UNITED
BREAST CENTER

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BREAST & ENDOCRINE
SURGERY

BREAST CANCER CARE GUIDE

UNITED BREAST CENTER

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INTRODUCTION TO BREAST CANCER

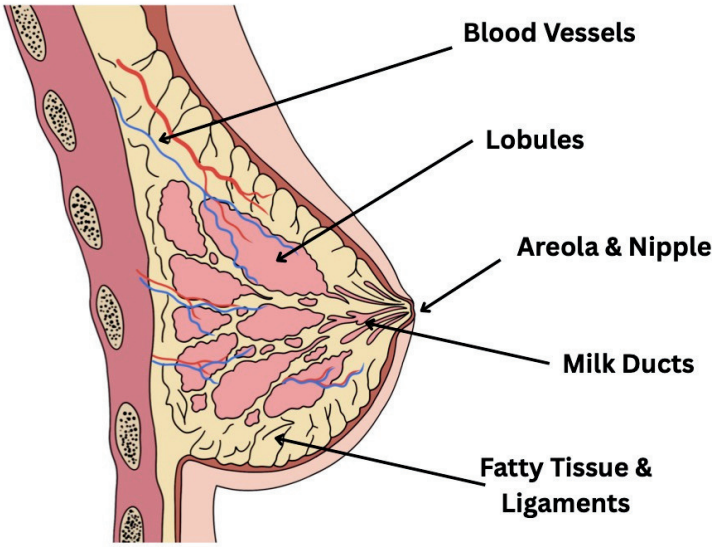
This guide will provide basic information about breast health, your breast cancer diagnosis, and possible treatment options to help prepare and educate you about your care. Every woman's cancer journey is different and there is no one "correct" treatment strategy. You will work with your healthcare team to determine which treatment options are right for you.

UNDERSTANDING THE STRUCTURE OF THE BREAST

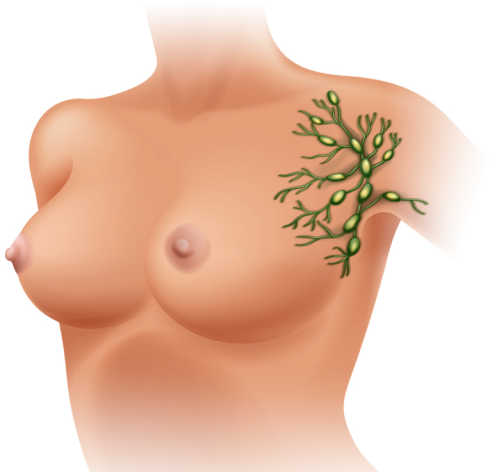
The breast is made up of different tissues and structures, each with its own role. Breast cancer can come from different parts of the breast tissue. Knowing the basic parts of the breast can help you better understand breast cancer and how it may be treated.

Main Parts of the Breast

- Lobules (mammary glands) - These are small glands that produce milk.
- Milk ducts - These are thin tubes that carry milk from the lobules to the nipple.
- Areola and nipple
  - The nipple is where milk leaves the breast during breastfeeding.
  - The areola is the darker skin around the nipple.
- Fatty tissue and ligaments - Fatty tissue makes up most of the breast and gives it its shape and softness. Ligaments provide support and hold the breast structures in place.
- Blood vessels - These bring oxygen and nutrients to the breast tissue.



Lymphatic System and Lymph Nodes



The lymphatic system is part of the body's immune system. It helps fight infection and filters waste and fluid from tissues. Lymph nodes are located throughout the body and are connected by small channels that carry lymphatic fluid and cells. The lymph nodes found under the arm (axilla) are important in breast cancer diagnosis and treatment.

WHAT IS BREAST CANCER?

Breast cancer happens when cells in one of the tissues of the breast change, become abnormal, and begin to grow quickly. Unlike normal cells, cancer cells develop the ability to invade tissue and travel to distant sites in the body. If the cancer is not caught early enough, it can spread to nearby breast tissue, the lymph nodes under the arms and in the chest, and then to other organs, like the bones and liver.

Breast cancer is the second most common cancer diagnosed in women – about 1 in 8 women will develop breast cancer. It occurs mostly in women, although men can also develop breast cancer. It is most often found in women over 50, but can occur at any age after puberty.

Breast cancer is usually detected during a screening mammogram, but can also be diagnosed when a lump is found during a self-check or an exam with your healthcare provider, or after experiencing symptoms like nipple discharge.

Types of Breast Cancer

<u>Non-Invasive (In situ):</u>

- *Ductal Carcinoma in Situ (DCIS)* - This occurs when abnormal cells develop inside the milk ducts, but have not spread. This is considered a type of pre-cancer that may turn into cancer in the future.
- *Lobular Carcinoma in Situ (LCIS)* - This occurs when abnormal cells develop within the breast lobules. Unlike DCIS, this is NOT a considered a precancerous lesion and cannot turn into cancer, but it may mean that your risk of breast cancer in the future is higher than the average women.

Invasive Cancer:

- *Invasive Ductal Carcinoma (IDC)* - The most common type of breast cancer. It starts in the milk ducts and can spread into nearby tissue and lymph nodes.
- *Invasive Lobular Carcinoma (ILC)* - The second most common type of breast cancer. It begins in the lobules and can spread to surrounding breast tissue and lymph nodes.

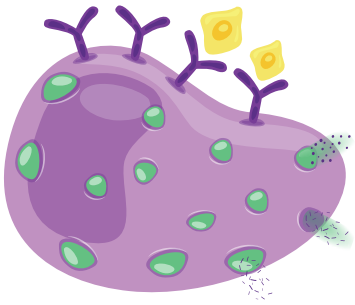
Other Types:

- Cancer can also develop from the blood vessels in the breast (angiosarcoma) or from the connective tissue (sarcoma, Phyllodes tumor), but these are not classified as true breast cancers and are managed differently.
- Inflammatory Breast Cancer (IBC) - Inflammatory breast cancer is rare (1–3% of breast cancer cases). It can start in the ducts or lobules. It grows quickly by traveling through channels in the skin, may cause redness or swelling of the breast, similar to an infection, or cause a dimpled “orange peel” appearance of the breast skin. Often no lump is felt, and it usually requires more aggressive treatment due to the fast growth and higher likelihood of spreading.

