



INFORMATION BOOKLET

MASTECTOMY

PART C

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PART A

PART B

14. THE HEALING PROCESS AND COMMON POSSIBLE COMPLICATIONS

Healing is a complex process that varies according to the individual characteristics of each patient and can be influenced by multiple factors: inflammation, infection, tension on wounds, poor blood circulation, alcohol, smoking, poor nutrition, etc.

Understanding the stages of this process and potential complications can help you take appropriate measures to better manage your recovery and achieve optimal healing.

Here is a list of the most common complications. These are described in more detail in the paragraphs below.

- Sudden increase in swelling in the chest area, associated with severe pain (**hematoma**).
- Significant bleeding: the amount of blood soaking through the surgical dressing continues to increase or the drains quickly fill with blood (**active bleeding**).
- Bruising that spreads across the chest and sides (**hematoma**).
- Wound reopening (**dehiscence**).
- Signs and symptoms of **infection** at the wound sites, on the chest, or in the fluid coming from the drains.

14.1 GENERAL INFORMATION

❖ Wound Infection

Upon returning home, **check your incisions and surgical site every day** to ensure that there is no **infection** until your wounds are completely healed.

Watch for the following signs and symptoms:

- Redness;
- Feeling of warmth;
- Tenderness;
- Significant swelling;
- Yellowish or greenish wound drainage with a bad odour;
- Cloudy, greenish, or foul-smelling fluid from the drains;
- Increased pain at the surgical site;
- Chills and fever exceeding 38.5 °C or 101 °F for more than 24 hours.

If you experience one or more of these symptoms, please notify us promptly and consult your healthcare professional to determine if you have an infection and receive appropriate treatment. If your healthcare professional has confirmed the presence of an infection, please complete and return the [Post-operative Infection Questionnaire](#).

❖ Alcohol and tobacco

Avoid consuming alcohol in the two weeks following surgery.

Also, avoid smoking cigarettes or vaping or using nicotine substitutes (Nicorette® or other) during 6 to 8 weeks after your surgery. These products can narrow small blood vessels and thus slow down the healing of your wounds and increase the risk of partial or total loss of grafted nipples, if it occurs.

14.2 ONE TO FOUR DAYS FOLLOWING SURGERY

❖ Pain management

It is normal to experience pain after surgery. Its degree of intensity varies from person to person. **It is generally more intense during the first 24 to 72 hours.** Pain is often caused by thoracic edema.

The greater your pain, the more difficult it will be to relieve. Here are recommendations to help you better control it.

- **To reduce pain, you must reduce swelling.** Therefore, it is essential to apply ice frequently within the first 48 hours. The ice should not be applied directly to the skin, use a clean cloth.
- Make sure to regularly take narcotic analgesics as prescribed by your surgeon **for at least the first 48 hours** following your surgery. Do not wait for your pain to exceed 4/10 before taking them. It is recommended to combine them with acetaminophen (Tylenol®) for better pain control.
- **Favour rest** in the days following your surgery. It is normal to feel more tired after a surgical procedure. Rest is beneficial for a better recovery.
- Find other non-medical ways to relieve your pain such as relaxation, music, having a loved one nearby, etc.

Always follow the medical prescription and consult your pharmacist or treating physician as needed to ensure the safe use of acetaminophen. The document [Narcotics analgesics guide](#) that was provided to you upon admission also contains important information.

Consult your healthcare professional or our team if your pain does not decrease.

❖ Surgical dressings

A thick dressing will be in place on the torso. It is not necessary to change it, and it should be removed **4 days** after surgery, according to the surgeon's prescription.

You can remove it yourself by gently pulling on the sides where the drains are located. Otherwise, you can have it removed by a healthcare professional. If you have undergone a mastectomy with nipple grafts, the dressings covering your grafts should be removed only **six to eight days** after your surgical procedure.

Once the surgical dressing has been removed, you will need to reinstall the elastic bandage. You can place compresses under the drains for as long as they are present to reduce skin irritation.

❖ Hygiene

Before removing the nipple dressings and drains, use a face cloth to wash the upper part of your body to avoid getting the dressings wet.

❖ Moderate edema (swelling)

The swelling of the chest continues during the **48 hours** following your surgery and will gradually subside over the course of a few weeks. It is important to **apply ice** in a waterproof bag to avoid getting the elastic bandage wet during these **first 48 hours** to help reduce swelling and relieve pain.

Swelling may take up to a year to completely disappear. However, severe edema is abnormal and may be a sign of **infection**, **hematoma**, or **seroma**.

