



## Breast Cancer: Preparing for Surgery<sup>1</sup>

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Once you and your doctor schedule your breast cancer surgery, you may have additional questions about how you can prepare for your operation. This publication provides information to help you get ready for breast cancer surgery, including reactions and memories of women who have gone through this experience. This will give you an idea of the range of possible responses and reactions to breast surgery. Your experience may be similar or quite different from the examples given, since everyone's diagnosis and treatment experience is unique.

### Specific Surgery and Scar

Ask your doctor to describe the type of surgery that is planned for you. If that decision will be made during the operation, find out about all possible outcomes. What kind of scar will you have? Are pictures available to show you what to expect? How will the scar appear on your body? How far under your armpit will it reach? If you are having a lumpectomy, how much sensitivity will you have in your breast following surgery? Where will the pinpoint tattoos be placed for radiation therapy, if necessary? Different women and different tumors mean that all scars are not the same. Knowing a little more about what to expect may make it easier to look

at the incision when the bandage comes off and to be prepared for long-term changes.

*I was concerned about retaining nipple sensitivity before my lumpectomy, so I asked about that. I have no decreased sensitivity.*

*They couldn't tell me which surgery I would have when I went in, but it was the first thing I asked about when I woke up. I didn't want to worry about it, so we scheduled my surgery for the day after I was informed I had cancer.*

*I didn't cry until I had the tattoos placed for the radiation therapy I required after my lumpectomy. They seemed more permanent.*

### Reconstruction: Now or Later?

If you are planning to have breast reconstruction and will not need radiation treatments, consider accomplishing that in the same surgery. If you will get radiation treatments, reconstruction is best accomplished in a second surgery following the treatments.

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*I'm so glad I got the silicon implant at the same time of the mastectomy. I was recovering from surgery only once, and I was never flat.*

*I was unhappy with my implant and required additional surgeries to correct my shape. I wish I had taken the option of not having the implant and being flat for awhile. Maybe I would have tolerated a prosthesis quite well and saved myself this hassle. At least now I can say I'm happy with what I've got, but it took a while.*

*Only the tram-flap procedure was described to me, and on the same day I was told I had cancer and needed surgery. Reconstruction was not something I could deal with at the time.*

### Inserting a Portacath

Women who are planning to have chemotherapy may wish to have a port inserted under their skin during surgery. This gives nurses easy access to a vein for blood testing and chemotherapy infusions. The port is an additional intrusion into your body, and another potential avenue for infection and complication. However, having a port protects your smaller veins from damage due to the chemotherapy itself and repeated needle insertions over the course of the chemotherapy.

*The port was on one side, the lumpectomy on the other—I couldn't turn on either side for several weeks and had to sleep in a living room chair!*

### Medical Appointments

The day before surgery will be busy. You will have several appointments at the hospital, including one at the business office where you will sign forms and talk about finances. You will visit with a physician's assistant or another health professional in the pre-surgery office who will compile information about your medical history and explain what to expect during surgery. You may wish to prepare a list of medications, previous surgeries, and other pertinent information to assist your memory. Some hospitals will provide a video or DVD about the surgery or a booklet of what to expect. If you are anxious about surgery, you may ask to have this appointment earlier; it is a helpful source of answers.

Additional tests, such as an ultrasound of your heart, may be scheduled if warranted.

You will have a chest X-ray to help the surgeons see how your ribs and other organs are arranged.

If you and your doctor have decided to identify and remove the sentinel lymph node during surgery, you will have a lymphoscintigraphy procedure the day before. This involves a visit to the nuclear medicine section of the radiology department, where a radiologist will inject you with two different radioactive dyes at the site of the tumor. The first injection is shallow and stings. You will immediately be positioned in front of a camera that tracks how the injected material, a radiotracer, is picked up by the lymph system. You will be able to see it move on the monitor. When the dots appear to coalesce in one spot, that indicates a lymph node. The radiologist will mark that dot on your skin and ask you not to wash it off!

The second injection pushes another radiotracer dye deep into the tumor region. Although it will not sting like the first injection, it will leave the breast tissue tender and sore until surgery. You will be asked to return in about one and a half hours for a series of scans. The purpose of this treatment is to determine if the tumor drains to any of the lymph nodes that are located toward the center of the chest, out of range of the surgery.

*They said the second injection wouldn't hurt, but I corrected them on that. It just hurt differently than the first. I was particularly dismayed because it made amorous activity unenjoyable on the last night of having two breasts.*

If you are scheduled for a lumpectomy and the lump cannot be felt by the doctors, you will have an ultrasound just before your surgical procedure. While the lump is on the screen, a doctor will inject a needle into the lump, followed by a thin flexible wire. The wire will stay in your breast, marking the lump for the surgeons.

*I certainly didn't enjoy walking around the hospital with a wire hanging out of my breast, but it wasn't extremely painful. I was glad when it was over.*

*I told the radiologist that I would hold my hand under his privates and let him know with a squeeze if he hurt me!*

## Food

You can eat dinner the night before surgery, but you must stop eating and drinking at midnight. You won't eat the day of surgery, except for a clear liquid dinner of beef or chicken broth, gelatin, tea, and a popsicle. If this does not sound appetizing to you, no one will care if you return it. All that is important is that you drink clear fluids and excrete them.