Hormone Receptors

Breast cancer is also classified based on the type of “receptors” or proteins that are on the surface of the cells. This information can help guide treatment options. There are three types of proteins that are looked at in breast cancer – estrogen receptor (ER), progesterone receptor (PR), and human epidermal growth factor receptor 2 (HER2). Estrogen and progesterone receptors are categorized as hormone receptors, HER2 is a different type of receptor. Breast cancers are classified based on whether these receptors are present or absent and can be categorized as:

- ER+ / ER-: Estrogen receptor positive or negative.
- PR+ / PR-: Progesterone receptor positive or negative.
- HER2+ / HER2-: Human epidermal growth factor receptor 2 positive or negative.
- Triple Negative: Does not have estrogen, progesterone, or HER2 receptors.



Knowing the receptor status helps doctors choose the most effective treatment, such as hormone-blocking medicines or targeted therapies.

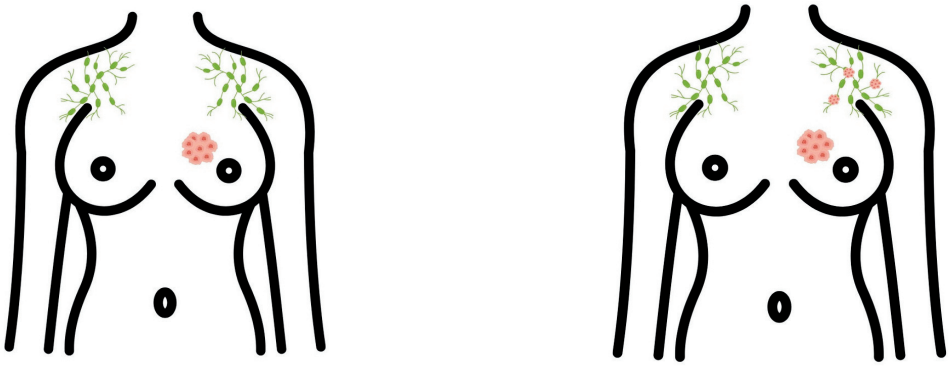
Stages of Breast Cancer

Cancer stage describes how advanced the cancer is and each type of cancer has its own staging system. In general, a lower stage means that the cancer has spread less.

The earliest stage of breast cancer is Stage 0 (pre-cancer; DCIS). This occurs when the cells are abnormal, but have not invaded into the nearby tissues.

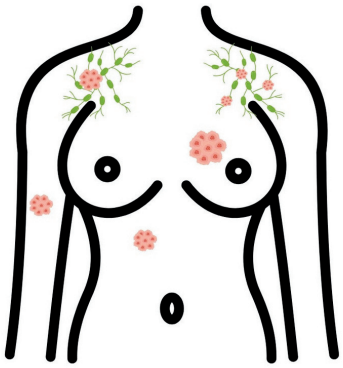
Invasive breast cancer ranges from Stage I (1) through IV (4).

Stage I-III breast cancer means that the cancer is limited to the breast only or the breast and nearby lymph nodes. If caught during one of these earlier stages, breast cancer is usually treatable with surgery.



For patients who have surgery, the final stage is determined after surgery and is based on the information from the final pathology (e.g. size of tumor and number of lymph nodes involved).

Patients with ***Stage IV*** disease have developed distant metastases, or cancer deposits found in organs other than the breast and nearby lymph nodes. Stage IV disease is not considered curable, and is usually treated with chemotherapy or other medications rather than surgery.



WHAT CAUSES BREAST CANCER

There is no one cause of breast cancer. It is believed that many factors can influence an individual's risk of developing breast cancer during their lifetime. Risk describes how likely someone is to develop cancer. Having one or more risk factors does not mean that you will develop cancer.

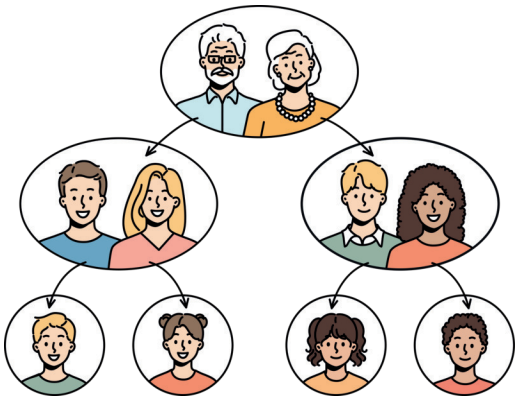
Non-modifiable factors that may *increase* the risk of breast cancers:

Some factors that increase the risk of breast cancer are related to genetics and normal female development. Many of these factors are intrinsic or inherent – meaning that the risk cannot be modified by making different lifestyle choices.

