Patient Instructions after Axillary Surgery

Surgical Drains and Dressings

Dressings
You will have a dressing placed over the surgical site in the operating room. This original dressing should remain in place for 48 hours.

The type of dressing used will vary by the type of surgery, the location of the incision and the surgeon who performed the surgery. Different surgeons use different dressings.

Most dressings have an outer dressing and an inner dressing. The inner dressing is usually made up of skin tape or “steri-strips”. These are white strips of a strong tape that has long strings embedded in it to make it sturdy. The steri-strips usually stay in place for about 2 weeks. They may loosen during this time and occasionally may fall off early.

The outer dressing usually consists of either a layer of gauze or a clear plastic film covering (called Tegaderm®). Sometimes one or both of these are used over the steri-strips.

Removing the dressing over a surgical site and looking at the incision for the first time can be stressful. Please discuss your concerns with your nurse, surgeon or social worker, and make them aware of your feelings. If you are admitted to the hospital, the initial dressing will be removed before you leave and a nurse will assist you. If you are at home, it may be helpful to have a family member or close friend with you to help with the first dressing change.
After 48 hours remove the outer dressing, but leave the steri-strips over the incision. You may then shower (no baths or hot tubs). Avoid running water directly on the incision. Pat the incision area dry. After the first week you may wash your incision with soap and water.

We do not recommend the use of special lotions, antibiotic ointments or creams on the incision area. It’s best to let it heal on its own.

**Dressings under the Arm:**
Do not use any antiperspirants or shave under your arm if there is an incision there until it is well healed (approximately 7-10 days). Use caution when shaving under your arm as you may have numbness in the underarm area and accidentally cut yourself. You may use moisturizing or softening agents after your incision is healed AND it has been three weeks since your surgery.

**Fluid Collections:**
Fluid collections that feel like a hard lump are normal under any incision. This is part of the body’s way to heal, and is normal. It will usually go away on its own in one to two months. Please notify your doctor/nurse if the fluid collection continues to increase in size, becomes painful over the entire area or has a reddened area greater than 1 inch in size around the incision area.

**Special Instructions about your dressing:**

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Breast Cancer Clinic

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Surgical Drains

A surgical drain is a soft flexible plastic tube that is connected to a plastic collection bulb. Drains are used to prevent fluid from collecting at the surgery site while the body is healing. They usually remain in place for 1-3 weeks postoperatively, or until the drainage decreases to a small amount (30 milliliters or less for 2 consecutive days).

While your drain is in place:

1. Do not drive until after your drain is removed (at the discretion of your surgeon)

2. It is okay to shower

3. Keep the drain-collecting bulb anchored to your clothing to prevent accidentally pulling it out.

4. Clean the drain insertion site daily using this procedure:
   - Remove the old drain-sponge dressing.
   - Prepare a small cup of solution: ½ tap water and ½ hydrogen peroxide
   - Dip a clean cotton-tipped swab in the solution and cleanse around the drain area (Do not dip a used swab into the clean solution).
   - Apply a clean drain sponge around the drain and tape as necessary.

5. Empty the collection bulb on your drain 3 times daily (or more often if necessary) using the following procedure:
• Open the small lid on the top of the bulb and pour the drainage into the measuring container or cup.

• Squeeze the bulb and hold it while closing the lid. The bulb needs to be collapsed to create the suction needed to drain the incision area.

• Measure the drainage amount in the cup and record it on the drain record sheet. Record each drain amount separately.

• Call your nurse practitioner when the total daily drainage is less than 30 milliliters or 30cc’s for 2 days in a row. Note that one milliliter (written as ‘ml’) and one cubic centimeter (written as ‘cc’) is equal.

6. Strip the tubing 3 times daily (or more often if there are many blood clots) using the following procedure: (Refer to illustration below)

• Grasp the tubing closest to your body (at the insertion site) with one hand and hold the tubing tightly. This hand will keep the tubing from pulling out of your body.

• Take an alcohol swab in the other hand. Using the swab, pinch the tubing tightly just below your first hand. Keeping the tubing pinched, slide the alcohol swab down the tubing toward the collection bulb and away from your body. You should notice any clots in the tube are forced down the tube and into the collection bulb.

Breast Cancer Clinic
This is called “stripping” or “milking” the tube.

- The tube may become flat from the suction. This is okay.
After your drain is removed:
Your drain will be removed in the surgery clinic. Once it has been removed you may notice a small collection of fluid at the site. A small collection of fluid is normal (about the size of a walnut or quarter). This will not harm you and will reabsorb into the tissue within a month or two. If the fluid becomes larger than this (about the size of an orange), you should notify the surgical nurse practitioners at the phone numbers listed in the back of this book. This fluid collection is not an emergency.

