

Your Guide to Mastectomy with Tissue Expanders Surgery

Preparing for and Recovering from Surgery

Patient Name

Surgeon Name



JOHNS HOPKINS
MEDICINE

Index:

Introduction.....	1
Your Checklist.....	3
Getting Ready for Surgery.....	8
The Day of Surgery.....	14
In Hospital Recovery and Going Home.....	19
Concerns After Discharge.....	34
Notes.....	38
Important Contact Numbers.....	40

Welcome to the Johns Hopkins Department of Plastic Surgery

Preparing for surgery can be confusing. You may be receiving a lot of information, and the Johns Hopkins Plastic Surgery Team is here to help you from beginning to end. It is important to remember that every person is different. Your care team will tailor your recovery program to your needs.

This booklet contains details about:

- Getting ready for your surgery
- What to expect on the day of surgery
- Planning for recovery and going home
- What to expect once you are home

To make this journey easier, please try to read this booklet as soon as you are able to and bring it with you to all of your appointments and hospitalizations. Keep track of your questions and be sure to ask your surgical team when you see them. It is important for you, your family and your friends to understand what to anticipate so that everyone can fully participate in your recovery.

Best wishes for a speedy recovery!

The Johns Hopkins Plastic Surgery Team



Enhanced Recovery After Surgery

Information for patients and caregivers undergoing Mastectomy with Tissue Expanders surgery

Purpose of this book

To help guide you through the Enhanced Recovery After Surgery (ERAS) program. It is important that everyone knows what to expect before, during and after your operation. Treatment is always individualized to each patient, so this packet is intended as a guide. Please ask a member of the healthcare team if anything remains unclear, or if you have any questions or concerns.

What is ERAS?

Enhanced recovery after surgery (ERAS) is a new approach designed to help you recover faster and reduce complications. You are actively involved in your recovery process. ERAS will help you return to your regular activities sooner.

Four main components of ERAS:

1. Planning and preparation for surgery
2. Reducing the stress of surgery
3. Pain management – we will provide options that speed up your recovery
4. Getting you to eat and walk sooner

This program is most effective when you are actively involved in your recovery. We will work with you in your recovery to keep your stay as short as possible.

You should expect to be in the hospital for approximately 1 - 2 days.

Your Checklist



Patient Name _____ Date of Surgery _____

Use this summary checklist as a guide to what you need to do to prepare for your surgery and recovery after surgery.

CHECK WHEN DONE	ACTION
ONE MONTH BEFORE SURGERY	
	View assigned education programs.
	Prepare your medical records for your pre-operative evaluation.
	Have your pre-operative evaluation with either the Pre-Operative Evaluation Center (PEC) at Johns Hopkins or your primary care provider to review your medical history and if you need to stop or change any of your medications prior to surgery.
	Plan for management of blood thinners Warfarin, clopidogrel, aspirin, etc. will be done by your surgical team and prescribing doctor, if appropriate.
	Complete your pre-operative testing including: lab work, chest x-ray, and EKG as required. This can be completed at Johns Hopkins or your primary care provider.
	Stop taking hormones including birth control and Tamoxifen.
	You should plan to stay one night in the hospital following surgery. It is likely that you will need assistance from family or friends immediately after leaving the hospital. Try to pick one family member or friend who can be part of the team to help make decisions and coordinate your care.
10 DAYS BEFORE SURGERY	
	Ensure your surgeon's office has received copies of your medical records including the history and physical and copies of the completed pre-operative testing.
	Stop taking aspirin or ibuprofen (e.g. Motrin, Advil, Aleve), vitamin E, multivitamin and any herbal supplements. They may cause increased bleeding during and after surgery. Tylenol is okay to take.
	Purchase the liquid medicated soap Hibiclens available at any pharmacy over the counter.

