

YOUR OPERATION AND RECOVERY

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About this booklet

This booklet is for anyone going into hospital for breast cancer surgery. It covers what to expect before you go into hospital, during your stay, when you have returned home and during your recovery from surgery.

You may have lots of questions about what to take with you into hospital or how long it will take to recover from your surgery. We hope this booklet helps you feel more prepared about what to expect.

For information about the different types of breast surgery and reconstruction options, you can order our booklets **Treating primary breast cancer** and **Breast reconstruction**. You may also find our **Breast prostheses, bras and clothes after surgery** booklet useful.

This booklet should be used in addition to any information you have received from the hospital where you are being treated. It's important to follow any specific advice given by your hospital.

Talking through your surgery options

Some people are given a choice about which operation to have. Others may be recommended a specific operation.

Make sure your treatment team answer any questions you have about your breast cancer surgery in time before your operation. You can find a list of suggested things to ask at the end of this booklet.

Making choices about your surgery can be difficult and it's important to make decisions based on what feels right for you.

Taking a little extra time to think about the options and discussing them with your partner, friends, family or GP will make no difference to your outcome.

If you have contact details of a breast care nurse, you can call them to discuss any questions or concerns about your operation.

Finding support

This can be a worrying time for you and your loved ones.

You can call our free confidential helpline on **0808 800 6000** to talk through any concerns you have.

Our Someone Like Me service can put you in touch with someone who has experience of the issues you're facing.

The NHS website (nhs.uk) has lots of information about mental health, including a section called Every Mind Matters which has tips to help improve your mental wellbeing.

You could also contact your breast care nurse or GP if you feel you may benefit from some counselling.

Before going into hospital

Going into hospital may be a new experience for you and you might feel anxious, particularly if you're not sure what to expect.

You can talk to your treatment team if you have any concerns. There's a list of questions you may want to ask them on page 32.

Pre-assessment

You'll usually be asked to attend a pre-assessment clinic shortly before your surgery date.

Sometimes this assessment is done once you're in hospital for your operation.

If you're having breast surgery, you'll normally have a general anaesthetic (where you are put to sleep).

Before you're given a general anaesthetic your overall health will be checked.

Information you'll need to bring

You'll need to bring the following information with you:

- Contact details for your GP
- Contact details for a relative or friend
- Details of any medication you are taking, the dose and how long you have been taking it for
- Details of any current or past conditions, treatments or operations
- Any forms you have been sent to fill in and bring to the appointment

You'll also need to tell the person doing the assessment about any allergies you have.

Tests you may have

The assessment may include:

- Blood tests
- Electrocardiogram (ECG): a test that measures the electrical activity of the heart and detects any possible problems
- Blood pressure
- Temperature
- Pulse
- Screening for MRSA (a type of bacterial infection)
- Chest x-ray
- Urine test
- COVID-19 lateral flow test (your treatment team will decide the best time to do this)

If any health conditions are found by the pre-assessment or you have any other health problems, you may need further assessment and more tests.

The time taken to do these may delay your surgery for a short while. You might feel anxious about any delay. However, it shouldn't make a difference to the outcome of your treatment and it's important to make sure it's safe to have your operation.

Medication

You'll be asked if you're taking any medication.

Sometimes, if you're taking blood thinners (anti-coagulants) or tablets to reduce the size of the cancer (hormone therapy), your doctors may ask you stop them a few days before the operation. If you're taking either of these, tell your treatment team as soon as you get your operation date.

If you're nervous about the anaesthetic, you can ask if a mild sedative can be prescribed to help relax you before the procedure.

If you smoke

If you smoke, you may be asked to cut down or stop smoking to help your recovery from the anaesthetic and surgery.

Other information

At the pre-assessment the nurse will explain the procedure you'll be having.

They will also tell you whether you'll need to have an injection of radioactive dye before the operation. This is used if you're having a procedure known as a sentinel lymph node biopsy.

Eating and drinking

You'll be told if you need to stop eating and drinking before the operation.

It's important to follow these instructions so your stomach is empty when you go into surgery.

What to take with you

What to take with you will depend on how long you need to stay in hospital after your operation.

Many people have day surgery and are discharged to go home the same day as their operation. Even if this is the case, you may want to take some extra things in case you need to stay unexpectedly.

