



December 2022

MASTECTOMY

INFORMATION BOOKLET

PART C

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INTRODUCTION PART C

This part contains information and advice about your postoperative care. It explains what to expect after a surgery, pain relief, how to treat your wounds, and how to recognize a complication. These recommendations will help you recover more quickly and will ease your convalescence. Please bring this document with you on the day of your surgery.



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CONVALESCENCE

12.1 WHAT IS NORMAL AFTER A PROCEDURE

SWELLING (EDEMA)	Swelling continues for the first 48 hours following your surgery and will diminish after a few weeks. It is important to apply ice during these 48 hours to help reduce swelling and relieve pain. Swelling following surgery may take up to one year to completely disappear. Severe edema is abnormal and may be a sign of infection, hematoma/seroma, or bleeding.
ECCHYMOSIS (BRUISES)	Bruising may occur within 2 to 3 days following your surgery and disappear in the following weeks. Bruising is a side effect common to any surgical procedure. Diffuse and severe bruising is abnormal. This may indicate a complication such as hemorrhage that must be managed by a physician.
SCARS	From 3 to 6 weeks following the surgery, your scars will become thicker and darker red. This is when they will be the least attractive. You will have to wait 6 to 18 months before your scars flatten, soften, and begin to fade.
BLACKISH OR BLUISH SCABS	Scabs may form on scars. These scabs will dry and fall off on their own. It is important not to rub or scratch at them.
ITCHING	Itching is a sign that your wounds are healing. Ice, fragrance-free moisturizers, and massages can help relieve itching.
NUMBNESS OR HYPERSENSITIVITY	It is normal to feel numbness or hypersensitivity in the area of the thorax during the first 12 to 18 months. Sensitivity gradually returns as the nerve endings heal. This can take up to a little over a year to happen. However, it is possible that sensitivity of the nipples is altered or even lost after surgery.

12.2 PAIN MANAGEMENT

It is important to understand that the higher your pain is, the more difficult it will be to relieve. Here are some instructions to help you better control your pain.

Pain is often more intense during the first 48 to 72 hours following the surgery. It is often caused by edema in the thoracic region. To reduce pain, swelling must be reduced. To do so, it is essential to apply ice as often as possible during the first 48 hours.

Additionally, be sure to take your narcotic analgesics regularly (as prescribed by your surgeon) during the first 48 hours following your surgery. If the pain is not sufficiently relieved, you can combine acetaminophen (Tylenol®) with the narcotic analgesics. Consult your physician if your pain is not sufficiently relieved. After 48 hours, you may continue taking your analgesic narcotics or acetaminophen (Tylenol®) as needed if the pain becomes bothersome.

Always follow your medical prescription and refer to your pharmacist or attending physician if necessary to ensure safe use of acetaminophen.

Refer to the *Analgesic Narcotics Guide* that will be provided to you upon admission.

12.3 RESUMING YOUR REGULAR MEDICATIONS

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

It is forbidden to drink alcohol and to drive a motorized vehicle when taking analgesic narcotics. Furthermore, do not take acetylsalicylic acid (Aspirin or ASA) or anti-inflammatory drugs like Advil or Motrin during the two weeks following your surgical procedure.

12.4 SURGICAL DRESSINGS, BLEEDING, AND APPEARANCE OF THE SKIN

Don't forget to wash your hands before making any contact with your wounds.

It is normal to experience bleeding in the days following the procedure. The amount of blood lost can vary from one person to another. If you are concerned, contact us at 514 333-1572, extension 200 or by email at: asclepiade@cmcmontreal.com.

MASTECTOMY WITH NIPPLE GRAFT:

If you have undergone a mastectomy with nipple graft, the bandages covering your grafts will be removed by your family doctor or by a nurse six days after your surgery.

You should, therefore, make an appointment with your family doctor or a nurse six days after your surgery.

For extra comfort, place a gauze pad on wounds that have not healed. If the dressing sticks to the nipples or areas with discharge, apply a greasy substance (Vaseline or Adaptic) on the area to facilitate the removal of the bandages. To avoid cross-contamination, reserve a jar of Vaseline exclusively for the care of your wounds and always take the Vaseline from its jar with a sterile compress or clean tissue.

WOUNDS:

It is normal for wounds to be blackish or bluish in color. These are scabs that will fall off on their own in one or two weeks and allow the new skin to appear.

- Check your wounds daily for infection until they are completely healed.
- During the healing period, discharge from the wound area is normal in the first three weeks after the surgical procedure. If the discharge is purulent and has a bad odor, refer to Part A, Section 3: Risks and Complications.

DRAINS:

If drains were inserted during the procedure, refer to Section 13 at the end of this Part.

Your skin's sensitivity to heat or cold is different following this surgical procedure since your nerves have been affected. You may not feel temperature differences. Be careful not to burn yourself when exposing the area to heat or cold. Never apply ice directly to the skin.

