

## **Surgery | Mastectomy Post-Operative Instructions**

### **FOLLOW UP APPOINTMENT**

- Follow-up with your surgeon in 1-2 weeks for your post-operative appointment, or as previously scheduled.

### **PATHOLOGY RESULTS**

- The pathology results from your surgery will take 3 - 5 days to be completed. It may be longer if your surgery was done towards the end of the week. Our office will call you when the results are back, or your surgeon will review the results at your first post-operative visit.

### **INCISION CARE**

- The gauze dressing can be removed three (3) days after your surgery.
- If the gauze bandage gets wet or saturated, replace it with a clean, dry bandage.
- You will have an incision in the side of breast removal in the chest. There are dissolvable stitches under the skin and white tapes called steri strips on the surface of the skin. Let them fall off on their own. There are no sutures at the skin level that need to be removed. Except the ones holding drains in place.
- The incision may feel more dense/harder initially or you may feel a lump. This is expected after surgery and usually resolves over time. The stitches used to close the tissue under the skin are in multiple layers and can cause the fullness. They dissolve on their own.
- Some bruising and swelling around the incision are expected.
- Do not apply lotion, ointment, or cream to your incision.
- There will be one-two (1-2) drains in place. Drains should be emptied at least twice daily. A dressing must be kept around the drains at all times. Drains cannot get wet. Do not shower while the drains are in.
- Wear your elastic corset for at least three (3) days after surgery. You can begin wearing a bra once it feels comfortable for you. Dr. Bumpers will give you a knitted knocker (handmade breast prosthesis) to put in your bra. Once you have healed, he will write a prescription for a prosthesis and bras.
- You may use an ice pack over the incision. Never put ice or an ice pack directly on your skin, wrap in a towel. Do not use the ice pack for more than fifteen (15) minutes at a time. A small pillow positioned in your armpit may also help with the discomfort.
- Your surgeon uses a long-acting local anesthetic during surgery which helps with postoperative pain. Take pain medicine as directed. Do not wait until the pain gets bad before taking them.
- Do not drink alcohol while on pain medicines. Use the prescription pain medication as prescribed. Once you start feeling better, you can use Tylenol or ibuprofen for discomfort. Some pain medications may cause constipation. You may use a stool softener or laxative if needed.

## **DRAIN CARE**

- A Jackson-Pratt drain provides a constant low suction to pull excess fluid from your surgical site for faster healing and prevent buildup of fluid under the incision. You will have two drains per breast.
- Initially the fluid will be red, then turn a watery red and a clear yellow.
- Always wash your hand with soap and water before and after changing the dressing or emptying the bulb.
- **Changing the Dressing:**
  - If drain dressing is dry and intact for first three (3) days after surgery, you do not need to change. Change the dressing only if it is wet.
  - Remove the old dressing. Unpin the drain from your clothing.
  - Clean the skin around the drain tube site with betadine-soaked cotton tipped applicator (or gauze) in circular motion. Be careful not to tug on sutures.
  - Check the skin around the drain tube site for redness, tenderness, swelling, warmth, unusual drainage, and leakage. Wash Hands.
  - Place clean, dry gauze over the drain tube insertion site and secure it with tape.
- **Emptying the Bulb:**
  - Open the stopper slowly (away from your face). Empty the contents into the measuring container at least twice daily or when drain is about half full.
  - Squeeze the bulb while it is uncapped. While squeezing, recap the bulb to create suction. It should look flat or deflated when suction is working.
  - Pin the bulb drain back to your clothing by the plastic tag to avoid accidental pulling. Discard the drainage into the toilet. Rinse and wash the measuring container with soap and water.
  - Record the amount and note the color and type of the drainage. The drain will be removed in the office. The suture is cut, and the drainage tube is gently pulled out. A gauze dressing is applied, and the opening closes in a few days.

## **ACTIVITY RESTRICTIONS**

- You will stay in the hospital overnight after surgery.
- Avoid heavy lifting and vigorous exercise until stitches are removed.
- Avoid using arms for repetitive arm motion (Ex. Vacuuming)
- Frequent short walks are helpful.
- You cannot drive or do housework until the drain is out. You may restart driving when you are no longer on prescription pain medication, you feel safe operating a car, and have spoken with surgeon.
- Move your arm on the surgical side so it does not become stiff but do not do any heavy lifting or strenuous exercise. Use arm only for your normal activities of daily living.
- You will be given exercises to regain movement and flexibility. You may be referred to physical therapy for additional rehabilitation if it is needed.
- If you have an axillary dissection, avoid having your blood pressure or blood drawn in affected arm.
- Full recovery takes six to eight (6-8) weeks. Most patients return to work within three to six (3-6) weeks.
- You will need time to adjust to losing your breast(s). If needed, ask your surgeon about local support groups, counselors and social workers that can help.

Learn more about Harvey Bumpers, MD, FACS at:  
[healthcare.msu.edu/](http://healthcare.msu.edu/)

## **DIET RESTRICTIONS**

- Start with liquids and light, easy-to-digest foods, such as bananas and dry toast. As you feel up to it, return to your normal diet.
- Drink at least 6 to 8 glasses of water or other nonalcoholic fluids a day, unless directed otherwise.

## **SHOWER/BATHING RESTRICTIONS**

- You may shower 24 hours after the last drainage tube is removed. Water can run over the incision but do not submerge the incision in a bathtub or hot tub. Pat the incision dry. A panty liner can be used as a dressing if you have a small amount of a watery red drainage.

## **WHEN TO CALL YOUR SURGEON**

- Vomiting or nausea that does not go away
- Fever of 100.4° F (38°C) or higher, or chills
- Fluid leaking from the incision that smells bad
- Pain not relieved by pain medicines
- Drainage tube is not draining and there is swelling around the insertion site
- Bleeding, warmth, redness, or hard swelling around the incision or drainage tube
- Edges of the incision opening up
- Swelling in your arm or hand on the surgery side
- Chest pain or shortness of breath
- Trouble urinating, blood in urine, pain when urinating, or urine that's cloudy or smells bad

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**If you have any questions or concerns following your mastectomy, please contact us at:**

(517) 267-2460

(888) 451-2909 | toll free