Guide to your breast surgery
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Introduction

Seattle Cancer Care Alliance is committed to providing you a safe surgery experience. As part of that commitment, we put together this manual. 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: ____________________________________________
Pre-surgery 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 manual and any handouts you received.
- Follow your provider’s instructions about what medicines to keep taking, stop taking, or start taking before your surgery (page 18).
- 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 (see additional instructions on page 13).

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 to 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 12. 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:
  - University of Washington Medical Center (UWMC) (206) 598-6334
  - UW Medicine Northwest Hospital & Medical Center (Northwest Hospital) (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:
  - UWMC (206) 598-6541
  - Northwest Hospital (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 jewelry at home.
Day of surgery, continued
- Wear clean, loose, and comfortable clothing.
- Bring 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 breath, bring it with you.
- Do not bring unattended children with you. Children age 17 and under must be accompanied by a responsible adult at all times in the waiting room and other areas of the hospital.
- **UWMC check-in: Surgery Pavilion Reception Center, 2nd floor**
- **Northwest Hospital 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” tab in this surgery manual.
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:

- **UWMC, Pavilion Surgery Center**
  Surgery Pavilion, 2nd floor, UWMC
  1959 N.E. Pacific St., Seattle, WA 98195

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

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

- **UWMC, Admitting**
  UWMC, 3rd floor (main floor lobby)
  1959 N. E. Pacific St., Seattle, WA 98195

If your surgery is scheduled at **UWMC**
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 **Northwest Hospital**
You will be contacted before the day of your surgery by an admitting representative and a
nurse from the Northwest Hospital Pre-Surgical Anesthesia Department.

The admitting representative will:
- Ask for your birth date, insurance numbers, and other finance-related questions.
A nurse will:

- Obtain a 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**

UWMC 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.

**Meeting with your surgeon**

As a first step, you will meet with your surgeon at Seattle Cancer Care Alliance. 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.
Prepare for surgery
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, or other clear juices without pulp; Gatorade; and clear tea.
- Do not drink orange juice, coffee, or tea with cream or milk, 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 your 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 or hair.
Shower instructions, continued
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 (knitting, sudoku) while waiting for your surgery to start.

Checking in
On the day of your surgery, come to the location that is checked on page 9 of this manual. 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.

You will meet the nurses, the surgical team, and the anesthesia team who will care for you during your surgery. You will be able to ask them any questions you have about your care.

To reduce your risk of infection, you will be covered with a heating blanket to keep your body warm while you wait to go into the operating room. 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 bring an adult to be with them at all times in the waiting room and other areas of the hospital.

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 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
At the time of discharge, you must have a responsible adult stay with you for 24 hours after discharge. 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, UWMC 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:
  o Drive
  o Drink alcohol
  o Travel alone
  o Use machinery
  o Sign any legal papers
  o Take care of another person, such as a child
• Before you leave the hospital, we will give you:
  o Information about how to care for yourself at home.
  o 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:
  o An alarm that tells us when you are getting out of bed.
  o Mats on the floor near your bed.
  o A belt around your waist when you get out of bed and when you walk.
  o 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.
If you stay overnight in the hospital after surgery, continued

- 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 \textit{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 prescriptions 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 question about specific products.

- **Prescription pain-relief drugs that contain aspirin or other salicylates:**
  - Ascomp with codeine
  - Carisoprodol compound
  - Empirin with codeine
  - Fiorinal
  - Lanorinal
  - Salsalate (Disalcid)
  - Soma products
  - Percodan 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)
  - Meclomenamate
  - 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
  - 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
    - Natural supplements
    - Other 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”, ©2015, 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 have a serious accident or illness and cannot 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, SCCA provides advance care planning documents and complimentary notarization of them in the Patient and Family Resource Center located on the 3rd floor of the SCCA clinic at South Lake Union.

