

POST SURGICAL INSTRUCTIONS

AXILLARY LYMPH NODE DISSECTION

The purpose of this surgery is to remove lymph nodes from the underarm area and test them for the presence of cancer. The majority of your lymph nodes are removed during this surgery. Generally, the procedure requires one to two hours and is performed with either a local (Groggy sedations) or general (put to sleep) anesthesia.

After surgery

- Your hospital stay may be anywhere from a few hours to several days, depending upon your medical needs.
- You likely be discharged from the hospital with a drainage tube in place. Your drainage tube will remain until the drainage has decreased to 30cc or less for two consecutive days.
- You may shower as soon as you feel able. Water will not harm the clear dressing over your surgical site.
- You will be scheduled for a follow-up appointment approximately one week after you are discharged from the hospital to discuss your pathology report and any recommended follow-up treatment.
- Your surgeon will remove the original dressing, monitor your healing process and bandage the area with thin strips.
- When your drainage tube is removed, a small hole will be visible in your side. Do not worry. Your healing takes place from the inside to the outside of your body. In 2-3 days a scab will form over the area. Until that time, some drainage may continue.

What to Expect

- Nerve endings will be cut during this procedure and your affected arm may feel numb, have tingling sensations or be extra sensitive. Many of these effects will subside over time.
- Swelling may occur in the affected arm causing a condition known as lymphedema. This can occur anywhere from days to years after the initial surgery. Always be alert form this condition and inform your physician immediately.
- Full range of motion and strength should not be impaired by this procedure.

Call Your Surgeon

- Be alert for any accumulation of fluid near the surgical site and inform the office if this occurs. Most likely, it is an easily treated condition called a seroma.
- If you notice any signs of infection such as redness, swelling, drainage, warmth at the incision site.
- If you develop a fever greater than 100.5 degrees F.

POST SURGICAL INSTRUCTIONS

CYST ASPIRATION

A cyst aspiration is the next step if your ultrasound does not clearly indicate whether an area is a cyst (fluid filled) or a solid nodule. The procedure is for diagnosis, not treatment.

One week before a cyst aspiration, avoid taking aspirin, aspirin products and anti-inflammatories, if possible.

The Procedure

- Your breast will be sterilized with betadine and alcohol.
- A small needle stick will numb the area.
- Ultrasound will be used during the aspiration to guide a needle into the nodule.
- If it is a cyst, the fluid will be drained.
- The doctor will remove the needle and apply pressure.
- A Bandaid is placed over the area.
- Discomfort is minimal.

Although you are always welcome to bring a support person, you will not need someone to drive you home.

Take Home Instructions - After Cyst Aspiration

- Rest - don't lift anything over 10 pounds.
- No repetitive activity - tennis, golf, etc. for the rest of the day.
- Resume your normal activities tomorrow.
- Take only Tylenol or pain medication prescribed by the doctor who performed your cyst aspiration.
- Band-aids have been placed over the aspiration sites.
- You may take a bath or shower, but do not scrub over the area.
- Bruising is normal and can last for several weeks.

If any fluid is sent to the lab, we will call you with the pathology report and follow-up instructions in approximately 3 days.

Complications are rare, but we would like you to be aware of them.

- If you have bleeding, apply pressure over the site until the bleeding stops.
- If the area is red and swollen call your doctor. You may need antibiotics.

Always, if you have questions or concerns, call us.

POST SURGICAL INSTRUCTIONS

GROIN LYMPH NODE DISSECTION

Procedure Overview

- Takes approximately 2-3 hours in surgery using a general anesthesia.
- For fluid drainage near the surgical site, a tube will be inserted.
- You will remain in bed following surgery and may have a catheter to drain urine.
- Using crutches or a walker, you will begin gradual weight bearing after the third day.
- Usually once you are able to get out of bed, you may shower.
- Hospital stay usually lasts 1-5 days.

