Welcome

A breast cancer diagnosis for you or someone you love can be overwhelming. This program is here to support you with education to prepare you for breast cancer treatment. Please discuss with your surgical care team and follow their instructions.

This patient guide will walk you through your cancer journey, from diagnosis to recovery. Read each section and write down any questions or concerns you have. Share these with your doctor as you discuss your treatment options.

This Patient Guide
Based on standards established by the American College of Surgeons (ACS), this program includes:

- Understanding breast cancer
- Explaining tests and exams
- Preparing for your operation
- Healing and recovering from surgery
- Planning for breast reconstruction, if you choose
- Other therapies beyond surgery
- Living a healthy life after surgery

Share with Family and Friends
Share this guide with your family and friends, so they can learn more and prepare to support you in your treatment and recovery. You’re all in this together!

Your journey to healing and health starts today.

We Want Your Feedback
We need your help to make sure our program informs you about your operation and helps you care for yourself or a family member. Please complete and return the short survey included in this book.

This program will help you understand:

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WATCH VIDEO
Your Breast Cancer Surgery Program: Welcome

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In women, the breasts are made up of:

- **Nipple and areola (darker skin around the nipple)**—on the outside of your breast
- **Lobules**—the milk-producing glands
- **Ducts**—carry the milk from the lobules to the nipple
- **Connective and fatty tissue**—provides the structure of your breast
- **Muscle**—supports your breast tissue
- **Blood vessels**—arteries carry oxygen and nutrients to the breast and veins remove waste from the cells of your breast
- **Lymph vessels**—carry lymph fluid, which contains infection-fighting white blood cells. The lymph vessels from your breast drain under the arm (axilla) and into your chest. Cancer cells can spread to other areas of your body through the lymphatic system.
- **Lymph nodes**—the glands found along the lymph vessels. This is where the lymph is filtered. Abnormal cells are caught in the lymph node.
- **Sentinel lymph nodes**—the first nodes receiving lymph drainage from the tumor
Breast Cancer

Breast cancer begins when healthy cells in the breast change and multiply rapidly. As the cells grow, a tumor may be felt or seen on imaging. Breast cancer is the most common cancer in American women. 15 About 1 of 8 women in the U.S. (13 percent) will develop invasive breast cancer. 3 Your treatment plan will be tailored based on the results of all of your testing. You may see many specialists, including your surgeon, a reconstructive surgeon, medical oncologist, radiation oncologist, nurses, and therapists. For more information on testing, go to Preoperative Tests and Imaging (p. 10).

Types of Breast Cancer: Noninvasive or Invasive

Noninvasive breast cancer is also called in-situ breast cancer. This means that the cancer cells are within the lining of the lobule or duct. Noninvasive cancer may never spread to become an invasive cancer. One cannot predict which cases may spread, so nearly all cases are treated.

Invasive breast cancer has spread outside of the lining of the ducts or lobules. This means that it has spread into your breast tissue. It can continue to invade the blood, lymph system, and other organs of your body.

Cancers are either invasive or noninvasive. They are named by the area where the tumor first develops.

Ductal carcinoma starts in the milk ducts of your breast.

Lobular carcinoma begins in the milk lobules. Most breast cancers begin in the lobules or ducts. 3
Non-Invasive Breast Cancers

Cancer cells are found in the lobules or ducts. They have not moved to the lymph nodes or spread beyond the breast tissue.

**Ductal Carcinoma in Situ (DCIS)**

In ductal carcinoma in situ, the cancerous cells are in the milk ducts. Most patients do not have symptoms. DCIS is often found during screening mammograms. Symptoms may include:

- A lump in your breast
- Nipple discharge
- Changes in your breast size or color
- Breast skin dimpling, puckering, or thickening.

**Paget’s Disease of the Breast**

Paget’s disease is a rare form of breast cancer. It involves the skin of your nipple and areola (dark skin around your nipple).

**Symptoms include:**

- Itching, tingling, redness, or change in shape of your nipple and/or areola
- Flaking, crusty, or thickened skin on or around your nipple
- Discharge (sometimes yellow or bloody) from your nipple

Paget’s disease represents 1-4 percent of breast cancer. It may be seen in women and men.4

**All women with DCIS are referred for treatment.** Treatment may include surgery, radiation, and/or endocrine (hormonal) therapy. After you have DCIS, your risk for invasive breast cancer is 2.1-4 times greater.3

**Lobular carcinoma in situ (LCIS)** is also referred to as lobular neoplasia. LCIS is not cancer. It is a risk factor (or marker) for invasive breast cancer. Women with LCIS have a higher risk for invasive breast cancer later in life. This risk is not limited to the breast where the LCIS was found; it can occur in either breast. Frequent monitoring and plans to reduce your risk are typically recommended for women with LCIS. Your doctor will discuss what treatment is best for you.

Image Credit: Inverted-nipple-02, by Karin4758, is licensed under CC BY-SA 3.0, via Wikimedia Commons

Symptoms of Paget’s Disease of the Breast include changes in your breast skin and/or nipple.

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Preparing for Your Operation

Preparing for your breast surgery will take time. Before your operation you may have:

- History and physical
- Blood work
- Mammography
- A clip, wire, and/or localization device placed. This will help to identify the tumor site
- Urine test
- Electrocardiogram (ECG) if over age 50 or otherwise high-risk
- Health history, including:
  - History of sleep apnea
  - History of problems with anesthesia
  - Allergies
  - Heart health. Do you have a pacemaker? Do you have an implantable cardioverter-defibrillator (ICD)? Tell your doctor about these and other heart devices.