The hospital may give you a list of essential items to bring, but the following information may also help.

Clothes

If possible, choose loose-fitting nightwear that's simple to put on and take off, and allows easy access to the breast or chest and armpit. This will help the nurse check your dressings after surgery.

Pyjamas or nightdresses that open fully down the front are the most convenient as pulling clothing over your head can be difficult after surgery.

You may have plastic tubing, called a drain, running from where you had your surgery into drainage bottles or bags (see page 16). This may make longer nightwear awkward. It may help to have a dressing gown with pockets so the drain can be put in the pocket.

Normally you don't have to stay in your nightwear while in hospital. Most people wear everyday clothes.

As with nightwear, it's helpful to choose clothes that are loose, comfortable and easy to put on and take off, with the breast and armpit easily accessible.

A pair of slippers, flip flops or shoes may also be useful.

Bras

For women, it's a good idea to bring a supportive and comfortable bra to wear after your operation. Your breast care team will advise you when you can start wearing it again.

It may be more comfortable to wear a crop top or a front-buttoning post-surgery bra.

For the first few weeks, you may find it helpful to wear your bra at night as well as during the day for support.

Wait until you've seen your treatment team after surgery to be measured for a correctly fitting bra. Your size often changes soon after surgery because of bruising and swelling.

When going for a bra fitting, you may want to let the fitter know about your breast surgery. An experienced fitter can usually advise you on bra styles to suit you.

Tips for choosing the right bra

Your current bras may be suitable so you might not need to buy new ones. However, the following tips might help you choose a bra to wear after your operation, depending on the operation you're having.

Your surgeon or breast care nurse can also advise you on choosing the right bra.

Comfort

The most important thing is that your bra is comfortable. It should fit snugly but should not be too tight. Front-fastening bras or vest tops with support panels can be useful.

Underwired and tight bras may rub or dig in, so it's best to avoid them until the area that has been operated on has healed.

After surgery, lace bras can sometimes be scratchy, uncomfortable or irritate the skin.

Size

Some women find it more comfortable to wear a slightly larger size bra immediately after surgery because of temporary swelling and discomfort that may occur.

You could also use a bra extender, which is an extra piece of fabric that can be attached to the back of the bra to make it longer. You can find these online, in some department stores or shops that sell fabric and sewing materials.

Support

If you're having breast reconstruction it can be helpful after surgery to wear a bra with good support and adjustable straps. Your surgeon or breast care nurse will advise you on the type of bra most suitable for you and when to wear it.

For more information on bras see our booklet **Breast prostheses, bras and clothes after surgery**. You may also want to read **Your guide to a well-fitting bra**.

Toiletries

Take all your usual toiletries and a towel (sometimes these are provided). Wet wipes may also be useful.

You may want to avoid using deodorant, talcum powder or body lotion immediately before surgery. After the operation, it's important not to apply these to the area until your wounds are fully healed.

Money and valuables

Hospitals have different policies about taking money and valuables onto patient wards.

If possible, take a small amount of money or a debit or credit card so you can use the bedside phone, the TV or access the internet.

It's sensible to leave valuables such as jewellery at home. You'll usually be able to leave a wedding ring on during your operation, but it will be taped over before surgery. If it's very loose you may be asked to remove it.

Books, magazines and electronic devices

Some people like to bring something to read with them.

There's often a hospital shop where you can buy papers and magazines. In some hospitals there's a trolley service you'll be able to buy these from.

You may also want to bring a mobile phone or a tablet to listen to music or watch a film. If you do, take headphones so you don't disturb others.

In many cases you'll be able to use your mobile phone but you may need to put it on silent and avoid using it if it could disturb other people. You or your visitors may sometimes be asked to turn off your mobile phones to reduce noise on the ward.

Food and drink

You can usually take some of your own food and drinks into hospital with you. Drinks and snacks are also available in most hospital shops.

Most specific diets are catered for in hospitals but let the ward staff know your needs.

Sometimes visitors will be allowed to bring in takeaway or home-cooked food for you, but discuss this with the ward staff first.

Medicines

If you're taking any medication, bring this with you into hospital.

Discuss any medicines or herbal supplements you're taking with your treatment team before you're admitted to hospital.

Ask at pre-assessment which, if any, of your medications you should take on the morning of your operation. Some medications will need to be taken, while others are best taken after your surgery.

