

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 you with information and advice after your breast surgery. This information includes a specific exercise programme for your affected arm; advice on the management of swelling/lymphoedema; the reasons why physical activity post-operatively is so important; advice on scar management and general post-operative instructions.

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.

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 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 a breast care nurses if you feel a seroma is 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.

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.



Lymphoedema prevention

Lymphoedema is an accumulation of lymph fluid in the soft tissues of the arm, chest or trunk, with accompanying swelling in these areas. This accumulation of fluid is due to a disruption in the lymphatic system which may be due to surgery, node clearances and/or radiotherapy.

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 for skin care 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

- 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
- Watch or rings becoming too tight

This list is not exhaustive and these symptoms can appear at any time after the surgery, or during or after your radiotherapy treatment for years after the surgery.

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 the area. The physiotherapy approach will consist of many different treatment options. Some of these may include:

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

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

Precautions for the prevention of lymphoedema

Due to the lymphatic system being impaired following surgery, the following precautions should be adhered to for the foreseeable future.

- Even minor injuries such as scratches, cuts or burns can provide an entry site for infection. Treat these immediately by cleaning and applying an antiseptic.

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 jewellery 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.

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.

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, hovering 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.

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 the 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; so that you will have access to community support should you require it. On receipt of the referral, the PHN will contact you to organise a suitable time and date for a visit.

Wound care

- You may have a shower but it is important not to soak your wound and drain site excessively. When showering or bathing, avoid using bubble baths, oils, scented soaps or creams as they may irritate your wound. Avoid rubbing your wound excessively when drying. We recommend that you pat the area dry using a soft towel. 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 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).

Care of the Jackson Pratt Drain

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 two to four hours while the patient is awake.

To empty the drain

1. Empty the drain at least once a day, or more frequently if necessary.
2. Open the cap at the top of the drain (this will release the vacuum) and turn the drain upside down.
3. Empty the contents into a measuring jug and record the output in a 24 hour period.
4. Squeeze the bulb of the drain until it is half its normal size (this reactivates the vacuum) and close the cap securely.
5. 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.

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 breast cancer. They committed to provide all women and their families with the necessary information to prevent cancer or detect it at its earliest stages. Their collective aim was **"making cancer less frightening by enlightening"**.

Through its community information service, the Foundation's dedicated nurses have enlightened over 100,000 people of the causes and risk factors of breast and other cancers. The Foundation is continuing to expand its awareness campaigns on each of the key cancers, at local level through its community outreach approach as well as through national campaigns.

The Foundation finances other areas of need in cancer care. Monies raised help to refurbish hospital oncology waiting rooms in making them more comfortable for patients. A limited comfort fund for those in financial difficulty as a result of their illness provides immediate assistance, when required.

On February 2nd 1998, our mother Marie died from breast cancer. At the time and all through her illness, we could do nothing to help our Mother who had, all our lives, done everything for us. We, the Keating family have set up this charity in her name to try to help and prevent others going through what Mam went through and what we are still going through to this day. This is also to show that such a wonderful mother and person did not die in vain.

The Keating Family

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