Guide to your Breast surgery
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Introduction

Fred Hutchinson Cancer Care is committed to providing you a safe surgery experience. As part of that commitment, we put together this guide. The information in it, and a meeting with your care team, will help you learn what to expect before and after your surgery. Please read these pages carefully and contact your care team with any questions.

Name: _____________________________________________________________________

Date of surgery: _____________________________________________________________________

Surgeon: _____________________________________________________________________

Fred Hutch is an independent, nonprofit organization that also serves as the cancer program for UW Medicine. This unique relationship allows for enhanced care coordination with one of the world’s leading integrated health systems.

UW Medicine

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FredHutch.org
Surgery timeline and overview

The below timeline gives you an overview of what to expect before and right after your surgery. Each item is explained in detail in the pages that follow.

1 week before your surgery

- Review this guide and any handouts you received.
- Follow your provider’s instructions about what medicines to keep taking, stop taking, or start taking before your surgery (see the “Medications to avoid before surgery” section in this guide).
- If you are scheduled for a mastectomy, schedule a fitting and pick up your post-surgical camisole(s).
- If you normally shave near your surgical site, do not shave that area for 2 days (48 hours) before the morning of your surgery.

1 day before your surgery

- Unless your provider told you otherwise:
  - Do not eat any solid foods or drink alcohol after midnight the night before surgery.
  - You may drink clear liquids until 2 hours before your scheduled arrival time. These include water, clear juices (no pulp), carbonated drinks, clear tea, or coffee (no creamers or milk).
- Arrange for a responsible adult to drive you home from the hospital. This person must also stay with you for the first 24 hours after surgery.
- You will take 2 showers before your surgery appointment. The first will be the night before your surgery, and the second will be the morning of your surgery. More detailed instructions appear on page 11. Use the soap provided at your clinic appointment and wash only from the neck down. Do not use products such as perfumes/oils, deodorant/antiperspirant, hair care, lotions, mouthwash, or makeup.
- If you have any questions about your medicines, please call the Pre-Anesthesia Clinic at UW Medical Center – Montlake: (206) 598-6334 or UW Medical Center – Northwest: (206) 668-1010
• We will call you 1 to 2 business days before your surgery date to tell you what time to arrive for your surgery. If you have not received this call by 5 pm the day before your surgery, call the hospital to confirm your arrival time by calling UW Medical Center – Montlake: (206) 598-6541 or UW Medical Center – Northwest: (206) 668-1010

Day of surgery

• Continue to follow your pre-surgery fasting guidelines.
• If you need to take medicine on the morning of your surgery, take it with only a small sip of water.
• Take your second pre-surgical shower with the soap provided at your clinic appointment. Wash only from the neck down. Do not use products such as perfumes/oils, deodorant/antiperspirant, hair care, lotions, mouthwash, or makeup.
• Leave all of your jewelry at home.
• Wear clean, loose, and comfortable clothing.
• Bring your photo ID and your insurance card.
• Bring a method of payment for any co-pays for medicines needed after surgery. Cash, check, or credit card are accepted at both surgery centers.
• Bring a copy of your healthcare directive and/or durable power of attorney for healthcare so they can be placed in your medical record.
• If you use a CPAP machine at night to help you breathe, bring it with you.
• Children age 17 and under must be accompanied by a responsible adult at all times. Do not bring unattended children with you.
• Check in for surgery at either:
  o UW Medical Center – Montlake check-in: Surgery Pavilion Reception Center, 2nd floor
  o UW Medical Center – Northwest check-in: North entrance/Surgery Admitting

After surgery

• A responsible adult must drive you home from the hospital and stay with you for the first 24 hours.
• If you are staying overnight in the hospital, a family member or friend may stay with you.
• To prevent and manage common problems after surgery, read the “About Your Surgery Experience” handout and the other handouts provided within the “After Surgery Care” section in this guide.
Preparing for surgery

About your surgery experience

The information in this section and your visit with your surgeon and pre-anesthesia clinic staff will help you get ready for breast surgery. It is important that you understand what will happen and why.

Check-in information

If your surgery is on a weekday, check in at:

- **UW Medical Center – Montlake Pavilion Surgery Center**
  Surgery Pavilion, 2nd floor
  1959 N.E. Pacific St., Seattle, WA 98195

- **UW Medical Center – Northwest**
  North Entrance – Surgery Admitting (Parking Lot F)
  1550 N. 115th St., Seattle, WA 98133

If your surgery is on a Saturday, check in at:

- **UW Medical Center – Montlake, Admitting**
  3rd floor (main floor lobby)
  1959 N.E. Pacific St., Seattle, WA 98195

If your surgery is scheduled at UW Medical Center – Montlake

A staff member from the Surgical Services Scheduling Office will call you 1 to 2 days before your surgery day, between 2 pm and 5 pm. They will tell you where to check in, what time to arrive, and what to bring with you. If your surgery is on a Monday, this call will be made on the Friday afternoon before.

If you have not received this call from the Scheduling Office by 5 pm the day before your surgery, call **(206) 598-6541**.

If your surgery is scheduled at UW Medical Center – Northwest

You will be contacted before the day of your surgery by an admitting representative and a nurse from the Pre-Surgical Anesthesia Department.
Preparing for surgery

The admitting representative will:

- Ask for your birth date, insurance numbers, and other finance-related questions.

A nurse will:

- Get your health history and ask health-related questions about your current medications and allergies as well as any previous illnesses, surgeries, infections or complications.
- Give instructions, provide information, and answer any questions you may have.

If you have not been contacted by the hospital before your surgery date, please call the Pre-Surgical Department at (206) 668-1010 from 9 am to 6:30 pm Monday through Friday.

Interpreters

UW Medical Center has interpreters to help you, if needed, before and after surgery. Please tell the patient care coordinator or Pre-Anesthesia Clinic nurse if you would like an interpreter. Or, call Interpreter Services at (206) 598-4425.

UW Medical Center tiene intérpretes para ayudarlo antes y después de la operación, si lo necesita. Dígale al coordinador de atención al paciente o al enfermero de la Clínica de preanestesia que quiere un intérprete. O llame al Servicio de Intérpretes al (206) 598-4425.

UW Medical Center에는 필요할 경우 수술 전후에 도움을 드릴 수 있는 통역사가 있습니다. 통역을 이용하고 싶은 경우 환자 진료 코디네이터 또는 마취 전 사전 검사 클리닉의 간호사에게 말씀하시기 바랍니다. 또는, 통역 서비스 (206) 598-4425 로 전화하십시오.

如果需要，UW Medical Center 可派口译员在手术前后为您提供帮助。如果您需要口译员，请告知患者护理协调员或麻醉前诊所 (Pre-Anesthesia Clinic) 护士。也可以拨打 (206) 598-4425 联系口译服务 (Interpreter Services)。

В UW Medical Center есть переводчики, которые при необходимости помогут вам до и после операции. Если вам нужен переводчик, сообщите координатору обслуживания пациентов или медсестре Pre-Anesthesia Clinic. Также можно позвонить в службу переводчиков (Interpreter Services) по номеру (206) 598-4425.

Trung Tâm Y Tế UW có thông dịch viên để trợ giúp quý vị, nếu cần, trước và sau khi phẫu thuật. Vui lòng thông báo cho điều phối viên chăm sóc bệnh nhân hoặc y tá Phòng Tiền Gây Mê (Pre-Anesthesia Clinic) nếu quý vị cần thông dịch viên. Hoặc gọi cho Dịch Vụ Thông Dịch Viên theo số (206) 598-4425.
Meeting with your surgeon

As a first step, you will meet with your surgeon at Fred Hutch. At this meeting, your surgeon and other care providers will:

- Review your medical history and home medicines
- Do a physical exam
- Talk with you about the surgery
- Have you sign a consent form

Ask your surgeon how your activity might be limited after surgery and how long these limits will last. Think carefully about what help you will need and arrange for this help before your surgery. You will need to plan things like how you will get to the bathroom, go up and down stairs, prepare your meals, and care for yourself.

Pre-Anesthesia Clinic

We need information about your health before your surgery to learn about issues that may affect your care and recovery.

Your surgery clinic will send your health information to the Pre-Anesthesia Clinic for review. If you need an appointment with the Pre-Anesthesia Clinic, one will be scheduled for you. When you come to the Pre-Anesthesia Clinic, be sure to bring:

- A list of all the medicines you take and the doses of each one.
- The results of tests you have had at any other hospital or clinic, especially heart or lung diagnostic testing such as an electrocardiogram (EKG), stress test, echocardiogram, or pulmonary function tests. We will include copies of these records in your surgical information packet. If you need help getting test results from your doctor or clinic, please ask us and we can help you.

Providers who are experts in anesthesia will review your health survey, medical history, home medicine list, and test results. You will not meet your anesthesia team at this visit. You will meet them the day of your surgery.
**Medicines before surgery**

Be sure to tell your surgeon and Pre-Anesthesia Clinic staff what medicines you are taking. You may need to stop taking some of them for a day or more before your surgery. Some medicines you may need to stop taking are:

- Oral diabetes medicines and insulin
- Warfarin (Coumadin®)
- Clopidogrel (Plavix®)
- Aspirin and other medicines that affect blood clotting, such as ibuprofen (Advil®, Motrin®, and others) and naproxen (Aleve®, Naprosyn®, and others)
- Certain diet medicines
- Herbal remedies and supplements

A pre-anesthesia provider will tell you which of your medicines you can take the morning of surgery.