Patient Name _____ Date of Surgery _____

CHECK WHEN DONE	ACTION
<p>A few simple things to do before coming to the hospital that may make it easier for you when you return home:</p>	
	<p>In the kitchen, put the things you use often between waist and shoulder height to avoid having to bend down or stretch to reach them.</p>
	<p>Bring the things you are going to use during the day downstairs. However, realize you WILL be able to climb stairs after surgery.</p>
	<p>Buy a stock of food and other things you will need frequently, as shopping may be difficult when you first go home.</p>
	<p>Purchase button down or zip up shirts to make getting dressed easier.</p>
	<p>Purchase extra pillows so you can proper yourself up in bed, etc. while sleeping and resting as this is often more comfortable than lying flat.</p>
<p style="text-align: center;">THE DAY BEFORE SURGERY</p>	
	<p>Do not shave for two days prior to surgery.</p>
	<p>Do not allow the medicated liquid soap to come in contact with your eyes, ears, mouth or nose. Do not use internally.</p>
	<p>Shampoo hair prior to using the medicated liquid soap.</p>
	<p>Make sure your entire body is wet and turn off the shower. Use the soap on a clean washcloth to wipe each area of your body, paying particular attention to your surgical area.</p>
	<p>Wipe each area in a back and forth motion. If you feel itchy or if your skin turns red, rinse your skin with water and stop using the product.</p>
	<p>You may need to ask for help to reach all areas.</p>
	<p>When complete, turn the shower back on and gently rinse off.</p>
	<p>Pat yourself dry.</p>
	<p>Do not apply lotions, makeup, powders, deodorants or creams, as they may reduce the effects of the soap.</p>
	<p>Dress in clean sleepwear or clothes. Use clean sheets on your bed.</p>
	<p>Use again as directed above on the morning of your surgery.</p>

CHECK WHEN DONE	ACTION
THE DAY BEFORE SURGERY (continued)	
	<i>EIGHT hours before your surgery, do not eat, smoke, or chew gum.</i> You may continue to drink clear liquids up to 2 hours before surgery.
	Make sure you know which medications to take the morning of your surgery.
	Pack your belongings for your overnight stay in the hospital: <ul style="list-style-type: none"> • Computers, tablets and cellphones are allowed in the hospital. • Internet access is available. • Towels and gowns will be provided, many people like to bring their own bathrobe and toiletries. • Leave your medications at home, we will give you all of your medications needed for your recovery. • It is best to have your family or friends bring your personal belongings to you after surgery. Do not pack nonessential, valuable items.
	Wear loose, comfortable clothing: <ul style="list-style-type: none"> • Button or zip up shirts are easier for getting dressed after surgery. • You do not need to purchase any special bras. If your surgeon wants you to wear a bra, one will be provided to you. • Do not wear any jewelry; this includes wedding rings, earrings and any other body piercings. • All jewelry <i>must</i> be removed prior to surgery.
	Purchase extra pillows so you can proper yourself up in bed, etc. while sleeping and resting as this is often more comfortable than lying flat.
THE DAY OF SURGERY	
	Take your medications as instructed with a small sip of water the morning of surgery.
	Wash with the medicated liquid soap as instructed the morning of surgery.
	Bring this booklet with you.
	Wear loose and comfortable clothing.
	You should arrive to the hospital two hours prior to your scheduled surgery time.

CHECK WHEN DONE	ACTION
THE DAY OF SURGERY (continued)	
	<p><i>Drink a 20-ounce bottle of Gatorade two hours prior to your surgery – as you are coming to the hospital.</i> You cannot have anything more to drink after you check in.</p>
	<p>When you arrive, check in as explained in your admission letter.</p> <ul style="list-style-type: none"> • You will be called to the pre-operative (pre-op) unit, where a nurse will get you ready for surgery. You will change into a hospital gown, have an IV placed in your arm, start IV fluids, and be asked specific pre-surgery questions. • The anesthesia team will discuss your medical history and review your anesthesia plan. • Your surgeons will mark where you are having surgery, take photographs, answer final questions and obtain signed consent forms for the surgery. • Some patients have a sentinel node injection before surgery. If necessary, you will be taken to Radiology for this procedure. • If you do not need a sentinel node injection, you will be taken from the pre-op area to the operating room. • You will be helped on to the operating room table, and be given medications to go to sleep by your anesthesia team.