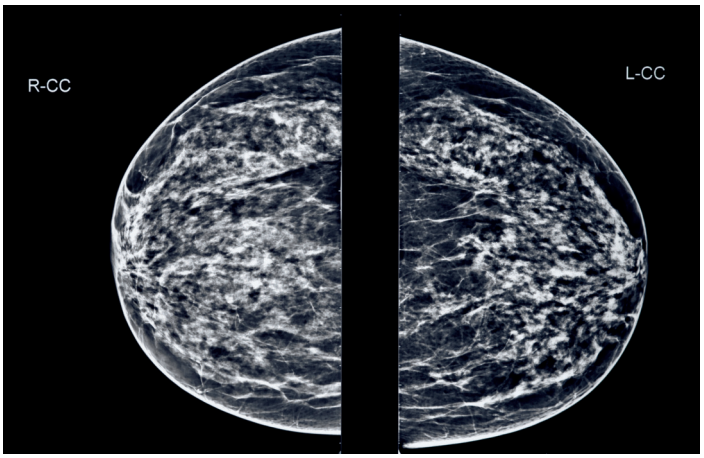
- Being female – Being a woman is the most important risk factor for breast cancer. Breast cancer can occur in men, but it is much more common in women.
- Age – Breast cancer risk increases as you get older.
- Gene mutations – Abnormal gene changes (mutations) can increase the risk of developing breast cancer, as well as other types of cancers. These mutations can be inherited, or passed down directly from parents to children. Genetic testing to look for these mutations may be ordered when someone is diagnosed with a certain type of cancer, if there is a strong family history of cancer, or if another family member is already known to have a mutation.

  - *BRCA1* and *BRCA2* are the most common mutations that increase the risk of developing breast cancer, especially at an earlier age. These mutations also increase the risk of developing ovarian cancer.
  - There are other inherited gene mutations that can increase the risk of developing breast cancer, such as *ATM*, *PALB2*, *TP53*, *CHEK2*, *PTEN*, and *CDH1*. These mutations are less common than *BRCA1* and *BRCA2* and the risk of breast cancer is usually lower.

- Family history – Having a close blood relative with breast cancer (e.g. mother, sister, or daughter) increases the risk of developing breast cancer even when genetic testing is negative/normal. Most women who get breast cancer do not have a history of the disease in their family, however.

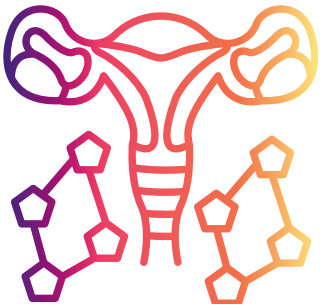


- Breast density – Breasts contain fatty and fibrous connective tissues, in addition to the glandular, milk-producing tissue. On a mammogram, breasts with more fatty tissue appear less dense (more black), whereas breasts with more glandular or fibrous tissue appear denser (more white). Women with dense breasts on mammogram have a higher risk of breast cancer than women with average breast density. Dense breast tissue can also make it harder to see cancers on mammograms. Some patients with high breast density will undergo additional screening for breast cancer. Breast density is influenced by multiple factors, including genetics and age.



- Benign breast conditions – There are various types of benign (non-cancerous) breast lesions that may be found on mammogram or ultrasound. Some of these types of lesions may indicate a woman is at increased risk of breast cancer. Common conditions such as cysts, fibrocystic disease, and adenosis do not increase the risk of breast cancer. Women with certain benign lesions with atypia (cells that appear abnormal) are at increased risk of developing breast cancer in either breast. These conditions include atypical ductal hyperplasia (ADH), atypical lobular hyperplasia (ALH), and lobular carcinoma in situ (LCIS).

- Hormone exposure – The female hormones estrogen and progesterone affect breast cancer risk, but exactly how and why that happens is not fully understood. In general, it is thought that conditions or medications that increase hormone exposure, may increase breast cancer risk. These include beginning menstrual periods at a younger age and starting menopause at an older age.



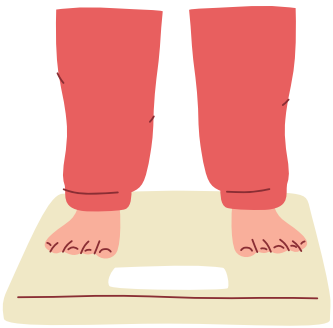
- Radiation exposure – Women treated for other types of cancers at a younger age with radiation to the chest area have a higher risk of developing breast cancer.

Modifiable factors that may *increase* the risk of breast cancers:

There are other factors that may also increase the risk of breast cancer that are related to lifestyle choices, such as diet and physical activity.

- Alcohol – Drinking alcohol increases the risk of breast cancer, as well as other types of cancers. The risk is related to the amount of alcohol someone drinks, so women who drink more alcohol have a higher risk of breast cancer than those that drink less. In general, it is best to avoid alcohol or limit it to one drink per day for women.

- Excess body weight – After menopause, being overweight or obese may increase the risk for breast cancer, although the link is complex. Estrogen is made by both the ovaries and fat cells. Before menopause, most of the estrogen produced in the body comes from the ovaries and only a small amount is made by fat cells. After menopause when the ovaries stop producing estrogen, most of the estrogen comes from fat cells. Having increased fatty tissue, can increase the body's estrogen levels which also increases the risk of getting breast cancer.



- Not being physically active – Regular physical activity has been shown to reduce the risk of breast cancer. The biggest effect is in women who have already gone through menopause. It is unclear exactly how exercise reduces the risk of breast cancer or how much exercise is best. In general, any amount of physical activity will help, but most guidelines recommend at least 150 minutes of moderate intensity or 75 minutes of vigorous intensity physical activity per week for a healthy adult.

- Hormone exposure – Some medications and decisions about having children may increase exposure to estrogen and progesterone, which can influence cancer risk. These include:
  - Hormonal birth control therapy
  - Menopausal hormone replacement therapy
  - Not having children
  - Having children later in life
  - Not breastfeeding

Myths: What Does *Not* Cause Breast Cancer

Research shows that certain everyday things do not cause breast cancer:

- Caffeine
- Antiperspirants
- Underwire bras
- Hair dyes
- Breast injury
- Living near power lines
- Abortion
- Being around someone with breast cancer (it is not contagious)

Breast implants do not increase the risk of developing the common types of breast cancer. Implants may be linked to a very rare type of lymphoma called breast implant-associated anaplastic large cell lymphoma (BIA-ALCL).

DIAGNOSIS AND TREATMENT OPTIONS

SCREENING AND DIAGNOSIS

Why Screening and Early Detection Matter

Finding breast cancer early—before any symptoms appear—can make treatment more effective. Early detection often improves survival rates and may allow for less aggressive treatment.