If you have questions or need guidance in preparing your advance care planning documents, please call SCCA Supportive Care services at (206) 606-1076 and a staff member will be glad to assist you.
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 “About Your Surgery Experience” 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 SCCA 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 prior to surgery, you will come to SCCA 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
It is often necessary to remove lymph nodes under the arm to determine if cancer has spread. Options may include:

- **Sentinel lymph node biopsy:** The first lymph nodes that drain the lymph fluid from your breast are called sentinel nodes. These nodes are most likely to contain cancer cells if the cancer has started to spread. Either the day of or the day prior to surgery, you will be scheduled to go to the Nuclear Medicine Department. A technologist will numb the skin on the side of your nipple, then inject a small amount of radioactive material (also called a radiotracer).
**Sentinel lymph node biopsy, continued**

- During the surgery, the surgeon will remove the nodes that contain the radioactive material. The surgeon may also use a blue dye to help identify the nodes to be removed. These nodes will be tested for cancer cells.

- **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 that is done before surgery 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 SCCA.

- 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 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 (page 28) in this manual 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” for more information on how to prevent this common problem (page 35).

- 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.
After the procedure, continued

- 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” handout in this manual.
- 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.
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 “About Your Surgery Experience” 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.

Preparing for lymph node removal
It is often necessary to remove lymph nodes under the arm to determine if cancer has spread. Options may include:
- **Sentinel lymph node biopsy**: The first lymph nodes that drain the lymph fluid from your breast are called sentinel nodes. These nodes are most likely to contain cancer cells if the cancer has started to spread. Either the day of or the day before surgery, you will be scheduled to go to the Nuclear Medicine Department. A technologist will numb the skin on the side of your nipple, then inject a small amount of radioactive material (also called a radiotracer). During the surgery, the surgeon will remove the nodes that contain the radioactive material. The surgeon may also use a blue dye to help identify the nodes to be removed. These nodes will be tested for cancer cells.

- **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 that is done before surgery 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.
Mastectomy: after the procedure, continued

- 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 OK 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 (page 28) in this manual 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.
- Follow the activity instructions on your discharge paperwork.

In general, DO NOT:
  - Lift anything over 8 pounds.
  - Raise your arm(s) above the height of your shoulders.
  - Do activities such as vacuuming.
- Resume your regular diet after surgery. Try to prevent constipation by increasing fluids and fiber in your diet. Please refer to “Constipation after Surgery” (see page 35) 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 manual.
- 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 to 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 1/3 full. See “How to Empty Your Drains” on page 29.
- 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. See “How to Strip Your Drains” on page 30.
- 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.

The parts of a closed bulb 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 1/3 full. To empty a drain:
- Wash your hands with soap and warm water.
- Loosen the safety pins or clips that hold the tubing to your clothes.
- Strip the tubing (see “How to strip your drain” below).
- Clean the plug and spout with an alcohol wipe.
- Open the plug on the drain.
- Turn the drain collection container upside down over the measuring cup. Gently squeeze the bulb to empty it into the cup.
- Clean the plug and spout again with an alcohol wipe.
- Squeeze the bulb flat with your hand. Put the plug back into the spout.
- **Never** squeeze the bulb after you have put the cap back in place. Doing this can push the drainage back into your wound.
- 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.
- Check the drainage for color and smell.
- Empty the drainage into your toilet and flush.
- Pin or clip the drain bulb back onto your clothing.
- 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:
- With one hand, wrap an alcohol wipe around the tubing near your dressing.
- With your other hand, keep the tubing in place by holding it firmly between your dressing and the alcohol wipe.
- 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 SCCA 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.
- 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

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Amount (mL)</th>
<th>Color</th>
<th>24-hour total</th>
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## Record for drain 2

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<tr>
<th>Day</th>
<th>Time</th>
<th>Amount (mL)</th>
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<th>24-hour total</th>
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Adapted with permission from “Caring for Your JP Drains”, © 12/2017, University of Washington Medical Center, Seattle, WA
After Surgery Care

Managing supportive medications

While receiving cancer treatment, you may experience side effects related to treatment or cancer. Your SCCA 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, anxiety, and sleep, 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>
<tr>
<td>Sleep</td>
<td>zolpidem (Ambien®)</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.