**Anesthesia**

A team of anesthesia providers will be with you during your surgery to keep you comfortable. They will also manage your breathing, heart rate, blood pressure, and any medical issues that might arise.

At your pre-anesthesia visit, your providers may talk with you about having 1 or more of these types of anesthesia:

- **General anesthesia:** You are unconscious (asleep) and have no awareness of the surgery.
- **Regional anesthesia:** A numbing medicine is injected into a cluster of nerves, so you do not have feeling in a large area of your body. You may also be given medicine to relax you or help you sleep.
- **Monitored anesthesia care (MAC):** MAC drugs are given through a vein in your arm (intravenously). You may receive sedation (medicine to make you relax), but you may be awake during your procedure. You may also be given a local anesthetic, which numbs the area where the procedure will be done. With MAC, you may be drowsy, very sleepy, or fall into a deep sleep.

During your pre-anesthesia visit, please tell your provider if you would like to talk with an anesthesiologist about any special concerns.
Eating, drinking, and showering instructions

Unless you have instructions from your doctor about bowel cleansing, on the day and evening before your surgery:

- Eat normally.
- Take your usual medicines (unless you were told not to).
- Starting at midnight, follow the fasting guidelines included in this section.

Fasting guidelines

Follow these guidelines about not eating or drinking before surgery. These guidelines reduce your risk of vomiting and inhaling stomach contents into your lungs during surgery.

You must follow these fasting guidelines. For your safety, if you do not follow these fasting guidelines, your surgery may need to be rescheduled for another day.

Some patients may be able to drink liquids after midnight the night before their surgery. This is based on the type of surgery you are having. Your provider will explain the guidelines that you need to follow.

For all patients:
- Do not eat after midnight.
- Do not drink alcohol after midnight.

If you were told not to drink clear liquids after midnight:
- Take your medicines in the morning as instructed by your provider. Take them with no more than 2 ounces (4 tablespoons) of water.

If you were told you may drink clear liquids after midnight:
- Up to 2 hours before you arrive for surgery, you may drink liquids such as water; apple, cranberry, black coffee, or other clear juices without pulp; Gatorade; and clear tea.
- Do not drink orange juice, milk or cream, or other liquids that are not clear.
- Starting 2 hours before you arrive for your surgery, do not drink anything. If you need to take medicines during those 2 hours, take them with no more than 2 ounces (4 tablespoons) of water.
Shower instructions

Use a special soap called chlorhexidine gluconate (CHG) to shower or bathe twice, both the night before and the morning of surgery. If you did not receive a bottle of CHG at your pre-surgery clinic appointment, or you forgot it at your pre-surgery clinic appointment, you can buy CHG at most large drugstores. You may use either a 2% or a 4% solution. A common brand is Hibiclens®, but you may use any brand.

For your showers the night before and the morning of your surgery:

1. If you want to wash your face and hair, do it first, using your regular soap and shampoo. Do not use CHG on your face, hair, or genitals.
2. After you wash your face and hair, step away from the shower or turn the water off.
3. Use a wet washcloth to apply lots of CHG soap from your neck to your toes. Add more soap as needed to get your whole body clean, especially the part of your body where you will have surgery.
4. Allow the soap to stay on your skin for 1 full minute. After 1 minute, turn the shower on again and rinse well.
5. Pat your skin dry with a clean towel. Put on clean clothes.
6. After both your evening and morning of surgery shower or bath, do not use products such as perfumes/oils, deodorant/antiperspirant, hair care, lotions, mouthwash, or makeup.

Shaving

• To lower the risk of infection, do not shave any part of your body that you do not already shave every day.

• If you normally shave near your surgical site, do not shave that area for 2 days (48 hours) before the morning of your surgery.

Coming to the hospital

When you come for surgery:

• Follow the shower instructions as outlined previously, and do not use products such as perfumes/oils, deodorant/antiperspirant, hair care, lotions, mouthwash, or makeup.

• Wear loose clothing that will be easy to take off and comfortable to wear home.
• Please do not bring valuables with you.

• Remove all jewelry and body piercings.

**Bring with you:**

• A list of your medicines and the doses of each one. Do not bring the actual medicines unless you were told to do so.

• A photo ID, your health and pharmacy insurance cards, and method of payment (co-pay) for any discharge medicines you may need.

• A copy of your healthcare directive and/or durable power of attorney for healthcare, so they can be placed in your medical record.

• Your L&I claim number, if you have one.

• Your CPAP machine if you have sleep apnea and use the machine at night to help you breathe.

• A book, tablet, or small project such as knitting or Sudoku while waiting for your surgery to start.

**Checking in**

We typically ask you to come in 1½ to 2 hours before your surgery. This gives us time to prepare you for your surgery. During this time:

• You will sign admission forms.

• We will check for any changes in your health.

• We will tell you about any changes that might affect your surgery start time.

**Getting ready for surgery**

Many patients will be in the surgery “prep” area getting ready for their surgery.

In a private space, we will ask you to remove your clothes, including underwear. You will put on a hospital gown. You will need to remove glasses, contact lenses, and hearing aids. You may be asked to remove dentures if you wear them. Please bring cases to store these items if you have them.
Preparing for surgery

Your nurses, the surgical team, and the anesthesia team will come by your room to meet with you before your surgery. You will be able to ask them any questions you have about your care.

To reduce your risk of infection, your lower body will be covered with a heating blanket to keep your body warm while you wait to go into the operating room. Please ask for a heating blanket if you do not receive one.

**Your caregiver or support person**

An adult caregiver or support person is welcome to be with you during your “prep” time. You or your care team may ask them to step out of the prep space, if needed.

Your caregiver or support person may wait in the waiting room when you are taken to surgery. They may want to bring something to read while they wait, or a laptop computer or other electronic device to use. Wireless internet access is available in most areas of the hospital.

The hospital cannot provide child care. If you must bring a child age 17 or under to the hospital, please have a responsible adult accompany them at all times.

**Identification and surgical site marking**

We are committed to making sure you receive high-quality and safe care. While you are here, you or your family will be asked such questions as:

- What is your name?
- What is your date of birth?
- What surgery are you having done?

Please do not be alarmed by these questions. We know who you are. We ask some or all of these questions repeatedly for your own safety.

Your doctor will check your medical record and talk with you or a family member to confirm your surgery or procedure site. Most times when you have surgery or a procedure, your doctor will mark the site in pen to help ensure your safety. If your surgical site needs to be marked, your surgeon will mark the site with his or her initials. Special care is taken if you are having surgery or a procedure on the right or left side of your body. **Please do not mark yourself or write anything on your body.** If your site does not need to be marked, we will ask you to confirm what surgery or procedure you are having.
**Starting your IV**

Before your surgery begins, we will start an intravenous line (IV). An IV is a small needle and thin tube that is used to give you medicine and fluids during surgery. You might also be given medicine through your IV to help you relax before you go into surgery. Most times, this is on top of your hand or arm. We will first apply numbing medicine to your skin where the IV will be placed.

**Female patients**

You may receive information about a urine pregnancy test before surgery. Tell your nurse or an anesthesia staff person if you want to be tested.

**After surgery**

You will be taken to the recovery room after your surgery. The recovery room is also called the Post-Anesthesia Care Unit (PACU). Most patients are in the recovery room for 1 to 2 hours after their surgery.

**Visitors**

Most times, your loved ones will be able to visit you in the PACU, if you wish. This will be after you have received the care you need to ensure your safety as you wake up from anesthesia and have your pain treated, if needed. There is limited space in the PACU area, so you may have only 1 adult visitor at a time.

**Monitoring**

A nurse will check your breathing, heart rate, and blood pressure often. Your nurse will help you with any nausea or pain you may feel. It is important for you to be comfortable.

**Pain control**

Be sure to ask your nurse for pain medicine before your pain gets too bad. Your nurse will ask you to rate your pain on a scale of 0 to 10, where 0 is no pain and 10 is the worst pain. You may receive pain relief by:

- Mouth (pills, capsules, or liquid)
- Medicine put into your IV tube

If you are staying overnight in the hospital, you may also receive:

- Pain medicine given through a small tube in your back (epidural).
• Patient-controlled analgesia (PCA). A PCA machine puts a dose of pain medicine into your IV tube when you push a button. With PCA, you do not have to wait for a nurse. You are in control of your pain relief. Your doctors will prescribe the right amount of medicine for you. You will not become addicted to these medicines if you use the PCA as instructed.

**WARNING:** For your safety, only you should push the button on your PCA. Do not let your visitors push the PCA button.

**Discharge on the same day as your surgery**
If you are discharged from the hospital on the same day as your surgery, and you received sedation or anesthesia:

• You must have a responsible adult escort you home or to the place where you will stay while you recover from surgery.

• You cannot drive yourself.

• You cannot take a taxi, Hopelink, or a bus by yourself.

If you have not arranged for an adult or approved transportation (such as Cabulance) to escort you when you are discharged from the hospital, we may cancel your procedure. Your escort must help you get into your home or place of recovery and help you settle in.