Getting Ready for Surgery



My Pre-surgery Planner

Instructions: Mark the date of your surgery in the last row of the calendar on the appropriate day of the week. Use this calendar to mark and track each of your appointments leading up to surgery (for example, anesthesia clinic, primary care provider, etc.), and any reminders for the activities you will need to do in the days leading up to your surgery.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Preparing for Surgery

Scheduling Your Surgery

You will be contacted by our surgical coordinator to schedule your surgery date. Please make sure your contact information is up to date, and include a number where you can be reached the day before surgery.

Insurance Authorization

Our pre certification team will be contacting your insurance company to secure authorization for your surgery and admission. Please notify your surgery scheduler immediately if there have been any changes regarding your insurance since your last visit. The pre certification office will contact you for any deductible or copayment. Please pay any deductible or copayment the day of surgery. If your policy is an HMO, you may need referral from your primary care physician for services. Please contact the customer service number on the back of your insurance card for clarification. If you are going to be admitted to the hospital and have questions regarding your insurance, please call the Admissions Office at 410-955-6055.

Advance Directives

An advance directive can be used to name a health care agent; this is someone you trust to make health care decisions for you. It can be used to say what your preferences are about treatments that may be used to sustain your life. Advanced directives are optional. If you have an advance directive, bring a copy to the hospital if you want it to apply to the upcoming visit/admission. An advance directive can be removed or revised at any time. Additional information about can be found by calling the Maryland Attorney General's office at 410-576-7000 or visiting:

www.oag.state.md.us/Heathpol/AdvanceDirectives.htm.

What is a Mastectomy?

A mastectomy is removal of the breast tissue usually including the nipple. However, the nipple may remain behind following mastectomy depending on the type of cancer, position of the cancer, and the position of the nipple on the breast. Please discuss these options with your surgeon. This surgery is done for many reasons. Often, mastectomies are performed for large breast cancers or multiple areas of cancer that cannot be removed by lumpectomy alone. Sometimes, a patient may choose to have a "prophylactic", or preventive, mastectomy because of a strong

risk for getting breast cancer. Patients may decide to have breast reconstruction following a mastectomy using a tissue expander.

What are Tissue Expanders?

When your plastic surgery team decides you have healed enough from your surgery, the tissue expansion process will begin. Tissue expansion does not start until your incision has started to heal, one to two weeks after your surgery. Tissue expansion occurs in the plastic surgery team's office. Using a magnet, the plastic surgery team locates the injection port of the tissue expander underneath the skin. The skin is then cleaned, and using a small needle, saline (salt water) is injected into the tissue expander. This process is not painful, and you may feel a little pressure or tightness.

Filling of the tissue expander may cause muscle spasms and tightness. If this occurs, your plastic surgery team may give you a prescription for a muscle relaxant. You may also take Tylenol or Ibuprofen. Some patients have had relief of muscle spasms with topical Arnica gel available over the counter at most pharmacies.

Tissue expansion can occur once a week or every other week based on your schedule or comfort. If you need radiation therapy or chemotherapy, the timing of tissue expansion will be changed.

For chemotherapy:

- Tissue expansion may continue as long as you are comfortable, have no infections, and your blood counts are stable.
- The appointments for expansion should be one to two days before your chemotherapy dose, as this is when your blood counts are highest.

For radiation:

- Tissue expansion will be delayed during radiation treatment. (ask Laura)

Once the tissue expanders have reached the size, or volume you desire, you may need 1-2 more expansions to allow the surgeons enough room to complete your reconstruction surgery. Then you must allow 4-6 weeks for the tissue expanders to

create the breast pocket prior to reconstruction surgery. You will have an appointment with your plastic surgeon once your tissue expansion is complete to discuss and schedule your reconstruction surgery.

