

Enhanced Recovery following Breast Surgery

Introduction

The aim of the Enhanced Recovery Programme is to get you back to full health as quickly as possible after your operation. Research has shown that the earlier you are out of bed, eating and drinking and performing your arm exercises the better. This will speed your recovery and make complications less likely to develop. This leaflet should increase your understanding of the programme and how you can play an active role.

The Enhanced Recovery Specialist Nurse will normally come and talk to you as part of your pre-assessment visit before your operation. If this is not possible, you may be contacted at home or seen on the ward or pre-operative lounge on the day of your operation.

Day of operation

You should eat and drink normally the day before your operation up to mid-night. From midnight onwards you may have clear fluids (fluids which do not have any bits in them or that are fizzy or contain milk) until **07.00 am**. Then you will be **nil-by-mouth**.

Please make sure at 07.00 that you drink 330ML bottle of clear fluids- such as water/apple juice/ Lucozade sport, (clear fluids, which contain no bits/ not fizzy and no milk). If you are diabetic please drink water only.

Before your surgery the Consultant Surgeon or Surgical Registrar will draw an arrow on you with a permanent marker to highlight the site of your operation. You will also be seen by the anaesthetist who will discuss your anaesthetic for the surgery in question. You are also likely to meet the Enhanced Recovery Specialist Nurse and the radiology team who all work very closely together to ensure that you receive a high quality service.

Medications

There are some drugs which you should NOT take the day of surgery. These include ACE inhibitors for blood pressure (drugs like Enalapril, Captopril, Perindopril, and Ramipril) and angiotensin II receptor antagonists also for blood pressure, (drugs like Losartan, Irbesartan, Candesartan and Valsartan).

There is also a larger group of blood thinning drugs which need to be managed correctly (**Warfin, Clopidogrel, Aspirin etc**). Your pre- assessment nurse will advised you correctly on what to do regarding taking of medications.

Your Consultant will also want you to stop your hormone medication if you are taking any (for example Tamoxifen or Anastrozole). This should be stopped a week prior to surgery and must not be re-started until you have been seen in clinic with your results and have discussed this with the Consultant in question.

It is very important that you take all your other medications if not listed above.

Anti-Embolism stockings

You will be required to wear anti-embolism stockings on the day of surgery and for seven-fourteen days post-surgery, unless there is a medical reason. Having an operation can increase your risk of a blood clot. This can occur in your legs (Deep Vein Thrombosis) or in your lungs (Pulmonary Embolism). Compression stockings assist with the blood flow out of your legs and in conjunction with early mobilization will help reduce the risk of a Deep Vein Thrombosis or Pulmonary Embolism.

Smoking

Smoking prior to or immediately after surgery leads to increased risk of complications such as chest infection and wound breakdown, wound infection and skin necrosis. Indeed certain types of major breast reconstruction surgery are not able to be carried out in smokers. Heavy smokers are also prone to a condition called peri-ductal mastitis which affects the nipple and surrounding skin. You're GP or Practice Nurse or your Enhanced Recovery Specialist Nurse in Breast Surgery should be able to give you advice and support to cut down on smoking before your operation.

Exercise

Activity is encouraged from day one of your surgery. Try to get out of bed as soon as possible; nursing staff are available to assist and advise where needed.

Benefits of early mobilisation include:

- To reduce the risk of developing a deep vein thrombosis (DVT).
- To reduce the risk of developing a chest infection.
- Improve wound healing.

On the day of your operation you should aim to have supper in your chair **depending what time you come back from surgery**. By being out of bed and in a more upright position and by walking regularly, lung function is improved and there is less chance of a chest infection as more oxygen is carried around the body.

Individual patients will go home the day of their operation whilst others will be discharged the day after. Your surgeon and Enhanced Recovery Specialist Nurse will discuss this with you.

Monitoring

Many different things will be monitored during your treatment including:

- Blood pressure, pulse and temperature
- Breathing
- What you are drinking
- What you have eaten
- If you have passed urine
- checking your dressings
- Pain assessment
- Mobilisation
- Your drains will be monitored (If applicable).