12.5 STITCHES

Your surgical wounds have been closed with dissolving stitches. Their complete dissolution can take from 30 to 90 days. There is no need to concern yourself with their removal.

Beneath the bandage, along the incisions, are adhesive strips. They will probably fall off on their own in the shower. If not, you can remove them three weeks after your surgery.

It is important to never pull at your stitches.

12.6 THE ELASTIC BANDAGE

The elastic bandage will have to be worn for one month following your surgery and it can only be removed when you take a shower. You may wear your own elastic bandage if it is equipped with a Velcro strip at the front. Otherwise, continue using the elastic bandage that you were given after your surgical procedure.

12.7 HYGIENE

Only 24 hours after the removal of the drains AND the dressings covering the nipples:

- Take a shower daily;
- If you have placed a gauze dressing on your nipples, you can remove it once wet to avoid tearing the scabs that have formed on your wounds;
- Use a mild, unscented and alcohol-free soap (Dove® or Ivory®) to clean your torso;
- Rinse excess soap well. Make sure the shower jet does not come into direct contact with your wounds;
- Carefully dry your wounds by tapping them with a clean towel (never rub the nipples), and allow them to air dry for about 15 minutes;
- Replace clean gauze dressings if you wish and according to your comfort level;
- Put the elastic bandage back on with a snug fit (not too tight and not too loose).

12.8 SWIMMING AND SUN EXPOSURE

Wait six weeks or for your wounds to be completely healed before swimming in a pool, hot tub, or lake. Avoid exposing your wounds to the sun for the first year following your surgery.

12.9 HEALING OF YOUR WOUNDS AND SCAR MASSAGE

Approximately six weeks after your procedure (unless your wounds are not completely closed), you can begin scar massage to stimulate blood circulation and increase the elasticity and flexibility of the tissues surrounding the surgery area. Scar massage, which is suggested to continue for at least 2 months, will also allow improvement to the appearance of your scars and eliminate the sensation of having “small bumps” under the scar.

Perform the massage in the direction of the incision with a vitamin E cream or silicone gel. This type of cream is available in pharmacies. You can also use Mepitac® silicone strips. Oils are not recommended because they leave a greasy substance on the wound and can cause pain.

When the nipples are completely healed, it is also recommended to apply vitamin E cream on the nipples for 2 months.

12.10 MOBILITY

Rest and resume your daily activities as soon as possible and according to your tolerance levels.

- Until the 4th week, avoid lifting objects weighing more than 4.5 kg (10 lbs).
- Plan to have help for your return home (cleaning, groceries, laundry, etc.).
- Wait a minimum of five days before driving your vehicle.
- Gradually resume daily activities requiring the use of your arms and avoid sweeping movements.
- Wait until the 6th week after your surgical procedure to participate in intense physical activities.

12.11 HYDRATATION AND BOWEL MOVEMENTS

Taking analgesic narcotics can cause constipation. Here are a few suggestions:

- drink at least 2 to 3 litres of water per day;
- increase your daily consumption of fibre (fresh or dried prunes, or prune juice, All-Bran Buds®-type cereals, fruits and vegetables, etc.);
- reduce your consumption of caffeinated beverages like coffee, tea, and soft drinks and avoid alcohol — these drinks contribute to dehydration;
- establish a physical activity routine.

If the problem persists, consult your pharmacist.

12.12 ALCOHOL AND TOBACCO

Avoid alcohol consumption for the first two weeks following your surgery.

Also avoid smoking cannabis, cigarettes and/or electronic cigarettes, or using nicotine substitutes (Nicorette®, etc.) for six to eight weeks after your surgical procedure.

These products may narrow small blood vessels, delaying the healing of your wounds and, if applicable, increase the risk of partial or total loss of grafted nipples.

12.13 INFECTION OF THE WOUND

Beginning as soon as you return home, check your incisions for infection daily. Continue to do so until your wounds are completely healed.

INFECTION SIGNS:

- Redness
- Sensation of heat
- Sensitivity
- Swelling
- Discharge of pus with a foul odor
- Increased pain in the area of the surgery
- Shivering and a fever exceeding 38.5°C or 101°F for more than 24 hours

12.14 HEMATOMA AND SEROMA

A hematoma is an accumulation of blood beneath the skin and a seroma is related to an accumulation of clear bodily fluid. It may represent a mild accumulation, but a hematoma may also result from a more serious accumulation.

Hematoma and seroma occur most often in patients who took Aspirin one week before their surgery, who lifted excess weight, or who made a physical effort too soon after their surgery.

Symptoms of hematoma and seroma are:

- localized increase in pain;
- asymmetry or sudden deformity of the thorax;
- an area that becomes suddenly harder to the touch;
- increased swelling.

These complications often require a second surgical procedure. If you suspect a hematoma or seroma, please let us know by contacting us at 514 333-1572 extension 200 or by email at:

asclepiade@cmcmontreal.com

12.15 REOPENING (DEHISCENCE) OF WOUNDS

The healing process is influenced by a series of factors: inflammation, infection, strain on the wounds, deficient blood circulation, alcohol, smoking, poor diet, etc. These factors can slow healing and cause wounds to reopen.

