



This leaflet forms part of a series of publications produced by the Lynda Jackson Macmillan Centre (LJMC).

If you would like further information about any aspect of cancer and its treatments, please drop in to the centre or call the Helpline.

The LJMC is staffed by healthcare professionals and trained volunteers and is part of the Mount Vernon Cancer Centre.

- Drop-in centre for support and information
- Telephone Helpline
- Benefits Advice *
- Pre-treatment visits
- Complementary therapies *
- Relaxation classes
- Counselling *
- Support groups
- Look Good...Feel Better™ beauty workshops

* These services are available to patients under the care of an NHS oncologist based at Mount Vernon Cancer Centre.

A Patient's Guide to Physiotherapy following Breast Surgery and/or Reconstruction

Opening hours: Mon - Fri: 9.30am - 1.00pm & 2.00 - 4.30pm

Lynda Jackson Macmillan Centre

situated between the Cancer Centre and Gate 3 (White Hill)

Mount Vernon Hospital, Northwood, Middlesex HA6 2RN

Telephone Helpline: **01923 844014**

www.ljmc.org

Patient Information Series No 10a

Consent

It is a legal requirement to have a signed Consent Form from you before the start of your treatment.

If you have already been given one of these forms, please bring the completed form with you when you come for your first appointment.

If you have not been given a form, this will be discussed with you at your first appointment.

Identification

Please note that it is a legal requirement for the staff to check your name and details against your treatment sheet every time you attend.

This leaflet has been written in collaboration with Physiotherapists, Breast Care Nurses and other Health Professionals within the Mount Vernon Cancer Network.

If you have difficulty reading this size of print, a version of this leaflet or any of our leaflets can be produced for you in a larger print.

Contacts

Breast Care Nurses

St Albans City Hospital: 01727 897562

Hillingdon Hospital: 01895 238282

Northwick Park Hospital: 020 8869 2510

Your local Breast Care Nurse:

Physiotherapist:

Physiotherapy Department (MVH): 01923 844261

National Organisations

Breast Cancer Care: 0808 800 6000
www.breastcancercare.org.uk

Macmillan Cancer Support/Cancerbackup:
www.macmillan.org.uk 0808 808 2020

Driving

We advise that you do not start driving for at least two to three weeks after your operation (**four to six weeks for reconstructive surgery**). It is essential that you do not start to drive until you feel confident that you are safe and able to react in an emergency.

We recommend that, when you start driving again, you go for short trips at first and gradually increase the distance as you feel able. It is advisable that you check with your insurance company, as they may have exclusion clauses concerning recent surgery.

If you have any queries about exercise, activity or care of your arm, or about anything in this leaflet, please contact your Breast Care Nurse.

Physiotherapy following Breast Surgery and/or Reconstruction

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Introduction

This leaflet gives details of exercises and scar massage, and offers general advice for patients who have had breast surgery and/or reconstruction, including removal of some or all lymph nodes in the armpit.

The exercises and scar massage are specifically designed to help you regain as much movement in your arm as you had before your surgery, and to prevent pain and stiffness in your shoulder.

If you are finding it difficult to lift your arm or to do the exercises, please contact your Breast Care Nurse who may refer you on for physiotherapy.

Most of the advice in this leaflet will be helpful to you no matter what breast surgery you have had. However, if you have had reconstructive surgery, you will need to take careful note of when to start Section Two of the exercises (page 10) and choose the correct additional exercises from page 12.

If there is anything in this leaflet that is unclear, please contact your Breast Care Nurse.

Effects of Surgery and/or Radiotherapy Treatment

After drain removal

You may notice a soft swelling in your chest or armpit a few days after the drainage tubes have been removed from your operation wound. This is caused by a collection of fluid. Should this happen, contact your Breast Care Nurse for further advice.

You can ease any extra sensitivity by regularly touching the area with your hands and with different types of materials, such as cotton wool, sponge and velvet. Progress to harder materials, such as rough towelling or clothing, to provide 'normal' input which helps to desensitise the skin.