**The first 24 hours**
Starting at the time of discharge and until a minimum of 24 hours after, you must have a responsible adult to help you with daily activities. This adult should be able to help take care of you at home or in your place of recovery. This is for your safety, in case you have any problems and need extra care after your surgery. **If you choose not to follow this requirement, UW Medical Center cannot be held responsible.**

• You can expect to have some pain and maybe some nausea after surgery. You may also be sleepy for the rest of the day.
• For 24 hours after having anesthesia, **do not:**
  - Drive.
  - Drink alcohol.
  - Travel alone.
  - Use machinery.
  - Sign any legal papers.
  - Take care of another person, such as a child.

• Before you leave the hospital, we will give you:
  - Information about how to care for yourself at home.
  - A phone number to call to set up your follow-up visit, if this appointment is not scheduled already.

**If you stay overnight in the hospital after surgery**

• You may need to wear a hospital gown.

• We will do everything we can to protect your modesty while keeping you safe. Your safety is our first priority.

• To keep you from falling, we may use:
  - An alarm that tells us when you are getting out of bed.
  - Mats on the floor near your bed.
  - A belt around your waist when you get out of bed and when you walk.
  - A staff member to stay nearby when you use the toilet or commode.

• Your ability to do things by yourself may change day to day. This means that we may also need to change the things we do to keep you safe.

• You may be connected to tubes and machines.

• Staff will check how you are feeling many times a day.

• You may have wraps that squeeze your lower legs while you are in bed. These wraps, called **sequential compression devices** (SCDs), help prevent blood clots.
Risk of falling
While you are in the hospital, your risk of falling is higher. This is because:

- You are in a new place.
- You may be weak and tired from changes in your health or illness.
- You may feel dizzy, lightheaded, or confused after surgery or because of your illness.
- Some medicines can affect your ability to think clearly.
- Some medicines can cause an urgent need to urinate (pee).
- Your bathroom habits are different in the hospital than they are at home.
- Some medicines can affect your muscle strength.
- You may have swollen legs.
- You may move more slowly or shuffle your feet after surgery.
- You may not sleep well away from home.
- Tubes and machines can get in the way of moving easily.

Please ask your care team if you have any questions or concerns about how we help keep you from falling while you are staying in the hospital.
Medicines to avoid before surgery

Overview

This section lists specific medicines and supplements that you should avoid before your surgery. Before your surgery, make sure you review all medicines and supplements you are taking with your physician.

Getting ready for surgery

To prevent bleeding problems, your doctor may want you to stop taking some prescription, nonprescription, and herbal medicines before your surgery.

Talk with your doctor before you stop taking these prescription anti-platelet drugs used to prevent blood clots, heart attack, or stroke:

- Aspirin
- Clopidogrel (Plavix®)
- Dipyridamole (Persantine®)
- Dipyridamole/aspirin (Aggrenox®)
- Prasugrel (Effluent®)
- Ticagrelor (Brilinta®)

These prescription anticoagulant (blood-thinning) drugs require special instructions before you stop or restart taking them. Ask your doctor or Anticoagulation Clinic for instructions.

- Apixaban (Eliquis®)
- Dabigatran (Pradaxa®)
- Dalteparin (Fragmin®)
- Edoxaban (Savaysa®)
- Enoxaparin (Lovenox®)
- Fondaparinux (Arixtra®)
- Rivaroxaban (Xarelto®)
- Warfarin (Coumadin®)
Avoid the products listed in this section

You will need to avoid the products listed in this section in the days before and after surgery. Here are your specific instructions from your doctor:

- Stop taking the products listed in this section _______ days before your surgery.
- You may resume taking these products ______ days after your surgery.
- You may take acetaminophen (Tylenol®) as needed for minor aches and pains.
- You may take medications such as ibuprofen if instructed by your surgery team.

Please note that the lists in this section are not complete. Other products or supplements may also cause bleeding problems. Check with your doctor if you have questions about specific products.

**Prescription pain-relief drugs that contain aspirin or other salicylates:**
- Ascomp with codeine
- Carisoprodol compound
- Empirin with codeine
- Fiorinal
- Lanorinal
- Percodan products
- Salsalate (Disalcid)
- Soma products
- Trisalicylate products
- Zorprin

**Prescription pain-relief drugs that contain nonsteroidal anti-inflammatory agents:**
- Diclofenac (Voltaren, Cataflam)
- Etodolac (Lodine)
- Fenoprofen (Nalfon)
- Flurbiprofen (Ansaid)
- Ibuprofen (Motrin)
- Indomethacin (Indocin)
- Ketoprofen (Orudis, Oruvail)
- Ketorolac (Toradol)
- Meclofenamate (Meclomen)
- Mefenamic acid (Ponstel)
- Meloxicam (Mobic)
- Nabumetone (Relafen)
- Naproxen (Naprosyn, Anaprox)
- Oxaprozin (Daypro)
- Piroxicam (Feldene)
- Sulindac (Clinoril)
- Tolmetin (Tolectin)

**Other prescription pain-relief drugs:**
- Celecoxib (Celebrex)
- Valdecoxib (Bextra)
Nonprescription products that contain aspirin or salicylate:
- Alka-Seltzer products
- Anacin
- Bayer products
- Buffasal
- Bufferin
- Buffinol
- Doan’s
- Durlaza
- Ecotrin
- Ecpirin
- Empirin
- Excedrin products
- Femaprin (Fem-prin)
- Halfprin
- Miniprin
- Pain-off
- Pepto-Bismol
- Saleto
- St. Joseph Adult
- Vanquish

Nonprescription products that contain nonsteroidal anti-inflammatory drugs
- Advil products
- Aleve products
- Midol Extra Strength
- Motrin
- Naproxen
- Ibuprofen products
  (unless instructed by your surgery team)

Herbal products and other natural supplements:
Starting 7 days before your surgery, stop taking all:
- Herbal products
- Other supplements
- Natural supplements
- Vitamins

You may start taking herbal products and other natural supplements again when your doctor says it is OK.

Adapted with permission from “Medicines to Avoid Before Surgery”, ©2019, University of Washington Medical Center, Seattle, WA.
Advance care planning

A serious illness or accident can happen to anyone at any age. Advance care planning can help you document decisions about your health care in case you become ill or injured and can no longer speak for yourself. Completing your advance directives is one of the best ways to make sure that your family, friends, and doctors know about and follow your health care choices.

An advance directive is a combination of two legal documents called:

- **Durable Power of Attorney for Health Care (DPOAHC):** This form lets you name a health care agent. A health care agent is someone who can make decisions about your care, including decisions about life support, if you can no longer speak for yourself. If you do not designate your health care agent, Washington law will assign one for you.

- **Health Care Directive:** This form expresses your wishes in writing regarding your medical care, including decisions about life support if you cannot speak for yourself; for instance, if you are in a coma. Having written instructions can help reduce confusion or disagreement among your family members or health care providers. Your family and doctors are required by law to follow the instructions in your health care directive.

You can complete either just the DPOAHC or the combined Health Care Directive/ DPOAHC. The combined form takes more time to complete as it lets you name your health care agent and describe what treatment you would want if you had a serious accident or illness and could not speak for yourself.

Once you have filled out the forms you want, give photocopies of the signed original to your health care agent(s), physician(s), lawyer, family, close friends, clergy, and anyone else who might become involved in your health care.

For your convenience, Fred Hutch provides advance care planning documents and complimentary notarization in the Patient and Family Resource Center located on the 3rd floor of the Fred Hutch clinic at South Lake Union.

*If you have questions or need help filling out your advance care planning documents, please call Fred Hutch Supportive Care Services at (206) 606-1076.*
Types of breast surgery

Lumpectomy

A lumpectomy is a surgery that involves removing cancer or other abnormal tissue from your breast while maintaining the appearance of your breast. This surgery can also be called breast-conservation surgery, partial mastectomy, or excisional biopsy.

Before the procedure

Carefully read the “About Your Surgery Experience” section in this guide and follow the instructions provided.

Locating the area to be removed

If the lesion that needs to be removed can be seen using mammography or ultrasound, but cannot be felt on physical exam, our breast imaging department has two ways to mark the lesion and help guide the surgeon.

- **Wire localization:** On the morning of your surgery, you will come to Fred Hutch Breast Imaging first, before you go to the hospital for surgery. Using mammography or ultrasound, a radiologist will locate the tumor in the breast. Next, your skin and breast will be numbed, and a thin wire will be inserted into your breast. The thin wire is a guide to help the surgeon find and remove the tumor during your surgery. In some cases, more than one wire will be placed to accurately mark the area that needs to be removed. Once the wire localization procedure is complete, the breast imaging staff will cover and secure the wire with gauze. You will then go directly to the hospital to check in.

- **Scout localization:** One to several days before surgery, you will come to Fred Hutch Breast Imaging to have a tiny device called a reflector placed at the site of the tumor. First, the radiologist will confirm the location of the tumor, numb the skin and breast, and then use a small needle to place the reflector. After it is placed, you should not feel the reflector and you can resume normal activities. In the operating room, the surgeon utilizes a system that uses radar waves (safe and non-radioactive) to detect the location of the reflector within the breast. Both the tumor and the reflector are removed during surgery.
**Lymph node removal**

In some cases, lymph nodes need to be removed from under the arm to determine if cancer has spread. There are two common removal options:

- **Sentinel lymph node biopsy:** Sentinel nodes are the lymph nodes located closest to your cancer and are the first to drain lymph from your breast. These nodes, located in the armpit, are also the nodes that cancer could spread to first. Each person has an average of 2-3 sentinel nodes. The removed lymph nodes will be thoroughly examined for cancer cells. During the surgery*, the surgeon will inject a small amount of radioactive material (also called radiotracer) and blue dye beneath your nipple.

