



Information for  
Patients having Breast Surgery



**Bradford Teaching Hospitals**  
NHS Foundation Trust

**The aim of this booklet is to provide information about what happens before, during and after an admission to hospital for breast surgery.**

## **Contact numbers**

### **Breast Care Specialist Nurses**

**Telephone:** 01274 365190

**Mr Linforth secretary** 01274 365844

**Mr Salhab secretary** 01274 365063

**Miss Tait** 01274 365734

### **Central Booking**

**Office Team** 01274 274274

### **Breast Care Nurse answer machine**

Monday to Thursday (9am – 5pm)

Friday (9am – 4pm)

Tel: 01274 365190

If you phone please leave your name, date of birth and a contact telephone number. This machine is checked regularly. It may not always be possible to return your call on the same day.

### **Prosthetic advice and appointments**

Clinics are run from The Dales Unit, Level 2, Area 8, Horton Wing, St Luke's Hospital on a Monday and Thursday mornings.

Telephone: 01274 365190 to make an appointment.

### **Breast Research Nurse**

Mrs Helen Robertshaw - Tel: 01274 383435

## Before your operation

- An appointment will be made for you to attend the Pre-assessment clinic. This is in the Horton Wing, Level 0 at St Luke's Hospital.

Depending on your past medical history and general fitness, the appointment will take between 30 minutes to 2 hours to complete.

Some investigations may be performed including blood tests and MRSA swabs.

You may need to see an anaesthetist before coming to hospital. If not the anaesthetist will see you on the day of surgery.

Please bring with you information about any medication that you are taking at this time.

- You will receive an **admission letter**. This will tell you the **date and time** for you to come to the ward at Bradford Royal Infirmary. It will also tell you when to stop eating and drinking.

## Localisation of mammogram detected breast abnormalities.

If we are not able to feel the breast lump you will require a small marking wire to be placed into the breast on the morning of surgery. This is done in the Pennine Suite, Area 8, Level 2, Horton Wing, St Luke's Hospital. You will be told if this is necessary. The time to attend for this will be in the top section of your admission letter.

## **Sentinel node injection (for patients with Breast cancer only).**

If you have been told you require a sentinel node injection these arrangements are detailed in **a box at the bottom right of your admission letter.**

Please check the details carefully as this may be the day before your surgery.

If you need an interpreter for the ward please tell us in clinic or pre-assessment.

- If you are having day surgery (going home the same day), you need to arrange for a responsible adult to stay overnight with you at home when you are first discharged.
- You will need some painkillers at home for when you are discharged as these may not be provided by the ward. We suggest that you take pain relief that you know has worked for you in the past such as Paracetamol and/or an anti-inflammatory such as Ibuprofen (Brufen or Nurofen are the same). Paracetamol and ibuprofen can be taken together, and this may prove to be more helpful in managing any discomfort.

**Avoid Ibuprofen** if you have a history of heartburn, gastric ulcers, asthma or renal failure. If in any doubt, ask one of the team.

- Read the packet to make sure that you take the correct amount and do not take more than the maximum dose stated as this can be very dangerous.

- Ensure that you have appropriate transport arranged to and from the hospital and if necessary someone to assist you.
- If you are on benefits, you may be able to claim for travel expenses. You can obtain a claim form from the PALS office which is located at Bradford Royal on the left to the main reception desk.

Please ring to confirm staff availability on the site of your choice before attending:  
Telephone number 01274 364021

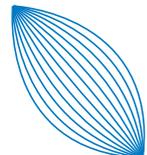
**If you have one, or a combination of the following medical needs, you may be entitled to hospital transport –**

- Require a stretcher for the journey due to specific medical and mobility needs.
- Require oxygen during transit.
- Need to travel in a wheelchair and do not have a specially adapted vehicle.
- Cannot walk short distances without continual physical support.
- Have a medical condition that would compromise your dignity or cause concern to the public.
- Have severe communication difficulties.



