Society.

Throughout the guide, the feminine is inclusive and was used to lighten the text.

Introduction

This guide will help you understand what breast cancer surgery involves. We hope that this information will help you prepare for your surgery and plan your recovery.



About Hôpital Montfort

Hôpital Montfort is Ontario's Francophone academic health science centre, offering exemplary person-centred care.

Montfort is your hospital of reference for outstanding services, designed with you and for you.

Our daily actions are guided by compassion, excellence, respect, accountability and mutual support.

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1. PREPARING FOR YOUR SURGERY

1.1 Hôpital Montfort's Pre-Operative Education Program

Before your breast cancer surgery, you are **strongly encouraged** to participate in this education program. Offered in English and French, the program provides information on:

- Post-operative care and activities (dressing and drain care, pain and nausea treatment, exercises, etc.)
- Emotional well-being
- Community resources

The program can help you prepare before surgery. It is offered by a nurse navigator, with the participation of a social worker and physiotherapist.

You will be given a list of places and times when this program is offered. You must register in advance by calling 613-746-4621, ext. 4325. In the event that you are unable to participate, this guide provides comparable information to what is offered during the education program.

1.2 Pre-Admission Unit (PAU) Visit

After your appointment with your physician, we will call you to set up a visit at the PAU. This visit takes place a few weeks before your surgery, and will last 1 to 4 hours. You can ask to have a member of your family or a friend present. If you require an interpreter, arrange for a family member to come with you or notify the PAU clerk before your appointment.

Please bring the following items with you to the PAU visit:

- Your health card
- Any information about your health insurance coverage
- Your medications, in their original container, and an up-to-date list from your pharmacy. Please bring all of your medications: prescriptions, over the counter, herbal, etc.
- The name and contact information of your substitute decision-maker (if you are not signing the power of attorney for personal care form)

During the PAU visit

- A blood test, urine test, chest X-ray and electrocardiogram (ECG) are sometimes required by your surgeon and/or anaesthesiologist
- A nurse will review the medication that you are taking at home and provide you with the information you need for the day of your surgery
- If your surgeon prescribes home care, he or she will complete a referral form the day of your surgery specifying the services required. A Community Care Access Centre (CCAC) case manager will contact you to discuss the care you will receive. If necessary, she will give you a drug card, which you will give to your pharmacist when you are filling your prescriptions. **Not all pharmacies carry the medications you will need.** Find out about this before your surgery.

It is possible that you will meet with other healthcare professionals during your PAU visit, including:

- An anaesthesiologist
- A physiotherapist
- A CCAC case manager
- A social worker
- A nurse navigator

After your PAU visit, you will know:

- The type of surgery you will have
- If you are having a wire-localization biopsy
 - You will be informed of the place and time
- If you are having a sentinel lymph node biopsy
 - You will be informed of the place and time of the tracer injection, before your surgery
- If you will have a drain placed in the incision
 - You will be shown how to care for it. Section 3.5 of this guide includes information on this subject
- What medication you should take and/or not take the morning of your surgery
- How to prepare the morning of your surgery
- The types of care that will be necessary after your surgery
- The exercises you should do after your surgery

1.3 Other important information

- If you are a smoker, refrain from consuming any tobacco products for at least 24 hours prior to your surgery. Smoking can cause respiratory problems and compromise your healing after surgery.
- Reception will call you the working day preceding your surgery, between **2 p.m. and 5 p.m.**, to inform you of the time you must be at the hospital the day of your surgery.
- You must arrange for someone to pick you up and drive you home after your surgery.
 - This person must provide a phone number so that staff at the Day Surgery Unit can contact him or her when you are ready to leave the hospital. The call will be made about one hour before your departure.
It is important that this person arrive on time.
- You must be accompanied home and someone must stay with you for the first 24 hours after your surgery.
- Community resources can help you if necessary, after the surgery. Certain fees may apply.
- Make sure to fill your prescriptions with your pharmacist and to have anti-nausea medication (Gravol) and pain relievers (Tylenol) on hand, in case you need them. Your pharmacist can advise you about this.
- Make sure you have a thermometer.