Instructions after Surgery

- Keep your leg elevated to help reduce post surgical swelling and pain.
- You will use crutches or a walker as you gradually increase your activity.
- You will leave the hospital with the drainage tube in place. (You will keep your drainage tube until the drainage is 30cc or less for two consecutive days.)
- Pain medication will be available in the hospital and for home use.
- Do NOT smoke (smoking constricts blood vessels and will hinder your wound's healing). If you "must" resume smoking, wait until after you have fully healed.
- You will have an appointment with your surgeon approximately one week after release from the hospital.

Signs and Symptoms of Infection – Call Your Doctor

- Redness
- Swelling
- Drainage
- Increased warmth at incision site
- Fever greater than 100.5 degrees F.

POST SURGICAL INSTRUCTIONS

ISOLATED LIMB PERFUSION

Isolated limb perfusion is a surgical technique that enables a patient to receive high doses of chemotherapy in one limb (arm or leg) without causing side effects in the rest of the body. Primarily used for melanoma patients, the procedure is designed to help prevent the cancer from spreading in patients with a disease recurrence in one limb.

The Procedure

- You will receive general anesthesia for the surgery and will likely spend 2-4 days in the hospital.
- The perfusion takes place after the removal of recurrent sites of melanoma and/or lymph nodes.
- The limb to be treated will be warmed to a specific temperature to increase the effectiveness of the chemotherapy.
- The chemotherapy will be administered through a major artery and vein of the involved limb. During the infusion a type of tourniquet will prevent the chemotherapy from spreading throughout the body.
- You will awake with a dressing over the surgical site. If lymph nodes were removed during the surgery, you will have a drain to prevent fluid build-up.

Possible Side Effects

- Wound Infection or Separation – keep area clean by using hydrogen peroxide and applying fresh dressings daily.
- Nerve Damage may occur due to the toxicity of the chemotherapy or from swelling that may occur post-operatively.
- Pain (it can be controlled by medication).
- Lymphedema – The treated area will have a tendency to swell.
- Local Skin Changes – Skin on the treated limb will be discolored and peel. Non-irritating lotions with no alcohol may be used as long as you keep them away from the surgical site.
- Blood Clots and/or Vein Inflammation – A rare complication (less than 1%) is the development of blood clots in the artery or vein of the affected limb. Call your doctor immediately if you experience
 - Tingling or unusual sensations
 - Increased swelling
 - Extreme tenderness

POST SURGICAL INSTRUCTIONS

LUMPECTOMY & SENTINEL NODE BIOPSY

Several large studies have compared mastectomy to breast conserving surgery for the treatment of early stage breast cancer. All of these studies have shown no difference in survival. The main advantage of undergoing breast conserving therapy with lumpectomy and sentinel node biopsy is the preservation of the breast and improved cosmetic results.

Definitions

<i>Lumpectomy</i>	The removal of cancer from the breast along with the ring of normal tissue surrounding the lump to ensure removal of the entire tumor.
<i>Sentinel Lymph Node</i>	Once breast cancer spreads into the lymphatics system, it can travel to the lymph nodes. A sentinel node is the first lymph node where a cancer is likely to spread. The axillary nodal basin is the first group of lymph nodes to receive lymphatic fluid from the affected breast. We can now identify these sentinel lymph nodes or first lymph (nodes) which receive drainage from the breast. If this lymph node(s) is removed and does not contain cancer, it is not necessary to remove the remaining lymph nodes under the arm. If cancer cells are found in the sentinel lymph node(s), it may be necessary to undergo a complete axillary node dissection removing the remaining lymph nodes under the arm.
<i>Sentinel Node Biopsy</i>	The surgical removal of identified sentinel lymph node(s) in the axilla on the side of the breast cancer.
<i>Pathologic Review</i>	The pathologist will look at the tissue samples removed from the breast and the arm. A preliminary reading will be given at the time of surgery. However, the final report takes 7-10 working days.
<i>Radiation Therapy</i>	Involves the high energy x-rays that kill cancer cells, reducing the risk of recurrence. After undergoing a lumpectomy, radiation therapy begins in approximately 4 weeks. The radiation is given daily, 5 days per week for approximately 6 weeks. Radiation therapy kills any microscopic cancer cells that may remain in the breast.
<i>Lumpectomy and Sentinel Node Dissection</i>	The blue dye, injected into your breast to identify the sentinel lymph node, can sometimes be seen beneath the skin and will fade over time. The surgeon carefully removes the cancer and small amounts of surrounding normal tissue. The specimen is sent to the pathologist.

