

Advice and Exercises Following Breast Surgery

Discharge information



Marie Keating
FOUNDATION

making cancer less frightening by enlightening

The aim of this booklet is to provide information and advice after breast surgery. Information provided includes a specific exercise programme for the arm on the affected side; advice on scar management, general post-operative instructions and advice on the management of swelling/lymphoedema;

The information provided in this booklet is intended to guide you in completing the exercises shown to you by your physiotherapist. Some of the exercises may be altered by your physiotherapist to suit your particular needs.

Please ensure that you fully understand the exercises that are demonstrated to you. If you have any questions about the information given in this booklet please do not hesitate to contact your physiotherapist.



Exercises

- Help you recover full arm movement
- Prevent shoulder stiffness
- Decrease post-operative swelling and pain

All movements should be performed **SLOWLY** and **GENTLY**.

They should not cause pain. If you have had a Sentinel Lymph Node Biopsy (SLNB), please begin exercises in Set A as normal and move onto exercises in Set B after 3 - 4 days, as you feel able and pain allows.

Exercises in Set A should be started the first day after your operation and continued for four weeks. You should only move your arm to shoulder height in the first two weeks after your operation.

Exercises in Set B should be started **two weeks** after your operation and continued for two weeks along with Set A until you attend your out-patient physiotherapy appointment.

Be aware of your **posture**. You may tend to slouch after your operation so aim to correct this.

Exercises should be continued even after you feel you have regained full shoulder movement to ensure you maintain this movement.

If you develop a seroma (a collection of fluid in the tissue) around the incision site or under the arm, wait until it has been drained or reduced and then restart Set A exercises slowly. Only continue the exercises if it is comfortable to do so. Please contact your health care team if you feel that a seroma may be developing.



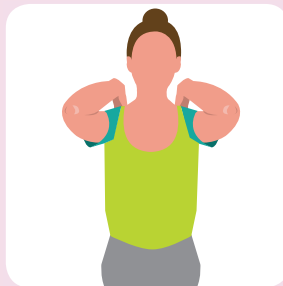
Set A Exercises

First four weeks after your operation

Frequency: three times a day/10 repetitions each exercise



- 1.** Hands on your shoulders. Lift your elbows forwards and upwards to shoulder height. Repeat 10 times.



- 2.** Hands on your shoulders. Lift your elbows out to the sides and upwards to shoulder height. Repeat 10 times.



- 3.** Bring your hand up behind your back as far as you can. Repeat 10 times.



- 4.** Put your hands behind your head and slowly bring your elbows outwards, hold for 3-5 seconds. Repeat 10 times.



- 5.** Move your hands from your shoulders to your head briskly. Repeat 10 times.



- 6.** Open and close your hand briskly i.e. make a fist. Repeat 10 times.

- 7.** Circle your shoulders forwards 10 times then backwards 10 times.



- 8.** Sit upright in a supported seat. Utilizing right hand gently stretch neck to right shoulder. The movement and stretch should be controlled and not painful. Hold 15 seconds each side. Repeat on other side.

- 9.** Keep your feet and hips still. Think about turning your upper body and shoulders only. Move your head with your body as you turn from side to side. Repeat 10 times each side.

Set B Exercises

Exercises for Weeks Three and Four

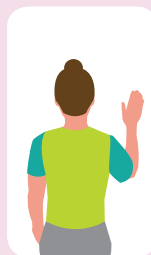
Begin exercises on _____

Frequency: three times a day, and continue for two weeks along with Set A.

Start these exercises two weeks after your surgery. You may feel a stretch but you should not feel pain during these exercises.

If you develop a seroma, return to **Set A Exercises** and remain doing **Set A Exercises** until your seroma has resolved.

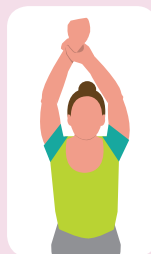
1. Stand facing the wall. Walk your hand upwards. Hold for five seconds at the top of the movement. **Move closer to the wall as your movement improves.** Repeat 10 times.