2. THE DAY OF YOUR SURGERY

2.1 At home, before surgery

- Do not eat anything after midnight. You can have sips of water only (up to a maximum of one cup) up to 3 hours prior to your surgery. Do not chew gum or eat candies.
- Leave your money and valuables at home.
- Do not wear jewellery, contact lenses, nail polish, makeup, perfume or deodorant.
- Remove any body piercings, including earrings. A piercing close to the surgical area may cause infection.
- Bring a small bag for your personal effects.
- If you need reading glasses, bring them with you.
- Confirm that an adult will pick you up at the hospital, drive you home and stay with you for the first 24 hours after your surgery.
- When you arrive at the hospital, report to the Day Surgery registration desk, room 2A105, at the scheduled time.
- The surgery usually takes 1 to 2 hours.
- Usually, you can leave the hospital 4 to 6 hours after your surgery.

Medication

- If you are diabetic, follow the advice of your physician regarding the medications to take before your surgery.
- Take your usual medications with a sip of water before going to the hospital, unless instructed otherwise by your physician.
- If you are asthmatic and use an inhaler (pump), bring it with you and give it to a nurse in the Day Surgery Unit.
- If you suffer from sleep apnea, please inform your healthcare team.

2.2 In the Day Surgery Unit – Before your surgery

- The Day Surgery Unit is a large room used by both male and female patients before surgery. Curtains separate the beds for patient privacy.
- You must put on a hospital gown and the nurse will put in an IV.
- A porter will bring you to the operating room.

2.3 In the Recovery Room – After your surgery

- You will feel drowsy after the surgery.
- The nurse will check your blood pressure, pulse, and the surgical wound frequently.
- You may be wearing an oxygen mask or nasal prong for a brief period. You may also have a bluish tint.
- When you start to wake up, you will be asked to take some deep breaths and do some exercises with your legs. These exercises help prevent complications.
- If you have pain or nausea, tell your nurse. She will give you some medication to relieve it.

2.4 In the Surgery Unit – After your surgery

- If your discharge is planned for the same day:
 - You will be taken to the Day Surgery Unit where you will rest until you are discharged.
 - You will stay in the Day Surgery Unit for 1 to 4 hours after your surgery. The nurses will guide you during your stay. You will be encouraged to do as much as possible yourself in order to prepare for your return home.
 - The person you designated to bring you home will be called 1 hour before you are ready to leave the hospital.
- If you are hospitalized:
 - You will be taken to the Surgery Unit, where you will rest until you are discharged.

3. CARE AFTER YOUR SURGERY

3.1 Instructions after your surgery

- You must be accompanied home and someone must stay with you for the first 24 hours after your surgery.
- Do not drink any alcohol for at least 24 hours after your surgery. Alcohol can interact with your medications.
- Eat lightly during your first meal after surgery.
- If you smoke, reduce the frequency after your surgery. Tobacco slows down healing.
- Avoid activities that require concentration. You will need several hours (up to a few days in some cases) to recover full concentration.
- Wear loose clothing that is easy to put on and take off, until the first dressing and the drain have been removed. It is more comfortable to wear a sweater that buttons or zips in the front.
- Women who have had a mastectomy may find a cotton camisole comfortable after the dressing covering the incision has been removed.
- Women who have had a lumpectomy should wear a brassiere without clips and protect the incision with a light gauze compress.
- Your stools and urine may have a greenish tint. This is normal for the first few days after surgery.
- If you have any problems or any concern at all about your condition, talk to your healthcare team.

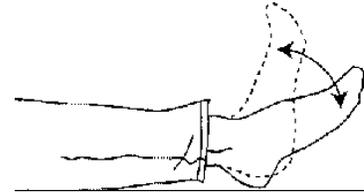
3.2 Medication

- Everyone reacts differently to pain. You will be prescribed medications to control pain and nausea. Take them as needed. If these medications are not effective, inform your physician or nurse.
- After a few days, you can replace your prescribed medications with acetaminophen (Tylenol), if your pain has decreased or if you find your medications too strong.
- Certain medications can cause constipation. Make sure to drink a lot of fluids and to eat foods high in fibre. You can take a stool softener, as needed. Talk to your pharmacist to find out what solution is best for you.

3.3 Ankle exercises and deep breathing

Ankle exercises

Point your toes toward your head, then toward the foot of the bed. Rotate your feet, making circles. Repeat these exercises four to five times a day.



Deep breathing exercises

Take a few deep breaths in through your nose and cough every hour to clear your lungs.