With rising rates of breast cancer in younger women, the US Preventative Services Task Force recommends that all women start breast cancer screening beginning at age 40. This should continue at least every other year as long as a woman is in good health and expected to live at least 10 years.

It is important that every woman discuss their specific screening recommendations with their doctor.

Imaging Studies for Screening and Diagnosis

There are several tests that can help look for and identify breast cancer:

Mammogram - Mammograms are low-dose x-rays of both breasts. This is the most common and effective screening tool and they are recommended for all women starting at age 40. Research has shown that women who have regular mammograms are more likely to have their cancer caught early. Mammograms are also used to evaluate women who have a lump or other breast concern to determine the cause. Sometimes, mammograms can miss certain types of cancer and additional tests may be needed.

Ultrasound - Ultrasound uses sound waves delivered with a small probe to target specific areas in the breast or under the arm (axilla). It does not use any radiation. Ultrasound may be used alone to evaluate certain conditions such as cysts or abscesses (infection). It is also often used alongside mammograms if there is a particular area of concern or dense breast tissue.

MRI (Magnetic Resonance Imaging) - This is another form of whole breast imaging. Similar to ultrasound, there is no exposure to radiation. MRI may be recommended for women at higher risk for breast cancer, to further evaluate disease in someone who has already been diagnosed with breast cancer, or in women with silicone breast implants when there is concern for a leak. Although breast MRI may be able to identify some cancers that are not seen on mammogram or ultrasound, it is also more likely to identify "suspicious" areas that turn out to be benign. This can lead to unnecessary biopsies and procedures, which is why MRI is not recommended for routine screening in women with an average risk for breast cancer.

Biopsy - If an abnormal area is seen on mammogram, ultrasound, or MRI, then a biopsy may be recommended to evaluate the tissue. During a biopsy, mammogram or ultrasound is used to identify the area or areas of concern and then a doctor will take a sample of the tissue with a needle. This tissue is then examined to determine if there are any abnormal cells. If abnormal tissue is found, then additional procedures or treatment may be necessary.

There is not good evidence that self-breast exams or clinical breast exams performed by a provider are helpful at detecting breast cancer early when women are receiving regular screening mammograms. These exams are no longer recommended as part of routine breast cancer screening. *All women should be familiar with how their breasts look and feel, however, and should notify their provider if any changes are ever noted.*

AFTER DIAGNOSIS

Once tissue sampling has been performed and cancer is diagnosed, the cancer care journey begins. This can be a very overwhelming time for patients and their families.

Breast cancer treatment is “multidisciplinary,” meaning that different types of doctors and other providers will usually work together to address different aspects of treatment. Most care teams include a surgeon, medical oncologist, and radiation oncologist; however not all patients will see every type of doctor, depending on their treatment choices.

Additional Testing

After diagnosis, further testing may be required to help your doctors plan your treatment. This may include imaging studies, such as additional mammograms or ultrasounds. Most patients will also undergo an ultrasound of the under arm (axilla) on the same side as the cancer to evaluate for abnormal lymph nodes. These lymph nodes are often the first place that breast cancer will spread after leaving the breast, so examining these lymph nodes is an important part of initial cancer staging. If any of the lymph nodes appear abnormal, then a biopsy is usually performed.

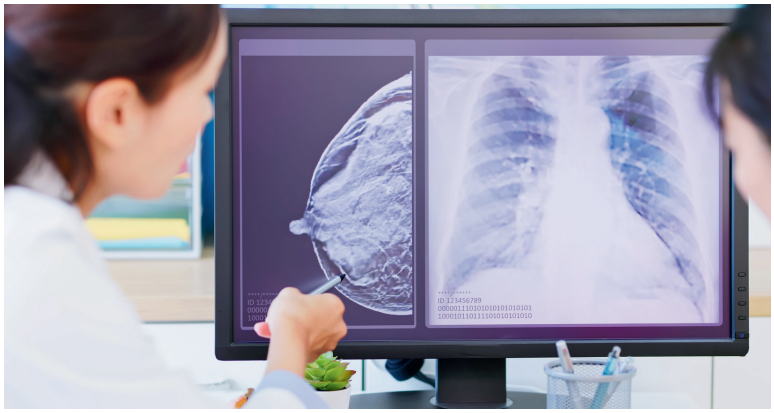
If cancer is found in the lymph nodes, then additional imaging to look for cancer that has spread to distant organs (metastases) may be recommended. These studies will usually include either a PET-CT, which is a type of whole-body nuclear medicine study that is specifically used to look for cancer, a traditional CT scan, or a bone scan, which is another type of whole-body nuclear medicine study that only looks at the bones. Patients with metastases to distant organs are generally not considered curable and are usually treated with long-term chemotherapy or medications, instead of surgery.

Some patients may also be referred for breast MRI after being diagnosed. This may help your team more closely evaluate the size of the cancer or the lymph nodes in the chest and underarm, which may influence treatment options.

Routine bloodwork may also be ordered as part of the initial evaluation process and during treatment.

TREATMENT OPTIONS

Breast cancer treatment is personalized and each patient's care plan is unique. Treatment often involves a combination of one or more types of therapies. These usually include surgery, chemotherapy or other medications, and/or radiation therapy. Your care team will create a plan based on the type, stage, and biology of your cancer, as well as your health and personal preferences.