If you have any questions about preparing for surgery or are unclear about any instructions you have been given (such as stopping eating and drinking), you will usually be given a telephone number at your pre-assessment appointment that you can call.

Prehabilitation

Recent research has shown increasing mild forms of activity before surgery, such as walking, swimming and cycling, may help in the recovery period, both physically and mentally.

You may hear this referred to as prehabilitation.

Your treatment team may offer you a prehabilitation programme before your surgery date.

Going into hospital

You may need to ring the admissions department before going to the hospital to make sure there's a bed available.

You should be given details of where to go and who to speak to when you arrive.

Rarely, it may be necessary to cancel your operation due to unforeseen circumstances. If this happens, your treatment team will discuss another date with you.

If you still have questions about your operation, it's best to speak to your breast care nurse. If you cannot do this for any reason, write your questions down and take them with you to ask your consultant on the day of your operation.

Check your hospital's visiting policy with the ward staff when you're admitted. Each ward has its own policy on visiting and how many people can visit at a time.

If you're admitted for day surgery, you'll be told when and where you can be picked up.

Before surgery

You will usually be admitted to the hospital on the morning of your operation or occasionally the day before.

A doctor from the surgical team will talk to you about your operation and discuss what has been planned.

Giving consent

If you have not already signed a consent form, you'll be asked for your written consent. This confirms that you understand the benefits and risks of your surgery, and what you are agreeing to.

If you're unsure about anything, don't be afraid to ask the doctor to explain further.

Tests

If you have not had any tests done in advance (see 'Pre-assessment' on page 5) they will be done once you have been admitted. The aim is to check you are fit for surgery and a general anaesthetic.

Preparing for surgery

Follow any instructions you're given, such as when to stop eating or drinking before the operation.

You'll usually be asked to remove any nail varnish and makeup before surgery.

It's common for the surgical team to use a marker pen to draw on your skin to mark the site of the operation.

Some people have a thin wire inserted into their breast to mark the position of the area to be removed during surgery. This is known as wire localisation and is done using local anaesthetic. A mammogram or ultrasound scan shows where to place the wire.

You might be given elasticated support (anti-embolism) stockings to wear during, and for a short time after, your operation. They reduce the risk of harmful blood clots forming.

Some people are given a series of injections after their operation to reduce this risk further.

If either of these are recommended for you, a member of your medical or nursing team will discuss them with you in more detail.

Your anaesthetist (who will give you the anaesthetic), will also usually visit you on the ward before your surgery. If you're feeling anxious and would like some medication to relax you before the operation, this is the time to ask.

Before going into the operating theatre for your surgery, the nursing staff will check:

- Your name band
- Whether you have any allergies
- When you last ate and drank
- That you have a theatre gown on
- Whether you have jewellery or body piercings
- That you are not wearing any nail varnish or makeup
- Whether you have any crowned, capped or false teeth
- Whether you are wearing contact lenses

If you have any jewellery, the staff will discuss with you whether it can be secured with tape or will need to be removed before the operation and possibly placed in the ward safe.

If you have false teeth you'll probably need to remove these before going to the operating room.

If you wear glasses or use a hearing aid, you may be able to wear these to the anaesthetic room, where you'll be asked to remove them. It's a good idea to have these items clearly labelled with your full name.

Having an anaesthetic

You'll be taken to the anaesthetic room where the theatre checklist will be done again, this time by the theatre staff.

Next you will be given a combination of drugs into a vein. This will usually include an anaesthetic, pain relief and anti-sickness drugs.

You'll usually be asked to take deep breaths and as the anaesthetic takes effect you will fall into a deep sleep.

Once you are fully anaesthetised you will be taken into the theatre.

After surgery

Most people recover well after surgery with few major side effects.

Waking from anaesthetic

Some people wake up quickly from the anaesthetic while others can feel very sleepy for several hours afterwards.

While you're waking up you may be wearing an oxygen mask or nasal cannula (short, soft-tipped tubes in the nostrils) to give you extra oxygen.

You may have a blood pressure cuff on your arm and a small device clipped to your finger so your blood pressure, pulse and oxygen level in your blood can be checked.

You may also be given fluids through a drip in a vein until you can drink normally.

You might find this equipment restricting, but you'll usually only have it for a short time.