  The radioactive material and blue dye will travel through your lymph vessels to the sentinel lymph nodes. Using special equipment, the surgeon will locate and remove the nodes that both contain the radioactive material and are colored blue. The dye will temporarily discolor your skin and urine for about 24 hours.

  * In some cases, the surgeon may need to inject radioactive material before surgery. If this is the case, you will be scheduled to go to the Nuclear Medicine Department for the injection either the day of surgery or the day prior to surgery.

- **Axillary lymph node dissection:** This procedure involves removing most or all of the lymph nodes under the arm. Your surgeon may recommend this procedure if a lymph node biopsy shows that the cancer has spread.

**During the procedure**

If you are having a lumpectomy and any lymph node surgery, these are done under general anesthesia. You will be sleeping and unaware during the procedure. The surgeon will make an incision to remove the tumor and an incision to remove lymph nodes. These incisions will be closed with either stitches that will dissolve on their own, or skin glue.

If you are having an axillary lymph node dissection, a drain will also be placed under your arm. You will be taught how to manage the drain at home before you leave the hospital.
After the procedure

- Your dressing may be made up of steri-strips (medical tape that covers the incision) or skin glue, covered by a white bandage strip and a clear sticky dressing. The clear sticky dressing and bandage strip should be removed (at home) 48 hours after surgery. Leave the steri-strips or skin glue on until they fall off on their own (about 1 to 2 weeks), or they may be removed at Fred Hutch.

- A supportive surgical bra, with additional fluffy dressings, may be placed at the time of surgery. This bra may be worn both day and night if it is comfortable to you. You may switch to your own supportive bra when you feel ready to.

- You will be sent home from the hospital the same day or within 24 hours after surgery, depending on which lymph node procedure is done.

- If a drain was placed under your arm during the procedure, you will be taught how to manage the drain at home before you leave the hospital. Please refer to the “Drain Care” section in this guide for additional information about caring for your drain after surgery.

- You may stop by the hospital pharmacy before you leave the hospital to pick up a prescription for pain medication.

- You may shower at any time after surgery, even the first day.

- You may be as active as is comfortable. Let pain be your guide. Stop doing any activity that causes you discomfort.

- Resume your regular diet after surgery. Try to prevent constipation by increasing fluids and fiber in your diet. Please refer to “Constipation After Surgery” in this guide for more information on how to prevent this common problem.

- Continue to take your regular medications as prescribed after surgery.

- You will be scheduled to come back to clinic for your post-operative appointment approximately 7 to 14 days after surgery.

- You may be contacted by your team within 7 to 10 business days with your pathology results. This will be reviewed at your post-operative appointment.
**When should I contact my nurse or doctor?**

- You have bleeding or drainage that soaks your dressing.
- Temperature taken by mouth that is between 38 to 38.2°C (100.4 to 100.8°F) for one hour or more, or temperature that is 38.3°C (100.9°F) or above.
- Temperature taken under the arm that is between 37.5 to 37.7°C (99.5 to 99.9°F) for one hour or more, or temperature that is 37.8°C (100°F) or above.
- You have chills, without or without fever.
- You have any sign of infection: redness, increased pain, swelling, foul-smelling drainage, or increase in the amount of drainage from your wound.
- You have a drain under your arm and have questions after reviewing the “Drain Care” section of this guide.
- Increase in fullness of your skin where your drain site is/was.
- You are nauseous and throwing up.
- You have concerns that cannot wait until your follow-up visit.
Stretches & Exercises: After Your Lumpectomy and/or Sentinel Lymph Node Biopsy (SLNB)

There are stretches and exercises to do after your lumpectomy and/or SLNB and will help:

- Bring your arm movement (range of motion) back to normal.
- Improve your posture.
- Loosen up any tight areas across your chest and armpit.

When to start

Try to start the stretches and exercises a day or two after your surgery. Do them until you see a physical therapist/occupational therapist (PT/OT), or until your arm movement is back to normal. Your PT/OT will create an exercise plan based on how you are recovering.

The weeks after surgery

Continue to follow the range of motion and lifting restrictions your surgeon recommended. During and after stretching and exercising, check your arm for:

- Swelling
- A feeling of:
  - Fullness
  - Soreness
  - Heaviness
  - Firmness

If you notice any of these symptoms, rest and elevate your arm. Return to an easier stretching and exercise routine the next day. Call your surgical team if your symptoms do not go away within 2 to 3 days.
Exercise guidelines

- Gradually use your arm during self-care activities (dressing, bathing, eating). Stop if you feel any pain or strain. If the pain continues, call your surgical team.

- Carefully read your CareMap or post-op instructions for details about how to take care of yourself as you recover from surgery.

- Do all exercises slowly and only as recommended.

- Take slow deep breaths as you exercise.

- Healing is your priority after surgery. Allow yourself to feel a gentle stretch. **Stop and rest if you feel pain.** Take acetaminophen (Tylenol®) and/or ibuprofen (Advil®) as prescribed if pain continues.

- Your surgeon may recommend seeing a PT/OT starting about 4 weeks after surgery. The PT/OT will help you continue to increase your range of motion and build back your strength.
Exercises

Try to start these exercises a day or two after your surgery. Do the exercises in the order they are listed in this handout. Pace yourself:

- On your first day, try doing exercises 1 through 3.
- If you can tolerate those, add more exercises the next day.
- Continue adding exercises each day until you can do and tolerate all of them.
- Do the entire series of exercises until you meet with a PT/OT or your arm movement is back to normal.

1. Walk

   Walking can improve your heart and lung function as well as boost energy and mood.

   - Walk at least 4 times per day.
   - Start with walks about 10 to 15 minutes long.

2. Practice good posture

   This activity helps improve breathing and prevent tightness and strain in the muscles around your chest, neck, back and shoulder.

   1. Let your arms hang naturally down the sides of your body.
   2. Stand straight and tall with your shoulders down and relaxed.
   3. Avoid shrugging your shoulders up towards your ears or slouching.
   4. Do not push your head forward or backwards. Keep your head level, with your earlobes in line with your shoulders.
   5. Correct your posture often throughout the day.
3. **Belly breathing**

   This exercise helps you relax, reduces stress and improves lymphatic circulation.

   1. Lie on your back with your knees bent and your head supported.
   2. Place one hand on your upper chest and the other just below your rib cage.
   3. Breathe in slowly through your nose so that your stomach moves gently out against your hand. (The hand on your upper chest should remain still.)
      Do not strain.
   4. As you exhale through your mouth, let your stomach fall inwards back to the resting position.
   5. Repeat 5–10 times, 1–2 times per day.

4. **Hand movement**

   This exercise helps with lymphatic circulation and hand stiffness.

   1. Begin with fingers straight and spread apart.
   2. Gently close hand into a fist.
   3. Open and spread fingers.
   4. Repeat 10 times, 1–2 times per day.
5. **Elbow movement**

This exercise helps with lymphatic circulation, elbow stiffness, and reducing arm tension.

1. Sit or lie down with arm supported.
2. Bend and straighten elbow.
3. Repeat 10 times, 1–2 times per day.

6. **Shoulder rolls**

This exercise helps to reduce tension and stress in the upper back and improve posture.

1. Stand or sit with arms relaxed at your sides.
2. Raise shoulders upward toward ears and roll backwards.
3. Return to start position.
4. Repeat 10 times, 1–2 times per day.
7. **Shoulder rotation**

This exercise helps reduce stiffness/tightness in the shoulder.

1. Sit or stand with your arm supported in a comfortable position on a table or counter.
2. Have elbow at your side and bent at a 90-degree angle as in the picture.
3. Rotate your arm outward and inward while keeping your elbow at your side.
4. Repeat 10 times, 1–2 times per day.

8. **Shoulder blade squeezes**

This exercise helps activate muscles that assist with good posture and loosen tight muscles across your chest.

1. Stand or sit in a chair. Your arms should be relaxed at your sides.
2. Gently squeeze shoulder blades together, bringing elbows slightly behind you.
3. Return to starting position.
4. Repeat 10 times, 1–2 times per day.

Note: Avoid shrugging your shoulder up towards your ears as you do this exercise.
9. Lying down shoulder stretch

This exercise helps improve shoulder range of motion, with the goal of raising your arm(s) overhead.

1. Lie down with knees bent and feet flat. Place a pillow under head or under knees if this makes you feel more comfortable.
2. Hold onto your surgery side wrist with your opposite hand to gently guide the movement.
3. Slowly raise arm overhead leading with your thumbs, keeping your elbows as straight as you can.
4. Hold 5 seconds.
5. Return to the starting position.
6. Repeat 10 times, 1–2 times per day.

Note: It may take several days for you to be able to raise your arms to shoulder height as described above. Set movement goals with your surgeon or PT/OT.
10. Standing shoulder stretch

This exercise helps improve shoulder range of motion, with the goal of raising your arm(s) overhead.