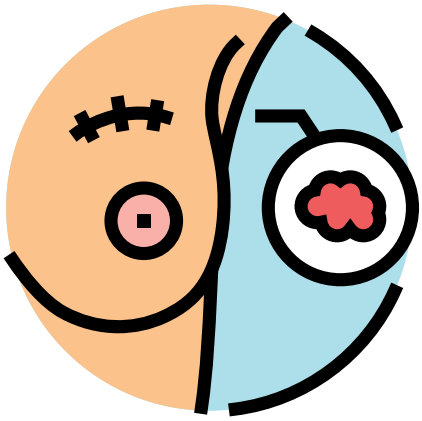


Surgery

Surgery is usually an important part of breast cancer treatment. The type of surgery depends on your cancer and your needs and preferences. Surgery may also involve removing lymph nodes to check whether cancer has spread or to remove lymph nodes with known cancer. Surgical options may include:

Lumpectomy (Breast-Conserving Surgery):

- This type of surgery removes the tumor and a small rim of healthy tissue around it, called a margin.
- It is also called a partial mastectomy.
- Before surgery, a small device is placed in the breast using imaging such as mammogram or ultrasound. This helps the surgeon identify the abnormality and remove the correct piece of tissue during surgery.
- This type of surgery usually leaves a small scar. Because most of the breast tissue is kept, reconstruction is rarely needed.
- After surgery, a pathologist will exam the tumor with a microscope. Negative margins mean all the cancer was removed; positive margins mean there is a possibility that more cancer cells are in the breast and may require additional surgery.

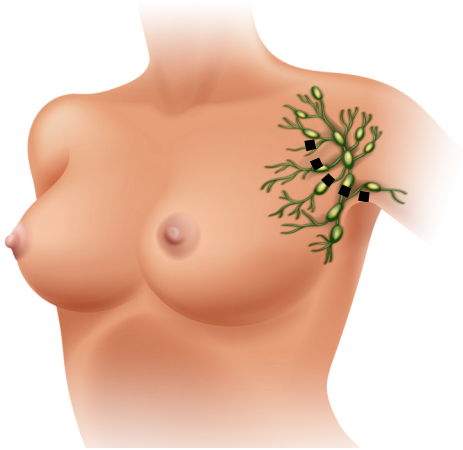


Mastectomy:

- This type of surgery removes most or almost all of the breast tissue.
- It may be recommended for large or multiple tumors, or if your risk of future breast cancer is high.
- *Total (Simple) Mastectomy* - Removes the breast and nipple through a large incision. This can be performed either with or without reconstruction.
- *Nipple-sparing Mastectomy* - Select patients may be able to save the nipple and have the breast tissue removed through an incision on the side or underneath the breast. This type of surgery requires reconstruction to fill the pocket that is left after removing the breast tissue.
- *Preventive (Prophylactic) Mastectomy* - This type of surgery is done before cancer is diagnosed to reduce the risk of breast cancer in high-risk individuals.

Lymph Node Surgery:

- Many women undergoing breast surgery for cancer, will also have surgery on the lymph nodes under their arm (axillary lymph nodes).
- The type of surgery depends on how far the cancer has spread.
- *Sentinel Lymph Node Biopsy (SLNB)* - This is performed when there is cancer in the breast, but the lymph nodes appear normal on imaging. For this procedure the lymph nodes are “mapped” by injecting one or more dyes into the breast prior to surgery. These dyes help the surgeon identify and remove the 1–3 key nodes that are most likely to contain cancer. After surgery, the lymph nodes are examined by a pathologist to look for any cancer cells that have spread. When cancer is found in the lymph nodes, sometimes additional treatment, such as a second surgery to remove more lymph nodes or radiation may be recommended.
- *Axillary Lymph Node Dissection (ALND)* - This is performed when a biopsy or surgery has already identified cancer in the axillary lymph nodes. During this surgery, most of the lymph nodes under the arm are removed.



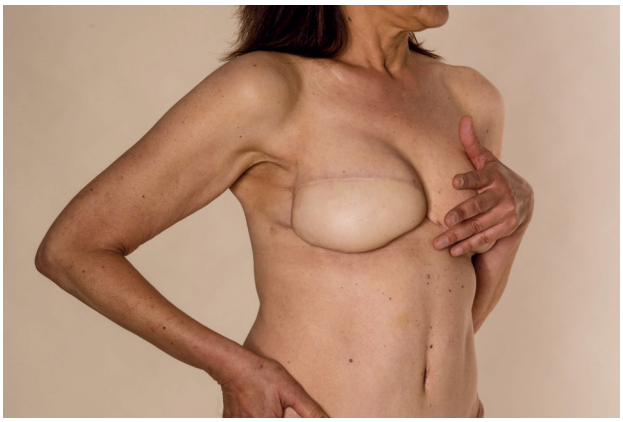
Breast Reconstruction:

After a mastectomy, you may choose to have breast reconstruction. This is when either breast implants or a patient's own tissue is used to restore the shape of the breast. Breast reconstruction can help you feel more like yourself and allow your breasts to look similar in clothing.

Reconstruction can be done immediately (at the same time as mastectomy) or delayed (performed as a second surgery after your cancer treatment has finished) depending on your health, cancer treatment plan, and personal choice.

This type of surgery is performed by a Plastic Surgeon. If you are interested in learning more about reconstruction, then you will be referred to a Plastic Surgeon to discuss your options.

The options for reconstructive surgery may depend on the location of the tumor, your body type, natural breast shape and size, and your preferences. The most common options including implants and tissue flaps, which is when a piece of tissue is transferred from one part of the body to the breast. Tissue expanders are temporary implants that are also sometimes placed as an intermediate step before permanent reconstruction.



Tips for Patients

- Your plastic surgeon will help you decide which option is best for your body and cancer treatment plan.
- Recovery time and number of procedures vary depending on the method.
- Reconstruction is a personal choice; some patients delay or choose not to have it at all.