	<p>lab for a preliminary report. If the preliminary report shows cancer cells in the normal tissue surrounding the breast cancer, then more tissue will be removed from the breast. This process is repeated until no cancer cells are seen in the tissue sample. This is called "Cleared Margins." The second incision is made under your arm. The blue dye that was injected into the breast has now traveled to the axillary region and has reached the sentinel lymph node(s). The surgeon can now identify these lymph nodes, remove them and send them for a preliminary pathology report. If cancer is identified in the sentinel lymph node(s), a complete axillary lymph node dissection may be performed at a later time.</p>
<p><i>Immediate Post Operative Course</i></p>	<p>Generally, you will not stay in the hospital longer than one day. You may shower; however, do not take a bath. Your nurse will teach you about any dressing changes and how to care for yourself at home. You will also be given a follow-up appointment for your first post-operative check-up.</p>
<p><i>Follow-up</i></p>	<p>You will return to the Cancer Center in approximately 1 week so we may review your surgical incision to make sure it is healing properly. Surgical dressings will be removed.</p> <p>The final pathology report will usually be available at the time of your first follow-up visit. Your surgeon will discuss the pathology results with you and any further necessary actions. This may include re-excision of the lumpectomy site if the surgical margins were positive or removal of your axillary lymph nodes if the sentinel lymph nodes were positive. Occasionally, the final pathology report will differ from the preliminary report. Your surgeon may ask you to see other cancer care specialists including a Radiation Oncologist and/or Medical Oncologist regarding treatment options specific for your needs.</p> <p>Call your surgeon if you have concerns prior to the follow-up appointment. You should also notify your surgeon of any concerns regarding the arm you had the lymph nodes removed from.</p> <p>The arm you had the sentinel lymph nodes removed from is at low risk for lymphadema (swelling of the arm) and seroma (fluid collection under the incision). Depending on how many sentinel lymph nodes were</p>

	<p>removed and if any swelling develops, your surgeon may instruct you on special precautions for the arm, such as avoiding blood draws and IV's to the arm.</p> <p>At your follow-up appointment ask your surgeon for any special instructions.</p>
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POST SURGICAL INSTRUCTIONS

NEEDLE LOCALIZATION BIOPSY

This outpatient procedure involves the removal of a small amount of tissue for laboratory analysis. There are two parts to the procedure. Plan on spending about 4-6 hours, including recovery.

Before Your Biopsy

- Avoid aspirin, aspirin products and anti-inflammatories, for one-week prior to your biopsy, if possible.
- On the day of your test, eat and drink normally before you come. You will need someone to drive you home.

Phase I

- Please be on time as several teams are scheduled for your procedure.
- You will have another mammogram of the suspicious area to pinpoint its precise location.
- The radiologist will then insert a needle into the exact spot of the abnormality. (You will feel only a small stick.)
- Additional films will be taken to ensure precise placement of the needle.
- A wire will then be threaded through the needle to mark the questionable area.
- The needle is removed with the wire in place as an exact guide for your surgeon.

Phase II

- You will be transported to the operating room.
- You will receive an IV, which will contain medication to relax you.
- Local anesthesia will be used to numb area around the wire
- Your surgeon will then remove the entire abnormality along with the wire
- The specimen goes to pathology for verification that all of the suspicious area was removed.
- The wound will be closed with sutures.
- You will be taken to recovery for a few hours.
- You will receive the pathology report at your follow-up visit with your physician.

Take Home Instructions - Biopsy

- Rest - don't lift anything over 10 pounds.
- No repetitive activity - tennis, golf, etc. for the rest of the day. Resume your normal activities tomorrow.
- Take only Tylenol or pain medication prescribed by the doctor who performed your biopsy.
- You may take a bath or shower, but do not scrub over the area.
- Bruising is normal and can last for several weeks.

Complications are Rare, Contact Us if you have

- Bleeding or yellowish discharge from your biopsy site.
- If the area is red and swollen, you may need antibiotics.
- If you experience shortness of breath, go to the emergency room and tell them you have had a breast biopsy.
- If you develop a fever over 100.5 F.
- Always, if you have questions or concerns, call us.