1. Stand facing a wall with your toes about 8–10 inches from the wall.
2. Place both hands on the wall.
3. Moving your hands at the same speed, “climb” your fingers up the wall reaching as high as you can until you feel a gentle stretch.
4. Avoid arching your back as you move your fingers up the wall.
5. Hold for 5 seconds.
6. Bring your arm back down to the starting position.
7. Repeat 10 times, 1–2 times per day.
Mastectomy

Mastectomy is a surgery that involves removing all breast tissue from your breast to either treat or prevent breast cancer. Surgery to restore the shape to your breast, called breast reconstruction, is optional and may be done at the same time as your mastectomy or during a second operation at a later date.

Before the procedure

- Carefully read the “About Your Surgery Experience” section of this guide and follow the instructions provided.
- You will be given a prescription for a post-surgical camisole at your pre-operative visit. You will need to be fitted for the camisole prior to surgery.

Lymph node removal

In some cases, certain lymph nodes need to be removed from under the arm to determine if cancer has spread. There are two common removal options:

- **Sentinel lymph node biopsy**: Sentinel nodes are the lymph nodes located closest to your cancer and are the first to drain lymph from your breast. These nodes, located in the armpit, are also the nodes that cancer could spread to first. Each person has an average of 2–3 sentinel nodes. The removed lymph nodes will be thoroughly examined for cancer cells. During the surgery*, the surgeon will inject a small amount of radioactive material (also called radiotracer) and blue dye beneath your nipple. The radioactive material will travel through your lymph vessels to the sentinel lymph nodes. The blue dye helps the surgeon identify which nodes need to be removed. Using special equipment, the surgeon will locate and remove the nodes that contain the radioactive material. The dye will temporarily discolor your skin and urine for about 24 hours.

* In some cases, the surgeon may need to inject radioactive material before surgery. If this is the case, you will be scheduled to go to the Nuclear Medicine Department for the injection either the day of surgery or the day prior to surgery.

- **Axillary lymph node dissection**: This procedure involves removing most or all of the lymph nodes under the arm. Your surgeon may recommend this procedure if a lymph node biopsy shows that the cancer has spread.
During the procedure

A mastectomy and any lymph node surgeries are done under general anesthesia, so you will be sleeping and unaware during the procedure. The surgeon will make an incision to remove lymph nodes and an incision to remove the breast. These incisions will be closed with stitches that will dissolve on their own. For each breast being removed, 1 to 2 drains will be placed under the skin during the procedure. You will be taught how to manage your drain(s) at home before you leave the hospital.

After the procedure

- Your dressing will be made up of steri-strips (medical tape that covers the incision), plus an additional external dressing. The drain site may or may not have a dressing. You may also have an ACE bandage wrapped around your chest to provide additional support.

- You may wear the post-surgical camisole, or surgical bra if one is provided, after surgery for as long as you like.

- You will be taught how to manage your drain(s) at home before you leave the hospital.

- You may stop by the hospital pharmacy before you leave the hospital to pick up a prescription for pain medication.

- Remove all dressing layers, except for the steri-strips, 48 hours after your surgery.

- After the dressing layers are removed, you may shower. It is fine if the steri-strips get wet in the shower.

- Strip and empty your drains twice a day (or more often if needed). Please refer to the “Drain Care” section in this guide for additional instructions and drain output records.

- Bring your drain output records to your post-operative appointment. Drains will be removed in clinic when the output is less than 30mL/24 hours for two days in a row. (Note: If you have reconstructive surgery, refer to your discharge paperwork for drain removal requirements. If you are unsure of when your drains should be removed, please call your care team.)

- Follow the activity instructions on your CareMap and/or discharge paperwork.
• Resume your regular diet after surgery. Try to prevent constipation by increasing fluids and fiber in your diet. Please refer to “Constipation after Surgery” for more information on how to prevent this common problem.

• Continue to take your regular medications as prescribed after surgery.

• You will be scheduled to come back to clinic for your post-operative appointment approximately 7 to 14 days after surgery.

• You may be contacted by your team within 7 to 10 business days with your pathology results. This will be reviewed at your post-operative appointment.

**When should I call my nurse or doctor?**

• You have bleeding or drainage that soaks your dressing.

• Temperature taken by mouth that is between 38 to 38.2°C (100.4 to 100.8°F) for one hour or more, or temperature that is 38.3°C (100.9°F) or above.

• Temperature taken under the arm that is between 37.5 to 37.7°C (99.5 to 99.9°F) for one hour or more, or temperature that is 37.8°C (100°F) or above.

• You have chills, without or without fever.

• You have any sign of infection: redness, increased pain, swelling, foul-smelling drainage, or increase in the amount of drainage from your wound.

• You have a drain under your arm and have questions after reviewing the “Drain Care” handout in this guide.

• You notice an increase in fullness of your skin where your drain site is/was.

• You are nauseous and throwing up.

• You have concerns that cannot wait until your follow-up visit.
Drain care

After your surgery, you will have Jackson-Pratt (JP) drains in place. The information below explains how to care for your drains at home until they are ready to be removed.

Why do I have drains?

Your JP drains are closed bulb drains that move fluid away from your surgical site. This helps keep blood and body fluids from building up under your skin and causing swelling. It also helps your wound heal. The drainage tubes go through your skin near your surgical incision. They are held in place by a stitch (suture).

While you have drains:

- Empty each bulb/collection container at least 2 times a day: in the morning and before you go to bed. Empty each bulb more often as needed, whenever it is ⅓ full. See “How to Empty Your Drains” on the next page.

- It is normal for drainage color to change. It may be brown, dark red, red, orange, pink, yellow, and clear.

- Strip the drain tubing at least 2 times a day. Follow the instructions in the “How to Strip Your Drains” section of this guide to learn how to do this.

- Starting **48 hours after surgery**, shower every day. Allow soapy water to run over the drain sites. **Do not** scrub.

- When you are not in the shower, keep the area where your drains leave your body clean and dry.

To avoid infection, **do not**:

- Disconnect the bulb from the drain tubing.

- Poke holes, cut, or insert anything into the tubing or bulb.

To watch a video about how to care for your drain, visit fredhutch.org/closed-bulb-drain-care.
The parts of a JP drain

The image to the right shows the key parts of your drain. The stopper is the “lid” on the “spout”. The spout is where the fluid is poured out when you empty your drain.

Recording your drainage

• You will receive a measuring cup when you leave the hospital. Use this to measure your drainage.

• Label your drains with numbers 1 and 2 to keep track of the drainage from each one.

How to empty your drains

Empty each drain at least 2 times every day, or whenever it is ⅓ full. To empty a drain:

1. Wash your hands with soap and warm water.
2. Loosen the safety pins or clips that hold the tubing to your clothes.
3. Strip the tubing (see “How to strip your drain” below).
4. Clean the plug and spout with an alcohol wipe.
5. Open the plug on the drain.
6. Turn the drain collection container upside down over the measuring cup. Gently squeeze the bulb to empty it into the cup.
7. Clean the plug and spout again with an alcohol wipe.
8. Squeeze the bulb flat with your hand. Put the plug back into the spout.
How to empty your drains, continued

9. **Never** squeeze the bulb after you have put the cap back in place. Doing this can push the drainage back into your wound.

10. Look on the side of the measuring cup to see how much fluid you drained. Write this amount, in milliliters (mL), on your drainage record sheets at the end of this handout.

11. Check the drainage for color and smell.

12. Empty the drainage into your toilet and flush.

13. Pin or clip the drain bulb back onto your clothing.

14. Wash your hands with soap and warm water.

**Bathing**

- Do **not** take a bath, sit in a hot tub, or go swimming while you have drains.

- Please shower after you have had the drains in place for 48 hours.
  - If you have an outer surgical dressing, remove it before you shower.
  - Keep your drains in place in the shower by attaching them to a lanyard or clean shoelace looped loosely around your neck.
  - Keep your drainage tubes from falling out in the shower by not letting the drains hang loosely. Hold the drains in one hand or place them somewhere near you where they will not fall.

**How to strip your drains**

Stripping your drains will keep them from clogging. To strip your drains:

1. With one hand, wrap an alcohol wipe around the tubing near your dressing.

2. With your other hand, keep the tubing in place by holding it firmly between your dressing and the alcohol wipe.

3. With your first hand, squeeze the section of the tubing covered by the alcohol wipe. Keep this pressure while sliding the wipe down the tubing to the bulb, and then let go.
When your drains are ready to be removed

Your drains will be ready to be removed when you empty less than 30 mL of drainage from them in two 24-hour periods, for 2 days in a row, but no sooner than 1 week after your surgery.

When your drains are ready to be removed, call your Fred Hutch care team and tell them that your drains are ready to be removed and ask to schedule a nurse visit. Bring your drain records to your visit.

When to call your care team

Call your care team if:

- You have redness, swelling, or drainage at your incision or drain site.
- You collect more than 150 mL of drainage in a 24-hour period and the drainage is bloody.
- Your bulb/collection container refills with blood or drainage right after you empty it.
- You have more pain than usual, or your pain is not eased by your pain medicines.
- Your drain bulb will not stay compressed.
- Your drainage is cloudy or has a bad smell.
- The tube falls out.
- A stitch (suture) comes out.
- Temperature taken by mouth that is between 38 to 38.2°C (100.4 to 100.8°F) for one hour or more, or temperature that is 38.3°C (100.9°F) or above.
- Temperature taken under the arm that is between 37.5 to 37.7°C (99.5 to 99.9°F) for one hour or more, or temperature that is 37.8°C (100°F) or above.
## Record for drain 1

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Stretches & Exercises: After Your Mastectomy and/or Axillary Lymph Node Dissection (ALND)

Doing stretches and exercises after your mastectomy and/or ALND will help:

- Bring your arm movement (range of motion) back to normal.
- Improve your posture.
- Loosen up any tight areas across your chest and armpit.

