

# Going home after breast surgery with drains



Princess Margaret

## Information for patients and families

Read this resource to learn:

- How to care for yourself when you go home
- What activities you can do while you heal

**Call your doctor or nurse right away if you notice any of these signs:**



- Nausea (wanting to throw up) that does not go away
- Vomiting (throwing up) that does not go away
- Bleeding that does not stop in the area that had surgery
- Skin around the incision (cut) gets very red
- Foul smelling drainage (fluid) coming out of the incision
- Pus coming out of the incision
- Fever higher than 38 °C (100.4 °F)
- Area around the wound is swollen and hard
- Your drain falls out

If you notice any of these signs on a weekend or at night, go to the nearest walk-in clinic, family doctor or hospital emergency department. Tell the staff at the front desk that you have had breast surgery.

## How to care for yourself when you go home



### How to care for your incision (cut)

You will have a gauze dressing (bandage) over your incision. Keep your dressing clean and dry for 48 hours after surgery.

You can remove this gauze dressing 48 hours after surgery when your incision has started to heal.

Under the gauze dressing, you will have steri-strips (skin tape) on the incision. Keep the steri-strips on for 14 days after your surgery. You can remove them after 14 days. It is fine if they fall off before 14 days.

Do not put anything on your incision unless your surgeon says you can.

**If a clear dressing (called Tegaderm®) was used, do not remove it. Leave it on until your next visit with your surgeon.** This is commonly used with breast reconstruction.

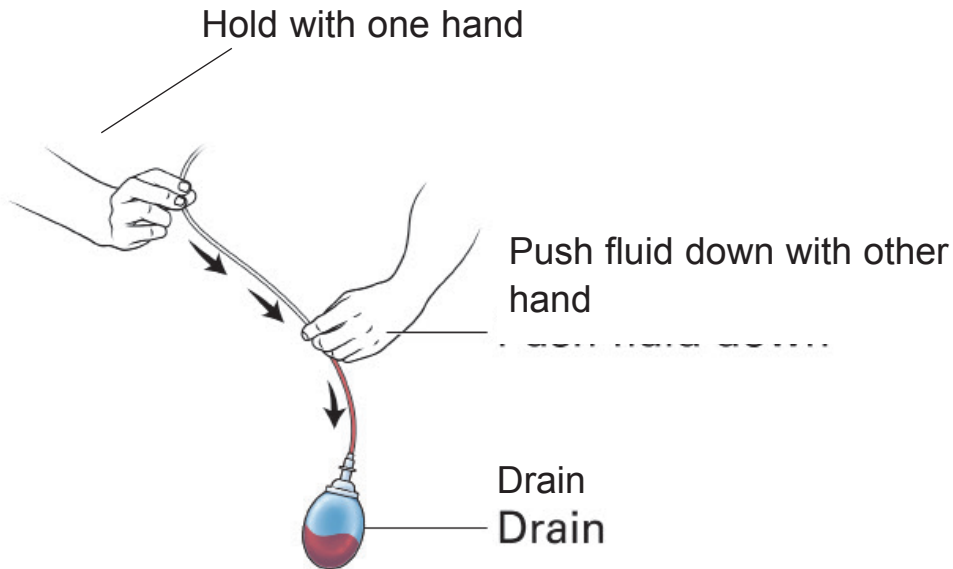
If staples were used, every second staple will be removed about 7-10 days after your surgery. Your home care nurse can do this. The remaining staples can be removed at your follow-up appointment with your surgeon.

### How to care for your drain

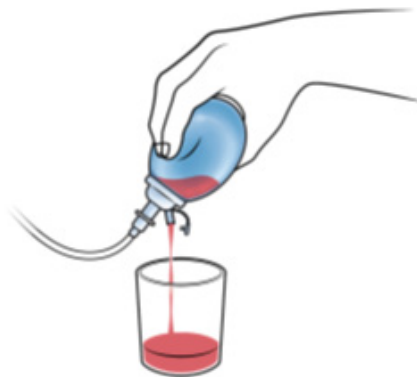
Follow the instructions below until your drain(s) is removed.

1. Secure the drain to your clothing. This will help prevent the drain pulling on your skin. You can use a safety pin or the clip provided.

2. Milk the drain every 3 hours. This will prevent the drain from becoming blocked. You only need to milk the drain when you are awake. Your nurse will teach you how to do this right after surgery. See the image below.



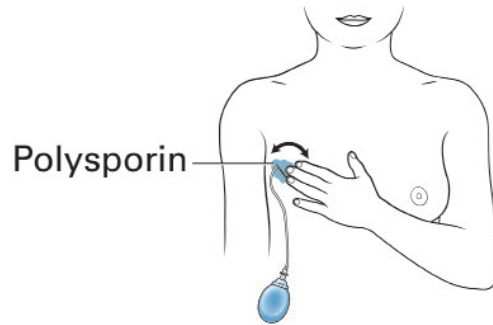
3. Empty the drain 2 times a day. You can empty it more often if it becomes full.