3.4 Temporary sensations

After surgery, you may feel numbness, tingling, burning, tightness or weakness. These sensations will disappear in the months following your surgery. If nerves were affected during the surgery, you may feel a loss of sensation close to the operated area.

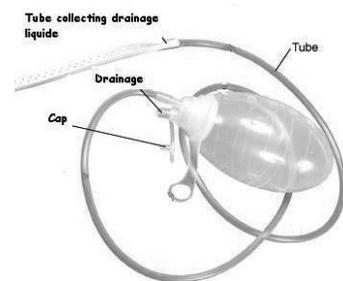
3.5 Drain care at home

If you do not have a drain, skip to the next section.

The Jackson-Pratt drain is used to remove fluid at the surgical site that could otherwise accumulate. The drain will be in place when you go home. The nurse will tell you how to take care of the drain.

The drain has a tube attached to a small container used to collect drained fluid. Normally, the fluid is clear and over time changes colour from red to pink and then yellow. It is odourless. In most cases, the drain is removed 5 days after your surgery.

- Empty the drainage system twice a day.
- If there is leakage at the drainage site, apply a gauze dressing.



To empty the Jackson-Pratt drain:

- Wash your hands with soap and water.
- Try not to touch the tip of the drain.
- Measure and record the quantity of fluid using the graduation on the drain.
- Remove the plug and empty the drainage fluid into the toilet.
- To re-establish suction, squeeze the drain on both sides to flatten the drain.
- Maintain the pressure and replace the plug. Slowly release the pressure. The drain should remain somewhat flat: it should not be fully inflated. Wash your hands with soap and water.

3.6 Dressing care at home

From surgery to day three

- The large dressing applied after surgery must remain in place until day three after your surgery.
- If there is some drainage, the dressing can be reinforced with a gauze dressing. The nurse may change the dressing, if necessary.
- Be careful not to wet the dressing. Do not take a shower or bath; take a sponge bath.
- A tensor bandage may be applied after surgery to improve comfort and support.

From day three

- The nurse may remove the large dressing and drain on day five, unless instructed otherwise by your physician.
- Gauze compresses can be kept on the incision sites and be changed as needed. Be sure to keep the compresses dry and clean.
- Some fluid may drain from the incision site 5 to 10 days after your surgery. This fluid may be red in colour, but contains little blood and this discharge is normal. You may also notice some discharge from the site of the drain, especially after it has been removed. The incision site should close 3 to 4 days after the drain has been removed.
- You may take a shower or bath. Wash the incision gently with water and soap. Do not use any other cleanser or ointment on the incision.
- You may notice a bluish tint on your skin where the dye was injected during the sentinel node biopsy procedure. This will disappear after a few months.

If you feel numbness or tingling

If nerves were affected during your surgery, you may feel pain, numbness or burning in the arm and rib cage. These sensations may increase a few weeks after surgery. Continue to do your exercises, unless you feel an increase in the swelling or pain on touch (in this case, contact your physician). To reduce the pain, you can gently rub the affected region with your hand. Medication may also help to relieve the pain.

Contact your physician or nurse navigator if:

- You notice a sudden increase in **pain, redness, swelling** or **touch sensibility** at the surgical site.
- Your temperature is above 38° Celsius (100.4° Fahrenheit) for 24 hours.
- If the colour of the discharge changes considerably and starts to smell foul.

3.7 Seroma

- A seroma is a collection of fluid under the skin after surgery.
- A seroma is very common and treatable. It does not represent a long-term cosmetic risk.
- A seroma can occur whether or not you had a drain in place.
- Your body will eventually absorb this fluid. If there is a large amount of fluid, it may need to be drained by your surgeon. You do not need to go to the Emergency Department, unless there are signs of infection. Instead, contact your nurse navigator, surgeon or family physician.

3.8 Activities

To promote your recovery, we encourage you to:

- Use your affected arm as normally as possible.
- Use your arm for light activities, such as washing your hair.
- Walk. If you have pain in your arm while you are walking, put your hand in your pocket to support your arm.
- Maintain good posture.
- Elevate and support your arm with pillows when you are sitting or lying down.