If you want to bring your own broth or other clear liquid with you, that will be fine. It should be something that is stable at room temperature (such as an unopened can of broth, a bottled beverage, or a bouillon cube), since you probably will not be able to put anything in a refrigerator until many hours after admission. Alternately, you can have someone bring something in from home or a restaurant when you are ready to eat. A microwave and refrigerator may be available for your use, but be sure to follow safe food handling practices, since surgery makes people more vulnerable to foodborne illness. If you'd like to bring in your own food during the rest of your hospital stay, talk to your doctor about what foods will be appropriate and any possible restrictions.

*I've been a vegetarian for 25 years and didn't plan to change that practice for a rule of hospital kitchen convenience. So I spent the night before surgery boiling up vegetable soup stock and had my husband bring it from home when I was ready to eat. It tasted wonderful.*

## Rituals

You are about to undergo a dramatic change in your body shape. Although many women recognize that changing or losing a breast does not change who they are or what they can do, it is still a part of the body that carries with it societal expectations and ideals. You may wish to create a ceremony or ritual to recognize your impending loss. This may take the form of a whimsical farewell party or a private journal entry. Rachel Naomi Remen, author of *Kitchen Table Wisdom*, recommends that those preparing for surgery gather together friends and a

rock. As the rock is passed around the circle of friends, each person speaks of a challenge or crisis that they weathered and identifies the strength or quality that helped them survive. They put that quality into the rock. You may wish to take this special rock to surgery with you, or at least keep it beside you as you recover.

*I created a rock ceremony with my extended family over e-mail. It made them feel like they could make a contribution, and I think it brought us all a little closer together. Cousins talked about childbirth, older relatives talked about losing spouses or significant injuries. They mentioned faith, love, family, time, long walks, and attitudes that they found helpful. Everyone shared something to help strengthen me for this experience.*

*I wish I had gone to a support group before surgery. Their advice and stories would have helped me know what to expect.*

*My friends wove and embellished a bracelet for me to wear in surgery. It was a symbol of their love, their strength, and their hopes for my quick recovery.*

*My son loaned me one of his stuffed animals which I gave to the nurse in pre-op and asked her to have it for me after surgery. When I woke up in post-op the panda was in my arms and really felt warm and comforting.*

## Time of Surgery and Hospital Stay

In some hospitals, you will be asked to call the night before surgery to find out exactly when to arrive the next day. They may not be able to tell you what time your surgery will be—only when to get there to sign in. This is because unless you are first in line, it is difficult to know which surgeries will have complications, which emergencies will arrive mid-day, and when rooms will be open. You will need to arrive at least two hours before they plan to have you in surgery.

Mastectomy patients should plan to spend one night in the hospital, even if there are no complications or extenuating circumstances. You will be tired and sleepy for much of that time, but it doesn't hurt to bring a good book.

*Between all the nurse visits, the adventures of unhooking from the monitors just to go to the bathroom, and the constant need to drink, I was pretty busy. The time passed quickly.*

*I chose to spend four nights in the hospital, because I didn't have anyone at home to help me in and out of bed or to fix food. I wasn't ready to leave right away.*

*My lumpectomy did not require an overnight stay, but I did have to have someone to drive me home.*

*As the day wore on, the doctor, family members, and several friends came to my room to visit me. Their support helped me feel normal and loved.*

## In Surgery

The standard rule for operating rooms is that you may have nothing on your body but their paper gown, paper socks, and paper hat. No jewelry, no underwear, no socks. This is because surgeons, nurses, and anesthesiologists need access to most of your body and it is important that they not be hampered. You will have monitors, IV, and a grounding pad for the electric cauterizing knife attached to your body.

If you want to bring a token, such as a rock, into surgery, you may be able to tape a non-metal object to the bottom of your foot. You should call ahead and speak to the head nurse for the operating room to request permission in advance.

When you awaken in the recovery area, you are likely to feel cold, and perhaps nauseated. Nurses are nearby to assist you. They will be busy with several patients, so be sure to ask if there is something you need. You may feel groggy and go back to sleep.

*In post-op the nurse was "all business" and I was feeling very needy. Finally, I got the nerve to ask her to hold my hand, and she did. After that she seemed to be a completely different person. I think she needed me to remind her that she could make her patients feel so much better just with a gentle touch.*

## Summary

You are embarking on a significant and traumatic surgery that is necessary to cure you of cancer. Take the time to prepare yourself mentally and physically for this treatment. Even women who are well aware of the need to remove the diseased tissue become anxious and out-of-sorts as surgery draws near. Give yourself the time and space to get ready and become knowledgeable about this surgery. Ask for the support of your friends and family, and share your fears. The more people you tell, the more women you will meet who have been down this path; lumpectomies and mastectomies are a relatively common surgery. These women will most likely be happy to give you advice and share their experience. If that's what you need, go and get it.

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