2. Stand sideways on to the wall. Walk your hand upwards. Hold for five seconds at the top of the movement. **Move closer to the wall as your movement improves.** Repeat 10 times. Repeat on other side



3. Using other hand lift both hands above head. You should only move your shoulder in pain free range of movement. Sit as tall as possible throughout the exercise. Repeat 10 times.



General exercise

Physical activity is another key component in your rehabilitation after breast surgery.

Physical activity and exercise provide a wide range of benefits to people diagnosed with breast cancer. The benefits include improved physical fitness, higher self-esteem and lower levels of anxiety, depression and fatigue.

Physical activity may help to reduce nausea and side-effects to treatment.

Research has shown that regular physical activity after breast cancer treatment can aid your recovery and also lower your risk of developing cancer in the future.

Most research suggest that 30 minutes of moderate to high intensity physical activity five days a week is associated with a reduction in breast cancer risk. Examples of this type of physical activity include: brisk walking, stair climbing, jogging and cycling as well as household tasks like gardening, Hoovering and washing windows or floors.

It is important to start the exercise program slowly, perhaps 15 minutes walking a day, and gradually progress the time and intensity of the physical activities you are doing. Your physiotherapist will speak to you about increasing physical activity and give you ideas at your out-patient physiotherapy appointment.

Post-op Precautions

Cording

Some women develop scar tissue in the armpit after lymph node removal. This usually happens within the first few weeks or months after the operation. The scar tissue is called cording or banding or axillary web syndrome. It can feel something like a guitar string. It can extend down the arm past the elbow, possibly as far as the wrist or thumb. Cording is harmless but can be painful and can limit your arm movement. Massaging over the cords regularly can help. Tell your team if you develop cording

Scar massage

The aim of scar massage is to keep your scar and underlying tissues mobile thus improving your overall arm movement. Scar massage helps to breakdown the underlying scar tissue. Scar tissue formation develops naturally during the healing process post-surgery. However it can limit normal pain free movement and restrict you using your arm for everyday tasks.

Your physiotherapist will demonstrate and give you information on scar massage at your out-patient physiotherapy appointment. You can begin scar massage approximately 4-6 weeks post-surgery when your scar is fully healed, and your wound is closed and dry. Massage is carried out over the wound using your fingers or palm. Allow the fingers/palm to sink into the underlying tissues beneath the scar and then move your fingers/ palm in a circular motion. You should use a non-coloured and non-perfumed cream.

If this causes any lasting redness, pain or discomfort over the area, decrease the pressure you are using and continue when the above symptoms have resolved.

Scar massage should be carried out for 5-10 minutes, twice daily.

Seroma

It is not unusual to have fluid collect in the wound or under the arm once the drain has been removed. This is known as a seroma and it is not usually problematic. If you notice this occurring contact your breast care nurse, who will organise a review appointment. If it is causing you distress, such as pain or discomfort at the wound site or under your arm, it may be necessary to insert a small needle into the seroma to drain the excess fluid.

Community support

Upon discharge, the ward nursing staff will send an online Public Health Nurse (PHN) referral if you require community support. On receipt of the referral, the PHN will contact you to organise a suitable time and date for a visit. The majority of patients manage independently upon discharge home.

Wound care

- You may have a shower but it is important not to soak your wound/drain site excessively. When showering or bathing, avoid using bubble baths, oils, scented soaps or creams as they may irritate your wound. Pat your wound dry using a soft towel and avoid rubbing excessively.
- Your wound will be closed with a sterile skin glue and covered with steri-strips (paper stitches) and a transparent dressing. The dressing remains in place for 10 days, and is usually removed at the time of your results appointment. The dressing is waterproof.
- Keep your wound clean and dry once the dressing and the steri-strips have been removed.
- As your incision heals it is normal to feel tingling, numbness, itching, shooting or darting pain or altered sensation in the arm, breast and back. This will gradually decrease over time, but may take many months.
- Do not apply perfumed lotions, talcum powder, or under arm deodorant (on the affected side) until your incision is completely healed.
- It is not recommended that you wax or wet shave under the affected arm if you have had an axillary clearance. We encourage the use of a lady shave (electric razor) or hair removal cream (if you are not allergic).