Surgical Risks

Bleeding: Bleeding is usually minimal and well controlled during the surgery. On rare occasions, less than 1%, a blood transfusion may be required.

Surgical site infection: All precautions are taken to prevent surgical site infections. You will be given antibiotics before your surgery, during your surgery, and after your surgery for as long as the surgical drains remain in place to prevent infection. You will also wash with medicated soap and have special dressings in place around the surgical drains to prevent infection. In about 5-7% of patients, infection may develop despite these preventative measures. Those who smoke, have diabetes, have had radiation, or are anemic are more likely to develop infection. Infection may be treated with oral antibiotics, but may also require admission to the hospital for antibiotics and possible surgery to remove the infected tissue expander.

Seroma/hematoma: A seroma is a buildup of fluid under the skin. A hematoma is a buildup of blood under the skin. The use of drains after surgery may help prevent this. However, a seroma or hematoma may occur after surgery because of the trauma caused. Small seromas or hematomas may resolve on their own. Larger seromas or hematomas may require draining either in the clinic or in the operation room.

Breast and nipple sensation: In most cases, the nipple is removed at the time of the mastectomy. In some cases the nipple may remain in place, please discuss your options with your breast surgeon. Following surgery, the nipple and the breast skin will be numb. You have have “funny” feelings in the breast and armpit including burning or shooting pain, itching, increased sensitivity to touch, irritation in the skin and numbness. You may also experience chest muscle tightness, cramps or spasms, and “phantom breast” sensation. These are all normal. Over time, you may regain some sensation in the skin and nipple, but this takes several months to years, and does not happen for every patient.

Nipple loss and/or discoloration: In most cases, the nipple is removed at the time of the mastectomy. In some cases the nipple may remain in place, please discuss

your options with your breast surgeon. If the nipple does remain behind, there is a chance the blood supply to the nipple will be decreased after surgery. This could cause the nipple and/or the areola skin to die either partially or fully. If the nipple/areola dies partially, it will fall away and heal, but may leave a change in the color of the nipple/areola. If the nipple/areola dies fully, it will form a dark black scab which may need special dressings and or surgery to heal.

Skin loss and/or discoloration: There is a chance the blood supply to the breast skin left behind after mastectomy will be decreased after surgery. This could cause the skin to die either partially or fully. If the skin dies partially, it will fall off like a scab and heal, and may be a different color. If the skin dies fully, it will form a dark black scab that may need special dressings and/or surgery to heal.

Scarring: This occurs when there is a leak from the pancreas where it is reconnected to the intestine. The drain left behind after surgery will remove the fluid so the connection has time to heal. The staff will test the drain for amylase levels while you are in the hospital.

Longer or Poor Wound Healing: In some cases, the incision site after surgery takes longer to heal than normal. It may also have poor healing causing a wound separation or opening. Smoking, poor nutrition, diabetes, previous radiation treatments, and a compromised immune system can cause these problems. If this occurs, special dressing may be used to heal the wound.

The Day of Surgery



The Day of Your Surgery

Taking Your Medications Before Surgery:

- Make sure you know what medications you should take the morning of surgery.
- You will receive a call the day before your surgery to review your regular list of medications and to confirm the time you need to come to the hospital.
- If anything is confusing, ask questions!

What to Bring

Leave all valuables at home or give to the person(s) accompanying you. We encourage you to only bring essential items the morning of surgery, including:

- ___ Insurance cards
- ___ Personal identification card, e.g. driver's license
- ___ Copy of your advance directive (optional)
- ___ A list of all your medications, including dosages and how often you take them
- ___ Your Guide to Preparing for and Recovering from Mastectomy Surgery (this book!)
- ___ Payment for any deductible or copayment

Please be aware that there may be some wait time prior to your surgery. We will do our best to predict how long the operations of the day may take, but unexpected delays are sometimes unavoidable. Therefore, bring a book or something to do while you wait.