Avoid these actions after surgery:

- Do not get out of bed using the side of your surgery.
- Do not lift more than 1 kg (~2 lbs) for the first 2 weeks after surgery.
- Do not lift more than 4 kg (10 lbs) during the first 4 weeks.
- Do not drive if you are taking prescribed medication, such as hydromorphone and/or oxycodone.
- Do not drive if you have limited movements or if a drain is in place.
- Do not do strenuous exercises before the wound has healed (about 1 month).
- Do not make sudden movements before the drain has been removed.
- Do not lift your arm higher than your shoulder before the drain has been removed.

Most women regain full shoulder movement within 3 months of surgery.
Continue your exercises until your upper limbs have regained full movement.

4. ACTIVITIES AND EXERCISES

4.1 Why do exercises?

- To regain arm movement and strength.
- To maintain good posture.
- To prevent and manage oedema and lymphedema.

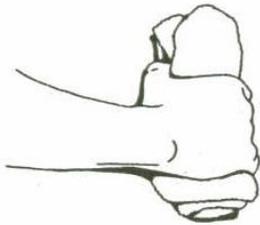
4.2 Exercise program

This section describes exercises that will increase arm movement and strength on the side of your surgery. Physiotherapists designed this program.

- Do the exercises 2 to 3 times a day.
- Start with a slow stretch. Maintain it for 15 to 30 seconds, then release.
- Do all of the exercises as long as the pain is manageable.
 - It is normal to feel a slight pulling at the incision site for 4 to 6 weeks following surgery. Perform these exercises slowly and gently, according to your pain threshold.

4.2.1 The day after surgery

Pump it up



This exercise helps to reduce swelling after surgery by using your muscles as a pump to improve circulation in your affected arm.

1. Squeeze a towel or soft ball with your hand.
2. Hold the position for 5 seconds.
3. Release.

Repeat 10 to 15 times.

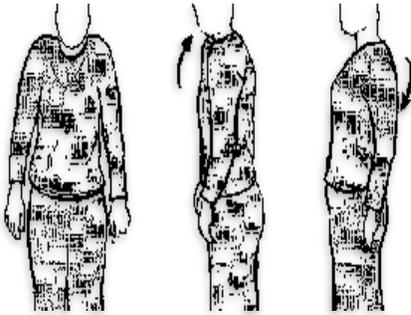
Elbow flexion and extension



1. Bend your arm to touch your shoulder.
2. Straighten your arm.

Repeat 10 to 15 times.

Shoulder shrugs and circles



This exercise can be done sitting or standing.

1. Lift both shoulders.
2. Hold the position for 5 to 10 seconds.
3. Release.

Repeat 5 to 10 times.

1. Rotate both shoulders by forming a circle from front to back.
2. Repeat in the opposite direction.

Repeat 5 to 10 times in each direction.

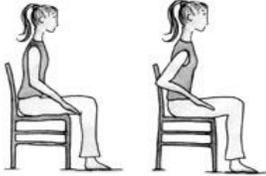
Internal and external shoulder rotation



1. Lie on your back and place your elbows at shoulder level.
2. Rotate your arms upward.
3. Hold the position for a few seconds.
4. Rotate your arms back down.

Repeat 5 to 10 times.

Arm extension



1. Place your hands on your thighs. Your elbows should be at waist level.
2. Move your elbows backward, as far as possible.
3. Hold the position for a few seconds.
4. Return to start position.

Repeat 10 to 15 times.

Deep breathing



Deep breathing helps to relax your muscles and fill your lungs with air.

1. Place one hand on your stomach.
2. Take a deep breath while expanding your chest.
3. Breathe out.

Repeat 5 to 10 times.

Arm raises



Do this exercise lying down. This exercise helps improve shoulder movement.

1. Clasp your hands in front of you.
2. Raise your hands as high as possible above your head.
3. Hold the position for a few seconds.
4. Lower your arms.

Repeat 10 to 15 times.

If you have a drain, do not lift your arm above shoulder level.

Shoulder wings

Do this exercise lying down. This exercise improves flexibility and facilitates chest and shoulder movements.

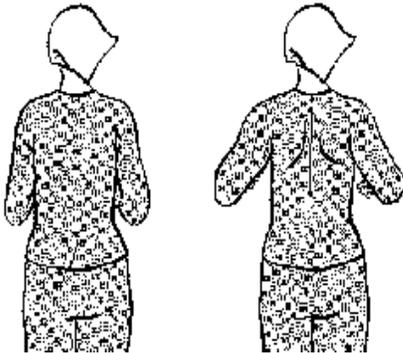


1. Place your hands behind your head.
Your elbows should be level with your ears.
2. Move your elbows forward.
3. Return to start position.