Eating and drinking

Good nutrition is perhaps the most important element in the enhanced recovery process- both before and after surgery. This will assist with the healing of your wound and reduce the risk of infection as well as improving your general recovery. It is important that when you have surgery your body is well nourished as possible. Vitamins and minerals aid the natural wound healing process, so a well-balanced diet is essential.

An hour or two after your operation

You will normally be offered a drink and if you are tolerating this you may be later given food. Eating and drinking, as soon as you feel able to after your operation will aid your recovery from surgery. However it is important that you don't force yourself to eat and drink if you are feeling sick or unwell.

Sickness

Following your operation you may feel sick, although, this can be easily treated. You will be given anti-sickness medicine during your operation, tell the nursing staff if this is a problem for you as further treatment can be given. It is important to relieve sickness, not only for you to feel better but so you don't get any other complications and to also help you to eat and drink sooner hence aiding your recovery.

Pain Control

Everybody's pain is individual. Throughout your stay nurses will assess your pain and make changes to your pain killers where needed. It is extremely important for your pain to be controlled allowing you to rest comfortably, take deep breaths, and cough effectively, to move and mobilise effectively with only mild pain.

Good pain relief helps patients recover from surgery more quickly. The doses of painkillers which we give are set within safe limits but every individual is different, we may need to give more or less pain relief to achieve the desired effect. **If you feel that the doses are not strong enough, or not lasting enough, please discuss this with the nurse or doctor looking after you.**

Drains

After breast surgery you may have one or more surgical drains in place near your wound. A drain is a small tube that goes under your skin and is held in place by a stitch. These can sometimes be a bit uncomfortable but they are an important part of your recovery and help the healing process.

Having drains in place can cause individual patients anxiety when being discharged home. A discussion will take place in pre-assessment clinic with the Enhanced Recovery Specialist Nurse to relieve any anxieties.

To reassure you it is completely safe to go home with drains in place.

The nurse on the ward will refer you to the district nurse, who will visit every day following discharge until the drains are removed.

Patients who have the following operations will have drains in place.

- **Mastectomy and Axillary Node Clearance**
- **Mastectomy and Sentinel Lymph Node Biopsy**
- **Wide local excision and Axillary Node Clearance.**

Please bring in a gift bag so your drains can be placed in them making it easier you to mobilise.

Your wound

The dressings used are mostly waterproof. Your Enhanced Recovery Specialist Nurse will advise re showering/ washing on discharge. You will have dissolvable stitches. You need to make an appointment with your Practice Nurse at your GP surgery to remove your dressing and check your wound 12 to 14 days following your surgery.

Bruising and swelling

Bruising is common after surgery but will disappear over time. Swelling is also very common as it is a normal part of the healing process. **Wearing a bra without an under wire, can help. A under wire bra is also suitable if it isn't going to rub the affected area. Please bring one in with you (for those patients not having a mastectomy) this is to be worn day and night for up to two weeks.**

Stiff shoulder

Your arm and shoulder on the operated side may feel stiff and sore for some weeks. Your Macmillan Breast care Nurse Specialist will have given you a leaflet with some gentle exercises to help you start to get back the range of movement you had before surgery. **It is important to start these the day after your operation.**

Sensations

There are a variety of sensations following breast surgery more so if your lymph nodes have been removed. These are numbness, tingling, burning, pins and needles, aching and heaviness are all very common. There can also be a short sharp shooting pain in the breast and underarm or scar area and occasionally an "Itchy nipple" sensation following a mastectomy. This is nothing to worry about and for most people and will resolve over a period of months. It is safe to use your arm as normally as possible even when feeling numb.

Breast Prostheses

For Mastectomy patients you may wish to wear breast prosthesis (a false breast form). **It is important that you bring a post-surgery pocket bra into hospital with you.** Your Enhanced Recovery Specialist Nurse will fit you with this prosthesis day after the day of your operation. Six weeks after your surgery you need to contact surgical appliances to be fitted for your permanent silicone prosthesis. The Enhanced Recovery Specialist Nurse will inform you of this date there number is **0300 131 4500 Ext: 148547 or 07971131913**

Complications

These do not happen very often, but it is important that you know what to look for during the first few weeks after surgery.