## On the day of your surgery

- Ensure your prescribed medication is already taken as directed by the pre-assessment team.
- Arrive on the ward at the requested time
- Ward space is quite limited and generally you will be escorted into a shared waiting area on the ward until the staff can allocate you a bed. Only one person should accompany you.
- Doctors and nursing staff will complete relevant admission records. You will be given an Identification wrist band, a green surgical wrist band and a red wrist band if you have any allergies. The Surgeon will examine you and place a mark on the surgical site using a pen. Checklists and consent forms will be completed.
- If you require a sentinel lymph node biopsy injection on the day of surgery, you will need to attend the Medical Physics department in BRI from the ward.
- Patients are taken to theatre according to their clinical priorities. All day lists mean that some patients will wait until later in the afternoon before their operation takes place. We will inform you on admission approximately what time you are likely to go to theatre, sometimes this changes.



## After your operation

- When you return to the ward, you will be offered something to eat and drink. Nursing staff will perform wound checks and observations.

Day-case patients will be able to go home, once your blood pressure, temperature and pulse are normal for you, you are able to move around to a safe standard, your pain is controlled and there are no obvious problems with your wound. This is generally 2–4 hours after you have returned to the ward. Please arrange for someone to collect you.

## Dressings

- Most of the dressings we use have a plastic surface and are splash-proof. Keep the dressing dry by taking shallow baths, low showers or a strip wash. Beneath the dressing is a layer of suture-strips which lie on top of your wound. The wound itself will be closed using dissolving stitches.

The dressing needs to stay in place until you come back to the clinic two weeks after your surgery. If your dressing leaks or become loose less than a week from the surgery, it will need to be changed as wound infection is then more common.

If this happens please contact Breast Care Nurses on 01274 365190 or your Practice Nurse at your GP surgery to have the dressing replaced. Otherwise you will not routinely require the attention of the District/Practice Nurse. Relevant contact details can be found at the beginning of this booklet.

## Wounds

- The wound area may feel 'lumpy' and hard for a few of weeks. This is normal and part of the healing process.
- You can expect some bruising which will disappear with time.

Do not use deodorant until your wound is healed (this will be when the dressing has been removed and there is no leaking from the scar).

- The blue dye used in theatre to find the sentinel lymph node will leave a blue staining on the breast for anything up to a year (only noticeable with wide local excision). Your urine and tears may appear green in colour and your skin will have a grey appearance for about 24 hours.
- Numbness and 'pins and needles' is often experienced. This is due to tissue and nerve damage which is normal after surgery and will improve with time, although numbness is commonly persistent in some areas.
- If you have had surgery to your armpit (axilla), the numbness is usually a long term side effect, generally in the inner aspect of the upper arm.
- Some discomfort is expected and will gradually settle. Take pain relief as suggested. See your GP if your pain is not controlled or if you are unsure of what to take.

- **Drains** – (Are only used in a small number of patients). You may be sent home with one in place. This is safe, you will be shown how to manage this. The drains will be removed by nursing staff in the Dales Suite at St Luke's' Hospital 3-10 days after your operation depending upon the type of surgery.
- **A seroma** – This is a collection of fluid which occurs at the operation site causing swelling which is normal following breast surgery. This is nothing to worry about and will be re-absorbed by the body; this can take weeks and sometimes months.

**We do not routinely drain a seroma as there is a potential risk of introducing infection.**

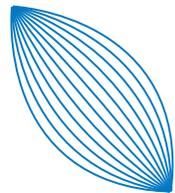
However occasionally the seroma causes skin tightness which limits arm movement, prevents sleep and is painful even with painkillers. If this happens, we can drain the seroma with a small needle.

This is done in clinic, and is not usually painful. You are likely to get a sense of immediate relief as the fluid drains and the tension goes. Unfortunately the fluid can return and the seroma may have to be drained more than once.