The nursing staff will also check your wounds regularly.

If you've had a longer operation, for example one involving breast reconstruction, you may have a tube inserted in the bladder to collect urine (urinary catheter). This will be removed as soon as possible, usually when you can get around on your own.

Drinking after your operation

When you feel able, you can drink some water. The staff on the ward will advise you about this.

It's best to start by taking a few sips and gradually drink more. Once you're drinking without any problems, you can then usually start eating.

Getting out of bed

You'll be encouraged to get out of bed soon after surgery once you feel able.

People can feel dizzy immediately after their operation because they may have lost some blood or because their blood pressure is low.

The nursing staff will advise you on whether you should call for help if you need to get out of bed and how far you should walk.

Caring for yourself

Most people can care for themselves by the morning after surgery.

This may take a bit longer if you have had a longer operation, such as breast reconstruction, particularly if the surgery involved transferring tissue from your tummy or your back. You can read more about recovery from reconstruction surgery in our **Breast reconstruction** booklet.

Arm and shoulder exercises

To help you regain arm and shoulder movement after surgery, your breast care nurse or a physiotherapist will give you some exercises to do.

You should start these arm and shoulder exercises ideally the day after your surgery. If you're having breast reconstruction, this may not be the case and your surgeon or physiotherapist will advise you about this.

See our **Exercises after breast cancer surgery** leaflet for more information on arm and shoulder exercises.

Dealing with drains

Fluid can build up around the wound after the operation.

You may have wound drains inserted during the operation. These are tubes that drain blood and fluid from the wound into a bottle or small bag.

You can walk around with the drains in.

Some people can go home with their drains in. They will either return each day to have them checked and the content measured, or in some hospitals patients or their carers will be taught how to do this.

These drains will stay in for up to a few weeks, depending on the type of surgery, and will be removed by a member of the treatment team as soon as the drainage is minimal.

Not everyone who has breast surgery will have wound drains.

Dressings and stitches

After your surgery you will have an adhesive dressing applied to your wound.

Let your treatment team know if you have any allergies to certain dressings or if your dressing causes a skin reaction.

You may have dissolvable stitches that don't need to be removed, or non-dissolvable stitches that need to be removed seven to ten days after surgery.

You may also have paper stitches (steristrips) that will need to be removed.

Sometimes a thick, firm dressing, called a pressure dressing, is also applied to help reduce swelling or bleeding initially after surgery. Pressure dressings are usually removed after a day or two.

Your treatment team should tell you how to care for your dressings.

Possible after effects of surgery

On the following pages are some of the common after effects of surgery.

Not everyone will have them and they're usually temporary or can be controlled.

Talk to your treatment team or breast care nurse if you have any concerns about these.

Pain and discomfort

You're likely to have some pain or discomfort after surgery but everyone's experience is different.

There are different types and strengths of pain relief.

Pain relief can be given as:

- Tablets
- Suppositories: waxy pellets placed into your rectum (back passage)
- Injections

You'll be given pain relief according to your needs. It's important to take it as prescribed.

Some people find changing position and using pillows to support the wound can help reduce pain or discomfort.

Sometimes pain relief may be given through a device called a PCA (patient-controlled analgesia). This is a pump designed to give pain relief straight into your vein when you press a button. It is usually removed a day or two after surgery. This is commonly used if you are having breast reconstruction.

Many people experience pain, numbness and a burning sensation as a result of temporary damage to the minor nerves under the arm and scar area.

If you're in any pain while in hospital tell the ward staff. You may need a strong dose of pain relief, or a different type.

If you don't feel your pain is controlled when you're back at home, contact your hospital team or GP.

Feeling sick

Not everyone will feel sick (nausea) after surgery. Some people are more likely to do so than others, for example people having very long operations such as those involving breast reconstruction.

Any sickness is usually only short term.

Anti-sickness drugs (anti-emetics) given as a tablet or injection can help relieve nausea, so tell the nursing staff if you feel sick.

Bruising

Bruising is common after surgery but will disappear over time.

Swelling

Swelling soon after the operation is common and will usually settle over time. Your treatment team may call this swelling oedema.

The swelling may affect your breast, chest wall, shoulder and arm.

It's a normal part of the healing process and should lessen six to eight weeks after your surgery.

