



## PATIENT INFORMATION – POST OPERATIVE CARE

### RE-EXCISION BREAST CANCER MARGINS AND AXILLARY DISSECTION

#### *Wound care*

Your breast cancer cavity margin(s) and axillary lymph glands have been removed during surgery. The incisions have been temporarily numbed with local anaesthetic and sewn together with buried dissolvable stitches. Dressings have been applied to the wounds, often a skin adhesive and overlying paper tape such as Steristrips®. The drain tube will have a plastic dressing over it. You can safely get the dressings wet in the shower, as it is important to keep the skin clean. A soft non wired bra, elasticised crop top or Tubigrip® garment will offer support and comfort to the wounds, even at night when sleeping.

Rarely an intra-operative injection of blue dye is used causing blue discolouration of the breast skin. This is excreted in the urine and faeces causing a blue green effluent. It will pass.

A tube has been inserted to drain axillary wound fluid. After the drain tube has been removed, typically five to 14 days following surgery, 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.

#### *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 your breast 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 is removed. The armpit may become swollen and uncomfortable "like a marble under my arm". 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 over weeks to 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. It can affect the arm and/or breast. 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** if you do not have an appointment.

#### *Contact*

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