When to start

Try to start the stretches and exercises the day or two after your surgery. Do them until you see a physical therapist/occupational therapist (PT/OT), or until your arm movement is back to normal. Your PT/OT will create an exercise plan based on how you are recovering.

Activity restrictions

- Do not raise your arm above 90 degrees (the height of your shoulder) until your surgeon tells you it is safe (this is usually about 4 to 5 weeks after surgery).
- Carefully review your CareMap or post-op instructions for other activity restrictions.

The weeks after surgery

Continue to follow the range of motion and lifting restrictions your surgeon recommended. During and after stretching and exercising, check your arm for:

- Swelling
- A feeling of:
  - Fullness
  - Soreness
  - Heaviness
  - Firmness

If you notice any of these symptoms, rest and elevate your arm. Return to an easier stretching and exercise routine the next day. Call your surgical team if your symptoms do not go away within 2 to 3 days.
Exercise guidelines

- Do all exercises slowly and only as recommended.
- Take slow deep breaths as you exercise.
- Healing is the priority following your surgery. Allow yourself to feel a gentle stretch. Stop and rest if pain occurs. Take acetaminophen (Tylenol®) and/or ibuprofen (Advil®) as prescribed if pain continues.
- Your surgeon recommends that you see a PT/OT who specializes in breast cancer about 1 week after your last drain is removed. The PT/OT will help you continue to increase your range of motion and build back your strength.

Exercises

Try to start these exercises a day or two after your surgery. Do the exercises in the order they are listed in this handout. Pace yourself:

- On your first day, try doing exercises 1 through 3.
- If you can tolerate those, add more exercises the next day.
- Continue adding exercises each day until you can do and tolerate all of them.
- Do the entire series of exercises until you meet with a PT/OT or your arm movement is back to normal.

1. Walk

Walking can improve your heart and lung function as well as boost energy and mood.

- Walk at least 4 times per day.
- Start with walks about 10 to 15 minutes long.
2. Practice good posture

This activity helps improve breathing and prevent tightness and strain in the muscles around your chest, neck, back and shoulder.

1. Let your arms hang naturally down the sides of your body.
2. Stand straight and tall with your shoulders down and relaxed.
3. Avoid rounding your shoulders and slouching. Keep your shoulders down and relaxed.
4. Do not push your head forward or backwards. Keep your head level with your earlobes in line with your shoulders.
5. Correct your posture often throughout the day.

3. Belly breathing

This exercise helps you relax, reduces stress and improves lymphatic circulation.

1. Lie on your back with your knees bent and your head supported.
2. Place one hand on your upper chest and the other just below your rib cage.
3. Breath in slowly through your nose so that your stomach moves gently out against your hand. (The hand on your upper chest should remain still.) Do not strain.
4. As you exhale through your mouth, let your stomach fall inwards back to the resting position.
5. Repeat 5–10 times, 1–2 times per day.
4. **Hand movement**

   This exercise helps with lymphatic circulation and hand stiffness.

   1. Begin with fingers straight and spread apart.
   2. Gently close hand into a fist.
   3. Open and spread fingers.
   4. Repeat 10 times, 1–2 times per day.

5. **Elbow movement**

   This exercise helps with lymphatic circulation, elbow stiffness, and reducing arm tension.

   1. Sit or lie down with arm supported.
   2. Bend and straighten elbow.
   3. Repeat 10 times, 1–2 times per day.

6. **Shoulder rolls**

   This exercise helps to reduce tension and stress in the upper back and improve posture.

   1. Stand or sit with arms relaxed at your sides.
   2. Raise shoulders upward toward ears and roll backwards.
   3. Return to start position.
   4. Repeat 10 times, 1–2 times/day.
7. Shoulder rotation

This exercise helps reduce stiffness/tightness in the shoulder.

1. Sit or stand with your arm supported in a comfortable position on a table or counter.
2. Have elbow at your side and bent at a 90-degree angle as in the picture.
3. Rotate your arm outward and inward while keeping your elbow at your side.
4. Repeat 10 times, 1–2 times per day.

After your drains are taken out

Do these exercises after your drains are taken out and continue until you see a PT/OT. Your PT/OT will create an individual exercise plan based on how you are recovering from surgery.

8. Shoulder blade squeezes

This exercise helps activate muscles that assist with good posture and loosen tight muscles across your chest.

1. Stand or sit in a chair. Your arms should be relaxed at your sides.
2. Gently squeeze shoulder blades together, bringing elbows slightly behind you.
3. Return to starting position.
4. Repeat 10 times, 1–2 times per day.

Note: Avoid shrugging your shoulder up towards your ears as you do this exercise.
9. Lying down shoulder stretch

This exercise helps improve shoulder range of motion, with the goal of raising your arm(s) overhead.

1. Lie down with knees bent and feet flat. Place a pillow under head and/or under knees if this makes you feel more comfortable.

2. Hold onto the wrist (on the side that had surgery) with your opposite hand to gently guide the movement.

3. Slowly raise your arms while keeping your elbows as straight as you can. Raise arms so they are in line with your shoulders. Do not raise your arm above shoulder height (90 degrees) on the side of your surgery.

4. Hold 5 seconds.

5. Return to the starting position.

6. Repeat 10 times, 1–2 times per day.

Note: It may take several days for you to be able to raise your arms to shoulder height as described above. Set movement goals with your surgeon or PT/OT.
10. Standing shoulder stretch

This exercise helps improve shoulder range of motion, with the goal of raising your arm(s) overhead.

1. Stand facing a wall with your toes about 8–10 inches from the wall.
2. Place both hands on the wall.
3. Moving your hands at the same speed, “climb” your fingers up the wall. Stop once your elbows are level with your shoulders. Do not raise your arms above shoulder height (90 degrees).
4. Avoid arching your back as you move your fingers up the wall.
5. Hold for 5 seconds.
6. Bring your arm back down to the starting position.
7. Repeat 10 times, 1–2 times per day.
**After surgery care**

**Managing supportive medications**

While receiving cancer treatment, you may experience side effects related to treatment of cancer. Your Fred Hutch care team is here to help you manage those side effects. We want you to feel as good as you can during this time.

One way to manage side effects is to take “supportive care medications.” Supportive medications can help with pain, nausea and anxiety, but can affect your thinking and mood. Below are common side effects and supportive medications you might be prescribed for them.

<table>
<thead>
<tr>
<th>Side effect</th>
<th>Supportive care medication you might be prescribed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>oxycodone, morphine, or hydrocodone</td>
</tr>
<tr>
<td>Anxiety</td>
<td>lorazepam (Ativan®), clonazepam (Klonopin®), others</td>
</tr>
<tr>
<td>Nausea</td>
<td>lorazepam (Ativan®), prochlorperazine (Compazine®), olanzapine(Zyprexa®), ondansetron (Zofran®)</td>
</tr>
</tbody>
</table>

We will monitor you while you are taking supportive medications for your comfort and safety.

**What you need to know**

To help us manage your supportive care medications, please read the following information and contact your care team with any questions.

- **Prepare for common side effects.** Side effects from supportive medications can include constipation and sleepiness. Other side effects can include nausea and dry mouth. Most of the time, your team can help you manage these side effects or will offer other medication or non-medication options to try.

- **Tell us the names of all the medications you are taking.** It is ideal if all supportive medications come from one medical office. We realize this is not always possible and may not be best for you. To avoid confusion, please tell your care team all of the medications you’re taking and who prescribes them for you.
After surgery care: what you need to know, continued

- **Track your daily doses.** Many supportive medications are prescribed on an “as needed” basis. Consider writing down the date and time you take your supportive medication using a medication log or a pill organizer (also called a pill box or mediset). These strategies may help you know when it’s time to take your next dose. It also helps us know if the dose you were prescribed is right for you.

- **Call your care team if a medication is not helping.** For your safety, do not take more medication than you are prescribed without talking to someone on your care team.

- **Call your care team 5 days before your prescription runs out.** Because most pain medications require a paper prescription, it can take longer to get refills. Call your team before your medication runs out so you aren’t left without supportive medication when you need it. When you call your care team, they will want to talk to you about how the medications are working.

- **Talk to your care team before you stop taking medications.** Many supportive medications have withdrawal symptoms if you stop taking them suddenly. Symptoms can include body aches, sweating, anxiety and diarrhea. Your care team will work with you to create a plan to phase these medications out slowly over time to avoid withdrawal symptoms.

- **Talk to your team before you start taking any new medications.** Many over-the-counter medications and supplements (items that you can buy without a prescription) can cause serious problems if they are taken with supportive medications. Alcohol, marijuana or illegal drugs can also cause serious problems if they are taken with supportive medications. Side effects can include slowed breathing, confusion, sedation and even death.

- **Keep all medications in a safe place and do not share your medications with anyone.** Medications can harm children, pets, or other people for whom they are not prescribed.

- **Get rid of old or unused medications safely.** Opioid pain medications and some medications for anxiety should be flushed down the toilet if you cannot get them to a medication take-back kiosk. Ask your team and/or see the Fred Hutch education sheet “How to Safely Get Rid of Prescription Medications and Sharps” for more information on how to safely get rid of these medications.
• **Tell your care team if you or other people in your life feel that supportive medications are causing problems for you.** This could be a sign that your medications need to be changed.