Wounds can also reopen if you lift an excessive amount of weight or make a physical effort too soon after your surgery. Rubbing or scratching wounds can also cause them to reopen.

If you notice that your wounds have reopened, cover them with gauze bandages and let us know by contacting us at 514 333-1572 extension 200 or by email at: asclepiade@cmcmontreal.com.

Wound dehiscence does not usually affect the final appearance of the operated area. However, if it does, scar revision surgery may be necessary.

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DRAINS

13.1 DRAINS

The drain is a tube outfitted with a continuous suction bulb that is inserted in a closed wound during surgery.

It is installed to:

- prevent the accumulation of fluid in the wound and reduce the risk of infections;
- allow for the measurement of the quantity of liquid coming out of the wound.

The drains must be removed by your attending physician or by a nurse according to your surgeon's prescription, meaning after day 5 postop and when the volume of the liquid drained is less than 15 ml for a period of 24 hours for 2 consecutive days. They can also be removed if the bulb inflates immediately after closing the cap.

The prescription for the removal of your drains will be given to you prior to your return home.

HYGIENE	Wash your hands before and after each handling of your drains or dressings.
	Do not take a bath or shower until the drains have been removed.

13.2 WHEN SHOULD I EMPTY THE BULB?

The bulb must be emptied three times a day: in the morning, afternoon, and when you go to bed, or as soon as it is half full.

The drained liquid can be red, orange, or yellow. Do not worry if the liquid continues to be tinted with blood.

13.3 HOW TO EMPTY THE BULB

1. Prepare your materials:
 - a clean towel;
 - the graduated measuring container provided by the nurse.
2. Wash your hands with soap and water for 40-60 seconds;
3. Sit near a table or counter;
4. Place the towel on your thighs, then detach the bulb from your clothes;
5. Remove the cap from the bulb;
6. Completely empty the bulb's contents into the graduated measuring container, try not to touch the measuring container with the top of the bulb or cap in order to avoid contamination;
7. To re-establish suction in the bulb:
 - squeeze the bulb until the walls touch each other;
 - while continuing to squeeze the bulb, close the bulb's cap;
 - to allow for the suction effect, the balloon should remain compressed once the cap has been replaced.
8. Attach the bulb to your clothes;
9. Measure the amount of liquid collected in the measuring container and record it in the appropriate box in the table below. Also note the color. Repeat the same steps for the second drain. Be sure to separately measure the drained fluids from each drain;
10. Dispose of the liquid in the toilet;
11. Wash your hands.

RIGHT DRAIN

DATE	MORNING (ML/COLOUR)	AFTERNOON (ML/COLOUR)	EVENING (ML/COLOUR)	TOTAL (ML)

LEFT DRAIN

DATE	MORNING (ML/COLOUR)	AFTERNOON (ML/COLOUR)	EVENING (ML/COLOUR)	TOTAL (ML)

13.4 HOW TO REMOVE CLOTS OR DEBRIS IN THE TUBE

1. Firmly hold the tube close to the dressing with the thumb and index finger of your non-dominant hand, squeezing to hold it in place and avoiding pulling it out of the wound. If these actions cause you too much pain, ask for help from a friend or family member.
2. Place the thumb and index finger of your dominant hand close to the fingers already in place on the tube.
3. While holding the squeezed tube with the fingers of your dominant hand, slide your fingers down the tube all the way to the reservoir, then release the fingers of the dominant hand.
4. Repeat **steps 2.** and **3.** until the clot has reached the reservoir.
5. Refer to **steps 1 to 12** on the previous page to empty the contents of the bulb.

13.5 CONTACT US IF

- you have swelling or redness around the drain;
- your dressing becomes soiled and the bulb is not filling;
- the bulb fills rapidly with blood;
- the drained liquid is murky (cloudy) and greenish in color or smells bad.

The amount of liquid drained should decrease with time and become less red.

You must give your table with the amounts of liquid drained to your physician or to your nurse when you go to your appointment to remove your drains.

13.6 REMOVAL OF THE DRAINS

After the removal of your drains, it is normal for clear or slightly yellowish liquid to continue to lightly leak from your wounds. You can in this case cover your wounds with a sterile compress. If there is no leakage, leave them to the open air.

The two small drain insertion sites will close on their own.

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POSTOPERATIVE FOLLOW-UPS

In the weeks following your return home, we will conduct a follow-up with you by email or telephone to ensure your convalescence goes smoothly.

Cancer surveillance and prevention:

Following torso masculinization surgery, there may be a small amount of residual breast gland. It is therefore suggested that you follow public health recommendations as well as the instructions of your healthcare professional.

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

Continue your annual visits with your family doctor.

QMC



**COMPLEXE
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