Types of Breast Reconstruction

Type	How It Works	Timing	Notes
Tissue Expander	A temporary balloon-like expander is placed under your skin and gradually filled over time. Later replaced with a silicone or saline implant.	Usually Immediate	The expander is usually filled slowly overtime by injecting fluid into the balloon. Patients often have to return to the office multiple times for these injections.
Breast Implant	These are sacs filled with silicone gel or saline that are placed under the skin or muscle of the chest wall. They are semi-permanent.	Immediate or Delayed	Recovery is usually shorter than with flap procedures. Complications such a rupture of the implant can occur over time requiring either replacement or removal of the implants.
Tissue Flap (Using Your Own Tissue)	Tissue from your abdomen or back is used to create a new breast mound.	Immediate or Delayed	Often requires longer surgery and recovery. Can be done immediately in some cases if health and treatment allow.
Nipple and Areola Reconstruction	Your nipple and areola are recreated using skin, or a tattoo is applied.	Delayed	Usually done after the breast mound has healed and swelling has resolved.

Radiation Therapy

- This is administered by a Radiation Oncologist at a special facility.
- It uses high-energy rays to destroy any remaining cancer cells after surgery.
- It is usually recommended after lumpectomy, but also sometimes after mastectomy depending on tumor size, lymph node involvement, or other risk factors.

Chemotherapy

- This is managed by a Medical Oncologist.
- It uses medicine to kill cancer cells or stop them from growing anywhere in the body.
- It may be delivered in various forms such as through the vein (IV), as an injection into the skin, or as a pill.
- It is sometimes recommended before surgery to shrink the tumor or treat cancer that has already spread to the lymph nodes, or after surgery to reduce the chance of cancer returning.
- Your doctor may order special testing called genomic Testing (Oncotype DX and others, which examines the genes in cancer cells to predict the risk of the cancer returning.
- This information helps your care team decide whether chemotherapy would be helpful to treat your specific cancer.
- Not all patients require genomic testing — your care team will determine if it's appropriate for you.

Targeted Therapy

- Similar to chemotherapy in that it treats cancer anywhere in the body and may be delivered in various forms.
- It focuses on specific features of cancer cells, such as HER2 positive tumors.
- It is often used alongside traditional chemotherapy and other treatments to attack cancer more precisely.
- It may also be given before or after surgery.

Endocrine Therapy

- This is a medication given in pill form that blocks hormones that fuel cancer growth.
- These types of medications may be used in patients with a high risk of developing breast cancer as a preventative measure to help reduce their risk.
- It may also be used to treat certain types of cancer or prevent cancer from returning after surgery.
- In patients that have already been diagnosed with cancer, it is only used if the cancer is hormone receptor-positive (ER/PR-positive).
- Examples include tamoxifen and aromatase inhibitors, such as anastrozole.

DECIDING THE BEST PATH: CHOOSING WISELY

When facing a breast cancer diagnosis, you will have many decisions to make about tests, treatments, and surgeries. The Choosing Wisely Initiative, guided by the American Society of Breast Surgeons, provides recommendations to help patients avoid unnecessary tests or procedures that may not reduce the risk of cancer returning or help you live longer.

<u>Key Recommendations:</u>

1. Don't routinely get a breast MRI.
    - MRI is not needed for everyone with breast cancer.
    - Research shows it does not lower the chance of recurrence or death, and it usually does not reduce the need for a second surgery.
    - MRI can delay care, increase costs, and sometimes lead to unnecessary biopsies or more aggressive surgery.

2. Don’t remove all lymph nodes under the arm if only 1–2 contain cancer.
    - Most patients with early-stage breast cancer benefit from breast-conserving surgery (lumpectomy) and sentinel lymph node biopsy, which removes only the nodes that contain cancer.
    - Removing all lymph nodes is usually unnecessary if fewer than three nodes are affected and other treatments (like radiation or medication) are given.

3. Don’t order specialized tumor gene testing for everyone.
    - These tests help predict whether cancer may come back or whether chemotherapy is needed.
    - They are only useful for certain patients, such as those with early-stage, hormone receptor-positive cancers.

4. Don’t automatically re-operate if cancer is near the edge of removed tissue.
    - If cancer cells are close to the edge of the tissue removed during a lumpectomy, a second surgery is not always required.
    - Your doctor will review the situation carefully to decide the safest next steps.

5. Don’t automatically remove the other breast (double mastectomy) if only one breast has cancer.
    - Removing both breasts is not usually needed for average-risk patients.
    - The risk of cancer in the other breast is generally low, and removing it does not usually improve survival.

Takeaways for Patients

- Not every test or surgery is needed for every patient.
- Asking questions and understanding why a test or procedure is recommended (or not) helps you make informed choices.
- Your care team is there to guide you, explain your options, and support your decisions.

BREAST SURGERY AND RECOVERY

PREPARING FOR SURGERY

Before Surgery

You and your doctor will discuss all the details of surgery at your clinic appointments. You will be given a detailed list of instructions to prepare for surgery. These will include instructions such as when to stop eating and drinking before surgery and directions about what medications are safe to take or must be stopped.

Be sure to follow all instructions carefully since failing to do so may result in delay or need to reschedule your surgery.

During Surgery

Breast surgery is typically performed as an outpatient – meaning that you will go home the same day. Depending on your health or the type of procedure, patients must occasionally be admitted to the hospital after surgery.

Surgery may take anywhere from 2-3 hours to all day depending on the type of surgery.

Small surgeries, like a breast lumpectomy, may sometimes be performed with sedation, medication delivered through an IV that causes you to be unaware during the surgery but does not require a breathing tube (endotracheal tube). Most breast surgeries and any lymph node surgeries are usually performed under general anesthesia, meaning that you are totally asleep during surgery and a tube is placed in your throat to help you breath.

RECOVERY FROM SURGERY

Physical Healing

Everyone's recovery is different and your experience will depend on your baseline health, type of surgery, and additional treatment.

