

Advice following breast surgery and/or reconstruction

Patient Information Series PI 10a

This leaflet should be given with the Breast Cancer Care
leaflet 'Exercises after breast cancer surgery'

NHS
East and North Hertfordshire
NHS Trust



**Mount Vernon
Cancer Centre**



Contacts

Your oncologist secretary:

Your local breast care nurse:

Physiotherapist:

Physiotherapy Department (Mount Vernon Hospital):

..... 01923 844430

National Organisations

Breast Cancer Now: 0808 800 6000
www.breastcancernow.org.uk

Macmillan Cancer Support:
www.macmillan.org.uk 0808 808 0000

24 hour Acute Oncology Service

Mount Vernon Cancer Centre: 07825 028855

Advice following breast surgery and/or reconstruction

Contents

Contacts	2
Introduction	4
Effects of surgery (and/or radiotherapy)	4
Why do I need to do exercises?	5
Why do I need to massage my scars?	6
What if I have had a breast reconstruction?	6
Exercises for after breast reconstruction	7
What should I do after I have left hospital?	8
What is Lymphoedema?	9
What should I do if I have cording?	10
Will I notice any changes in sensation?	11
When can I return to work?	11
When can I start doing my sport or leisure activity?	11
For patients having radiotherapy	12
When can I start driving again?	12
Where can I get more information?	12
Other help and support	13

Introduction

Please read this leaflet alongside the Breast Cancer Care leaflet 'Exercises after breast cancer surgery'.

This leaflet gives advice for patients who have had breast surgery and/or reconstruction. This includes patients who have had removal of some or all lymph nodes in the armpit.

Exercises and scar massage are designed to help you regain as much movement in your arm as you had before your surgery. They will also help to prevent pain and stiffness in your shoulder.

If you are finding it difficult to lift your arm or to do the exercises, please tell your breast care nurse who may refer you for physiotherapy.

If there is anything in this leaflet that is unclear, please ask your breast care nurse.

Effects of surgery (and/or radiotherapy)

After your drain has been removed

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. If this happens, please contact your breast care nurse for more advice.

What is scar tissue?

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

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

What is cording?

Cording may sometimes appear after your operation as tight bands or 'cords' in your armpit. These can sometimes stretch down your arm. You may have a sharp pulling sensation or pain when you try to stretch your arm (see page 10).

This often happens between one to eight weeks after your operation. If the exercises and scar massage do not help this problem within a month, you may need to see a physiotherapist to help you. Your breast care nurse can arrange this for you.

Why do I need to do exercises?

The exercises are designed to improve the range of movement in your arm and shoulder. They are grouped in sections so that you can gradually increase the movement in your arm as you recover from surgery. It is important that you start these exercises gently as you may have pain when you start to move your arm.

It is important to take painkillers, especially in the days after your surgery. You should carry on taking them until your arm movement is back to normal. If your pain carries on and is 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 advice.

If you have had lymph nodes removed from under your arm we recommend that you continue these exercises for at least two years, maybe even for life, depending on the number of lymph nodes removed. This will reduce the risk of you developing lymphoedema.

Why do I need to massage my scars?

When your wounds are dry and have no inflamed, moist or scabby areas, they are fully healed. You can now start massaging them with a non-perfumed cream to reduce hard, lumpy areas over and around them.

Try to do the massage little and often over the day. This is because scars respond to regular massage, for example two minutes, six times a day. If you have had breast reconstruction, remember to massage your donor site scars as well.

To start with it may feel like they tighten up again by the next day, but if you carry on they will start to soften and get better. It is also helpful to move the skin around your scar over the tissues below, 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.

It is important that you keep doing your scar massage for at least a year. This is because the scarring will continue to become softer, smoother and more mobile. If you are unsure, please ask your breast care nurse as you may need some help from a physiotherapist.

If you need radiotherapy, you may have to change your massage. The radiographers will tell you what to do as they will be monitoring any skin reaction from your treatment.

What if I have had a breast reconstruction?