- **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 SCCA 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 get 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>
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<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>
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<tr>
<td>Brown or wild rice, bulgur wheat, quinoa</td>
<td></td>
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<tr>
<td><strong>Protein</strong></td>
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<tr>
<td>Legumes such as beans, lentils, split peas</td>
<td>Large quantities of meat, cheese, or peanut butter</td>
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<tr>
<td>Yogurt (with live cultures)</td>
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<tr>
<td>Trail mix with nuts, seeds</td>
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<tr>
<td>Lean meats</td>
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<tr>
<td>Cold water fish such as wild salmon, halibut, and sardines</td>
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<tr>
<td><strong>Fruits and vegetables</strong></td>
<td>Bananas</td>
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<tr>
<td>Raw or cooked vegetables: carrots, acorn squash, spinach, avocados, beets</td>
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<tr>
<td>Cruciferous vegetables: cabbage, broccoli, brussels sprouts (eat in moderation if gas is an issue)</td>
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<tr>
<td>Raw, whole fruits: apples, pears, cherries, grapes, tangerines, oranges, peaches, plums</td>
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<tr>
<td>Berries: raspberries, blueberries, and strawberries</td>
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<tr>
<td><strong>Other</strong></td>
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<tr>
<td>Trail mix, whole grain snack foods</td>
<td>Caffeine and alcohol</td>
</tr>
<tr>
<td>Air-popped popcorn</td>
<td>Pastries, rich cakes, candy</td>
</tr>
<tr>
<td>Fluids</td>
<td>Concentrated sweets</td>
</tr>
</tbody>
</table>
References/for more information:
American Gastroenterological Association
www.gastro.org

International Foundation for Functional Gastrointestinal Disorders
www.iffgd.org
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 UWMC, 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 (see page 38), 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”, ©2015, University of Washington Medical Center, Seattle, WA.
Resources

Patient and Family Resource Center

The Patient and Family Resource Center is located on the 3rd floor of SCCA. The Resource Center provides educational materials, computer workstations, a business center, notary, and a cancer literature lending library. Resource Center staff can provide listings for local and clinic events, as well as assistance locating support groups and other resources. All services and materials are free.

You can learn more about the services the Patient and Family Resource Center offers by visiting youtube.com/c/SCCAPatientEducation.
Breast cancer resources

Pamphlets
• “What You Need to Know about Breast Cancer,” National Cancer Institute
• “Surgery Choices for Women with DCIS or Breast Cancer,” National Cancer Institute
• “Men Get Breast Cancer Too,” Susan G. Komen

Books available for check out
• 100 Questions & Answers About Advanced and Metastatic Breast Cancer, Lillie Shockney
• 100 Questions & Answers About Breast Cancer, Zora K. Brown
• 100 Questions & Answers About Breast Cancer Sensuality, Sexuality, and Intimacy, Michael L. Krychman
• Dr. Susan Love’s Breast Book, Dr. Susan Love
• Breast Cancer Journey: The Essential Guide to Treatment and Recovery, Ruth O’Regan
• The Mayo Clinic Breast Cancer Book, Lynn C. Hartmann and Charles L. Loprinzi
• The Breast Reconstruction Guidebook, 3rd Edition, Kathy Steligo
• Breast Cancer: The Complete Guide, Yashar Hirshaut and Peter I. Pressman
• A Breast Cancer Alphabet, Madhulika Sikka
• The Language of Healing: Daily Comfort for Women Living with Breast Cancer, Pat Benson