POST SURGICAL INSTRUCTIONS

LYMPHOSCINTIGRAPHY

Out of the hundreds of lymph nodes in your body, this radiological procedure identifies the sentinel nodes, which are the lymph nodes that are at risk for spreading cancer. As such, it helps patients avoid having a full axillary lymph node dissection. The lymphatic system fights infection and assists your body's immune system. Lymphatic fluid is filtered through the lymph glands as it circulates through narrow vessels removing bacteria, toxins and dead cells. Cancer cells may also be taken up in the lymph fluids and taken to the lymph nodes.

Lymphoscintigraphy

- Identifies the location of lymph nodes that should be removed for further testing.
- Shows the pattern of lymphatic drainage in your body.
- It does not determine the presence or absence of cancer in the lymph nodes.
- Is an extremely safe test that uses a low dosage of radioactive drugs.

The Procedure

- Eat and drink normally before the procedure unless you are scheduled for surgery that same day.
- Bring any films or scans from other facilities.
- Be sure to inform the technologist if there is *any* chance you might be pregnant.
- The radiologist will inject a special blue dye with a radioactive tracer around the site of your cancer that will mark the path to the sentinel nodes.
- The blue dye will stain the skin, but in most cases will wear off within two to four weeks. It will look like a small bruise.
- You will not be considered radioactive after this procedure.

POST SURGICAL INSTRUCTIONS

SEROMA

A seroma is an accumulation of lymph and other body fluids near the surgical site. Seromas generally occur about 7-10 days after surgery, which is usually a few days after drainage tubes are removed. You will likely notice a swelling near the surgical site that has a fluid-like movement when touched. Do not become alarmed if you develop a seroma: it is a very common, treatable complication that should not cause worry or concern.

This excess fluid can be drawn off using a small syringe and needle in your physician's office. In some cases, you may need to have the fluid removed more than once. Usually within a month, your body will re-absorb the fluid and manual drainage will not be necessary. It is not always necessary to have this fluid drained; however, you should always let your physician know if the problem occurs as the increased fluids can produce tension on the healing incision as well as be a source of infection.

Call the Office if you

- Suspect you are developing a seroma
- Develop redness at the surgical site
- The surgical area becomes more tender or warm
- Increased drainage occurs

POST SURGICAL INSTRUCTIONS

STEREOTACTIC BREAST BIOPSY

This biopsy technique represents the latest development in the goal of surgeons to make breast biopsy less invasive. Over 1 million American women will have a breast biopsy this year, with the vast majority of them finding out that their mass or suspicious lesion is NOT cancer.

Before the Procedure

- You may eat a light meal and fluids (non-alcoholic) of your choice.
- Have someone accompany you if you think you will want medication to help you relax. (we want you to have a safe ride home!)
- If we do not already have your mammogram films, bring them with you.
- Plan on the procedure taking about 3 hours.

The Stereotactic Breast Biopsy

- Be sure to tell the medical staff about any medications you are taking.
- You will go to a procedure room that has the special stereotactic biopsy table.
- You will lie face down with the breast in question, positioned through an opening in the table.
- A special computer, attached to the table, runs a built-in mammography machine that takes images of the suspicious lesion's precise location in stereo.
- Using this image-guided system, your surgeon is able to remove less tissue with greater accuracy.
- Once the suspicious area is removed, two additional mammograms are taken to verify that the procedure was successfully completed.
- Pressure will be applied to stop bleeding and a sterile dressing will be placed over the biopsy site.

Home Instructions

- Have someone drive you home.
- Apply an ice pack to the site at 20-minute intervals until bedtime to help prevent swelling and bruising.
- You may feel some discomfort when the anesthesia wears off. Take Tylenol or pain medication as prescribed by your physician.
- Avoid strenuous activity for at least 24 hours.
- Go braless or wear a very comfortable bra the first day after surgery.

Call your Physician if you

- Develop a fever greater than 100.5 degrees F.
- Experience swelling, redness or pain at the biopsy site.