• **Do not drive a car or operate heavy machinery if you feel sleepy or if your thinking is cloudy.** Opioid pain medications and other sedatives can cause side effects that impair your ability to drive or operate heavy machinery. Driving while taking opioid medications and/or other sedatives is controversial and may be unsafe. Take any concerns others express regarding your ability to drive seriously. If you feel sleepy, have trouble keeping your balance, or can’t think clearly, talk to your care team as soon as possible.

**Constipation after surgery**

The normal frequency and consistency of bowel movements is different for each person. Surgery can impact your bowel movements by making you constipated. In this document, we will define constipation and explain what you can do about it.

**What is constipation?**

- Stools that are hard, dry, and difficult to pass
- Bowel movements fewer than 3 times a week

**What causes constipation after surgery?**

Constipation occurs when your body’s digestion process slows down. This can be caused by:

- Anesthetic medication
- Narcotic pain medicines
- A change in your regular eating habits
- A decrease in daily activity
- Dehydration (losing more water than you are taking in)
What can I do to prevent and treat constipation?

- Increase the amount of liquids that you drink to keep your stools soft. Drink 6 to 8 glasses (8 ounces each) of water every day in addition to other liquids you drink with your meals. Signs that you are not drinking enough are:
  - The amount that you urinate is less than normal.
  - Your urine is dark yellow.
  - You feel dizzy when you stand up.
- Eat foods that contain probiotics daily. Probiotics are good sources of healthy bacteria for the gut. Plain yogurt, kefir, and buttermilk all contain probiotics. If you are immunosuppressed, discuss your food options with a dietitian.
- Try to eat meals, especially breakfast, at the same time each day. This helps get your bowels back on a regular schedule.
- Add a serving of fresh fruit to your breakfast.
- Eat prunes and drink prune juice.
- Include 25 to 35 grams of fiber in your diet each day.
  - Fiber is in all plant foods including fruit, vegetables, legumes, nuts, seeds and grains.
  - Increase the amount of fiber in your diet slowly to prevent excess gas or bloating.
  - Add ground flaxseeds or bran to cooked cereals or muffins.
- Get regular, daily exercise. After surgery, going on short walks often during the day is generally recommended. Please refer to your discharge paperwork for any post-op activity recommendations and/or restrictions.
- You may be prescribed medicines for constipation. Take these as directed. You may pick these up from the pharmacy when leaving the hospital.

Call your care team if:

- It has been 2 to 3 days since your surgery and these tips have not helped you have a bowel movement.
- You are nauseous and throwing up.
- You feel dizzy or light headed when you stand up.
### Food suggestions for constipation

<table>
<thead>
<tr>
<th>Try these</th>
<th>Limit these</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grains</strong></td>
<td></td>
</tr>
<tr>
<td>Whole grain and seed breads or muffins (with more than 3 grams fiber per serving)</td>
<td>Frozen dinners, instant mashed potatoes, and chips</td>
</tr>
<tr>
<td>Whole grain cereals: All Bran®, Fiber One®, raisin bran (with more than 3 grams fiber per serving)</td>
<td>Refined grains and breads, white rice, regular pasta, pizza</td>
</tr>
<tr>
<td>Hot whole grain cereal: oatmeal</td>
<td>Low-fiber cereals such as Rice Krispies®, corn flakes</td>
</tr>
<tr>
<td>Whole wheat pasta</td>
<td></td>
</tr>
<tr>
<td>Brown or wild rice, bulgur wheat, quinoa</td>
<td></td>
</tr>
</tbody>
</table>

| **Protein** | | |
| Legumes such as beans, lentils, split peas | Large quantities of meat, cheese, or peanut butter |
| Yogurt (with live cultures) | |
| Trail mix with nuts, seeds | |
| Lean meats | |
| Cold water fish such as wild salmon, halibut, and sardines | |

| **Fruits and vegetables** | | |
| Raw or cooked vegetables: carrots, acorn squash, spinach, avocados, beets | Bananas |
| Cruciferous vegetables: cabbage, broccoli, brussels sprouts (eat in moderation if gas is an issue) | |
| Raw, whole fruits: apples, pears, cherries, grapes, tangerines, oranges, peaches, plums | |
| Berries: raspberries, blueberries, and strawberries | |

| **Other** | | |
| Trail mix, whole grain snack foods | Caffeine and alcohol |
| Air-popped popcorn | Pastries, rich cakes, candy |
| Fluids | Concentrated sweets |

**References/for more information:**
- American Gastroenterological Association - [www.gastro.org](http://www.gastro.org)
- International Foundation for Functional Gastrointestinal Disorders - [www.iffgd.org](http://www.iffgd.org)
Lymphedema

When you’ve had treatment for breast cancer (radiation, surgery to your breast, and/or lymph node removal), you may be at risk for lymph-related swelling, or “lymphedema” in the arm and/or breast on the side that was treated. This handout explains lymphedema and steps you can take to reduce the risk of it happening to you.

What is lymphedema?

Your lymphatic system is made up of lymph nodes and vessels. One important job of this system is to prevent fluid build-up in your tissues. Radiation therapy and lymph node removal can make it more difficult for your lymphatic system to do its job.

Lymphedema is the buildup of fluid and swelling that happens when your lymphatic system is affected by treatment. Lymphedema typically occurs in the area of your body that was treated with radiation or had lymph nodes removed. Swelling can range from mild to severe.

While people who have most of their lymph nodes removed and/or receive radiation therapy may have a higher risk of developing lymphedema, it is not fully understood why some patients are more likely to develop swelling. Caring for your arm and breast may help reduce your risk.

What can I do to help reduce my risk of lymphedema?

The guidelines on the next page may help lower your risk of developing lymphedema and infections. Please keep in mind that everyone’s situation is unique. What works for someone else may not work for you. Recommendations may vary depending on the extent of your surgery along with other risk factors you may have. Talk to your surgeon or a certified lymphedema therapist to learn specific steps you can take to prevent lymphedema based on the type of surgery you had.

Please note: These guidelines are meant to help reduce your risk of developing lymphedema and are not prevention guidelines. There is little research about risk reduction so some of these recommendations use a common sense approach based on the body’s anatomy and clinical experience by experts in the field.
Guidelines

Avoid injury or trauma
- Avoid IV starts, injections, blood draws on the arm of the side of your surgery (your at-risk arm) if possible, especially if you had an axillary node dissection or axillary radiation.
- Clean cuts/scratches on your arm with soap, put on an antibiotic ointment and bandage.
- Wear gloves when gardening, cleaning, or using products that could irritate your skin.
- Wear sunscreen and insect repellent as needed.

Avoid putting pressure on your arm
- Get your blood pressure checked on the arm that has not had treatment if possible, especially if you had an axillary node dissection or axillary radiation.
- Keep purse/bag/backpack straps from digging into your shoulder.
- Avoid lying on your at-risk arm, especially in the weeks right after surgery.

Keep up a healthy lifestyle
- Maintain a healthy weight to lower stress on your lymphatic system.
- Gradually build up the length of time and intensity of activities using your arm. This will help you avoid muscle strain.
- Use your at-risk arm normally as long as the pain is tolerable and you are following the guidelines in this handout.

Discuss extreme temperatures and air travel with your physical therapist
- Until you talk with your physical therapist, avoid activities where there are extreme temperatures (such as hot tubs, saunas, and steam rooms).
- Before taking an airplane trip, discuss your swelling risk with your physical therapist.
Considerations for bilateral lymph node involvement

If you have lymph node surgery under both arms, ask your surgeon about options for IV starts and blood pressure testing. Generally, we recommend using the arm with the least amount of lymph nodes removed for procedures such as blood draws and IV starts. Occasionally it is recommended that you use your foot or leg for these procedures.

Lymphedema treatment

It is normal to have some mild swelling after your surgery. If you notice any lingering fullness, heaviness, swelling or problem regaining movement and strength, talk to your oncologist about a referral to a certified lymphedema specialist.

When to call us

Call your doctor right away if you notice any of these on your arm, breast, or chest.

- Redness
- Pain
- Warmth
- Swelling

You may or may not have a fever, chills, or sickness with these symptoms.
Deep vein thrombosis (DVT)

What is a DVT?

A deep vein thrombosis (DVT) is a blood clot (thrombus) that forms in the veins of the body. Most DVTs form in the legs, either above or below the knee.

Health problems linked with DVTs include pulmonary embolisms (blood clots in the lungs) and venous thromboembolism (a medical term for blood clots).

What causes a DVT?

DVTs can occur:

- After surgery or an injury
- From being inactive for a long time when in the hospital or bedridden
- After long trips in a car or plane

The risk of getting a DVT can be increased by some diseases or by taking medicines that increase the risk of blood clotting. DVTs may also occur without a clear cause.

What are the signs of DVT?

DVT most often occurs in a leg or arm. The most common signs include:

- Swelling
- Pain or tenderness
- Redness or odd coloring in your skin

Why is it important to prevent blood clots?

We take preventing DVTs very seriously. This is because:

- DVTs are common in patients who have had surgery or are in the hospital and cannot move very much.
- DVTs can cause pain and can increase the risk of getting another blood clot in the future.
• When DVTs occur, extra treatment is needed, which can make your stay in the hospital longer.
• If a DVT is not treated right away, clots in the legs can break apart and travel to other parts of the body. A blood clot that travels to the lungs is called a pulmonary embolism (PE). This type of clot can be life-threatening because it cuts off the blood supply to the lungs.