Belongings for your Recovery

Computers, tablets and cellphones are allowed in the hospital. Internet access is available. Towels and gowns will be provided, but many people like to bring their own bathrobe and toiletries. We will give you all of your medicines needed for your recovery. Leave your medications at home. It is best to have your family or friends bring these personal belongings to you after surgery. Don't pack nonessential, valuable items.

What to Wear to Surgery

Wear loose, comfortable clothing. Do not wear any jewelry; this includes wedding rings, earrings and any other body piercings. All jewelry must be removed prior to surgery.

Drink Your Gatorade

Don't forget to drink your 20-ounce bottle of Gatorade two hours prior to your surgery as you are **coming to the hospital**. You cannot have anything more to drink after you check in. Once your team is ready you and one member of your family, if desired, will be brought to the pre-surgery area.

Parking

The Johns Hopkins Outpatient Center parking garage is located at 601 North Caroline Street.

Check-In

To ensure a smooth registration process, please arrive two hours before your scheduled surgery. It is important to allow ample time for parking and walking to the check-in desk. You will report to the **OR procedure and registration area**. This is located in the Johns Hopkins Outpatient Center, Lower Level.

Your Hospitalization

Once your team is ready, you and one member of your family, if desired, will be brought to the pre-surgery area. Here, the nurses and anesthesia providers will check you in and make sure everything is set for your surgery. Your surgery will take between 3-5 hours. Most procedures are done with general anesthesia and you will get medicines to reduce pain, nausea and infection. You will also be given IV fluids to hydrate while you are asleep. You will then be taken to surgery, and your family will be taken back out to the patient/family lounge.

After Surgery

After surgery you will go to the recovery area and will be closely monitored for an hour or two. Once you have recovered from anesthesia, you will transfer to your hospital room. Most rooms are private and will allow someone to stay with you

overnight. During your hospital stay you will receive pain medications and antibiotics. Visiting hours are 24/7.

Team Caring for you After Surgery

In addition to the nursing staff on the unit, the plastic surgery team will care for you. This team is led by your surgeon and includes a resident in his or her last year of training, as well as other residents, medical students, and a physician assistant or nurse practitioner. There will be a physician in the hospital 24 hours a day to tend to your needs. The residents and students report directly to your surgeon, who is the one overseeing all of your care.

Pain and Nausea After Surgery

Prevention or early treatment of pain is far more effective than trying to treat severe pain. Your pain will be assessed regularly on a scale from 0 to 10. This assessment is necessary to guide your pain relief. When you are in the recovery room you will get pain medicine through your IV. Some patients are given a PCA (patient controlled analgesia), a special pain pump which gives medicine through your IV. Once you are able to drink fluids, you will get a pain pill, which will be continued when you are discharged home.

When you take medication at home:

- Do not drive or do activities which require you to be alert.
- Do not mix pain pills with alcohol or sedatives.
- To reduce nausea – take pain pills with food and move slowly when changing positions
- To reduce constipation – drink fluids, increase your fiber intake, and take a stool softener and a laxative as needed.
- If you get itchy, it is okay to take a Benadryl.

You will have “funny” feelings in your breast, arm pit and sometimes spreading down the back of your arms. These feelings include burning or shooting pain, itching, increased sensitivity to touch, and numbness. You may also experience chest muscle tightness, cramps or spasms, and “phantom breast” sensation. These are all normal.

Sometimes a patient may have nausea and vomiting after surgery. If you have this when you are in the recovery room, the nurse will give you medicine through your

IV, and you will be given a pill for nausea to take at home. If you have nausea at home, take the pill, sips of clear liquids, and remain still until you feel better. If your nausea continues, notify your nurse practitioner or surgeon.