Important: If your wound becomes red, hot, swollen or painful or if you feel unwell, contact your GP or the breast care nurse.

- Avoid using your affected arm for heavy lifting or heavy housework for four weeks.
- Do not lift anything heavier than a full kettle. Activities such as ironing or hanging out washing can be done if pain free.
- Do not have injections, blood samples or your blood pressure taken on the affected side.
- Wear gloves and long sleeves to avoid scratches when gardening. Wear a thimble when sewing.
- Wear oven gloves to take items from the oven/lifting hot pots to prevent burns.
- Protect yourself from sunburn.
- Don't cut cuticles on the affected side.
- Keep your skin and cuticles well moisturised to avoid dry skin.
- Avoid wearing restrictive clothing or jewelry on the affected side.
- If in an area where you might expect insect bites, use insect repellent or cover up to reduce exposure.
- Avoid very hot baths, saunas or extremes of hot and cold.
- As cuts increase the risk of infection, avoid using wet razors to remove unwanted hair. Use an electric razor or depilatory cream.
- Flying – It is recommended that you wear a compression sleeve when flying. You can contact the physiotherapy department if you require a sleeve.

Driving – check with your doctor. Only begin driving when you feel comfortable to do so. You may need to check with your insurance company.

Lymphoedema

Lymphoedema is an accumulation of lymph fluid in the soft tissues of the body. It can be in the legs too, chest or back, abdomen (tummy area), genitals, head, neck or face, breast armpit, pelvic area with accompanying swelling in these areas. It mostly affects the arms or legs, but it can also develop in other body areas. This accumulation of fluid is due to a disruption in the lymphatic system.

Lymphoedema can be 'Primary' or 'Secondary'. The cause of primary lymphoedema is genetic. An alteration occurs in certain genes that affect the development of the lymphatic system. It can develop at any age.

Secondary lymphoedema develops in people when their lymphatic system is damaged and may be due to surgery, node clearance and/or radiation.

If you have had surgery on the nodes i.e. axillary clearance or sentinel node biopsies and if you have or may have radiotherapy after your surgery, it is important that you follow these guidelines to try and prevent the development of complications such as infection or lymphoedema. Prevention is the best tool against the development of lymphoedema.

Signs and Symptoms

At first, the swelling may come and go. It may get worse during the day and improve overnight. Without treatment, it usually becomes more severe and does not go away. Symptoms in an affected body part may include:

- Swelling in one or all of the following: fingers, hand, arm, upper trunk/ chest
- Sensation of heaviness, fullness in the arm
- Feelings of soreness or discomfort in the arm and shoulder
- Skin harder, less soft or less supple
- Loss of movement in the joints of the arm
- Skin infections
- Watch or rings becoming too tight
- Folds developing in the skin
- Wart-like growths on the skin
- Fluid leaking through the skin

Physiotherapy treatment of lymphoedema

If the breast care team or your physiotherapist feels you are developing signs of lymphoedema, they will refer you to a senior physiotherapist specialising in this area. The physiotherapy approach will consist of many different treatment options. Some of these may include:

- Exercises
- Intermittent pneumatic Compression garments
- Compression sleeve
- Manual lymphatic drainage
- Multi-layered bandage of arm
- Skin care and prevention advice

If you have concerns or feel that you may be developing any of the mentioned symptoms please contact the physiotherapy department or your breast care team for further advice and information and ask to be referred to a Lymphoedema Clinic.

Precautions for the prevention of lymphoedema

It's not possible to completely prevent lymphoedema. But the following advice may help reduce your chances of developing it.

If you already have lymphoedema, this advice may stop it from getting worse.