How will my care team help prevent blood clots?
If you are in the hospital for a long time, or if you are admitted to the hospital after surgery, your care team will use one or more methods to prevent blood clots. These include:

Blood-thinning medicines
You may receive medicine to prevent blood clots. This medicine may be:
• Given as an injection under your skin. The common injectable medicines are heparin and enoxaparin (Lovenox®).
• Taken as a pill 1 to 2 times a day. The common types are warfarin (Coumadin®), apixaban (Eliquis®), and rivaroxaban (Xarelto®).

Sequential compression devices
Sequential compression devices (SCDs) are wraps that are put around your legs. From time to time, you will feel the SCDs inflate with air, then deflate. This copies the action of walking and helps prevent blood clots.

If you are having surgery at UW Medical Center, these wraps will be put on your legs and turned on before you go into the operating room.

Walking
Walking soon after surgery can help prevent blood clots. However, walking by itself is not enough to prevent a blood clot when you are in the hospital. It is best if you can walk while also using other ways of preventing blood clots, such as wearing SCDs or taking blood-thinning medicines.

Ask your doctor or nurse what method to prevent blood clots is being used for you.
What can you do to prevent blood clots?

You are an important member of your care team. Here are things you can do to help prevent blood clots:

- If you have any signs of DVT, tell your nurse or doctor right away.
- Take any blood-thinning medicine that has been ordered for you.
- Wear your SCDs any time you are in bed or up in a chair.
- Get out of bed and walk in the halls as soon and as much as you can.
- Before you get out of bed, ask for help removing your SCDs.
- If you are on fall precautions, ask for help before you get out of bed.
- Do this simple exercise 10 times every hour while you are awake (see drawing below):
  - Point your toes toward the end of the bed.
  - Then point your toes up toward your head.

Adapted with permission from “Preventing Blood Clots,” ©2017, University of Washington Medical Center, Seattle, WA.
Resources

Patient and Family Resource Center

Our Patient and Family Resource Center, on the third floor of the South Lake Union clinic, is a welcoming place where you can spend time learning about a specific diagnosis, treatment, support and survivorship. All materials and services are free of charge.

The Resource Center also has:

- Computer workstations
- Notary services by appointment
- An online library of e-books
- A complimentary wig fitting program by appointment
- Information on lectures, classes and support groups around Seattle (not just at Fred Hutch locations)

Resource center staff are available during certain hours to provide support and guidance as you look for materials. Contact staff at patientresourcectr@seattlecca.org or (206) 606-2081, or FredHutch.org/resource-center.

Breast cancer resources

Books

- *A Breast Cancer Alphabet*, Madhulika Sikka
- *Dr. Susan Love’s Breast Book*, Dr. Susan Love
- *Breast Cancer: 50 Essential Things You Can Do*, Greg Anderson
Web sites

- **Fred Hutch, Breast Cancer Overview** features up-to-date information on the latest and best therapies offered by Fred Hutch, including chemotherapy regimens that are easier to tolerate, surgical procedures that are less invasive, and biological therapies that target cancer cells.  
  FredHutch.org/breast-cancer

- **National Comprehensive Cancer Network Guidelines (NCCN)** is a not-for-profit alliance of 28 of the world’s leading cancer centers. Experts from NCCN have written treatment guidelines for doctors who treat breast cancer. These treatment guidelines suggest what the best practice is for cancer care. The information in these patient books is based on the guidelines written for doctors.  
  nccn.org/professionals/physician_gls/default.aspx#breast

- **National Breast Cancer Foundation** aims to save lives by increasing awareness of breast cancer through education and by providing mammograms for those in need. NBCF programs provide women help for today and hope for tomorrow.  
  nationalbreastcancer.org

- **Living Beyond Breast Cancer** provides education, programs and support to help people whose lives have been impacted by breast cancer.  
  lbbc.org

- **Susan G. Komen Foundation** provides education, support and financial assistance to those affected by breast cancer.  
  komen.org

- **Triple Negative Breast Cancer Foundation** is a credible and reliable source for triple negative breast cancer information, a catalyst for science and patient advocacy and a caring community with meaningful services for patients & families. The foundation offers research grant support, a helpline, financial assistance programs, discussion forums and educational material.  
  tnbcfoundation.org

- **BreastCancer.org** is a nonprofit organization dedicated to providing the most reliable, complete, and up-to-date information about breast cancer. Its mission is to help women and their loved ones make sense of the complex medical and personal information about breast health and breast cancer, so they can make the best decisions for their lives.  
  Breastcancer.org
• **Facing Our Risk of Cancer Empowered (FORCE)** provides resources and support to individuals and families affected by hereditary breast, ovarian, and related cancers. facingourrisk.org/index.php

• **Bright Pink** helps to save lives from breast and ovarian cancer by empowering women to know their risk and manage their health proactively. brightpink.org/about-us/mission

For additional resources and support groups, view our Breast Cancer Pathfinder at fredhutch.org/breast-cancer-pathfinder.
Test results display in MyChart as soon as they are available, which means you are likely to see them before your provider has seen them. Providers’ offices will contact you if test results require a change in care. Read the Cures Act handout for more information.

MyChart is for non-urgent messages only. Call your care team to report symptoms or ask in-depth questions about care.

Scan this code or visit FredHutch.org/MyChart to learn more about MyChart.
Post-mastectomy camisoles, bras, and prosthetics

You will need a prescription for all post-mastectomy garments, which should be written before your surgery.

Call to make an appointment with a certified mastectomy fitter and check insurance coverage at any of the stores below prior to surgery.

- Pick up the camisole(s) prior to surgery.
- Please wait 6 weeks after surgery to be fitted for bras and prosthetics.

Shine
207 Pontius Ave N., Ste 101
Seattle, WA 98109
(206) 606-7560
Fax: (206) 606-7167
fredhutch.org/shine

Allies, a specialty boutique
3104 Squalicum Parkway
Suite 103
Bellingham, WA 98225
(360) 676-7363
Fax: (360) 306-8297
alliesretail.com

A Better Fit
2417 W. Kennewick Ave, Ste A
Kennewick, WA 99336
(509) 628-4819
Fax: (509) 931-8889
abetterfit.info

Mary Catherine’s
10002 Aurora Ave N.
Bldg 2, Suite 12
Seattle, WA 98133
(206) 322-1128
Fax: (206) 322-9239
marycatherines.com

Judy’s Intimate Apparel
4538 South Pine St
Tacoma, WA 98409
(253) 474-4404
Fax: (253) 474-7555
judysintimateapparel.com

Jim’s Pharmacy/Home Health
424 E 2nd Street
Port Angeles, WA 98362
(360) 457-3462
Direct line to fitting:
(360) 504-2036
Fax: (360) 457-6557
jimsrx.com
Judy’s Intimate Apparel
2528 Pacific Ave S.E.
Olympia, WA 98501
(360) 357-8807
Fax: (360) 956-9540
judysintimateapparel.com

Nordstrom/Bellevue
100 Bellevue Square
Bellevue, WA 98004
(425) 455-5800, x1240
Ask for the lingerie department

Nordstrom/Southcenter
100 Southcenter Mall
Tukwila, WA 98188
(206) 246-0400
Ask for the lingerie department

Nordstrom/Downtown
500 Pine Street
Seattle, WA 98101
(206) 628-2111
Ask for the lingerie department
Locations, directions, and parking

UW Medical Center – Montlake

Address: 1959 N.E. Pacific Street, Seattle, WA 98195

UWMC is at the south end of the UW campus.

Driving directions

To UW Medical Center – Montlake, 1959 NE Pacific Street:

- **From Interstate 5 (I-5):**
  - Take exit 168B (Bellevue, State Route 520) heading east.
  - Take the Montlake Blvd. exit.
  - Follow the signs to University of Washington Medical Center.

- **From Interstate 405 (I-405):**
  - Take exit 14 (to Seattle via State Route 520) heading west.
  - Take the Montlake Blvd. exit.
  - Follow the signs to University of Washington Medical Center.

Parking

Parking is available in 2 places (see map below):

- Triangle Parking Garage (“Patient Visitor Parking” on the map - underground and across N.E. Pacific Street from the hospital)

- Surgery Pavilion Parking Garage (“Surgery Pavilion” on the map - at the east end of the hospital)
UW Medical Center – Northwest

Address: 1550 N. 115th Street, Seattle, WA 98133

UW Medical Center – Northwest is located in North Seattle, about 1 mile northwest of the Northgate Mall.

Driving directions:

To UW Medical Center – Northwest, 1550 N. 115th Street:

- From Interstate 5 (I-5):
  - Take exit 173 and turn west on Northgate Way.
  - At Meridian Avenue North, turn right (north).
  - Take the first left on 115th Street.
  - The main entrance to the hospital will be on your right.
  - Once you pass through the main entrance, proceed ahead to the main five-story hospital building and turn right under the skybridge. Pass the Emergency entrance on your left and follow the roadway around the hospital until you reach the north entrance to the hospital. There is a totem pole near the entryway.

Parking

You may park in the areas marked “Surgery.” Enter through the north hospital entrance and walk straight ahead to the admitting area.