❖ The Elastic Bandage

You will need to wear an elastic bandage for **the first month** following the surgical procedure and remove it only when showering. You can wear your own elastic bandage or compression vest (binder) if it has a Velcro strap or front closure and fits properly after surgery. Otherwise, continue to use the elastic bandage provided to you when you left our facility.

❖ Ecchymosis (bruises)

The appearance of bruises on the torso may occur within **2 to 3 days** following your surgery. These will fade in the following weeks. Bruising is a common side effect of any surgical procedure.

Bruising that expand beyond the surgical site (e.g., towards the upper chest or abdomen) may be a sign of a complication, such as a **hematoma**, which should be addressed by a doctor. Please contact us if it occurs.

❖ Hematoma and seroma

A **hematoma** is a complication resulting from active bleeding that creates an accumulation of blood under the skin.

A seroma is related to an accumulation of clear body fluid creating swelling. It can range from a mild accumulation to a more serious build-up.

Some activities such as excessive physical exertion too soon after the surgery, lifting heavy weights, or the use of aspirin or non-steroidal anti-inflammatory drugs that were not authorized by your surgeon increase the risk of developing a hematoma or a seroma.

The symptoms of a hematoma and a seroma are:

- Increased swelling.
- Sudden asymmetry or deformation of the torso.
- Affected area becomes suddenly harder to the touch.
- Localized increase in pain.

**These complications often require a second surgical procedure.
If you suspect a hematoma or a seroma, please contact our team.**

❖ Resuming your regular medications

After the surgical procedure, you can resume your regular medications as indicated by your surgeon.

If antibiotics have been prescribed by your surgeon, it is important to take them until the end of the treatment, even if you have no signs or symptoms of infection.

Do not take acetylsalicylic acid (aspirin or ASA) or anti-inflammatories (Advil®, Motrin®, Naproxen®) during the 2 weeks following the surgery.

❖ Rest and daily activities

Finding a balance between rest and activities will be essential. Rest for 5 days following your surgery. Then, gradually resume your daily activities according to your tolerance.

We strongly recommend walking for a total of at least one hour per day as soon as your condition allows.

Avoid lifting objects weighing more than 4.5 kg (10 lb) during the month following the surgery.

Wait 6 weeks after your surgery before engaging in physical activities and sports.

We recommend that you seek the help of a loved one to help you with your daily tasks and to support you in your post-operative care.

❖ Hydration and bowel movements

The intake of narcotic analgesics and a decrease in physical activity contribute to constipation.

Here are some guidelines to avoid constipation:

- Drink 2 to 3 litres of water per day, unless otherwise advised by your surgeon;
- Increase your daily intake of fibre (fresh prunes or prune juice, All-Bran Buds® type cereals, fruits and vegetables, etc.);
- Reduce your intake of high-fat and high-sugar foods;
- Reduce your consumption of caffeinated beverages such as coffee, tea, etc.;
- Avoid carbonated beverages and alcohol, as they contribute to dehydration;
- Establish a physical activity routine as described in the section *Rest and Daily Activities*.

If the problem persists, please consult your pharmacist.

❖ Driving

Sudden movements caused by driving can lead to complications and pain. We therefore recommend waiting **at least 5 days** before driving again.

Remember that it is prohibited to drive a motor vehicle when taking narcotic analgesics.

14.3 FOUR TO TEN DAYS AFTER THE SURGICAL PROCEDURE

❖ The dressings covering the nipples

If you underwent a mastectomy with nipple grafts, the dressings covering your grafts must be removed **six to eight days** after your surgical procedure.

A prescription to remove the dressings covering your nipple grafts will be given to you upon your medical discharge. Schedule an appointment with the CLSC (Québec) or a nurse or doctor (other provinces) to remove them. Contact our team if you do not have any resources available.

❖ Discharges

It is normal to observe discharges from the wounds.

They can be:

- **Bloody** during the first few days following the surgery.
If the amount of blood soaks through the dressing on the chest and the blood spot continues to grow, it may be **active bleeding** or the drain may be blocked. Try to unblock the drain by referring to the [Jackson-Pratt Drain](#) information document provided to you upon discharge, and if this does not resolve the problem, contact our team with photos and a description of your situation.
- **Clear** (transparent or yellowish) during the three weeks following the surgery. If the drainage is purulent and has a foul odour, refer to the **Infection** section.

Once the dressings are removed, place a dry compress on the surgical site for as long as discharge persists. Change it daily.

If the compress sticks to the nipples, apply a greasy substance directly to them with a sterile compress (Vaseline® or Adaptic®) before replacing the dry compress. To avoid cross-contamination, reserve a container of the greasy substance exclusively for wound care.