Women may want to wear a supportive bra day and night if the swelling is uncomfortable and feels heavy.

If the swelling doesn't go away, talk to your breast care nurse.

Seroma

After surgery some people develop a collection of fluid called a seroma.

This normally occurs under the arm or in the breast or chest wall and is usually reabsorbed by the body over time.

Seromas can also occur in the tummy area if tissue has been taken from here for reconstruction.

If the seroma causes discomfort or doesn't reduce or go away, your specialist or breast care nurse may decide to draw off (aspirate) the fluid using a syringe and needle.

Sometimes a seroma will refill after it has been aspirated so it may need to be aspirated several times over a few weeks before it goes away completely.

This is usually a painless procedure as the area is likely to be numb.

If the seroma restricts your arm movement and prevents you doing your arm exercises, speak to your breast care nurse or surgeon for advice.

Wound infection

A wound infection can happen any time after surgery until the wound is completely healed.

It usually takes about two to three weeks for skin to heal and around 10 weeks for any internal stitches to dissolve.

Any of the following symptoms could mean you have a wound infection:

- The wound feels tender, swollen or warm to touch
- Redness in the area
- Fluid (discharge) from the wound
- Feeling generally unwell with a raised temperature

Contact your GP, breast care nurse or specialist straight away if you think you may have a wound infection. You may need a course of antibiotics to stop the infection and discomfort.

Haematoma

Occasionally blood collects in the tissues surrounding the wound causing swelling, discomfort and hardness. This is called a haematoma.

The blood will eventually be reabsorbed by the body but this can take a few weeks.

If a very large haematoma develops after your surgery, your surgeon may suggest removing it by drawing the blood off with a needle and syringe. Occasionally, a small operation is needed to remove it.

Contact your breast care nurse or ward if you have any concerns after you have left the hospital.

Change in sensation

Some people experience pins and needles, burning, numbness or darting sensations in the breast area and down the arm on the operated side. These symptoms are quite common and may last for a few weeks or even months.

The scar may feel tight and tender. This is because the nerves under the arm have to be disturbed to reach the lymph nodes behind them.

If you had a mastectomy, with or without breast reconstruction, you may have similar symptoms in your chest area.

If you had breast reconstruction using a flap of your own tissue you may also feel a change in sensation in the area where tissue was taken from. For more information see our **Breast reconstruction** booklet.

These symptoms are usually temporary and improve with time or completely disappear over a few months. Some people who have had lymph nodes removed are left with some permanent numbness or changed feeling in their upper arm.

If you're concerned about these symptoms, tell your specialist or breast care nurse. Although it may not be possible to relieve all your symptoms, some helpful treatments are available.

Scars

Whatever breast surgery you have will leave some type of scar.

Looking at and feeling the scar for the first time can be difficult. Some people find it helpful to have someone with them when they first look at their scars while others will want to be by themselves. For many people this can take some time.

Getting to know how your scars look and feel will help you notice any immediate and possible future changes.

Scar tissue is produced naturally by the body during healing. At first your scar will feel uneven to the touch and may feel tight and tender. Scars are often initially red but will fade and become less obvious over time.

Your treatment team should be able to tell you when you can start moisturising your scars to help them to heal.

Women may find it uncomfortable to wear a bra or anything that puts pressure on the affected area. As the scars become less sensitive you should be able to wear a comfortable bra.

If you've had a mastectomy you'll also be able to wear a lightweight prosthesis (artificial breast form) as soon as you feel comfortable. See page 26 for more information on prostheses after surgery.

Discolouration in sentinel lymph node biopsy

If you have a sentinel lymph node biopsy including the use of radioactive dye, your breast may be discoloured and your skin may have a blue or grey-black tinge, depending on the dye used.

This is temporary and usually fades slowly, though can sometimes take several months to go completely.

The blue dye usually flushes out in your urine, which will make it look a green colour for a few days.

Stiff shoulder

Your arm and shoulder on the operated side may feel stiff and sore for some weeks. Your breast care nurse or physiotherapist will give you some gentle exercises to help you get back the range of movement you had before your surgery.

Normally you start the exercises as soon as you can, ideally the day after your surgery. It's a good idea to take regular pain relief to help you when doing these exercises.

Our leaflet **Exercises after breast cancer surgery** may also help.