Rarely the wound may open slightly and the fluid causing the seroma floods out. This can be frightening, but do not worry. You may even feel better for the fluid coming away. If this happens, you need to ring the ward or the Breast Care Nurses for advice.

## Breast Reconstruction

- A 5 day course of oral antibiotics will be prescribed if your reconstruction is implant based. You must complete the course.
- If you have had a reconstruction using a tissue expander, your chest wall may still look 'flat'. This will be filled in clinic with saline at regular intervals until we obtain a satisfactory size.
- If you have been given a magnet, please bring this with you to each clinic appointment.
- Ensure you have a sports bra to wear post operatively.
- Anti-embolic stockings (TEDs) will be provided. These should be worn for at least 24 hours following your surgery, or until you are back to your normal level of activity. They should be taken off for 30mins per day when worn for more than 24 hours.



## Causes for concern

- New bruising and swelling which increases in colour and size in the area of surgery.
- Increased levels of pain.
- Any form of wound leakage.
- Significantly limited arm movement.
- Uncontrollable shivers, feeling generally unwell, or a temperature of 38°C
- Redness around the wound site/breast.

**All of the above can be signs of infection/bleeding and must be acted upon quickly.**

**If you experience any of these symptoms, you can contact:**

**Breast Care Nurses:** 01274 365190

Please leave a message and someone will call you back or see your GP if this is easier and quicker for you.

Out of hours, please contact

**Ward 20 - BRI:** 01274 364414

This is an acute surgical ward. If at all possible, try to contact the breast team before a weekend if you think you may run into problems.

## Returning to normal activities

This will depend on the type of surgery you have had, your usual level of activity and your personality. We recommend that you listen to your body and gradually return to your normal lifestyle at your own pace. If you are struggling with anything (physical or psychological) it is important to take a step back and try again later. There is no right answer to this; it is a case of pushing yourself a little but also resting when you need to. We are all different.

- In the first 24 hours following a general anaesthetic you should have a responsible adult with you. You should not take any alcohol or non-prescription drugs.

You should not sign any legal documents.

- Some pain killers (particularly codeine based preparations) can cause constipation. It is sensible to drink plenty of water and follow a balanced diet following surgery.
- Follow the shoulder/arm exercises from the leaflet in the Primary Breast Cancer Resource Pack given to you at your earlier appointment.
- Walking is encouraged. Swimming needs to be avoided until the wound has healed completely. This is when the dressing has been removed and there is no leaking from the scar (4–6 weeks).

- There is no hard and fast rule about when you can resume your normal sex life. Listen to your body and when you feel comfortable to try.
- You are advised not to drive for the first 24 hours after a general anaesthetic. It is important that you feel able to control a car in an emergency and feel comfortable wearing your seatbelt. Talk to your insurance company if you have any concerns about your cover.
- The amount of time you take off work will depend on your occupation and how you are feeling. Talk to your Breast Care Nurse or breast Doctor at your clinic appointment if you have any concerns about returning to work.
- Fit (sick) notes can be obtained whilst you are in hospital or from your GP. Please ask on the ward if you need one prior to discharge.
- If the time required to be off work will have an impact upon you financially, talk to your Breast Care Nurse.

### **General long term side effects**

- If you have had axillary node clearance you may have numbness or changes in sensation along the scar line.
- Indentation, asymmetry and volume loss of the breast tissue.

- Swelling of any part of the affected arm or breast (lymphoedema)
- Struggling to come to terms with your experience

Please contact your Breast Care Nurse, Consultant or GP if you are struggling with any of the above side effects.

### **Follow up appointments**

Your surgical clinic appointment will normally be 2 weeks after surgery. This is in the Dales Suite, Area 8, in the Horton Wing at St Luke's Hospital.

The date and time of your appointment will be posted to you. It is timed so that your histology results are ready and your case has been discussed at the Multi-Disciplinary Team Meeting (MDT).

At this appointment, we will check your wound and discuss with you your histology results and treatment/follow up care plan. We will offer you a written summary of your histology and treatment plan to take away with you.