Returning to work

There are a number of factors you will need to consider before you return to work, such as the type of work you do and whether your treatment will affect your ability to carry it out. Please ask your doctor for advice.

Sport/Leisure

When your scar has healed fully, you may begin swimming, unless you are having chemotherapy or radiotherapy treatment. Start slowly and build up gradually over the next six weeks to your previous level of fitness.

If you are having chemotherapy or radiotherapy treatment, you should not go swimming for one to two months after your treatment has finished. This is because your skin may react to the chemicals in the water.

Most other leisure activities can be started within two to three months. Please ask your surgeon if you need specific advice about your particular sport or interest.

Lymphoedema can be treated. It is important to tell your GP or your Breast Care Nurse if you notice a persistent swelling, pressure or a feeling of tightness in your arm, so that you may be referred for treatment at an early stage. Research has shown that exercise does not increase the risk of lymphoedema.

Cording

Removal of one or more lymph nodes during surgery can cause cording in your armpit and down into your arm.

This should not prevent you from doing your massage, exercises or stretches. Continue to massage the areas where you feel the cords, working from your arm up into your armpit.

It is not common for these cords to 'pop' or snap but, if they do, this will immediately improve your movement and will not have any ill effects (see page 5).

Changes in sensation

Following breast surgery you may feel a change in sensation over your breast and/or inner arm. If you have had a breast reconstruction you may also feel a change in sensation over the donor site of your flap. These changes are often described as numbness, tingling or extra sensitivity to light touch.

This is due to nerves which have been affected during your surgery. These sensations are not harmful and may persist for several months after your surgery. Some people experience a small amount of permanent numbness.

Scar Tissue

Scar tissue is produced as a result of the body's normal healing mechanism. It takes approximately 18 months to two years for scars to settle down. During this time, symptoms related to the scar can be greatly relieved by regular firm massage with a non-perfumed cream such as an aqueous cream.

You may start scar massage once your wounds are fully healed (usually at about two to three weeks after your operation). By doing this, together with your exercises, it is expected that you will regain your normal range of movement.

Cording

Cording may occasionally appear after your operation as tight bands or 'cords' in your armpit, sometimes stretching down your arm. You may experience a sharp pulling sensation or pain when you try to stretch your arm. (See page 15.)

This normally happens between one to eight weeks after your operation. If the exercises and scar massage do not start to resolve this problem within a month, you may need to see a physiotherapist to help you. Your Breast Care Nurse can arrange this for you.

Exercises

These exercises are designed to improve the range of movement in your arm and shoulder. They are grouped in sections so that you may progressively increase the movement in your arm as you recover from surgery.

It is important that you start these exercises gently as you may experience pain when you start to move your arm.

It is important to take painkillers, especially in the days following your surgery, and we advise you to continue taking them until your arm movement is back to normal.

If your pain is persistent and not relieved by your regular painkillers, please tell the nurse in charge or your Breast Care Nurse. You may need to see a physiotherapist for more specific advice.

Exercises: Section One

It is advisable to start these exercises the day after your surgery, even if you have one or more drains from your surgery in place. At this stage you may also use your arm for light activities such as cleaning your teeth and brushing your hair.

Try to do the exercises out of bed, in a warm environment and wearing loose clothing. Sit with your back straight and your head up, feeling as relaxed as you can. Practise the exercises three times a day, repeating each one five times.

For the first six weeks, you should limit the use of your affected arm for repetitive tasks such as ironing, vacuum cleaning or using a computer. You may gradually increase the time you spend on such tasks from 10 to 30 minutes over these six weeks.

You may find your shoulder muscles ache as you increase the use of your arm. This is normal and should improve.

After six weeks

Continue to increase the use of your arm over the next six weeks. Remember that, if you have had most of your lymph nodes removed, gripping anything for longer than ten minutes at a time hinders the movement of lymph fluid in the vessels and puts you at risk of lymphoedema.