Once the drain has been removed, you should follow these guidelines:
1. Keep the site dry with a gauze dressing over it for the first 48 hours.

2. Stop using the hydrogen peroxide; use only soap and water for cleaning

3. Some leaking at the drain site is normal. If the site continues to leak after 3 days, contact the surgical nurse practitioners. A continuously leaking site can lead to infection.

Notify of the nurse practitioners of any large fluid collections.
When to Call Your Doctor

Contact your surgeon or nurse practitioner for any of the following reasons:

- Oral temperature of 101 degrees Fahrenheit or greater
- Persistent, severe or increasing pain
- Bleeding from the incision that is difficult to control with light pressure
- Persistent nausea or vomiting
- Fluid or drainage from the incision area
- 1 inch of redness or more around the incision area
- Incision becomes warm or hot to the touch
- Foul odor from the incision area
- Swelling of the entire surgical area
- Leakage around your drainage tube and the gauze dressing is wet
- Any significant change that causes you concern

How to Call Your Doctor

Phone numbers are listed on the last page of this document.

Recording Drain Outputs:

All output from the surgical drain(s) should be recorded on the surgical drain record sheets. These sheets are found at the back of this booklet.

Please complete the drain records and bring them with you to each clinic visit.
Exercising / Movement Following Axillary Surgery:

The following activities have been approved by your physician to help you increase the motion and strength of your shoulder and improve your posture after surgery. Your physician or the nurse specialist can answer more specific questions you might have: for example, when to expect full range of motion and the amount of weight you may lift when exercising your operated arm.

When Should I Start?
Posture exercises can be started immediately following surgery. Shoulder mobility and arm-strengthening exercises can be started when all drains have been removed.

Why Should I Exercise?
Posture exercises are important because there is a tendency after surgery to “protect” the surgical area, which often leads to poor posture. The poor posture over time can lead to upper back and neck problems. The shoulder mobility exercises are done to prevent a frozen shoulder, which can occur very quickly if the shoulder is not used. A frozen shoulder can be very painful, so it’s essential that you begin the shoulder mobility exercises as soon as the drains are out.

When Can Exercises Be Discontinued?
Exercises can be discontinued when your posture is good, you can perform all the mobility and strengthening exercises with ease, and you are using your arm for everyday activities. Note: If any of the following exercises cause you discomfort which lasts more than 30 minutes after performing them, please stop them and contact your health care provider.
Beginning Other Activities
As you become more comfortable with your improved mobility and strength you may want to gradually return to an enjoyable sport or get involved in a structured exercise program. Participation in water exercise classes or dance classes with emphasis on gentle sustained upper extremity movement may be useful. A recommended program would meet 2 to 3 times weekly, consisting of a warm-up with slow stretching exercises, followed by the primary activity, and ending with a cool-down session. Check with your physician for details about when you may begin these activities.

Important Tips to Remember

Activity

- Maintain good posture habits throughout the day.
- Perform your exercises slowly, twice daily
- Do not lift more than 10 pounds for 8 weeks following your surgery. This means you cannot lift children, purses, suitcases, cats, dogs, groceries or garbage **heavier than 10 pounds**, (a gallon of milk weighs 9 pounds). It also means pushing a grocery cart, pushing yourself out of bed, or pulling yourself up using the bed side rails cannot be done using your affected arm.
- Do use your arm in daily activities.

Swelling

- If you notice slight swelling or tightness in your arm, the swelling may be decreased by squeezing a ball in your hand while keeping your arm elevated higher than your heart.
- Alert your physician or nurse specialist if you are experiencing persistent swelling. Notify them that you have had lymph nodes removed.
- Swelling can be caused by eating salty foods or can occur on hot days.

Infection
When your lymph nodes are removed, you will need to watch for the following signs of infection:

- redness
- swelling
- warmth
- tenderness in your arm or leg

Notify your physician or nurse practitioner if you experience any of these symptoms.
Exercises After Axillary Surgery
Posture

Your posture, or the way you carry your head, neck and trunk, will ultimately affect the movement of your shoulder. Maintaining correct posture will increase your overall comfort in the post-operative period. It is helpful to correct your posture by looking in a mirror frequently during the day. Check to see that your back is erect as possible, shoulders are level and that your chin is tucked.

Perform these exercises slowly, 10 repetitions each, twice daily. Continue until they become part of your regular daily activities.