It's important to have a full range of shoulder movement before starting radiotherapy. If you've had or are having breast reconstruction, talk to your breast surgeon or physiotherapist before you start your exercises and follow their advice.

Cording

After surgery, some people develop a tight 'cord' of tissue under the skin, causing pain and restricting arm movement. The cord is not always visible, but can usually be felt.

This cord starts in the armpit and can vary in length. It may just be in the armpit, or may travel down to the elbow or wrist. This 'cording' is also known as axillary web syndrome.

It can appear even months after surgery to the area under the arm.

No one is sure what causes cording, but it may happen when lymph vessels, which carry lymph fluid from the arm, become hardened.

Stretching and massaging the cord can improve your symptoms and you may need physiotherapy to help with this. You'll sometimes be advised to take pain relief before doing the stretches as they may feel uncomfortable.

Cording usually gets better with physiotherapy and exercise. Some people develop cording more than once.

If you have any symptoms you're concerned about, tell your specialist as soon as possible.

Lymphoedema

Lymphoedema is swelling of the arm, hand, breast or chest area caused by a build-up of lymph fluid in the surface tissues of the body.

It can occur as a result of damage to the lymphatic system, for example because of surgery or radiotherapy to the lymph nodes under the arm and surrounding area.

Although this type of swelling can usually be controlled it may never completely go away.

It can occur weeks, months or even years after surgery.

If you're concerned about your risk of developing lymphoedema, talk to your breast care nurse or specialist. For more information see our **Reducing the risk of lymphoedema** booklet.

If you notice any swelling in your breast/chest, arm or hand that doesn't settle after your surgery, tell your breast care nurse. If necessary, they can refer you to a lymphoedema specialist for further advice and treatment.

If you develop lymphoedema, you may find it useful to read our **Managing lymphoedema after breast cancer** booklet.

Leaving hospital

When you can leave hospital

The length of your hospital stay will depend on what sort of operation you had, how you recover and the support available at home.

Some people who have breast surgery without reconstruction are discharged from hospital within 23 hours. You may have your surgery in the morning and be sent home later the same day (day case surgery) or you may stay overnight. This can include people who have wound drains.

Your treatment team will discuss whether this is appropriate for you and will advise you on the amount of time you can expect to stay in hospital after your surgery.

Any support you may need after your discharge will be arranged by the nursing staff, for example the care of wounds and drains.

If you have an operation such as a double (bilateral) mastectomy or breast reconstruction, you may need to stay for up to a week in hospital. Your surgeon will tell you when you are likely to be able to go home. This will depend not only on the type of reconstruction you have but also how you recover from the surgery.

Check before you are discharged who you should contact if you have any of the after effects listed in this booklet, and make sure you have their contact details.

If you have any concerns after leaving hospital and before your follow-up appointment, get in touch with your treatment team.

Follow-up appointment

Before you leave hospital you may be given, or told when to expect, an appointment to attend the outpatient clinic.

At this appointment your surgeon will check your wound and discuss how the operation went, your pathology report (which describes the results of any tests done on tissue removed during surgery) and any further treatment that may be recommended. For more information see our booklet **Understanding your pathology results**.

Looking after your drains and wound

When you leave hospital, follow any instructions you are given about caring for your wound. This will vary from hospital to hospital and depends on the kind of surgery you have.

If you have questions about caring for your wound, or what kind of follow-up care you'll receive, contact your breast care nurse or another member of your treatment team.

At some hospitals you may be discharged with your drains still in place, while in others you are discharged once they have been removed.

The amount of fluid your wound drains have collected will be measured every day. When they are draining only a small amount, they will be removed. They are usually removed after about a week, even if they continue to drain, to reduce the risk of infection.

If you're discharged with your drains still in place, they may be regularly checked at home by a nurse or you may be asked to telephone or return to the hospital each day so the drainage can be checked. This may sound frightening, but if your treatment team suggests it, they will give you all the information and support you need.

Some people find the removal of the drains uncomfortable so you may want to take some pain relief an hour before it's done. A stitch that holds the drain in place is cut and removed and then the tube itself is taken out.

You can usually bathe and shower normally after surgery if you have a waterproof dressing covering the wound. However, it's advisable not to use any soaps or deodorant products on or around the area of your wound.

The ward nursing staff will make any arrangements for the removal of your stitches if they are not dissolvable.