❖ Wound opening (dehiscence)

Wound reopening is a complication caused by various factors influencing the healing process. It can also occur if you have lifted excessive weight, exerted physical effort too soon after your surgery, or rubbed or scratched your incisions.

If you notice that your wounds have reopened following the dressing removal, **continue to clean them with mild soap daily**, cover them with a compress and contact us. Generally, no surgery is required to close the wound. The healing period will be longer, but the wound will close on its own from the inside out.

❖ Jackson-Pratt drains

It is essential to read the [Jackson-Pratt Drain](#) document provided to you upon discharge.

A Jackson-Pratt drain is a tube with a constant suction bulb inserted into the closed wound during surgery to:

- Prevent fluid build-up in the wound and reduce the risk of complications.
- Measure the amount of fluid coming from the wound.

They will have to be removed at the CLSC (Québec) or by your attending physician or nurse in a clinic (other provinces), according to the prescription provided to you on medical discharge. This procedure may be slightly painful or uncomfortable but lasts only a few seconds.

Contact us if:

- You experience swelling or redness around the drain.
- Your dressing becomes soaked, and the bulb does not fill.
- The bulb quickly fills with blood.
- The bulb does not maintain its suction effect.

The amount of fluid should decrease over time and become less red.

Fill out the [Jackson-Pratt Drain](#) chart to track drainage progress and bring it to your healthcare professional at your appointment for the removal of the drains.

❖ Hygiene

Before the removal of the drains and the dressings covering the nipples, use a face cloth to wash the upper part of your body to avoid getting the dressings wet.

You can take a shower **24 hours** after the last of the following events:

- **The removal of the drains.**
- **The removal of the dressings covering the nipples.**

If you have placed a compress on your nipples or wounds, you can gently remove it once the compress is wet in the shower to avoid ripping off the scabs formed on your wounds.

1. Use a mild, fragrance-free, alcohol-free bar soap (e.g., Dove® or Ivory®) to clean your torso.
2. Rinse off excess soap thoroughly without directing the shower jet directly onto the wounds.
3. Gently pat dry with a clean towel, then leave to air dry for about 15 minutes. Never rub the wounds.
4. Reapply clean compresses if there is discharge or to prevent discomfort from the elastic band rubbing.
5. Reapply the elastic band snugly.

Subsequently, take a shower every day.

Baths involving the upper body are contraindicated until the wounds are fully healed.

14.4 TEN DAYS TO FOUR WEEKS FOLLOWING YOUR SURGICAL PROCEDURE

❖ Medication

Do not take acetylsalicylic acid (aspirin or ASA) or anti-inflammatories (Advil®, Motrin®, Naproxen®) for 2 weeks following the surgery.

❖ Sutures

Your surgical wounds are closed with dissolving stitches and can take 30 to 90 days to dissolve completely. You do not have to worry about their removal.

It is essential to never pull on the stitches.

There are adhesive strips under the dressing, along the incisions. They will likely fall off on their own in the shower. If not, you can remove them three weeks after your surgery, in the shower, by gently pulling them in the direction of the incision line.

❖ The Scars

It is normal to observe **dark crusts** on the incisions and nipples that have been grafted. This is a normal part of the healing process, and they act as a natural protective layer on the wounds. It is important not to rub, scratch, or remove them. They will fall off on their own in a week or two.

The incisions may be itchy. This is a sign that the wounds are healing. Ice and massages can help alleviate this symptom. Once your wounds are completely healed (fully closed and all crusts have fallen off), you can also apply fragrance-free moisturizing cream.

From 3 to 6 weeks after the surgery, your scars will become **thicker and darker red**.

You will need to wait 6 to 18 months for your scars to flatten, soften, and begin to fade.

Check your wounds daily to ensure there is no **infection** until they are fully healed.

❖ Nipple loss

Partial or complete nipple loss is a complication.

Partial loss manifests itself as irregular nipple contours or loss of pigment on the nipples.

The appearance of grafted nipples changes considerably during the first year. If you wish to correct the appearance of your nipples with a medical tattoo, we recommend to wait at least 1 year.

Correction surgery secondary to partial or total loss of nipples are not funded by provincial programs.

14.5 MORE THAN A MONTH AFTER YOUR SURGICAL PROCEDURE

❖ Scar massage

Remember to wash your hands before and after massaging the scars.