Those over age 75 may have additional screening done before surgery. This may include tests on your activity level and nutrition. It may also include testing your memory and recall.60

Medications

You should bring a list of all medications, including:

- Prescriptions
- Over-the-counter drugs (no prescription needed)
- Vitamins
- Herbs, minerals, or other supplements

Ask which of these need to be stopped or changed before surgery. Examples of what may need to be stopped up to 7 days before surgery include:

- Non-Steroidal Anti-Inflammatory Medications (NSAIDs). This includes aspirin or Advil®/Motrin® (ibuprofen).
- Anticoagulants (blood thinners)
- Fish oil
- Vitamin E
- Herbs like garlic, ginseng, gingko biloba, and St. John’s Wort (they can cause bleeding)

See the ACS Medication and Surgery information at facs.org/for-patients/preparing-for-your-surgery/medications

Quit Smoking

Smoking can increase your risk of problems with breathing and wound healing.83,84 This may affect the type of surgery you will have. Quitting at least 4 weeks before your operation and staying smoke free can decrease these risks.84 There are medications and therapies that can help. Your surgeon will talk to you about your smoking status and your plan to quit before surgery.

See the ACS Quit Smoking brochure to make your Action Plan.

facs.org/media/jxbpufci/quit_smoking.pdf
Your Pain Plan

Talk with your surgeon about how to control your pain. Your pain plan will be based on your:

- Operation
- Pain history
- Current medications

Regional or local anesthesia may be an option. This is medication placed with a needle near the surgery site. It decreases pain and can last for several days. It can reduce the need for strong pain medication like opioids. Ask your surgeon if this is an option for you. See Safe Pain Control After Surgery. It can teach you about the best way for you to safely manage your pain.

→ facs.org/media/5nlfjo3c/safe_pain_control_adult.pdf

Nutrition and Blood Sugar Control

Certain behaviors will enhance your recovery from surgery. These include eating healthy foods, exercising, and not drinking alcohol. You may be screened for malnutrition and may need to meet with a dietitian. Visit cancer.org/cancer/risk-prevention/diet-physical-activity/eat-healthy.html for more information about healthy food choices.

Good blood glucose control promotes healing. It also reduces the risk of surgical site infection. If you are diabetic, your team will tell you how to adjust your medications before and after surgery. One-third of patients having surgery have diabetes and do not know. Your blood glucose will be checked so it can be controlled before surgery.

Exercise and Mobility

Talk to your doctor about your exercise plan. Exercising before surgery (such as swimming, walking, or yoga) may help your recovery. Your care team may recommend exercise therapies during your surgical care/treatment. Exercise can also improve your arm movement and decrease the risk of postoperative complications. Learning and practicing arm exercises before surgery helps you prepare. Ask your doctor when you should start arm exercises after surgery. See pages 46-48 for the Exercise resources.

KEEPING YOU INFORMED

You may be monitored for swelling (lymphedema) after your treatment. Early swelling may be hard to notice. So your provider may measure your arm before and after surgery. This may be done using:

- Measuring tape
- 3D surface volume scan
- Bioimpedance spectroscopy (BIS)

These are examples of non-invasive tests that measure the amount of water in your arm/hand. See p. 36-37 for more information on lymphedema.
After Your Operation, Your Recovery, and Discharge

How Long Will You Be in the Hospital?
Most women can go home the same day after lumpectomy. For a mastectomy, you may go home the same day or stay for 1-2 nights, depending on the type of surgery. If you have breast reconstruction, you may stay 1-3 days. The amount of time you stay depends on the type of surgery you have. Your overall health is also a factor. Your plastic surgery team will discuss this with you before surgery.

Fatigue and Thinking Clearly
After surgery, you may feel tired and possibly confused. Confusion can be from the anesthesia and pain medication. Feeling tired may last for several weeks. You may need to rely on family, friends, and coworkers for assistance with tasks while you rest. When people call or visit and ask what they can do to help, have some ideas and tasks ready.

Breathing Deep and Preventing Pneumonia
Keep your lungs expanded and active to prevent pneumonia. Take 8 to 10 deep breaths every hour when awake. Breathe in deeply and slowly through your nose. Hold for a count of 3 to 5. Breathe out slowly and completely. Do not force your breath out. Rest and repeat.

Walking and Preventing Blood Clots
Blood clots can result after lying still and not moving during and after your surgery. Support stockings may be placed on your lower legs prior to surgery and/or recommended for use after your surgery to help prevent blood clots in your legs. After surgery, it is important to get out of bed as soon as possible and walk around at least every 2 hours when awake. You may need to have help when you first get up after surgery to be sure you are stable and do not fall.

Common Side Effects
Nausea and vomiting are common side effects of anesthesia and of cancer treatments. Medication is available to manage any nausea. Try to keep drinking and eating normally after surgery.

At home, eat a balanced diet. This includes food high in proteins, such as lean meats, fish, beans, eggs, and nuts. If you need help with a balanced diet or managing your weight, ask to speak with a registered dietician while you are in the hospital.

Regular Bowel Movements/Constipation
Anesthesia, decreased activity, and pain medication (narcotics) can cause constipation. Increasing the fiber in your diet can keep your stool soft. You can eat high-fiber foods or use over-the-counter medicines like Metamucil® or FiberCon®. Drink 8 to 10 glasses of fluid per day unless you are told otherwise.

KEEPING YOU INFORMED
You may have a negative pressure wound dressing placed over your closed incision at the end of your surgery. This type of therapy uses a special dressing connected to a vacuum device, which helps incisions to heal. Studies have shown that this type of therapy may decrease postoperative wound problems, including risk for surgical site infection.64,65