### **Oncology appointment**

It is usual to require some form of other treatment following surgery for breast cancer. The doctors who discuss this treatment with you are called 'Oncologists'. This generally happens 3–4 weeks after surgery. You will be given an appointment card with the date and time for your Oncology appointment when you attend the surgical follow up appointment.

## Prosthetic fitting

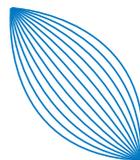
If you have had a mastectomy or your breast is noticeably smaller than the other side, the ward nurse will fit you with a 'softie' (lightweight temporary breast shape or prosthesis) before you go home after your operation. When you feel ready to consider a more permanent breast prosthesis which is usually around six weeks after surgery, please ring the Breast Care Nurses on Bradford (01274) 365190.

If there is no one available to speak to you, please leave a short message clearly stating your name, date of birth and telephone contact number. They will ring you back on picking up this message to arrange an appointment.

Experienced fitters come to the hospital from the companies that make the prosthetic breast forms. They also provide expert bra fitting advice and provide a free bra on initial assessment. The clinics take place every Monday morning and once a month on a Thursday morning also.

You can come for a fitting when your wound is fully healed, any swelling has gone down, and you can wear a bra for at least an hour. This can be anytime from surgery, but normally around 3 to 8 weeks after.

Remember, we are all different so it is perfectly acceptable to come when you feel ready, your wound may allow for it to be sooner or later than the times stated.



**Please ensure that you complete the checklist below before your admission to hospital –**

- Pain control at home that you know works for you.
- Transport to and from hospital.
- Responsible adult overnight if you are having day case surgery.
- Help with activities for 4–6 weeks (heavy shopping, vacuuming, meal preparation).
- Bring your exercise booklet with you.
- Organise help for dependants/pets.
- Make sure you have an understanding of what medication you are taking and what this is for. If needs be, ask for a medication review from your GP prior to admission.
- Bring all of your medication in the original boxes.

**Have you been told if you need/or when to stop taking?**

- Diabetic tablets
- Insulin
- Blood thinning medication e.g. Aspirin, Warfarin, Clopidopgrel or Riforoxibam.

If not, contact pre assessment on 01274 365758.

## **Smoking**

Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke in any of the hospital buildings or grounds, with the exception of the smoking shelters which are provided for visitors and patients only.

## **Useful numbers**

### **Bradford Cancer Support**

Daisy House Farm,  
44 Smith Lane,

Bradford Teaching Hospitals NHS Foundation  
Trust BD9 6DA

**Telephone:** 01274 776688

**E-mail:** [bradfordcancersupport.org.uk](mailto:bradfordcancersupport.org.uk)

### **The Haven in Leeds**

4-5 The Gateway West  
East Street,  
Leeds LS9 8DA

**Telephone:** 0113 2847829

**E-mail:** [leedsreception@thehaven.org.uk](mailto:leedsreception@thehaven.org.uk)

### **Bosom Friends (Bradford)**

**Pat Asquith (chair)** on 01943 875572

**Liz Carrington (secretary)** on 01274 618982

**E-mail:** [info@bosomfriendsbradford.org.uk](mailto:info@bosomfriendsbradford.org.uk)

## **Breast Cancer Care**

**Free telephone help line:** 0808 800 60000

**E-mail:** [www.breastcancercare.org.uk](http://www.breastcancercare.org.uk)

## **Macmillan**

**Free telephone help line:** 0808 808 2020

**E-mail:** [www.macmillan.org.uk](http://www.macmillan.org.uk)

## **Breakthrough Breast Cancer Care**

**Free telephone help line:** 0808 0100 200

**E-mail:** [www.breakthrough.org.uk](http://www.breakthrough.org.uk)

## **By Textphone**

We use Next Generation Text for people with hearing difficulties. This used to be called BT Text Relay.

**To contact us ring:** 18001 365190

**If you need this information in another format or language, please ask a member of staff to arrange this for you.**





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