Recovery Timeline (Simple Overview)

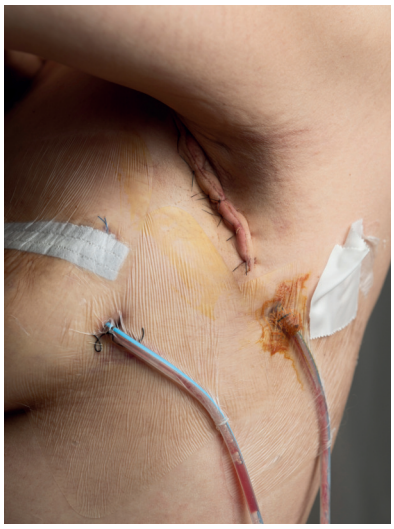
Time After Surgery	What to Expect
First few days	Rest, wound care, drain care, gentle walking
1–2 weeks	Follow-up appointment, possible drain removal, review pathology
2–6 weeks	Gradual increase in daily activity, mild discomfort may persist, determine next steps in care
2–3 months	Nerve-related sharp pains may occur, continue building strength, begin additional treatment (if needed)
Ongoing	Regular check-ups, imaging, ongoing emotional support

After breast surgery (lumpectomy, mastectomy, or related procedures), you will receive detailed postoperative instructions. These may vary based on the type of surgery, but below are some general instructions:

- Most patients will require pain medication after breast and lymph node surgery. For many patients, medications like Tylenol and ibuprofen are enough. Some patients require stronger pain medications.

- Incisions are closed with dissolvable sutures and usually covered with surgical glue or thin strips of paper tape (steri-strips).

- If you have a mastectomy, axillary lymph node dissection, or breast reconstruction, you may go home with one or more drains. These are small, flexible plastic tubes that are left under the skin to collect excess healing fluid. If you will have drains, you will be given specific instructions how to care for them.



- Most patients can take a shower 24 hours after surgery, but you should check with your doctor. It is generally recommended to avoid bathing, swimming, or submerging your incisions fully under water until they are completely healed.

- You will be asked to avoid strenuous activity and heavy lifting for 2 weeks or more, depending on the type of surgery. You should be able to do basic activities, such as walking, taking the stairs, eating, and other self-care tasks.

- There are no dietary restrictions after surgery. Some patients experience nausea or sore throat from anesthesia, and prefer to eat bland or easy to digest food immediately after surgery. Otherwise,, you can resume your normal diet.

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- You will be given detailed instructions for your post-operative care at home, including signs to monitor for and when to call your surgeon.

- You will have a follow up appointment with your surgeon 1-2 weeks after surgery. At this appointment, you will:
  - Have your wounds checked for healing
  - Consider removing drains, if needed
  - Review your final pathology report
  - Discuss next steps in care

- Most patients will need to take time off of work to recover from breast surgery or undergo additional treatment. The amount of time you will need to recover or take off work will depend on the type of surgery that you have and the next steps in your care. Patients who need surgery plus chemo or radiation therapy may receive treatment for up to 6-12 months.

Tips for Healing

- Walking - Start walking as soon as possible to promote circulation.
- Gradual activity - Slowly increase your daily activity as you feel stronger. Gentle stretching and range of motion exercise can help avoid muscle and joint stiffness. Avoid heavy lifting or strenuous activity until fully healed.
- Pain & sensations - Sharp, shooting pains in the breast or chest area can occur immediately or a few months after surgery—this is normal as nerves heal.

Compression and Support Garments

After breast surgery, wearing the right garments can help with healing, comfort, and recovery. Your surgical team will provide guidance on what to wear and when.

Post-Surgical Bra:

- All breast surgery patients will receive a soft, supportive post-surgical bra.
- Your surgical bra should fit snugly but comfortably.
- It helps reduce swelling, supports the breast tissue, and keeps the surgical site stable.
- Many patients find that the surgical bra reduces post-surgical pain.
- Usually worn day and night during the first few weeks after surgery.

Compression Garments:

- For some patients, additional compression garments (like a chest binder or sleeve) may be recommended.
- A compression garment used after plastic surgery is usually fits more snuggly than a traditional surgical bra but should still be comfortable. Your care team will help ensure proper fit.
- If you have an axillary lymph node dissection, a compression sleeve may be recommended to prevent arm swelling.

Post-Mastectomy Bra with Prostheses:

- If you undergo a mastectomy without reconstruction, you may choose to wear a bra with pockets for prosthetic implants to mimic breast shape under clothing.
- If you have a mastectomy on only one side, you would be fit for a bra with one regular cup and one with a pocket to fit a prosthetic implant.
- These types of bras are worn once you are fully recovered from surgery.

Tips for Wearing Post-Surgical Garments

- Wear the garments as instructed—usually continuously for the first 1-2 weeks, removing only to shower or clean.
- Avoid tight straps or elastic that digs into skin.
- You may place dry clean gauze over your incision to prevent the garment from rubbing or causing irritation.
- Follow your surgeon's instructions for how long to continue wearing the garments—this may vary based on surgery type and recovery progress.

Emotional Support

Undergoing treatment for breast cancer and recovering from breast cancer surgery can affect your emotions. It is common to experience:

- Anxiety
- Depression
- Fear about the future
- Concerns about body image or appearance
- Financial insecurity
- Worries about family or care of other dependents

If you are experiencing any of these fears or concerns, please speak to your care team about available resources. Many patients find it helpful to join support groups with others who have had similar experiences, attend counseling or therapy, or take part in other religious or community groups.

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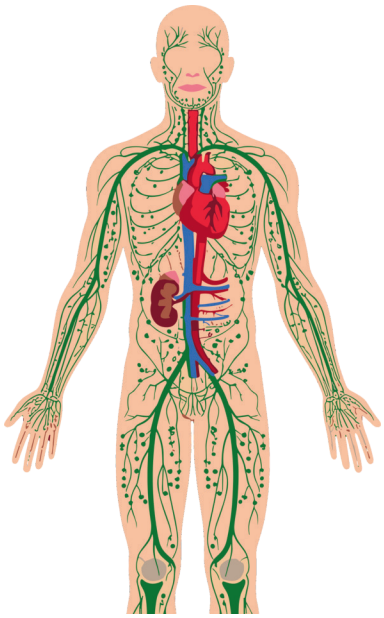

What is Lymphedema?