If you are concerned about anything, please contact the Enhanced Recovery Specialist Nurse (Connie Bowyer) on 0300 131 4500 Ext: 147269 or 07971131913 on Wednesday or

Thursday, or Friday. If no reply, please leave a message. Out of these hours contact the Macmillan Clinical Nurse Breast Specialists, (Juliette Twyman or Louise Hunter), your GP or out of hours service e.g. NHS 111 for advice.

Wound

It is unlikely that you will get a wound infection after your breast surgery but it is important to know what to look for. Any of the following symptoms could indicate an infection:

- **The wound feels tender, swollen and warm to touch or redness in the area.**
- **Discharge from the wound**
- **Feeling unwell and having a raised temperature.**

If you have any of these symptoms please get an emergency appointment with your GP or out of hours service (e.g. NHS 111). Please leave a message on the answer phone of the Enhanced Recovery Breast Care Nurse to update on the situation but do NOT wait for a return call before contacting your doctor.

If you develop any of the above symptoms within 24 to 48 hours of the drain being removed it is important that you are reviewed.

Seroma

Sometimes once the drain is removed a collection of fluid can develop in the breast or under the arm. This is called a seroma, this is not a serious issue; it is normal fluid which the body has not yet found an alternative way of draining. A seroma is normally re-absorbed over a period of time but can take several weeks or even months. If it is causing a lot of pain and discomfort it may need to be drained. This is a simple procedure which can be done as an out-patient; this is not usually painful and is not classed as a **medical emergency**. Please contact your Enhanced Recovery Specialist Nurse and she will arrange for your seroma to be drained. **You ONLY need to be reviewed by a GP or the Emergency department if you feel unwell and the area (seroma/swelling) is red and inflamed.**

How soon will I be able to resume normal activities?

Once you get home from hospital, you can try to do a little more physical activity each day. Try not to set yourself enormous tasks and remember to rest between them; your body needs time and energy to recover. You should be able to return to most of your normal activities within a few weeks of your operation but this will vary from person to person and it is helpful to take things gently at first, and try to avoid strenuous housework such as vacuuming, ironing or carrying heavy shopping for the first 1 or 2 weeks. You may have more discomfort and stiffness as you begin to move your arm and become more active. This usually improves naturally over time. Eating well will also help your body recover and your wound to heal and a healthy balanced diet is recommended.

When will I be able to drive?

Depending on the type of surgery you have had you may be advised to avoid driving for between one to four weeks. It is important to wait for your wound to heal before you start driving and if you have a large amount of swelling allowing this to resolve first may make driving easier and more comfortable. It is important that before you start driving again you feel safe and confident that you can handle your car in the event of an emergency. It is advisable to start with short journeys and it may be useful to have a companion with you at first. Breast surgery does not exempt you from wearing a seat belt and this may be uncomfortable. To alleviate this you may try using a small cushion or placing extra padding around the seatbelt or purchasing a

seatbelt clip (available from motoring stores). You may also want to check with your insurance provider that you are covered.

When can I return to work?

How soon you return to work will vary depending on your job and any follow on treatments you require as well as your progress recovering from your surgery. Most people will usually require at least four to six weeks off work and then will be able to reassess the situation as more information becomes available. If you feel you want to return to work earlier than this and are feeling fit and well then you can.

Useful Contact Information

ERAS Specialist Nurse in Breast Surgery - Connie Bowyer: Tel: 0300 131 4500 Ext: 147269
Working days - Wednesday and Thursday answer phone available please leave a message and I get back to you.

Macmillan Clinical Nurse Breast Specialists - Louise Hunter: Tel. 0300 131 4500 Ext: 148291 - Juliette Twyman: Tel. 0300 131 4500 Ext: 148063.

Breast Secretary's

Secretary to Miss Shah: Tel. 0300 131 4500 Ext: 148655

Secretary to Mr Subramanian: Tel 0300 131 4500 Ext: 148515

Sources of information

E.g. specialist nurse, ward, consultant secretary, self-help group, national bodies or Web site addresses.

Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team - Tel: 0300 131 4731 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4500 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:

- Miss Shah: Consultant Breast Surgeon
- Mr Subramanian: Consultant Breast Surgeon
- Mrs Bolton: Consultant Anaesthetist

The Clinical Specialty/Unit that have agreed this patient information leaflet:

Diagnostics, Anaesthetics and Surgery Division

Next review date: May 2023

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