- Approximately **six weeks** after surgery, unless the wounds are not completely healed (completely closed and scabs gone), you can begin scar massage to stimulate blood circulation and increase the flexibility of the tissues surrounding the operated area.
- We suggest you continue this massage for at least 2 months to improve the appearance of your scars and eliminate the sensation of little bumps under them.
- Massage in a circular motion in the direction of the incision, using a vitamin E-based cream or silicone jelly you have already purchased (see Part B). You can also use silicone strips such as Mepitac®.
- Never apply oil to your incisions.
- Once the nipples have completely healed, we also recommend applying vitamin E-based cream to them for 2 months to promote healing.
- We advise you never to have your nipples pierced.

For more information, please refer to the document [How to massage your scars](#).

❖ Numbness or hypersensitivity of the torso

The trauma caused to the small nerve endings located on the surface of the skin on the incisions lines may result in:

- Slight numbness.
- Local hypersensitivity.
- A sensation of heat.
- Your skin may feel different to heat or cold.

You may not be able to feel temperature changes. Be careful not to burn yourself when exposing the area to heat or cold.

Sensitivity will return gradually as the nerve endings heal. It may take more than a year.

❖ Dog ears

Dog ears are defined as **small bulges at the end of the scar** and are not related to a complication.

There is always a transition zone between the operated and non-operated areas. Sometimes, a small bump or fold, usually sharp, can be seen at the end of the scar. This is often referred to as "dog ear." The sharp aspect should normally smooth out within about a year. As soon as you can, massage the small bulge to help it heal better.

It is important to note that if you had excess fatty tissue under your arms or on your back before the surgery, this is not a dog ear. Even if the dog ear flattens out, this excess will remain. Resuming physical activity as indicated in this booklet, combined with a balanced diet, is the preferred option for reducing excess fatty tissue.

If the dog ear has not resolved in one year and is still bothering you, please contact us. However, please note that this corrective surgery is not funded by provincial programs.

❖ The removal of the elastic bandage, swimming and sun exposure

Four weeks after the surgery you can remove the elastic bandage covering your torso.

Please wait **six weeks** or until your wounds are completely healed before taking a bath, swimming in a pool, a jacuzzi, or a lake.

Avoid exposing your wounds to the sun for **one year** after the surgical procedure.

❖ Return to daily activities

You can resume lifting weights over 4.5 kg (10 lb) from the **4th week** after your surgery. We recommend that you increase your lifting gradually to avoid injury.

From the 6th week after surgery, you can **gradually** resume your sporting activities.

15. POST-OPERATIVE FOLLOW-UPS

In the weeks following your return home, we will follow up by email to make sure your recovery is progressing well.

15.1 APPOINTMENTS TO PLAN

- **With the CLSC, a medical clinic, or your healthcare professional**

- In the days following your surgery, you must schedule an appointment for the removal of the drains and dressings covering your nipples, according to your prescription.
 - If you live in Québec, these appointments must be made with your local CLSC.
- Some individuals may require psychosocial support after surgery. We encourage you to contact your healthcare professionals as needed.

- **With our team**

If you would like an in-person or phone consultation with our team after your surgical procedure, please contact us at 514 333-1572, extension 200, or via email at asclepiade@cmcmontreal.com.

If you would like to see your surgeon for a follow-up consultation, unless you have an urgent issue, it is recommended to wait 6 weeks to 3 months after your surgery. Our post-operative team will be able to inform you of the best moment to meet the surgeon depending on the questions you may have.

- **Continue your annual visits with your family physician.**

15.2 CANCER MONITORING AND PREVENTION

Following mastectomy, there may be a small amount of residual mammary gland. It is therefore recommended to follow public health recommendations and your healthcare professional's indications for monitoring and preventing glandular cancer.

It is important to know that a mammogram may be difficult to perform following torso surgery. In this case, palpation, ultrasound or sometimes biopsy may be recommended by your doctor.

15.3 CONTACTS DURING HOME RECOVERY

You and your doctor or nurse at your clinic or CLSC may contact Asclepiade for any questions you may have about your surgical procedure or your post-operative care.

Maison de convalescence Asclépiade: 514 333-1572
asclepiade@cmcmontreal.com

Call 911 or go to the nearest hospital if you believe it's an emergency.

RESOURCES


Info-santé Service in your region	Québec: 811
Emergency Service in your region	Canada: 911
Your family doctor	
Your pharmacist	
Local community service centre (CLSC) in your region	
Action Santé Travesti(e) et Transsexuel(le)s du Québec (ASTT(e)Q)	www.astteq.org
Aide aux Trans du Québec	www.atq1980.org ecoute@atq1980.org
24-hour toll-free helpline	855 909-9038, option 1
Fondation Émergence Inc.	www.fondationemergence.org
Coalition des familles LGBT	www.famillelgbt.org
Interligne in English or in French	www.interligne.co
24-hour toll-free professional helpline	1 888 505-1010


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