Repeat 10 to 15 times.

If you have a drain, do not lift your arm above shoulder level.

Shoulder blade squeeze

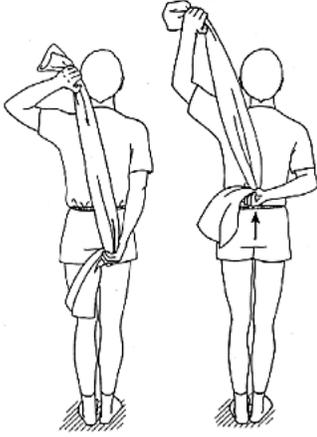


This exercise can be done standing or sitting.

1. Your arms should be at your side.
2. Squeeze your shoulder blades together, letting your arms and hands turn outward.
3. Hold for 5 to 10 seconds.
4. Release.

Repeat 5 to 10 times.

Shoulder towel stretch



This exercise improves shoulder flexibility.

1. This exercise is done in a standing position. Have a towel on hand.
2. Hold one end of the towel with your hand on your operated side, behind your buttocks.
3. With your other hand, pull the towel upward to raise your hand behind your back.
4. Maintain the position for 15 to 30 seconds.

Repeat 10 to 15 times.

Once the drain has been removed, change the positioning of your hands; the lower hand pulls the towel to lower the upper hand.

Snow angels



1. Lie on your back.
2. Slide your arms upward as far as possible.
3. Slide them back down.

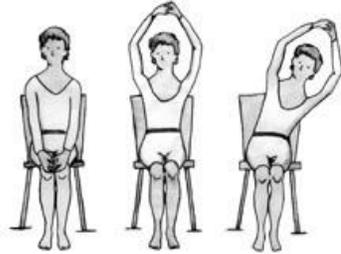
Repeat 10 to 15 times.

If you have a drain, do not raise your arm higher than shoulder level.

4.2.2 More advanced exercises

As you progress, you will be able to try more difficult exercises (3 to 6 weeks after your surgery).

Side bends

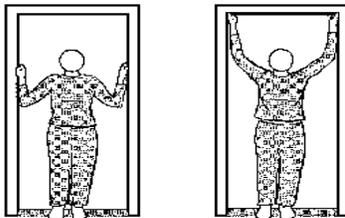


This exercise helps improve movement on both sides of your body.

1. Your hands clasped in front of you, lift your arms over your head.
2. Bend to the right.
3. Hold the position for 15 to 30 seconds.
4. Repeat on the left side.

Repeat 10 to 15 times.

Doorway stretch



This exercise increases shoulder movement.

1. Stand in a doorway and place your hands on either side of the doorframe.
2. Slide your hands up as high as possible.
3. Return to start position.

Repeat 5 times

RECOVER COMPLETE ARM MOVEMENT

Continue these exercises until you can move easily and you have equal strength in both arms. This can take 2 to 3 months. If you have any concerns about this, consult your surgeon who may refer you to a physiotherapist.

4.3 Second stage of healing (6 weeks after surgery)

Once you are feeling stronger, you can gradually introduce strengthening and physical conditioning exercises to your routine.

Before starting a strengthening activity or aerobic exercise, talk to your physician or a member of your healthcare team to find out if you should take any precautions.

Strengthening

Slowly get back to your usual household chores. Gardening can be a good way to rebuild your strength.

Four to 6 weeks after surgery, you can start doing exercises with weights of 500 g to 1 kg (1 to 2 lbs). If you do not have any light weights, you can use a soup can or a full bottle of water. Talk to your physician or physiotherapist about how to progress with your activities and strengthening exercises.

Physical conditioning

Aerobic exercises (which get your heart and lungs working) can:

- improve your cardiovascular health
- help you maintain a healthy body weight
- help you feel better
- reduce stress and anxiety
- help you face the challenges of living with cancer

Examples of aerobic exercise include brisk walking, swimming, running, cycling, cross-country skiing and dancing.

4.4 Lymphedema

You may develop lymphedema after your surgery. Lymphedema is swelling caused by a build-up of fluid in the breast or other area affected by the surgery. It can occur immediately after treatments, or months or even years after surgery.