Skin care and lymphoedema

Bacteria can enter your body through any cuts in your skin. Skin infections can also damage your lymphatic system and cause lymphoedema. You can reduce your risk of developing skin infections by:

- Not having injections or blood pressure readings in the affected area
- Treating cuts and scratches immediately with an antiseptic cream
- Using insect repellents to prevent insect bites
- Moisturising your skin daily, you can get a cream at your pharmacy
- Using sunscreen with a high sun protection factor (SPF) and high UVA
- Avoiding very hot baths and showers – heat from saunas, steam rooms
- and sun beds may increase the swelling
- Using an electric razor if you need to shave
- Wearing loose-fitting clothes

Protect your hands

- Wear gloves for gardening and household tasks
- Do not wear tight-fitting jewellery
- Cut your nails with nail clippers

Protect your legs and feet

- Wear shoes that fit and have support on the top of your feet.
- See a chiropodist for foot and nail care and tell them that you have lymphoedema.
- Use anti-fungal powder to prevent fungal infections in your skin.

Healthy Lifestyle

- Having a healthy lifestyle may help reduce your risk of developing lymphoedema. It may also help control the condition if you already have it.

Care of the Jackson Pratt Drain

A Jackson Pratt drain is used to help empty excess fluid from the body after surgery. Use of a drain can help in the healing process. Ensure that the drain is secured to clothing to prevent pulling of the skin at the entry site. Air or fluid may leak around the drain onto the skin, or the drain may stop draining suddenly. This is not usually problematic and may be caused by a blockage in the tubing of the drain. Aggressive milking of the drain should clear the blockage. If it persists, you should contact the Breast Care Nurse or medical team.

To milk the drain

1. Hold the tubing close to the skin with your opposite hand, as this anchors the tubing and prevents dragging and pulling which can cause discomfort.
2. With your other hand, take the drain between your thumb and forefinger and with a squeezing motion slide them down the tubing, while slightly stretching the tubing.
3. Repeat this procedure until you reach the bulb of the drain.
4. The drain should be milked every four hours while the patient is awake.

To empty the drain

1. Empty the drain at least once a day, or more frequently if the drain becomes full of air or fluid.
2. Open the cap at the top of the drain (this will release the vacuum) and look at the measurement marks on the side of the drain. Alternatively, you can empty the contents into a measuring jug.
3. Turn the drain upside down and squeeze the drain to empty the contents.
4. Squeeze the bulb of the drain until it is half its normal size (this reactivates the vacuum) and close the cap securely.
5. Each time the drain is emptied, it is important to record the measurement in the chart provided.
6. The drain will be removed once it has drained less than 40mls in 24 hours for two consecutive days or is in place for a maximum of 10 days.

Jackson Pratt Drainage Record

[illegible]

- Your drain will be removed when it drains less than 40mls in 24 hours for two consecutive days.
- The drain will be left in for a maximum of 10 days, regardless of the drainage volume.

With Special Thanks to:

- *HSE - Lymphodema information*
- *Cancer Research UK*
- *Senior Physiotherapist Haematology/ Oncology Ruth Mc Menamin*
- *Senior Physiotherapist Kelly Coghlan*
- *ANP Breast Family Risk Service Carol Spillane*
- *Breast Care Nurses St James's Hospital*
- *Breast Surgeons St James's Hospital*

About the Marie Keating Foundation

Following their mother Marie's death in 1998, the Keating family promised that they would do everything they could to bring an end to cancer. The Marie Keating Foundation helps men and women prevent cancer, detect it at its earliest stages and journey through cancer diagnosis, treatment and survivorship.

Through its community information service, the Foundation's nurses have talked to over 230,000 people about the causes and risk factors of cancer. The Foundation offers national awareness and education programmes covering the most common cancers affecting people in Ireland, including bowel, breast, lung, prostate and skin cancer.

Through its Comfort Fund, the Marie Keating Foundation provides financial assistance to people who are receiving treatment for any kind of cancer and who find themselves in financial difficulty as a result. In 2016 alone, over 525 families received assistance from the Comfort Fund.

The Marie Keating Foundation supports cancer survivors through its Survive & Thrive programmes which are run nationwide, free of charge, for men and women who have finished their cancer treatment. Over 600 cancer survivors have attended courses and seminars since 2015.

On 2 February 1998, our mother Marie died from cancer. We started this Foundation with the aim of making cancer less frightening by enlightening. We also hope that other families will not have to go through what we did and to ensure that such a wonderful person did not die in vain.



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