Websites
• Seattle Cancer Care Alliance Breast Cancer Overview page: Breast cancer treatment is changing rapidly, and SCCA offers the latest and best therapies, including chemotherapy regimens that are easier to tolerate, surgical procedures that are less invasive, and biological therapies that target cancer cells. seattlecca.org/diseases/breast-cancer-overview.cfm
• National Breast Cancer Foundation: The National Breast Cancer Foundation’s mission is 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: 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: Susan G. Komen foundation provides education, support and financial assistance to those affected by breast cancer. komen.org
• Breastcancer.org: Breastcancer.org is a nonprofit organization dedicated to providing the most reliable, complete, and up-to-date information about breast cancer. Our 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
• **National Cancer Institute**: This site has valuable cancer-related health information for over 200 cancer types, clinical trials, cancer statistics, prevention, screening, treatment, research and news. [cancer.gov](http://cancer.gov)

• **Triple Negative Breast Cancer Foundation**: Our mission is to raise awareness of triple negative breast cancer and to support scientists and researchers in their efforts to determine the definitive cause of triple negative breast cancer, so that effective detection, diagnosis, prevention and treatment can be pursued and achieved. [tnbcfoundation.org](http://tnbcfoundation.org)

**Support**
For more information on Seattle area support groups, please see the SCCA Patient and Family Education Breast Cancer Support Groups information sheet. This list can be found in the Patient and Family Resource Center on the 3<sup>rd</sup> floor.

• **Living Beyond Breast Cancer**: LBBC offers online and phone support to those affected by a breast cancer diagnosis. [lbbc.org](http://lbbc.org)

• **American Cancer Society**: Reach to Recovery is a program that helps people facing breast cancer through a peer-to-peer matching program. The Reach to Recovery volunteers are specially trained to help people through their experience by offering a measure of comfort and an opportunity for emotional grounding and informed decision making. As breast cancer survivors, our volunteers give patients and family members an opportunity to express feelings, talk about fears and concerns, and ask questions of someone who has been there. Most importantly, Reach to Recovery volunteers offer understanding, support, and hope because they themselves have survived breast cancer and gone on to live productive lives. [cancer.org/treatment/supportprogramsservices/reach-to-recovery](http://cancer.org/treatment/supportprogramsservices/reach-to-recovery)
Caresi, an iOS app and website developed by Seattle Cancer Care Alliance, is here to help you simplify and manage your care.

Caresi will help you stay on top of your care by putting easy-to-use tools and important information at your fingertips. Your Seattle Cancer Care Alliance care team is with you every step of the way, and Caresi brings them even closer by helping you engage in your care while away from the clinic.

➤ View lab results
➤ Contact your care team
➤ Review details about upcoming appointments
➤ Access disease and treatment information from SCCA’s education materials
➤ Learn about the various services SCCA provides for emotional, social and spiritual support

To sign up, go to caresi.com/registration. If you have any questions about downloading the iOS app, or general Caresi questions, please don’t hesitate to contact the Caresi team at (206) 606-6865 or caresi@seattlecca.org or visit the Patient and Family Resource Center on the third floor of the clinic.
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
www.seattlecca.org/shine.cfm

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

Jim’s Pharmacy/Home Health
424 E 2nd Street
Port Angeles, WA 98362
(360) 457-3462
www.jimsrx.com

Nordstrom
Nationwide locations
1 (888) 282-6060
www.nordstrom.com

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

Judy’s Intimate Apparel
2528 Pacific Ave S.E.
Olympia, WA 98501
(360) 357-8807
www.judysintimateapparel.com

A Better Fit
2417 W. Kennewick Ave, Ste A
Kennewick, WA 99336
(509) 628-4819
abetterfit@aol.com
Locations, Directions, and Parking

University of Washington Medical Center (UWMC)
Address: 1959 N.E. Pacific St., Seattle, WA 98195.
UWMC is at the south end of the UW campus.

Driving directions
To UWMC, 1959 N.E. Pacific St.:
- **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 St. from the hospital)
- Surgery Pavilion Parking Garage (“Surgery Pavilion” on the map - at the east end of the hospital)
Northwest Hospital and Medical Center
Address: 1550 N. 115th Street, Seattle, WA 98133
Northwest Hospital is located in North Seattle, about 1-mile northwest of the Northgate Mall.

Driving directions:
To Northwest Hospital, 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.