Your wound should heal within six to eight weeks. However, it may take several months for your affected breast or chest area and arm to feel 'normal' again, particularly if you had surgery under your arm. In some cases, the affected area will always feel different.

Prostheses

Women who have had a mastectomy without a reconstruction will be given a lightweight prosthesis (artificial breast form) to wear before leaving hospital.

This is sometimes referred to as a 'cumfie' or 'softie' and is designed to be worn after surgery while the area feels most tender.

Your breast care nurse will arrange a fitting appointment for a permanent silicone prosthesis when the scar area is fully healed. This is usually after four to six weeks, but may vary.

For more information, see our **Breast prostheses, bras and clothes after surgery** booklet.

Recovering from your surgery

Recovery after surgery involves healing, both physically and emotionally, and the time this takes varies from person to person.

Going home can bring mixed emotions. You may feel relief that the operation is over but concern about needing to go back for your results.

You may feel vulnerable because you no longer have the immediate support of the nurses, doctors and the hospital team.

You will be given a contact number for the ward and breast care nurse, in case you want to talk through any issues. You can also call Breast Cancer Now's free helpline on **0808 800 6000** or visit our website for information and support.

Contact your breast care nurse or GP if you're finding it difficult to cope. They may be able to refer you for talking therapies.

Ongoing pain

As you heal, pain and discomfort will usually get better. For most people this happens within a few months. However, for some people it can take longer, which can be frustrating.

Ongoing (chronic) or persistent pain can be caused by damage to the nerves, particularly those under the arm.

There are different ways of controlling this type of pain so discuss this with your treatment team.

Some people benefit from specialist advice so your doctor may refer you to a pain clinic for assessment. There are also courses on pain management held in some hospitals.

Physical recovery

Once you get home from hospital, you can try to do a little more physical activity each day.

Don't set yourself enormous tasks and remember to rest between them. Your body needs time and energy to recover.

Eating well will also help your body recover and your wound to heal. A healthy diet with foods you enjoy is best.

Continuing with arm and shoulder exercises

You might have been given gentle arm and shoulder exercises to do before your operation, and you will usually be advised to continue these afterwards.

You can usually move on to more challenging exercises once any drains have been removed. The nurses on the ward, your breast care nurse or a physiotherapist will advise you.

Sometimes taking pain relief around half an hour before starting the exercises can make them easier.

If you're having radiotherapy after your surgery, it's extremely important to do these exercises so your shoulder does not become too tight and stiff. You'll need to do the exercises for as long as you still have tightness and stiffness after the radiotherapy. It may help to continue doing them even after this.

For further information on exercises, see our leaflet **Exercises after breast cancer surgery**.

Extreme tiredness (fatigue)

Fatigue is different from normal tiredness. It's more extreme and unpredictable, and it's often not improved by a good night's sleep.

Try to take things easy and don't be hard on yourself if you can't do as much as you used to.

Pace yourself if you can. For example, take up offers of help with shopping, transport, childcare or everyday tasks like housework or gardening. Gentle exercise can also help improve fatigue.

You can get more information about coping with fatigue from your breast care nurse, by calling our helpline on **0808 800 6000** or using the Ask our Nurses email service on our website **breastcancer.org**

Macmillan Cancer Support also produces a booklet on cancer-related fatigue and how to cope with it.

Returning to normal activities

You'll usually be advised not to lift or carry anything heavy until your wounds have fully healed.

You should be able to return to most of your normal activities within a few weeks of your operation. However, this will vary from person to person and will depend on the type of surgery you've had.

It can help to take things gently at first. You may have more discomfort and stiffness as you begin to move your arm more and become more active. This usually improves naturally over time.

If you're still experiencing pain that's not controlled with pain relief, contact your breast care nurse or your GP.

Driving

Your treatment team will usually offer advice on when to return to driving.

You need to feel comfortable and safe to do so, as well as being confident that you're able to drive normally.

A small, thin cushion may be helpful if the seatbelt is uncomfortable or rubs. You may also want to check with your insurance provider that you are covered.

Sexual activity

You can begin sexual activity whenever you feel comfortable. However, after breast surgery the areas around where you were operated on may continue to feel sore and your arm may feel stiff for several weeks or longer.

