



POST-OPERATIVE INFORMATION SHEET

BREAST CONSERVING SURGERY (LUMPECTOMY)

What happens after my operation?

If Dr Lancashire has arranged for you to stay in hospital overnight, you will be transferred from the operating theatres to the surgical ward. You will have a waterproof dressing over your wound(s). If you had a sentinel lymph node biopsy, there may also be some blue staining on the skin around the nipple (from Blue Dye used in a sentinel lymph node biopsy) which will fade over time. Your urine may also be a blue-green colour for 24 hours.

Relatives are permitted to visit you on the ward on the day of your surgery. It is recommended that all guests check visiting hours with the hospital so that patient rest periods aren't interrupted.

In some instances, patients may be able to go home on the day of their surgery. Dr Lancashire will have discussed whether this is appropriate for you prior to your operation.

Managing pain or discomfort

- People will experience different levels of discomfort and pain after surgery. This is quite normal
- Many people are surprised how little pain they have after breast surgery
- Your anaesthetist will talk to you about pain management before your operation
- There will be pain medication available for you to ask for on the ward after your operation, and Dr Lancashire will prescribe pain relief for you to take home if you require it

Caring for your wounds / stitches

- Your wound will have been stitched closed with dissolving sutures - they will not need to be removed
- The wound will be covered with a waterproof dressing. Dr Lancashire recommends leaving them on for at least 7 – 14 days but will review them at your post-operative appointment
- You can shower normally with waterproof dressings but avoid soaking them in the bath
- It is not unusual to notice some dry blood under the dressing. This will not cause any problems
- Smoking can increase the risk of wound complications and delay wound healing
- Dr Lancashire will review your wound at your post-operative appointment and will give you information about your wound management and ways to minimize long-term scarring



Dr Ben Lancashire

BSc, MBBS(Hons), MS(Advanced Breast Surgery), FRACS, FACS
SPECIALIST BREAST, ENDOCRINE & GENERAL SURGEON

P (07) 3054 0694 E reception@breastendocrine.com.au
F (07) 3054 0400 W www.breastendocrine.com.au

Mater Private Clinic
Suite 6.03, 550 Stanley Street, SOUTH BRISBANE 4101

Brisbane Medical Specialists
Suite 303, 51 Orford Street TARRAGINDI 4121

Westside Private Specialist Suites
Suite 308, 32 Morrow Street TARINGA 4068

www.breastendocrine.com.au

Drains

- Dr Lancashire will have discussed whether or not you are likely to require a drain before your operation (a drain is fine plastic tubes coming out from under the skin).
- Drains are designed to help remove the build-up of fluid under the skin after surgery
- It is uncommon to have a drain for breast conserving surgery unless you have had an oncoplastic flap or an axillary dissection
- Occasionally, the drain may be removed before you leave the hospital
- Nursing staff will teach you (or a carer) how to measure the volume and empty the bag
- You will be provided with empty drainage bags and a carry bag before you leave hospital if required
- Dr Lancashire usually removes the drains when there is less than 40ml on two consecutive days, but will give you instructions specific to your operation
- A dislodged drain is not a cause for alarm. If your drain is accidentally dislodged, contact Dr Lancashire and he will give you advice on the best way to manage this

How long will it take for me to recover?

- Your recovery will depend on the type of surgery you have as well as your general health
- It is important to have someone drive you home from the hospital
- Dr Lancashire will provide a medical certificate for your time in hospital and your recovery period

Resuming activities

- It is not uncommon to have reduced energy levels and fatigue after a new diagnosis of breast cancer and the physical demands of surgery
- You can begin low impact exercise (for example, walking) immediately after your surgery
- Avoid lifting anything heavy (over 5kg) for 2 weeks after surgery
- Dr Lancashire will have arranged a physiotherapist to see you in hospital if you have also had axillary surgery
- Feel free to contact us if you have any questions or concerns regarding activities you wish to resume or commence immediately after your surgery.

Miscellaneous post-operative issues

- Driving
 - As a general rule, you should not drive for at least 1 – 2 weeks after surgery
 - You must be able to comfortably wear a seatbelt
 - You must not be taking any pain medications
 - You must be able to move your head, neck, shoulders and arms freely
- Deodorant & Shaving
 - Avoid shaving for a month if you have a wound in your axilla
 - Roll-on deodorant may be easier to apply because you can avoid the wound
 - You may wash and clean the area in the shower normally
 - Sometimes the sensation in the armpit may be altered or reduced following axillary surgery so it is recommended that you obtain help if you are unable to shave with the aid of a mirror



Dr Ben Lancashire

BSc, MBBS(Hons), MS(Advanced Breast Surgery), FRACS, FACS
SPECIALIST BREAST, ENDOCRINE & GENERAL SURGEON

P (07) 3054 0694 E reception@breastendocrine.com.au

F (07) 3054 0400 W www.breastendocrine.com.au

Mater Private Clinic

Suite 6.03, 550 Stanley Street, SOUTH BRISBANE 4101

Brisbane Medical Specialists

Suite 303, 51 Orford Street TARRAGINDI 4121

Westside Private Specialist Suites

Suite 308, 32 Morrow Street TARINGA 4068

www.breastendocrine.com.au

Post-operative problems

The following issues may be encountered following any form of surgery:

- Wound Infection
 - Redness, swelling or pain not relieved by simple pain relief
 - Discharge from the wound
 - Feeling generally unwell or a fever over 38 degrees
 - Most simple wound infections can be managed with a course of tablet antibiotics
 - You should contact Dr Lancashire's rooms if you have symptoms or signs of a wound infection
- Bruising or haematoma
 - Bruising is common after every type of surgery
 - Most bruising disappears within a couple of weeks
 - Sometimes a large bruise/blood clot can form under a wound (haematoma)
 - Most small haematomas will resolve slowly over time
 - Rarely, a return to the operating theatre may be required
- Seroma formation
 - This is a build-up of fluid under the skin
 - It most commonly occurs under a mastectomy or axillary clearance wound
 - It often presents as a "fullness" under the wound
 - The body will reabsorb small amounts of fluid but sometimes this will need to be drained (aspirated) by Dr Lancashire. This is simple and almost painless. Occasionally, aspiration may need to be repeated a number of times
- Changes in sensation
 - You may develop reduced or altered sensation in the armpit after surgery on the lymph nodes
 - This often improves over time depending on the extent of the surgery, however, there can be degree of permanently altered sensation to that area of skin

When should I contact Dr Lancashire?

You can feel free to contact Dr Lancashire's rooms at any time. He would like to know if you have any concerns before or after your surgery.

If you have any of the above symptoms, please don't hesitate to call for advice or reassurance.

Useful contact numbers:

- Dr Ben Lancashire's Rooms: (07) 3054 0694
- Mater Breast Cancer Centre: (07) 3163 1166
- Mater Private Emergency Centre: (07) 3163 1000
- Mater Private Hospital Switchboard: (07) 3163 8111
- Greenslopes Private Emergency Centre: (07) 3394 7654
- Greenslopes Private Hospital Switchboard: (07) 3394 7111

