Postmastectomy Recovery

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Joining FORCES Against Hereditary Cancer
What Can You Expect?

Mastectomy

• One or more incisions
• Removes breast tissue, most breast skin, nipple, areola (no immediate reconstruction)
• Retains most breast skin, with or without nipple preservation (immediate reconstruction)
• Severs sensory nerves
• Lymph nodes may also be removed
What Can You Expect?

Recovery Depends On:

• Unilateral or bilateral mastectomy
• Whether or not you have immediate reconstruction (and the type of reconstruction)
• Your overall health
• Post-op complications
What Can You Expect?

Recovering from mastectomy alone → Many women find recovery to be physically easier than expected

Recovering from mastectomy + reconstruction → Additional surgery adds to recovery, increases risk for complications
What Can You Expect?

In the Hospital

- Longer, more complex surgery = longer hospital stay
  - mastectomy only: 1-2 days
  - with implant reconstruction: 1-2 days
  - with flap reconstruction: 4-6 days

Varies, depending on the patient and the extent of surgery
What Can You Expect?

In the Hospital

• Sore throat from intubation
• Sore, numb, pinching or heaviness in chest/underarm
• Anesthesia hangover (groggy)
• Self-administered pain pump (you can’t overdose)
• Stay ahead of pain
What Can You Expect?

In the Hospital

• BP, pulse, respiration are closely monitored
• Nausea medication, if needed
• Surgical bra
• Surgical drains
• Compression wraps on lower legs
• Sensors to monitor blood flow (flap reconstruction)
What Can You Expect?

In the Hospital

- Deep breathing with spirometer
- Sitting up, out of bed, short walks
- Gentle stretching to prevent arm/shoulder stiffness
- Staying hydrated
- Stool softeners to combat constipation from pain meds
What Can You Expect?

Before Surgery:
Get ready for recovery

• Fill prescriptions, including post-op pain meds

• Arrange for childcare, pet care, carpools, gardener, housecleaner, etc. and help around the house
What Can You Expect?

Before Surgery:
Get ready for recovery

• Place needed items where you can easily reach them at home (no overhead stretching)

• Freeze easily reheatable meals or recruit friends/family to coordinate meal deliveries

• Helpful hints on FORCE message boards
What Can You Expect?

Before Surgery:
Your overall health affects your recovery

- Level of fitness: “train for your surgery!”
- Body mass index (BMI)
- Smoking
- Diabetes
- Circulatory issues
- Other health conditions
What Can You Expect?

At Home:
Dress for comfort

• Surgical bra (until surgeon okays regular bra)
• Shirts/tops that button in the front
• Loose, comfy pajamas or clothes
• Cotton or natural fabrics that are kind to sensitive skin and scar tissue
What Can You Expect?

At Home: Manage pain

- Initially, your chest will be numb, but may be uncomfortable in the first several days after surgery
- Underarm(s) may be sore if lymph nodes were removed
- Stay ahead of pain: take prescribed painkillers as needed
- Switch to over-the-counter painkillers when you no longer need stronger medication
What Can You Expect?

At Home:
Resting/sleeping

• Sleep on your unaffected side or on your back*
  (you won’t be able to sleep on your stomach or sides after bilateral mastectomy)
• Use a recliner, pillow “nest,” or foam wedges
• Place pillows under forearms

*gentle back stretches help to avoid backaches
What Can You Expect?

At Home:
Caring for your incision(s)

• Before you’re discharged from the hospital, your nurse will show you how to:
  - monitor and clean your incisions
  - manage surgical drains
  - identify any signs of infection

• Keep incisions dry until your surgeon okays bath or shower
What Can You Expect?

Recovering at Home:
Bathing/showering

• Sponge baths or baby wipes until doctor okays
  shower/bath (until sutures are removed)
• Use handheld shower below waist and/or shower seat
• Use dry shampoo or ask someone to wash your
  hair in the sink
What Can You Expect?

At Home:
Dealing with drains

- Surgical drains gather excess blood and fluid
- Sutured at incision site(s)
- Measure/empty/record 2+ times a day (as needed)
- Keep incision/tubing impeccably clean
What Can You Expect?

At Home:
Dealing with drains

• Fluids should steadily decrease, become lighter in color

• Surgeon will remove in 7-14 days* when fluid levels are <30 cc (2 tablespoons) in 24 hours

• Advise your doctor if fluid increases, becomes yellow, thick or cloudy; has an unusual or bad odor; or drain tubing comes out

*may be needed longer
What Can You Expect?

At Home:
Dealing with drains

• Camisoles, belts and other helpful garments to manage drains:
What Can You Expect?

At Home: Activity

- You’ll feel fatigued: Rest. More rest. Repeat.
- You don’t have to stay in bed all day.
- **Listen to your body.** Rest/nap when you need to.
- Don’t overdo:
  - No lifting (including kids)! No laundry!
  - No housecleaning!
What Can You Expect?

At Home: Activity

- Read
- Listen to music
- Write Thank You cards
- Send emails
- Watch movies
What Can You Expect?

At Home:
Activity

• Walk every day
• Do arm and shoulder exercises every day to prevent stiffness and regain range of motion
• Ask your surgeon for a referral to a physical therapist, if needed
What Can You Expect?

At Home:
Fuel your recovery

• Eat lean protein, fruits and vegetables
• High fiber to avoid constipation
• Stay hydrated
• Avoid alcohol (especially if you’re taking pain meds)
• Minimize sugar
• Don’t smoke (quit 6-8 weeks before/after surgery)
What Can You Expect?

At home:
Get back to driving

• You no longer need pain medication
• You have your doctor’s okay to drive
• You can turn the steering wheel without pain
• Place a rolled up towel or small pillow between chest and seat belt
What Can You Expect?