You may find it difficult to touch or hug someone if the wounds from your surgery are still healing or if the area around the scar is uncomfortable.

Returning to work

When you return to work will depend on the type of job you have, the extent of your surgery and any other treatments you will be having.

It may be helpful to plan this once you have had your appointment to discuss your pathology results. Your specialist, breast care nurse or GP will be able to give you more specific advice.

Exercise

As well as the arm and shoulder exercises you're given, it can be useful to begin some gentle exercise, such as walking, to help you maintain a good level of fitness. It's normal to feel tired after surgery so you may need to build up the amount of exercise you do slowly over time.

Before starting or restarting any type of activity, it can help to get guidance from your treatment team or GP. It's best to start slowly and with caution, particularly if the activity is new to you.

Emotional recovery

People will experience different emotions at different phases of their recovery. There's no right or wrong way to feel.

The people around you may expect you to be well when you leave hospital or once you are able to do most of the things you used to.

But there may be times when you struggle to cope or feel on your own. This is common and there are people who can help you.

You can let your family know how you feel so they can support you. It can also help to discuss your feelings or worries with your specialist or breast care nurse.

Sometimes these feelings can last for a while. If you want to talk through your feelings in more depth over time, your GP or treatment team can usually arrange some counselling sessions.

Sometimes it helps to talk to other people who have had breast cancer, whether one to one or in a support group. For more information on our individual or group support services in your area, call our free helpline on **0808 800 6000** or see our website **breastcancernow.org**

Your breast care nurse may also be able to provide information about local support groups.

You might find our online forum helpful for sharing experiences and exchanging tips **breastcancernow.org/forum**

Our Moving Forward courses help people who have completed hospital treatment adapt to life after breast cancer. You may also like to read our **Moving Forward** booklet.

Questions you may want to ask your treatment team

Your surgery

Can I see photos of similar operations?

What will my breast or chest area scars look like?

How long will my operation take?

How long will I need to stay in hospital?

Going into hospital

Should I stop taking any of my medication before coming to hospital?

Do I need to stop eating and drinking before going into hospital?

What type of bra do I need to bring with me into hospital?

After your operation

Will it be painful afterwards and will I be given medication to help?

Will I have any drains and when will they be removed?

What type of dressings will I have?

How do I care for the dressings and drains when I go home?

What arm and shoulder exercises should I do and how often do I need to do them?

Do I need to see a nurse for a wound check and do I have stitches that need removing?

When will I get my pathology results?

Can I have a bath or shower after the operation?

Life after surgery

Will I be able to pick up my children or grandchildren?

When can I drive again?

What household chores can I do when I go home?

When can I play sport or go to the gym again?

Can I go away on holiday? Is it OK to fly? What about travel insurance?

Is there anything I shouldn't do?

Getting support

Who should I contact if I have a problem or concern?

What support is available for people with breast cancer in my area?

We're Breast Cancer Now, the research and support charity. However you're experiencing breast cancer, we're here.

Life-changing support

Whoever you are, and whatever your experience of breast cancer, our free services are here. Whether you're worried about breast cancer, dealing with a diagnosis, working out life with or beyond treatment – or someone you love is.

World-class research

We support over 290 of the brightest minds in breast cancer research. They're discovering how to prevent breast cancer, live well with the disease, and save lives. Every day, they get closer to the next breakthrough.

Change-making campaigns

We fight for the best possible treatment, services and care for everyone affected by breast cancer, alongside thousands of dedicated campaigners.

Could you help?

We don't get any government or NHS funding for our support services or health information. So, we rely on donations and gifts in wills to make our vital work happen. If you'd like to support us, go to breastcancer.org/give

ABOUT THIS BOOKLET

Your operation and recovery was written by Breast Cancer Now's clinical specialists, and reviewed by healthcare professionals and people affected by breast cancer.



For a full list of the sources we used to research it:
Email health-info@breastcancer.org



You can order or download more copies from
breastcancer.org/publications



We welcome your feedback on this publication:
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We're here

Information you can trust, support you can count on

Whatever breast cancer brings, we're here for you.

Whether you're looking for information about breast cancer or want to speak to someone who understands, you can rely on us.

Call **0808 800 6000** to talk things through with our helpline nurses.

Visit **breastcancer.org** for reliable breast cancer information.

Breast Cancer Now

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Patient Information Forum

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