WATCH FOR THESE SIGNS OF LYMPHEDEMA

It is important to treat lymphedema as soon as it appears. Consult your physician if you notice any swelling in your hand or arm, even if it happens years after your cancer treatment. Signs to watch for include:

- swelling or heaviness in the arm
- skin feeling tight
- decreased flexibility of the hand, wrist or arm
- jewellery that feels tight even though your weight has not changed
- problems fitting your arms into your sleeves
- redness or heat (which may mean you have an infection).

Report any signs of infection to your physician.

5. WHERE TO GET MORE INFORMATION

Here is a list of suggested resources to consult when looking for information about breast cancer. They are provided as a reference only and are not intended to replace your medical care. The inclusion of a resource does not mean it is endorsed by Hôpital Montfort.

Booklet	<ul style="list-style-type: none">• Breast Cancer: Understanding your diagnosis <u>Canadian Cancer Society, 2015</u> Information on breast cancer and treatment. Can be obtained online or by calling 1-888-939-3333.
Telephone support and other support services	<ul style="list-style-type: none">• Breast Cancer Action Ottawa Volunteer organization led by cancer survivors. Offers support, educational sessions and resources. <i>Group support, information sessions, exercise classes, Tai Chi, yoga, and the Lymphedema Take Control Exercise Program.</i> 301-1390 Prince of Wales, Ottawa ON, K2C 3N6 Telephone: 613-736-5921 Email: info@bcaott.ca Website: bcaott.ca• Cancer Information Service of the Canadian Cancer Society Bilingual. Offers general information on cancer treatment and support services. 1-888-939-3333• Canadian Cancer Society - Ottawa <i>Services to create ties with cancer survivors or people who can provide support. Provides opportunities to meet other patients in a group environment.</i> 1745 Woodward, Ottawa, ON, K2C 0P9 Registration: 613-723-1744 Post-registration services: 1-800-263-6750 Email: ottawa@ontario.cancer.ca Website: ontario.cancer.ca

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- **Willow: Breast and hereditary cancer support**
Willow offers free peer support, empathy and information for anyone affected by breast cancer or a hereditary cancer.

Telephone: 1-888-778-3100

Website: willow.org

Books and other resources

- **100 Questions & Answers About Breast Cancer**
Zora Brown, 2008
 - **Faire face au cancer avec la pensée réaliste**
Josée Savard PhD, 2010
 - **What About My Kids? A Guide for Parents Living with Breast Cancer**
Linda J. Corsini, MSW,RSW, 2006
 - **Breast Cancer: A Patient's Journey (DVD)**
Susan G. Komen, 2008
 - **Breast Cancer Clear and Simple: All your Questions Answered**
American Cancer Society, 2008
 - **Dr. Susan Love's Breast Book**
Susan M. Love, 5th edition, 2010
 - **The Intelligent Patient Guide to Breast Cancer**
Cheryl Edwards, 5th edition, 2011
 - **Johns Hopkins Patient's Guide to Breast Cancer**
Lillie Shockney, 2010
 - **Navigating Breast Cancer: A Guide for the Newly Diagnosed**
Lillie Shockney, 2010
 - **Chasing Rainbows: Young Adults Living With Cancer (DVD)**
Allan Pinvidic, 2006
 - **We get it: dealing with cancer as a young adult is different (DVD)**
Young Adult Cancer Canada, 2011
-

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- **Everything Changes: The Insider's Guide to Cancer in Your 20s and 30s**
Kairol Rosenthal, 2009
 - **I'm Too Young to Have Breast Cancer!: Regain Control of Your Life, Career, Family, Sexuality, and Faith**
Beth Leibson-Hawkins, 2004

Websites

- **Quebec Breast Cancer Foundation**
rubanrose.org
 - **Canadian Breast Cancer Foundation**
cbcf.org
 - **Canadian Breast Cancer Network**
cbcn.ca
 - **Willow: Breast and Hereditary Cancer Support**
willow.org
 - **National Cancer Institute (United States)**
cancer.gov
 - **Fédération Nationale des Centres de lutte contre le cancer**
fnclcc.fr/fr/patients/index.php
 - **Group Loop Organization**
grouploop.org
 - **PlanetCancer (United States)**
planetcancer.org
 - **RealtimeCancer**
youngadultcancer.ca/organization
 - **The Ulman Cancer Fund for Young Adults**
ulmanfund.org
-