At Home:
Emotional recovery

• As important as physical recovery
• You’re going to look and feel differently for a while
• Give yourself time to deal with:
  - diagnosis
  - losing breasts
  - flat chest/new breasts
What Can You Expect?

At Home:
Emotional recovery

• Focus on the positive
• Sing (really!)
• Journal or blog
• Meditate to reduce stress/anxiety
• **Talk:** to family, friends, clergy, FORCE message boards, support groups
What Can You Expect?

At Home:
When to contact your physician

- Persistent pain that is not relieved by medication
- Fever of 100+ degrees or chills
- Excessive bleeding or swelling
- Redness beyond the dressing
- Discharge or bad odor from incision
- Allergic or other reactions to medication
- Unresolved constipation
- Anxiety or depression
What Can You Expect?

When Can You?

Go home: 1-2 days (up to 4/5 days after reconstruction)

Have sutures removed: 7 – 10 days

Shower: When sutures are removed

Stop taking pain medication: After several days

Start driving again: 2+ weeks (No pain, normal movement)

Wear a prosthesis: 6 – 8+ weeks (incision fully healed)

Resume normal activities/work: 4 – 6 weeks
Potential Post-op Complications
Most women recover from mastectomy without long-lasting or lingering problems

All surgery has potential for risk...

...and sometimes complications do occur
Potential Post-op Complications

Know what to look for

- lingering pain
- unusual swelling
- redness
- fever
- wound discharge

Advise surgeon immediately of any problem
Potential Post-op Complications

Problem: “Frozen shoulder”
Lack of use shortens muscles that support shoulder joints, reducing range-of-motion and mobility

Solution: - Appropriate daily arm/shoulder exercises
- Gradually increase range of motion
- Physical therapy
Potential Post-op Complications

**Problem:** Slow wound healing
- Effects of chemo, radiation
- Infection from smoking, circulatory issues
- Chronic health conditions

**Solution:**
- Give your body extra time to heal
- Focus on nutrition to promote healing
- Practice good hygiene to avoid infection
- Revisit surgeon
Potential Post-op Complications

**Problem:** Cosmetic issues

- Divots, bumps, bulges, concave areas
- Asymmetry
- Suture granuloma (immune cells form a mass around internal sutures)

**Solution:** Scar revision, liposuction, fat grafting
Potential Post-op Complications

**Problem:** Poor scar formation
- Hypertrophic (above level of skin)
- Keloids (spread into the skin)
- “Dog ears” (puckers at ends)

**Solution:**
- Corticosteroid injections
- Laser treatments
- Scar revision
Potential Post-op Complications

**Problem:** Hematoma (accumulation of blood in tissue)
- Less likely with electrocautery tools
- Feeling of fullness, discoloration, pain
- Discontinue use of vitamins, aspirin, herbs, blood thinners before and after surgery

**Solution:** If blood isn’t resorbed:
- Place additional surgical drain(s)
- Surgical repair of leaking blood vessel (less common)
Potential Post-op Complications

Problem: Seroma (accumulation of fluid in tissue)
- Buildup of fluid where tissue has been removed
- Swelling, sloshing, fullness, redness, discoloration
- Post-op compression garments decrease likelihood

Solution: If fluid isn’t resorbed:
- Place additional surgical drain(s)
- Drain fluid
- Antibiotics, if infection occurs
- Surgical repair
Potential Post-op Complications

**Problem:** Infection

- Despite sterile environment and antibiotics
- More likely with smokers, health issues, chemo or radiation, expanders/implants

**Solution:** Prevention: Keep wound/surrounding area clean with antibacterial soap; wash hands often
- Drain fluids
- Antibiotics
Potential Post-op Complications

Problem: Necrosis

- Breast skin is fragile and thin after mastectomy
- Some breast skin may die if blood supply fails
- May be hard or discolored
- More likely: smokers, high BMI, circulatory problems, radiated skin

Solution: - Wait to see if problem resolves on its own
- Massage area to soften
- Debride (surgically remove)
Potential Post-op Complications

Problem: Hypersensitivity
- Caused by irritated nerve endings
- Some sensation returns as nerves regenerate
- May burn, tingle, or feel overly sensitive

Solution: Usually subsides in time
- Pain medication
**Problem:** Phantom pain

- Similar to loss-of-limb experience
- Itching, pins-and-needles, burning, tingling
- Brain continues to send signals to nerves that are no longer there

**Solution:**

- Usually resolves in time
- Pain medication (NSAIDs, prescription opioids)
- Pain management specialist
- Biofeedback
Potential Post-op Complications

Problem: Post Mastectomy Pain Syndrome

- Post-operative pain that doesn’t go away
- Burning or dull ache
- Often neuropathic pain from severed sensory nerves in chest or in arm when lymph nodes are removed
Potential Post-op Complications

**Problem:**  Post Mastectomy Pain Syndrome

- Often misdiagnosed, unrecognized or ignored
- Sometimes assumed to be “normal” post-op pain
- May take extra effort to pursue relief
- More common in younger women, after ALND or postmastectomy radiation
Problem: Post Mastectomy Pain Syndrome

Solution:
- CT scan for proper diagnosis
- Capsaicin cream, NSAIDs (OTC)
- Corticosteroids, anesthetic patches/injections
- Neuropathic medicines/nerve blocks
- Antidepressants, anticonvulsants
- Physical therapy
- Acupuncture
- Cognitive behavioral techniques (biofeedback, etc.)

Consult with a Pain Management Specialist
Potential Post-op Complications

**Problem:** Lymphedema

Lymph node dissection and radiation can cause chronic swelling in the arm, hand or shoulder, particularly when axillary nodes are removed or radiated:

**Solution:**
- Compression
- Lymphatic massage
- Corrective surgery