Posture Exercises
Exercise A: Chin Tuck: Sitting in a relaxed position, back erect, move your head backwards as far as possible, tucking in your chin. Make a double chin as you continue looking straight ahead. Hold for 5 seconds, relax and repeat. (illustration below)
**Exercise B:** Shrug your shoulders up and toward your ears, hold for 5 seconds, relax and repeat. (illustration below)

**Exercise C:** Squeeze your shoulder blades together, hold for 5 seconds, relax and repeat. (illustration below)
Exercise D: Roll your shoulders up, back and down in a circular motion, relax and repeat. (illustration below)

Shoulder Mobility

Using your arm in daily functional activities is an excellent means of regaining the shoulder mobility that you had before surgery. Some examples of these activities are: washing and brushing your hair, drying your back with a towel, fastening your brassiere, letting your arms swing as you walk and reaching into cabinets. The following exercises will help you regain full shoulder mobility.

Perform these exercises slowly 5 repetitions each, twice daily. Continue these exercises until full arm mobility is achieved.
**Mobility Exercises**

**Perform this exercise only AFTER drains are removed**

**Exercise E:** While standing arm length away from the wall:

1. Face the wall; slowly walk both hands up the wall as far as possible. Step toward the wall, lean into the arm, hold for 5 seconds, relax and repeat.
2. Turn your side to the wall; slowly walk your affected hand up the wall as far as possible. Step toward the wall, lean into the arm, hold for 5 seconds, relax and repeat.

(illustration below)
Exercise F: While sitting erect with hands at nape of neck, move elbows forward touch together and then push elbows apart, relax and repeat (illustration below)

Exercise G: While sitting erect, put hands on shoulders and circle elbows forward up, out and down. Repeat. (illustration below)
Perform this exercise only AFTER drains are removed

Exercise H: While sitting or lying down, clasp hands, lift arms up and over your head. Keep elbows as straight as possible, relax and repeat. (illustration below)

Exercise I: While sitting or lying down, move your arms outward away from your sides, clasp hands overhead; return to sides. Keep elbows straight, relax and repeat. (illustration below)
Increasing Arm Strength

Daily functional activities and hobbies will also help to increase your arm strength. Some examples of these activities are grocery shopping, doing laundry, washing the car and preparing meals. For the first eight weeks after surgery, strengthening for the operated side is limited to lifting 10 pounds or less. After that time, check with your physician about lifting heavier loads. The following exercises are designed to help you regain the strength you had before your operation.

Remember to always warm up your arm with the mobility exercises before performing strengthening work.

Perform these exercises slowly, 5 repetitions each, twice daily. Gradually increase the number of repetitions as tolerated. Continue these exercises until full preoperative strength is achieved.

Strengthening Exercises

Exercise J: Standing tall, and facing a wall, put both hands on the wall at shoulder height. Start with your elbows bent. Push away from the wall, straightening your elbows and rounding your back. Hold for 5 seconds, relax and repeat. (illustration below)
**Exercise K:**  Sitting erect, hands in front of your chest, with elbows bent, push the heels of your palms together for 5 seconds. Hook your fingers together and pull 5 seconds, relax and repeat the sequence. (illustration below)

![Exercise K Illustration]

**Exercise L:**  Sitting or standing erect, with arms at your side, hold a 2-pound weight in each hand and swing your arms back. Hold for 5 seconds, relax and repeat. (illustration below)

![Exercise L Illustration]
Perform this exercise only AFTER drains are removed

**Exercise M:** Sitting with your back supported, hold a 2-pound weight and bend your elbow; then lift your arm as far as comfortable toward the ceiling. Alternate arms. (illustration below)
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Record your findings directly on this sheet, and bring it with you to your appointments.

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Who Do I Call?
Surgical Oncology Contact Phone #s

Monday through Friday: 8:00am to 4:00pm

Call the nurses listed below at (734) 936-6000

NON-BREAST PATIENTS

Patients of Dr. Chang, Dr. Cimmino, Dr. Diehl, Dr. Sabel and Dr. Wong should call:
Roxanne Cross, Nurse Practitioner
Donna Sayre, Nurse Practitioner

BREAST PATIENTS

Patients of Dr. Breslin, Dr. Chang, Dr. Cimmino, Dr. Diehl, Dr. Lee, Dr. Newman, and Dr. Sabel should ask for:
Kim Hoskins, Nurse Practitioner
Susan Egner, Nurse Practitioner
Lesley Caldwell, Nurse Practitioner

Patients of Dr. Pearlman should ask for:
The Breast Clinic Nurses

PLASTIC SURGERY PATIENTS

Plastic Surgery Patients should call: (734) 998-6022

After Hours, Weekends and Holidays

Call the U of M page operator at (734) 936-6267
and ask to have the On-call Surgical Oncology Resident paged.
Plastic Surgery patients should ask for the On-call Plastic Surgery Resident to be paged.