Measure the amount of fluid you remove each time and what time it was emptied. Use the Jackson Pratt (JP) Drain Record sheets on page 10 and 11 to record what time you emptied the drain. Squeeze the drain while putting the cap back on to start the suction again.

4. Apply a small amount of Polysporin® every day.

Apply Polysporin® where the drain enters your skin. This will help prevent infection and irritation from the drain. You can get Polysporin® from your local drugstore.



### **What if fluid comes out where the drain leaves my skin?**

If fluid comes out where the drain leaves your skin, pat it dry. Cover the place where your drain leaves your skin with gauze padding.

### **What do I do if the drain falls out?**

Do not panic if your drain falls out. This does not happen often. If it does happen, it is not an urgent problem.

- Cover the incision where the drain left the skin with gauze. Use gauze or a bandage to soak up any drainage.

Call your surgeon or nurse coordinator to let them know what happened. If this happens on a weekend, you can wait to call your surgeon or nurse coordinator on Monday.

## **Other important information about your drain:**

- The amount of fluid you drain will be different each time. The amount will decrease over time.
- The fluid will change colour. This is normal. It will change from red to pink and then yellow. Usually, the fluid will have very little odor.
- Your JP can be removed when the fluid you collect is less than 30 millilitres a day for 2 days in a row. Your home care nurse will remove your drain(s).



## **What you need to know about pain medicine**

You will get a prescription (a doctor's order) for pain medicine after your surgery. Follow your doctor's instructions for taking the pain medicine. You may be prescribed Tylenol 3<sup>®</sup> (Tylenol<sup>®</sup> and codeine) or Percocet<sup>®</sup> (Tylenol<sup>®</sup> and oxycodone) for pain.

Tylenol 3<sup>®</sup> or Percocet<sup>®</sup> can cause constipation (trouble having a poo). Here are some things you can do to help with constipation:

- Drink lots of water
- Eat foods with a lot of fiber
- Take a stool softener (makes poo soft and easier to get out)

Your pharmacist can suggest a stool softener if your doctor has not given you a prescription for one. If you are still constipated after using the stool softener, take a laxative such as Senokot<sup>®</sup>. A laxative helps push the stool (poo) out. You can buy this at your local drugstore.

Your prescription pain medicine can make you sleepy and make it difficult to think clearly, do not:

- Drink alcohol as this can make you more sleepy
- Drive any type of vehicle like a car, motorcycle or boat

If your pain is better, you can switch to Tylenol Extra Strength® or regular Tylenol®. You can buy Tylenol® at any drugstore. You can also switch to these Tylenol® medicines if you find your prescription pain medicine is too strong.

**Do not** take aspirin for 5 days after surgery. Do not take ibuprofen (Advil®) for 2 days after surgery. These medicines can cause bleeding.

Let your healthcare team know if your pain is not better after taking your pain medicine.



### **What can I eat when I get home?**

You may feel some nausea (wanting to throw up) after your surgery. Eat a light meal after you get home if you feel nausea. When your body feels ready, you may go back to eating your normal meals.



### **When can I shower?**

For the first 48 hours after surgery, you can wash with a sponge or take a bath with a small amount of water. Only take a bath if you can keep your dressing dry. You must keep your dressing dry during this time so your incision (cut) can heal.

After 48 hours, you can remove the dressing and have a shower. Leave the steri-strips in place. Use mild soap (like Dove®, Ivory® or baby shampoo or soap) to wash gently around the incision (cut). Gently pat the area dry and do not rub. Leave the steri-strips uncovered. You do not need a new dressing on the incision.

**If you have had breast reconstruction, only shower if your surgeon says you can.**

Do not soak in a bathtub or swim for at least one month after surgery. You must wait until your surgeon says it is okay to do so.



## **What should I wear?**

While you heal, wear clothes that are loose. Make sure they are easy to take on and off. Shirts or blouses that have buttons or zippers at the front are easiest to wear.

If you have had a lumpectomy, wear a bra that has support all day and all night for 7 to 14 days. Do not wear a bra with an underwire.

After 7 days if you find it uncomfortable, you can:

- stop wearing a bra.
- wear any bra you like (including a bra with an underwire) as long as it does not press against your incision.

If you had a mastectomy, wear whatever is comfortable. You can wear:

- a surgical bra
- camisole with foam prosthesis
- a bra (with no underwire)
- just a top without any bra

## **What kind of activities you can do while you heal**

During the first day you are home from the hospital, try to get back to your usual activities, using both arms.

For example,

- make breakfast
- brush your hair
- go for walks
- do gentle stretches



Try not to spend too much time in bed during your recovery. You can help prevent problems like blood clots in your legs by being active.