Lymph nodes are part of the lymphatic system, which helps filter waste and fight infection throughout your body. The lymphatic channels also help to remove excess fluid from your tissues.

During breast cancer surgery, some lymph nodes from under the arm (axilla) may be removed to check for cancer spread. If cancer is found in the lymph nodes, additional surgery to remove more lymph nodes or radiation therapy may be recommended.

Lymphedema occurs when lymph fluid backs up in the hand, arm, or chest because the normal flow is disrupted. This can cause swelling, tightness, or heaviness of the arm. It may appear weeks, months, or even years after surgery. The risk of lymphedema increases when more lymph nodes are removed.

- Removal of 1–3 lymph nodes usually does not cause problems.
- Removal of 4 or more lymph nodes and/or radiation to the underarm area can increase the risk of lymphedema.

How to Reduce Your Risk

Taking basic precautions can help reduce the risk of lymphedema for anyone who has had lymph nodes removed from the underarm. If you have had an axillary lymph node dissection (most lymph nodes removed) then you may need to take additional precautions.

All patients who have had lymph node surgery can reduce their risk by doing the following:

- Maintain a healthy weight. Increased body fat (obesity) increases the risk of developing lymphedema.
- Slowly increase your exercise and activity after surgery until your strength returns to normal. Regular exercise and stretch are beneficial once you have recovered from surgery.

- Protect the skin on the affected arm and hand. Wash any cuts or scrapes as soon as possible with soap and water to prevent infection. Speak with your doctor if you notice any signs of infection (redness, swelling, increased pain).
- If you had a sentinel lymph node biopsy, it is OK to use your affected arm for blood draws, injections, IV lines, and blood pressure measurements. But, ask your healthcare providers to try to use your unaffected arm if it is available.

If you have had an *axillary lymph node dissection*, the following precautions may also be recommended.

<u>Clothing and Jewelry</u>:

- Avoid tight clothing, elastic bands, or jewelry on the affected arm.
- Choose soft bra straps and pads; avoid under wires or tight straps.
- If wearing a bra prosthesis, try to wear the lightest one possible.
- Avoid carrying heavy bags on the affected arm.
- Rings and watches can be worn, but should fit loosely or be worn only for short periods.

<u>Medical Precautions</u>:

- Remind healthcare providers not to take blood pressure, draw blood, place IVs, or give injections on the affected arm.

<u>Heat and Cold Protection</u>:

- Avoid excessive heat sources, like heating pads or hot packs on the affected arm or shoulder.
- Avoid excessive sun exposure and sun burns. When in the sun, use sunblock with an SPF of 30 or higher.
- Avoid extreme cold, such as ice packs to the affected arm and shoulder.
- Apply sunscreen or cover the arm when exposed to the sun.
- Use insect repellent and avoid bug bites and stings.

<u>Exercise and Activity</u>:

- Avoid repetitive heavy lifting, pushing, or pulling with the affected arm.
- Light to moderate exercise is helpful (walking, swimming, water exercises).
- Start new exercises slowly and gradually increase intensity, duration, and frequency.

Lifestyle and Self-Care Recommendations

Taking care of your body and mind after a breast cancer diagnosis can also help with recovery, improve treatment outcomes, and reduce the risk of recurrence.

Maintaining a Healthy Weight:

- Body fat stores estrogen, which can fuel hormone-sensitive breast cancers.
- Losing extra weight or maintaining a healthy weight can:
  - Help your treatments work more effectively
  - Reduce your risk of cancer returning
  - Improve energy, mobility, and overall health
- Your healthcare team can provide guidance on safe ways to achieve or maintain a healthy weight during and after treatment.

Nutrition:

- Focus on fruits, vegetables, whole grains, and lean proteins.
- Limit processed foods, sugary drinks, and high-fat foods.
- Staying at a healthy weight is important because fat tissue produces estrogen, which can fuel some breast cancers. Maintaining a healthy weight may improve treatment outcomes and reduce recurrence risk.

Exercise:

- Regular physical activity can help:
  - Improve recovery after surgery or treatment
  - Reduce fatigue
  - Maintain a healthy weight
  - Boost mood and energy levels
- Recommended activities include walking, swimming, yoga, or light strength training. Start slowly and increase gradually.

Avoid Smoking & Limit Alcohol:

- Smoking can reduce healing, affect heart and lung health, and increase cancer risk.
- Alcohol can raise estrogen levels and may increase the risk of breast cancer recurrence. Limiting or avoiding alcohol supports long-term health.

Emotional Wellbeing:

- Take care of your mental and emotional health through:
  - Mindfulness or meditation
  - Journaling or creative outlets
  - Spiritual or religious practices
  - Support groups, counseling, or talking with friends and family
- Emotional support is a key part of recovery and overall wellbeing.

Key Point

Breast cancer treatment is personalized and each woman's cancer journey will look different. Your care team will help you decide which treatment options are right for you.

Important Tips

Bring a notebook or ask a family member or friend to attend appointments and take notes to help remember details. Ask questions!

Remember

You are not alone — support groups and resources are available to help you through treatment and recovery.

Patient Notes

Your Doctors:

	Doctor's Name	Speclialty	Phone #	Notes
1.				
2.				
3.				
4.				

Surgery Center/Hospital:

Name of Center _____

Address _____

Phone # _____

Date of Surgery _____

Other Providers/Services:

	Name/Department	Purpose	Phone #	Notes
1.				
2.				
3.				
4.				

Appointment Tracker

	Date	Time	Doctor	Location	Notes
1.					
2.					
3.					
4.					

Questions for Your Care Team

-
-
-
-

Additional Notes

-
-
-
-

Additional Educational Resources

https://www.cancer.org/cancer/types/breast-cancer.html

https://www.nationalbreastcancer.org

https://www.komen.org/support-resources/tools/komen-education-materials/

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