Length of Hospital Stay After Surgery

Our goal is for a 1 to 2 day hospital stay:

- If you have prolonged nausea, fevers, etc. you may have to stay in the hospital longer.
- You may have surgical drains in place – before you go home a nurse will go over discharge instructions and show you how to strip and empty the drain.
- A home care nurse can be arranged if requested.
- You will also get prescriptions for pain pills and antibiotics, these can be filled at the hospital pharmacy.
- After surgery you may go back on your regular medicines as instructed on your discharge.

Discharge

Our discharge goal is 10:00 am. You will need to make arrangements for someone to accompany you home. You will not be released without someone present. Please keep in mind that we strive to get patients discharged as quickly as possible.

Recovery and Going Home



My Recovery Planner

Instructions: Add today's date in the appropriate day of the week on the first row of your calendar and then mark the discharge date you have been given. You will likely have follow-up appointments after discharge. Mark your follow-up appointments on the calendar.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

After Your Breast Surgery

Activity & Restrictions:

- Walk at least 3 times daily. It is normal to feel a little tired.
- Do not lift, push, or pull anything that weighs more than 5 pounds until cleared by your doctor.
- Do not drive while on pain medications, with drains in place, or if you feel you are not able to react quickly in an emergency.
- No contact sports, swimming, or soaking in pools or tubs.
- Avoid straining and strenuous activities, such as running or basketball, until cleared.
- Avoid extending arms over shoulder level, though some gentle range-of-motion exercises may be acceptable.
- You may shower 2 days after surgery or when soiled. Do not rub or scrub your surgical sites. Gently pat dry with a clean towel.
- Do not lay on your stomach or put pressure on your surgical sites or drain(s).

Time Table

- Y: yes, activities you can do
- N: no, activities you cannot do

Activity	After 48 hours	After week 2	When drains are out	When cleared by doctor
Shower	Y	Y	Y	Y
Walk up and down stairs	Y	Y	Y	Y
Begin physical therapy	N	N	Y	Y
Drink caffeine/eat chocolate	N	Y	Y	Y
Wear a bra	N	N	N	Y
Lift, push, or pull under 5 pounds	Y	Y	Y	Y
Stand straight up	Y	Y	Y	Y
Travel by car	Y	Y	Y	Y
Travel by plane	Y	Y	Y	Y
Lay on side	N	N	Y	Y
Do abdominal exercise	N	N	N	Y
Lift arms above shoulder level	N	N	N	Y
Take ibuprofen	Y	Y	Y	Y
Take aspirin	N	Y	Y	Y
Engage in sexual activity	N	N	N	Y
Drive	N	N	Y	Y
Return to work	N	N	Y	Y
Lay flat	Y	Y	Y	Y
Engage in strenuous exercise	N	N	N	Y
Drink alcohol	N	Varies	Y	Y

Bra:

- Do not wear a bra until approved by your surgical team.

Diet:

- No caffeine or chocolate for at least 2 weeks after surgery.
- Drink plenty of water.
- If you are not on a special diet consider foods rich in fruits, vegetables, and lean protein. If you are on a special diet, please talk with your surgeon about recommendations.

- Avoid fried and fatty foods for the first 24 hours after surgery.
- Do not drink alcohol while taking pain medication.

Dressings/Wound Care:

- Leave all surgical dressings in place for up to 1 week.
- If no dressings are in place, keep the incisions clean, dry, and open to air and wash your incisions with soap and water in the shower daily. Pat dry.
- If you have drainage, cover with clean, dry gauze and change daily and as needed.
- Any surgical glue will fall off naturally. Do not pick at the surgical glue.
- If you have steri-strips, leave them on until they fall off.

Follow-up Appointment:

If you do not have a follow-up appointment already scheduled, please call 443-997-9466 to schedule an appointment 1 week after discharge with a nurse or physician assistant.