You should **wait three weeks** before starting the exercises and stretches in the breast cancer care leaflet.

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.

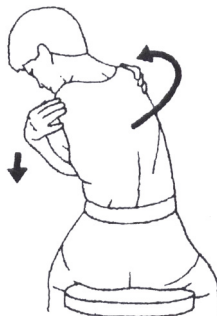
Exercises for after breast reconstruction

Please ask your breast care nurse which exercises you should do.

LD Flap Reconstruction - Exercise 1

Sit upright on a chair or bed with your arms crossed over your chest, holding the opposite shoulder.

Keeping your pelvis still, rotate your body around to the left, then to the right.



LD Flap Reconstruction - Exercise 2

Sit or stand with an upright posture.

Stretch your arm over your head and bend your body over sideways. Return to an upright position.

DIEP & TRAM Flap Reconstruction - Exercise 3

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.



The above illustrations have been used with the kind permission of PhysioTools Ltd. All rights reserved. Copyright PhysioTools Ltd.

What should I do after I have left hospital?

Exercise

We advise you to carry on doing your exercises three times a day after you go home. This is very important if you are going to have radiotherapy. Try to take time to do the exercises slowly and carefully. It is sensible to wear loose clothing and do them in a warm area.

If you do not carry on improving and regaining your full movement, you may need to do the exercises more often or see a physiotherapist who can help you further.

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 exercises on page 7.)

If you need more help, please ask your breast care nurse who may refer you for physiotherapy.

Am I allowed to lift or grip things?

Do not try to do any heavy tasks. This includes 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.

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

Carry on increasing the use of your arm over the next six weeks. If you have had most of your lymph nodes removed, gripping anything for longer than ten minutes at a time will reduce the movement of lymph fluid in the vessels and puts you at risk of getting lymphoedema.

What is Lymphoedema?

Anyone who has had surgery and/or radiotherapy to the armpit is at risk of developing lymphoedema. This is when a swelling is caused by a build up of lymph fluid in the tissues. It can develop months or even years after breast cancer treatment has finished and may be brought on or made worse by infection in the affected arm or hand.

It occurs as a result of damage to or removal of the nodes in the armpit. These normally allow lymph fluid to drain away. But when they have been damaged, the fluid collects in the tissues.

It is normal for you to have some swelling from the surgery you have had. If it carries on for longer than three months after your operation, it may be that you need to see a lymphoedema specialist.

Lymphoedema can be treated. It is important to tell your GP or your breast care nurse if you have a persistent swelling, pressure or a feeling of tightness in your arm. This is so that you can be referred for treatment at an early stage.

It is important to carry on doing your arm exercises for at least two years after your radiotherapy. It may be necessary to do these exercises for life. This depends on the number of nodes that you have had removed.

Research has shown that exercise does not increase the risk of lymphoedema. Regular gentle exercise such as walking or swimming and also doing the exercises in this leaflet, will help with lymph drainage and keeping your joints supple.

What should I do if I have cording?

This should not stop you doing your massage, exercises or stretches. Carry on massaging the areas where you feel the cords, working from your arm up into your armpit.

These cords may 'pop' or snap. If they do, this will improve your movement and will not have any ill effects. See page 5 for more about cording.

Will I notice any changes in sensation?

After your 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. Many patients described these as numbness, tingling or extra sensitivity to light touch.

This is because the nerves have been affected during your surgery. These sensations are not harmful and may carry on for many months after your surgery. Some people have a small amount of numbness for good (permanently).

You can ease any extra sensitivity by regularly touching the area with your hands and with other materials, such as cotton wool, sponge and velvet. Progress to harder materials, such as rough towelling or clothing. This helps to desensitise the skin.

When can I return to work?

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

When can I start doing my sport or leisure activity?

When your scar has healed fully, you may begin swimming. However, if you are having chemotherapy please ask the team treating you. Start slowly and build up gradually over the next six weeks to your previous level of fitness. This also includes using gym equipment.