Lymphoedema

Those who have had surgery and/or radiotherapy to the armpit have a potential risk of developing lymphoedema. This is a condition which is characterised by a progressive swelling of the arm, which can develop months or even years after breast cancer treatment has finished.

Lymphoedema may be brought on or made worse by infection of the affected arm or hand. It occurs as a result of damage to or removal of the nodes in the armpit which are responsible for draining the fluid that collects between cells.

It is normal for you to experience some swelling from the surgery you have had, but if this persists for longer than three months following your operation, it may be that you need to see a lymphoedema specialist.

Scar Management

Once your scars are healed, it is important that you keep doing your scar massage for at least a year while the scarring continues to become softer, smoother and more mobile.

In addition to the scar massage, it is helpful to move the skin around your scar over the tissues underneath by holding your (dry) skin with the flat of your hand and making small circular movements. It may be useful to work at this exercise from below your breast and up towards your collar bone.

If you need radiotherapy treatment, you may have to modify your massage. It will be important to take advice from your radiotherapist, who will be monitoring any skin reaction from your treatment.

Your scars should become soft and mobile over the tissues underneath. If you are in any doubt about them, please contact your Breast Care Nurse as you may need some help from a physiotherapist.

Lifting and Gripping

Do not attempt any heavy tasks, such as carrying heavy bags of shopping, suitcases or watering cans until three months after your operation.

- Weeks one to six
For the first three weeks do not carry anything heavier than a bag of sugar, and then for no more than 10 minutes.

Section One - Exercise 1

Open and close your fist to help the circulation in your hand and lower arm.



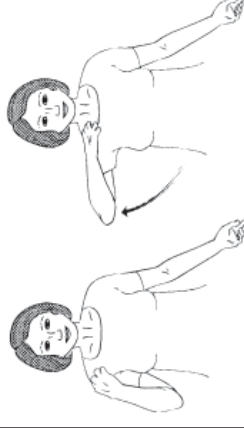
Section One - Exercise 2

Stretch your arms out, then place both hands on your shoulders and practise bending and straightening your arms at the elbows.



Section One - Exercise 3

Place your hand on your shoulder, lift your elbow out to the side until it is level with your shoulder, then gently lower your elbow.



Advice on leaving hospital

Exercise

We advise you to continue your exercises three times a day after you go home. This is particularly important if you are having radiotherapy treatment. Try to take time to do the exercises slowly and carefully, wearing loose clothing in a warm environment.

If you do not continue to improve and regain your full movement, you may need to do them more often or see a physiotherapist to help you.

Remember, if you are having pain in your arm, keep taking your regular painkillers. It is important that you do not limit your exercises because of pain or discomfort. However, if they are painful to do, it is also important that you do them gently. Do not try to push through a lot of pain.

As you use your arm more you may feel some aching around the shoulder. This discomfort should improve as the muscles become stronger.

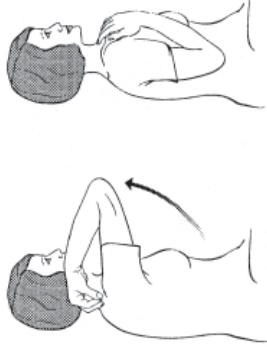
If you have had breast reconstruction, your donor site will also benefit from regular exercises and stretches.

(See the additional exercises on page 12.)

If you need further help, please ask your Breast Care Nurse who may refer you on for physiotherapy.

Section One - Exercise 4

Place your hand on your shoulder, lift your elbow forward until it is level with your shoulder, then gently lower your elbow.



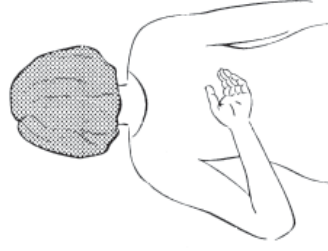
Section One - Exercise 5

Sitting with your elbow supported, brush your hair gently backwards. Increase the movement until you can include your whole head, keeping your head upright.