Medications:

You will be prescribed many medications following surgery, some of which may include:

- Acetaminophen/Tylenol
 - Tylenol may help control post-operative pain.
 - Do not take more than 4,000 mg, or 4 g, in 24 hours.
 - This medication is for pain and does not need to be taken if you are not in pain.
- Antibiotics
 - Antibiotics may help prevent post-operative infection(s).
 - You must take antibiotics until the last surgical drain is removed.
 - Remember to take this medication with food in your stomach. Consider also yogurt and a probiotic while taking antibiotics.
- Celecoxib/Celebrex
 - Celebrex may help control post-operative pain and swelling.
 - This medication is for pain and does not need to be taken if you are not in pain.
- Gabapentin/Neurontin
 - Gabapentin may help control post-operative nerve-related pain.
 - This medication is for pain and does not need to be taken if you are not in pain.
- Oxycodone/Roxicodone
 - Oxycodone may help control post-operative pain.

- This medication is for pain and does not need to be taken if you are not in pain.
- Oxycodone is to be used **only for breakthrough pain**. This means that if you are experiencing pain, first consider taking the other non-narcotic pain medications that were prescribed.
- Do not use other narcotic pain medications, consume alcohol, or drive while taking Oxycodone.

Note that all of these prescribed medications are safe to take concurrently. Do not use other acetaminophen products while taking Tylenol. Do not use other ibuprofen products while taking Celebrex.

Pathology Results:

If applicable, pathology results come from your oncologist. Please contact his/her office for results.

Surgical Drains:

The drains will “pull” extra tissue fluid from the body and help with healing. The drainage will be bloody at first and may turn pink, yellow, or orange. Sometimes you will see blood clots or bits of tissue in the fluid. This is normal. **You will have the drains for an estimated 1-3 weeks, sometimes longer depending on how much fluid is draining.**

Emptying and Recording Your Drainage:

1. Wash hands.
2. Strip drain tubing.
3. Open drain cap and pour drainage in measuring cup.
4. Squeeze bulb while closing the cap.
5. Record drainage (mL's or cc's) for each drain.
6. Pour drainage in toilet and rinse measuring cup. **NEVER** rinse your drain with water.
7. Wash hands. Do this at least twice daily.

Drain Dressings:

If there is a blue circular patch over the drain site(s), **do not remove**.

- This dressing is waterproof, so you may shower with it in place.

Questions/Concerns:

Call us at any time if you are worried about your recovery. Call early if you think something is not right.

Call immediately for the following:

- Signs of infection: fever, chills, redness, warmth, swelling, or drainage that is green or white or has suddenly increased in volume.
- Severe pain not relieved by prescribed pain pills.
- Excessive bleeding or bruising.
- Nausea or vomiting for more than 24 hours.
- Shortness of breath, difficulty breathing, or chest pain.
- Wound(s) or opening of tissue.
- Problems with the surgical drains, such as a sudden increase or decrease in drainage.

FOR NON-EMERGENCIES:

- During regular office hours (8:00 am - 4:30 pm), call 443-997-9466.
- After hours, call 410-955-5000 or 410-955-6070 and ask for the Plastic Surgery Resident on Call. It may take longer for your phone call to be returned during this time.

FOR EMERGENCIES:

For true emergencies, call 911 or be escorted to the local emergency room. Have them contact our team once you are stable.

Concerns After Discharge



Once you are discharged:



Call us at any time if you are worried about your recovery.

During regular office hours (8:00 am - 4:00 pm) call your surgeon's office.

After hours, call 410-955-5000 and ask for the provider on call for your surgeon.

Call us immediately for the following:

- Signs of infection – fever, chills, redness, warmth, swelling, pain, and unusual drainage.
- Severe pain not relieved by pain pills.
- Excessive bleeding or bruising.
- Nausea for more than 24 hours.
- Shortness of breath or difficulty breathing.
- Change in the mastectomy site including swelling or breakdown of tissue.
- Problems with the surgical drains (sudden increase or decrease in drainage)

It is generally easier to reach someone between 8:00 am and 3:00 pm, so please call early if you think something is not right. A nurse or physician assistant is available every day to answer your questions. After hours and on the weekends, the calls go to the resident doctors in the hospital. It may take longer for your phone call to be returned during this time.