For patients having radiotherapy

You may go swimming during treatment. However, if the chlorinated water irritates your skin you may need to stop. Please ask the radiographers for advice.

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

If you have any queries about exercise, activity or care of your arm, or about anything in this leaflet, please ask your breast care nurse.

When can I start driving again?

We advise that you do not start driving for at least two to three weeks after your operation. Patients who have had reconstructive surgery should not start driving for four to six weeks. You must not start to drive until you feel confident that you are safe and able to react in an emergency.

When you start driving again, it is a good idea to go for short trips at first and then increase the distance as you feel able. You should check with your insurance company as they may have exclusion clauses about recent surgery.

Where can I get more information?

If you are worried or would like to discuss any further issues, please contact your breast care nurse based at your local district general hospital.

Other help and support

The Lynda Jackson Macmillan Centre (LJMC) offers information and support to patients and their families and is located next to Chemotherapy Suite by Gate 3. The staff at the LJMC work as part of the overall team caring for you.

People who have cancer often say that during their illness they experience a range of emotions. Many find it to be a stressful, anxious and confusing time. Please feel free to drop in before, during or after any of your visits to Mount Vernon Cancer Centre to find out more about the LJMC services that you may find helpful.

The volunteers and healthcare professionals at the LJMC provide help, support and information in a relaxed setting to help patients cope with cancer and its treatment.

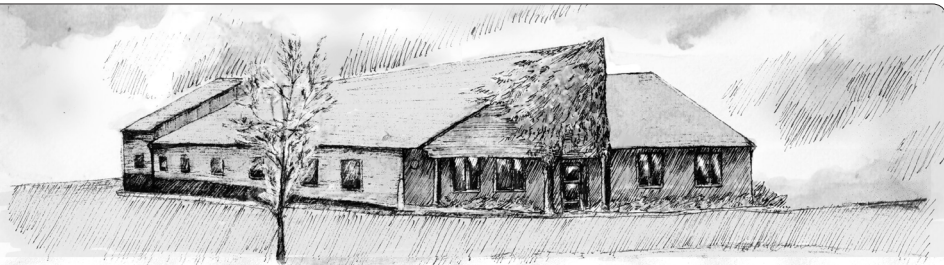
LJMC services include a range of complementary therapies, counselling, relaxation sessions and financial advice. You can drop in without an appointment or call the LJMC helpline on 020 3826 2555. More information is on the back of this leaflet.

This publication has been produced by the Information team at the Lynda Jackson Macmillan Centre. Contributors include professionals, patients and carers from Mount Vernon Cancer Centre who have expertise and experience in the topics covered by this publication. All our publications are reviewed and updated regularly. If you would like any details of the references used to write this information please contact the LJMC on 020 3826 2555.

Notes:

This image shows a full page of white paper with horizontal dotted lines, typical of primary school writing paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This image shows a full page of white paper with horizontal dotted lines, typical of primary school writing paper. The lines are evenly spaced and run across the entire width of the page. There are no margins, text, or other markings present.



Lynda Jackson Macmillan Centre

... supporting people affected by cancer...

- ① Drop-in centre for support and information
- ① Telephone helpline
- ① Complementary therapies*
- ① Counselling*
- ① Benefits advice*
- ① Relaxation classes
- ① Look Good...Feel Better™ beauty workshops
- ① The Way Ahead headwear workshops
- ① Self-help courses

The **Lynda Jackson Macmillan Centre** is situated between the Cancer Centre and Gate 3 (White Hill)

Please drop in or call to find out how we may be able to help you

Opening hours: **Monday–Friday: 9.30am–4.30pm**

Mount Vernon Cancer Centre, Northwood, Middlesex HA6 2RN

Telephone Helpline: **020 3826 2555**

Website: **www.ljmc.org**

* Service only available to NHS patients under the care of an oncologist based at Mount Vernon Cancer Centre



Lynda Jackson Macmillan Centre

© LJMC 2020

PI10a [pink] published 04/20
review date 04/23