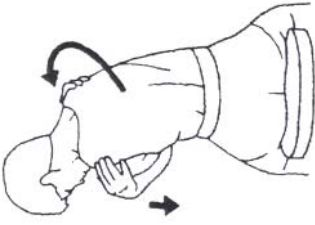
Section One - Exercise 6


Reach behind your back with your affected arm as if doing up and undoing a zip.




Additional Exercises Following Breast Reconstruction

(Please ask your Breast Care Nurse which of these you should do.)

<p>LD Flap Reconstruction - Exercise 5</p> <p>Sit upright on a chair or bed with your arms crossed over your chest, holding the opposite shoulder.</p> <p>Keeping your pelvis still, rotate your body around to the left, then to the right.</p>	 <p style="text-align: right;">© Physio Tools Ltd</p>
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 <p style="text-align: right;">© Physio Tools Ltd</p>	<p>LD Flap Reconstruction - Exercise 6</p> <p>Sit or stand with an upright posture.</p> <p>Stretch your arm over your head and bend your body over sideways. Return to an upright position.</p>
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<p>DIEP & TRAM Flap Reconstruction - Exercise 7</p> <p>Lie on your back, with your knees bent up in a relaxed posture. Tighten your tummy muscles and gently slide one foot down the bed until your leg is straight, then slide it back again, keeping contact with the bed all the time. Repeat with the other leg.</p>  <p style="text-align: right;">© Physio Tools Ltd</p>
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Massage

Once your wounds are fully healed (dry with no inflamed, moist or scabby areas), start massaging the scars with an aqueous cream to reduce hard, lumpy places over and around them.

Try to do the massage little and often over the day, as scars respond to frequent massage (say, for two minutes, six times a day).

If you have had breast reconstruction, remember to massage your donor site scars as well.

Initially it may feel like they tighten up again by the next day, but if you persevere they will start to soften and improve.

Exercises: Section Two

The following exercises may be started once any drains have been removed at about five days following your operation, unless you have had reconstructive surgery. **If you have had breast reconstruction**, these exercises and stretches may be started **three weeks after your surgery**.

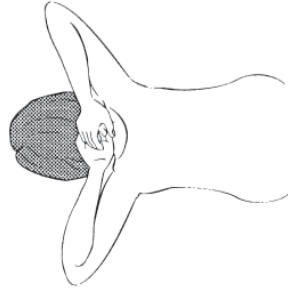
Practise them three times a day, repeating each one five times. Continue with the exercises in Section One as well.

Start to stretch your arm above your head and out to the side, pushing into the tightness. Try to hold these stretches for 15 - 30 seconds each. You should only feel a pull, **not pain or discomfort**.

If you are in pain or uncomfortable, keep taking your regular painkillers. It is important that you do not limit your exercises because of pain or discomfort. However, if they are painful to do, it is also important that you do them gently. Do not try to push through a lot of pain.

Section Two - Exercise 1

Bend your elbows, clasp your hands behind your neck then extend your elbows outwards. This exercise may be done whilst lying down, if you find it easier.

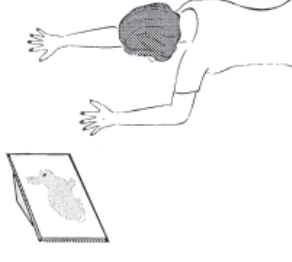


Section Two - Exercise 2

Lie on your back, head on a pillow. Hold a light cane or walking stick in both hands at arms length, resting on your body. Then lift it up as far as possible over your head and lower it again, keeping your arms straight all the time.

Section Two - Exercise 3

Standing close to and facing a wall with your feet apart, slide your hands from shoulder level up the wall as far as you can without discomfort and without arching your back, then bring them back to shoulder level.



Section Two - Exercise 4

Practise drying your back with a towel held diagonally, one arm holding it over your shoulder and the other behind your back. Repeat this exercise by changing hands.

