



PATIENT INFORMATION – POST OPERATIVE CARE **MASTECTOMY AND AXILLARY DISSECTION**

Wound care

Your breast tissue and axillary lymph nodes have been removed during surgery. The incision has been temporarily numbed with local anaesthetic and sewn together with buried dissolvable stitches. A dressing has been applied to the wound, often a skin adhesive and overlying paper tape such as SteriStrips®. You can safely get the dressing wet in the shower, as it is important to keep the skin clean.

A tube has been inserted to drain wound fluid. After the drain tube has been removed (usually day three to 14 post-operatively), leakage of fluid might occur for a few days through the skin hole. Do not be alarmed. Simply keep the skin clean (wash the area with water) and re-apply an absorption dressing over the hole. Please check the wound dressing daily. If you go home with a drain tube in, clear instructions will be given to you by the nursing staff and/or breast care nurse.

Breast prosthesis and bra

Your breast care nurse will measure you for a bra and temporary prosthesis before you go home. It will be comfortable for you to wear whilst your wound is healing. You will also receive advice about the purchase of permanent silicone breast prosthesis for the longer term.

Pain relief

Regular pain relief of paracetamol such as Panadol®, 1g (two 500mg tablets) four times a day, for the first few days after leaving hospital and prior to exercises or functional activities, provides sufficient pain relief for most people. It is safe to add an anti-inflammatory drug for most patients, but please check with your doctor if you have any concerns.

Activity

The physiotherapist will see you on the ward and commence exercises to aid recovery. Gentle exercise, for example walking, is recommended to reduce the risk of deep vein thrombosis. You should avoid more vigorous exercise for at least two weeks after surgery. Driving should be avoided if possible until review following discharge. You should anticipate at least two weeks off work, but naturally this can vary and will depend on other pending treatments.

Complications

Internal wound bleeding (haematoma) may be suspected if the wound becomes painful, tense, bruised or swollen. Soft bruising alone is of no great concern. Infection may be suspected if the wound becomes increasingly tender and inflamed. You might start to feel unwell with a fever. This requires urgent attention.

A fluid collection (seroma) is common after the drain tube has been removed. The chest wall or armpit may become swollen and uncomfortable. Drainage with a needle and syringe is often performed in the doctor's rooms after surgery, to relieve the fluid pressure.

Linear cords can sometimes be felt along the inside of the arm due to inflamed lymphatics just under the skin. This can be uncomfortable but will improve in the coming weeks/months. It is safe to exercise the arm with lymphatic cording.

Lymphoedema is the collection of lymphatic fluid in the tissues under the skin, whereby the lymph cannot flow as efficiently as lymph glands have been removed or disrupted. Advice will be given about lymphoedema prevention.

Appointment

Prior to leaving hospital, an appointment will be made for review within two weeks from your operation. Please ring Dr Joanna Morgan's secretary on **03 8202 5566** to confirm.

Contact

If you have a concern, please contact the hospital, breast care nurse or Dr Joanna Morgan.