5.1 Breast cancer resources and support in the Ottawa area

- **The Ottawa Hospital Breast Health Centre (Stepping Stones)**

Support for women newly diagnosed with breast cancer

Grimes Lodge, Campus Civic, Ottawa Hospital
Social worker: 613-798-5555, ext. 16563

- **The Ottawa Hospital Cancer Centre**

Psychosocial Oncology Program and information on group support programs (for patients with a referral only)

It also offers educational sessions for independent patients if they are referred to the program.

Social worker: 613-737-7700, ext. 70148
ottawahospital.on.ca

- **Maplesoft Cancer Survivor Centre**

1500 Alta Vista, Ottawa
Telephone: 613-247-3527
Email: info@ottawacancer.ca
Website: ottawacancer.ca

- **Ottawa Integrative Cancer Centre**

28 Bayswater Avenue, Ottawa
Telephone: 613-792-1222

- **Look Good Feel Better program**

Look Good Feel Better is based on the principle that a woman with cancer who feels like she looks good has a better chance of feeling better, and that this positive self-image can help lift her spirits and confront her illness with greater confidence. Many free workshops are offered, including monthly meetings at the Civic and General Campus of the Ottawa Hospital.

Pre-registration required:
Telephone: 613-737-7700, ext. 10315
Website: lgfb.ca

- **Kanata & District Breast Cancer Support Group**

The mission of this group is to improve the sense of well-being and quality of life of women and their families by providing a safe and confidential environment for sharing, compassion and listening.

Mlacak Centre, Hall D
2500 Campeau Dr., Ottawa

Judy Lees, 613-592-1929 or jclees@newsguy.com
Pauline Cramphorn, 613-592-0305 or pauline.cramphorn@sympatico.ca

5.2 Conditioning and exercises

Ottawa Hospital Regional Cancer Centre

Cancer Rehabilitation Program

Exercise, education, group support and free access to the gymnasium for cancer patients

Referral by an oncologist required

General Campus
Telephone: 613-737-7700

Ninon Bourque Patient Resource Library

General Campus, Main Floor, Ottawa Hospital
501 Smyth, Ottawa
Telephone: 613-737-7799, ext. 70107
Open Monday to Friday, 9:30 a.m. to 3:00 p.m.

- **Princess Margaret Hospital (Toronto)**

Caring Voices

Online support community for breast cancer survivors with resource centre, activities and forums

Website: caringvoices.ca

5.3 Psychological support

Learning that you have cancer turns your life upside-down. It is normal to experience a range of emotions and mood changes.

Common emotional reactions to cancer

- **Worry and anxiety:** You may feel anxious after receiving your diagnosis or at the beginning of your treatment. This anxiety may be short-lived or more prolonged. If you need help to manage it, talk to your healthcare team.
- **Anger and resentment:** It is normal to be deeply distressed and angry after the diagnosis. Talking about these emotions with a member of the family can be helpful. You may also prefer to talk to someone who is not a family member.
- **Negative mood:** It is common to feel depressed or discouraged after a diagnosis, during or after your treatments. For some, this negative mood can persist and require professional intervention.

Emotional support available to you

At the clinic, a full range of health professionals are available to help:

- **The nurse navigator** can offer you support, answer your medical questions, provide guidance and accompany you through the diagnostic process, and facilitate your access to mental health services (for example, by referring you to a psychologist or social worker).
- **The social worker** can offer support, advice and accompaniment while assessing your needs in order to better identify other resources that could help you, at Montfort or in the community. You do not need to be referred by your physician or nurse; you can contact her directly or, if you prefer, have the nurse navigator refer you.
- **The psychologist** offers short-term support to people grappling with the psychological impacts (behavioural, emotional and relational) of cancer and the procedures around it. Priority is given to people who do not have access to private insurance. To access psychological services, contact the nurse navigator or social worker, who will determine if you are eligible or if other services could better respond to your needs.

Your surgeon can also refer you to a social worker or psychologist.

How can a specialist help me?