If you have a true emergency, such as severe abdominal pain, chest pain, shortness of breath or any other acute issues, please call 911 and go to the local emergency room. Have them contact our team once you are stable.

Activity After Surgery:

- Slowly return to your regular diet, avoid fried and fatty foods for the first 24 hours.
- You may feel lightheaded while sitting or standing. If this happens move slowly and drink plenty of fluids.
- Slowly return to your normal activities. You should walk at least 3 times daily. You can do this and climb steps immediately after surgery. Fatigue is normal; it may take 4-8 weeks before you feel like yourself again. Cluster your activities and rest when needed.
- Do not drink alcohol while taking pain medication.

Pathology Results:

Pathology results are available from your breast surgeon's office about 1-3 weeks after surgery. The report will include information about the cancer, including tumor size, estrogen and progesterone receptors, the status of your lymph nodes and HER-2/neu. Your breast surgeon will review this information with you.

Post-op Appointments and Consults

During the weeks after surgery, you will meet with members of your breast cancer/reconstruction team, including the:

- **Breast surgeon (breast surgical oncology)**
- **Radiation oncologist**
- **Medical oncologist**
- **Plastic surgeon**

Although we do our best to coordinate these clinic appointments for you, it is your responsibility to make sure that you have follow-up with all of these clinicians.

You will speak by phone or meet with **the breast surgeon** to discuss the pathology results and/or check on your healing. A second post-op appointment is usually done about a month after your surgery to check on final healing and to make sure you have a treatment plan in place.

Depending on the cancer tumor size, location and lymph node status, you may be referred to a **radiation oncologist** to discuss if radiation will benefit you.

Depending on the cancer tumor size, location and lymph node status, you may be referred to a **medical oncologist**. They will discuss whether chemotherapy would be beneficial to reduce your risk of a new or recurrent breast cancer. If chemotherapy is recommended, it will usually start about 3-4 weeks after surgery. The medical oncologist may offer information on clinical trials that may be of interest. You may also discuss hormonal medication therapy options.

You will typically meet with **the plastic surgery team's physician assistant or nurse** approximately 7-10 days after your surgery, to check your wound healing and to manage your surgical drains.

- This appointment should already be scheduled for you, and you will receive notification about it in your pre-operative packet and MyChart portal. You may have several weekly appts scheduled.
- If you need to reschedule this appointment, or do not receive notification, please call (443) 997-9466 to schedule.
- You will follow-up with your plastic surgeon in the weeks following surgery. When ready, your plastic surgeon and/or their clinical team will begin expansion (filling) of the tissue expander(s), if applicable.

Coping

People have a variety of emotions when diagnosed with breast cancer – anger, hope, depression, a sense of empowerment, anxiety. They also cope in different ways – time with family and friends, time alone, humor, prayer, communion with nature, meditation, journaling, art and music.

Some patients find it helpful to connect with another cancer survivor. Let us know if this is something you would like to do and we will identify someone to match you with a Johns Hopkins Breast Center Survivor Volunteer. Social workers, counselors, and community support groups are also available to help patients and family members. A cancer diagnosis can also bring challenges of a financial or practical nature. There are a number of groups and resources which can help with meals, transportation, costs for medication, etc. Check with one of the Breast Center staff.

Plastic Surgery Department Contacts

For Medical Assistance during normal business hours:	
Contact the plastic surgery nurses	(443) 997-9466
For Medical Assistance after normal business or holiday hours:	
Have the plastic surgery resident on call paged	(410) 955-5000
For Administrative Assistance - Family Medical Leave Act (FMLA) Paperwork, Records, Surgery Date:	
Please consider uploading a copy of your paperwork via MyChart. Alternatively, you can fax documents to (410) 367-2502	
For Appointments:	
To cancel, schedule, or reschedule with any member of the plastic surgery team	(443) 997-9466