Here are some guidelines for daily activities:

- Do not lift, push or pull anything more than 10 pounds (or 5 kilograms) with your arm (on the surgery side) for 4 weeks after your surgery.
- Slowly start to increase the movement in your arm and shoulders.

Read the pamphlet called “Your Functional Rehabilitation After Breast Surgery”. It has information about exercises you should do.

Ask your health care team for a copy or visit the Patient & Family Library to pick up a copy (Main floor of the Princess Margaret).

Or visit <http://bit.ly/2fyRTqJ> to read the pamphlet online:

Do not drive until you can turn your head and shoulder quickly with no pain. You need to be able to turn your head and shoulder to drive safely. Do not drive if you are taking strong pain medicine like Tylenol 3® or Percocet®.



### **When will I see my doctor again?**

You will have a follow-up appointment with your surgeon in 2 – 3 weeks. You will get an appointment time before you leave the hospital or your surgeon’s assistant will call you with an appointment. If you don’t get an appointment call your surgeon’s office 1 – 2 weeks after surgery to schedule an appointment.

**Jackson Pratt (JP) Drain Record Sheet**

Your doctor would like you to record the drainage (fluid) from your JP drain(s). This will help the Home Care Nurse know when to pull out your drain(s).

If you have more than one drain, use one column for each drain.

<b>Date: Nov 17 (example)</b>				
<b>Time</b>	<b>Drain#1</b>	<b>Drain#2</b>	<b>Drain#3</b>	<b>Drain#4</b>
8:00 am	60 ml	30 ml		
12:00 pm	50 ml			
4:00 pm	30 ml	10 ml		
8:00 pm	30 ml			
Total for day	170 ml	40 ml		
<b>Date:</b>				
<b>Time</b>	<b>Drain #1</b>	<b>Drain #2</b>	<b>Drain #3</b>	<b>Drain #4</b>
Total for day				
<b>Date:</b>				
<b>Time</b>	<b>Drain #1</b>	<b>Drain #2</b>	<b>Drain #3</b>	<b>Drain #4</b>
Total for day				
<b>Date:</b>				
<b>Time</b>	<b>Drain #1</b>	<b>Drain #2</b>	<b>Drain #3</b>	<b>Drain #4</b>
Total for day				

<b>Date:</b>				
<b>Time</b>	<b>Drain#1</b>	<b>Drain#2</b>	<b>Drain#3</b>	<b>Drain#4</b>
Total for day				
<b>Date:</b>				
<b>Time</b>	<b>Drain #1</b>	<b>Drain #2</b>	<b>Drain #3</b>	<b>Drain #4</b>
Total for day				
<b>Date:</b>				
<b>Time</b>	<b>Drain #1</b>	<b>Drain #2</b>	<b>Drain #3</b>	<b>Drain #4</b>
Total for day				
<b>Date:</b>				
<b>Time</b>	<b>Drain #1</b>	<b>Drain #2</b>	<b>Drain #3</b>	<b>Drain #4</b>
Total for day				

## Home Care Orders for CCAC Nurses

**You can show this to the nurse if they have questions about caring for your drain.**

Please follow these instructions. They are the same instructions as the patients have been given. that should be order for the patients.

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### Post-operative Parameter of Care

#### A) JP drain(s) care (If present):

1. Keep Jackson Pratt drain(s) on bulb suction.
2. Empty, measure, and record drainage daily.
3. Drains should be milked in direction of suction bulb every 4 hrs (client to be taught) or and if drain becomes clogged.
4. Remove drain when drainage is less than 30 ml/day for 2 consecutive days. Cut the suture and open the suction bulb prior to removal of the JP drain.
  - a. Consider each JP separately and remove as appropriate.
  - b. Do not leave in longer then needed.

#### B) Incision care:

1. Check incision daily (client to be taught).
2. Leave steri-strips intact until follow-up visit with MD or for two weeks.
3. If there is a larger dressing on the steri-strips, this may be removed on post op day
4. Change dressing PRN when 50% saturated. Incision to be cleaned with normal
5. saline or sterile water and dried. Dry dressing reapplied. Remove dressing when no drainage present.
6. If staples present, remove alternative staples at Post-op day 7 and apply steri-strips. Leave the rest of the staples until the follow-up visit with their surgeon or as otherwise directed.

#### C) Discharge instructions:

Patient will be seen by their surgeon 2 – 3 weeks post-operatively.

If patient develops fever ( $T > 38.0$ ), excessive pain, swelling, redness around incision, or has excessive discharge from wound, the patient should be instructed to contact their surgeon's office, surgical coordinator or the Breast Hotline at Princess Margaret Hospital at 416 946 2228. For emergency situations, or if they cannot reach anyone, they should be instructed to go the Emergency Department.

The development of patient education resources is supported by the Princess Margaret Cancer Foundation.