A specialist can:

- listen to you and provide guidance in response to your concerns
- help you respond to difficulties through psychological interventions
- work with you to attain the goals you set for yourself
- include loved ones in your treatments, if you wish
- refer you to another professional (oncologist, clergy member, family physician), if necessary.

You are not required to talk about anything you do not want to talk about. The main objective of these initial meetings is to identify your needs and determine the type of support that will be most beneficial for you.

For more information:

Nurse navigator: 613-746-4621, ext. 4374
Social worker: 613-746-4621, ext. 2806

6. YOUR SURGICAL TREATMENT PLAN

Your surgeon's office

Possible referrals at Montfort

- Social worker
- Physiotherapist
- Psychologist
- Nurse navigator
- Referral to the Community Care Access Centre (CCAC), if relevant

Medication

- Obtain post-operative prescriptions

Education

- Breast cancer
- Surgery
- If needed:
 - Wire-localization
 - Sentinel lymph node

Documentation provided

- *Breast Cancer Surgery* guide
- *You and Breast Cancer* guide
- Schedule for the pre-operative breast cancer surgery education program
- Prescriptions
- CCAC referral
- Evaluation kit

Discharge planning

Information on:

- How to make an appointment to participate in the pre-operative education program (patient's responsibility)
- Usual length of stay at the Day Surgery Unit
- Follow-up appointments

Pre-Admission Unit (PAU)

Consultations

- Come to the PAU with your CCAC referral issued by your physician
- You will meet the CCAC case manager – if she is not available, she will contact you by phone if required

Medication

- Bring a list of all your medications when you come for your PAU visit
- You will be told which medications to take or not take on the morning of your surgery

Assessment and treatment

- Your allergies and medical history will be reviewed
- Your weight, height, pulse and blood pressure will be taken

Examinations

- X-ray or ECG, if relevant
- Blood tests, if relevant

Education

- Pre-operative instructions (before your surgery)
- Post-operative instructions (after your surgery)
- Drain care at home, if applicable

Discharge planning

- Discussion of discharge plans
- Filling of post-operative prescriptions before the day of surgery

The day of your surgery

Day Surgery Unit, before your surgery

Bring this information booklet with you to the hospital.

Medication

- On the morning of your surgery – Only take the medications your physician or PAU nurse told you to take, with a sip of water.
- You may receive additional medications at the Day Surgery Unit.

Nutrition

- No food by mouth after midnight. Only water is permitted, up to three hours before surgery.

Assessment and treatment

- Tests, if ordered
- Wire localization of the tumour or sentinel lymph node at the radiology department if ordered by your physician

Activities

- The morning of your surgery
 - Take a shower
 - Do not use deodorant
 - Do not shave your underarms

Education

- Questions before your surgery

Discharge planning

- Write the name and phone number on the form provided of the person who will be accompanying you. Give it to the nurse at the Day Surgery Unit.
- Confirm that you have the supplies and post-operative medications you will need at home.

The day of your surgery

Recovery Room and Surgery Unit, after the surgery

Medication

- Pain and nausea medication as needed
- Intravenous (IV) until you are able to drink

Assessment and treatment

- Frequent pulse and blood pressure checks
- Incision and drain care as needed

Nutrition

- First crushed ice, fluids and then food

Activities

- Sitting up in bed
- Deep breathing and coughing
- Ankle exercises
- Getting up to go to the bathroom based on ability
- Starting to dress with help

Education

- Review drain care with the nurse, if applicable

Discharge

- The person who will accompany you will be contacted one hour before you go home
- The nurse will ask you if your physician gave you a follow-up appointment
- If you have a drain, the nurse will install the Jackson-Pratt fluid drainage system
- Discharge from the hospital with the person accompanying you

The day of your surgery

Returning home

Home support

- An adult with you for the first 24 hours

Medication

- Pain and nausea medication

Nutrition

- Able to drink and eat a light snack
- Nausea controlled

Activities

- Ability to dress with help
- Ability to walk
- Deep breathing and leg exercises
- Sponge bath at sink; shower or bath after the drain has been removed (day 5).

Follow-up

Self-care

- Pain management, exercises and self-care as taught
- Refer to patient documentation, as needed

Breast cancer support groups

- Consult the list of groups in the information booklet
- You can ask for an appointment with a representative of one of these groups or contact one of these groups to obtain information

Medical care

- Notify the physician if any problems arise
- Follow-up appointment with the surgeon



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