

# Breast Cancer: Preparing for Surgery<sup>1</sup>

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Once you and your doctor schedule your breast cancer surgery, you may have additional questions about how you can prepare for your operation. This publication provides information to help you get ready for breast cancer surgery in addition to reactions and memories of women who have gone through this experience. Although diagnosis and treatment experiences can vary widely, examples of previous patients' preparations for breast cancer surgery can help to give you a range of possibilities.

## Understanding Your Surgery

Most women who have been diagnosed with breast cancer will undergo surgery. There are several surgical options available for tumor removal. It is important to discuss these options with your doctor to determine which may be the best procedure for you. Understanding the type of surgery that is planned for you is a valuable step in personal preparation for the procedure itself as well as the process of recovery and further treatment.

The following are the most common surgical options for breast cancer:

- **Breast-conserving surgery.** This type of surgery removes only part of the breast; the extent of tissue removed depends on the size and location of the breast tumor. A lumpectomy removes only the breast lump and a sphere of healthy tissue (a margin); a quadrantectomy removes one quarter of the breast. Radiation therapy follows this surgery in most cases.
- **Mastectomy.** This type of surgery removes the whole breast and sometimes surrounding tissue; again, the extent of tissue removed depends on the size and location of the breast tumor(s). The axillary lymph nodes may be removed (modified radical mastectomy) as well as muscle tissue of the chest wall (radical mastectomy). If an immediate breast reconstruction is planned, a skin-sparing mastectomy can be performed.
- **Lymph node surgery.** This type of surgery typically removes the underarm lymph nodes to determine whether the cancer has spread outside of the breast. In other cases, only the sentinel lymph node (closest to the tumor) may be identified and removed. It can be done as part of breast-conserving surgery, a mastectomy, or a separate operation. It may also be performed as a second operation. Cancer cells in the lymph nodes will affect decisions about treatment.

Your doctor might not know which surgery will be performed until the day of the operation. If this is the case, be sure to discuss all of the possible outcomes and things you can expect following surgery.

*They couldn't tell me which surgery I would have when I went in, but it was the first thing I asked about when I woke up. I didn't want to worry about it, so we scheduled my surgery for the day after I was informed I had cancer.*

In addition to understanding the type of surgery to which you are consenting, asking your doctor about short- and long-term effects you may experience is important. Many

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women experience post-surgical pain, tenderness, swelling, and scar tissue formation. Depending on the extent of your surgery, there may also be changes to the size and/or shape of your breast and in the sensitivity of the nipples or skin over the breast. If the axillary lymph nodes are removed, lymphedema or swelling of the arm may also occur. As with any surgical procedure, there is a risk of bleeding and infection. Talk to your doctor if you have any questions or concerns about these possibilities.

*I was concerned about retaining nipple sensitivity before my lumpectomy, so I asked about that. I have no decreased sensitivity.*

Many women have concerns about the scar(s) following breast-conserving surgery or a mastectomy. Every woman's body is different, and not all scars are the same. However, knowing a little more about what to expect may make it easier to prepare for long-term changes.

Questions to ask your doctor:

- What kind of scar will you have?
- Are pictures available to show you what to expect?
- How will the scar appear on your body?
- How far under your armpit will it reach?

*After the surgery, I kept telling myself that losing my breast didn't mean that I was less of a woman, but every now and then, I still sometimes feel like I've lost an important part of myself.*

## Other Surgical Options to Consider Reconstruction: Now or Later?

If you plan to have breast reconstruction and do not need radiation treatments, consider having that done in the same surgery. If your treatment plan includes radiation, reconstruction is best performed in a second surgery following the conclusion of radiation therapy. Discuss the options with your surgeon as well as a plastic surgeon experienced in breast reconstruction prior to your surgery. Be prepared for the possibility of multiple surgical procedures, even if you decide on immediate reconstruction.

*I'm so glad I got the silicone implant at the same time of the mastectomy. I was recovering from surgery only once, and I was never flat.*

*I was unhappy with my implant and required additional surgeries to correct my shape. I wish I had taken the option of not having the implant and being flat for a while. Maybe I*

*would have tolerated a prosthesis quite well and saved myself this hassle. At least now I can say I'm happy with what I've got, but it took a while.*

*Only the tram-flap procedure was described to me, and on the same day I was told I had cancer and needed surgery. Reconstruction was not something I could deal with at the time.*

## Inserting a Portacath

If your treatment plan includes chemotherapy following surgery, you may also choose to have a port inserted during surgery. A port is a small, medical device placed under the skin that allows easy access to a vein for blood testing and chemotherapy infusions. Having a port protects your smaller veins from damage caused by the chemotherapy itself and repeated needle insertions over the course of the chemotherapy. However, port placement is considered a surgical procedure; therefore it carries a risk of infection or further complications. Talk with your doctor if you have any questions or concerns about port placement.

*The port was on one side, the lumpectomy on the other—I couldn't turn on either side for several weeks and had to sleep in a living room chair!*

## Before Surgery Medical Appointments

The days leading up to surgery may be filled with a variety of appointments meant to prepare you for the surgery itself. You will have a pre-surgical appointment with a physician's assistant or other health professional who will compile information about your medical history and explain what to expect during surgery. This is the time to ask questions or discuss any concerns you may have about the surgery and/or reconstruction. You will also be asked to sign a consent form, which gives the surgeon permission to perform the operation.

Other appointments may include:

- Blood draw and/or other labs
- Appointment with anesthesiology
- Chest X-ray to help the surgeons see the arrangement of your ribs and other organs
- EKG or ultrasound of your heart
- Appointment with the business office to discuss financial issues

If you and your doctor have decided to identify and remove the sentinel lymph node during surgery, you will have a lymphoscintigraphy procedure the day before. This involves a visit to the nuclear medicine section of the radiology department, where a radiologist will inject you with two different radioactive dyes at the site of the tumor. The first injection is shallow and may sting. You will then be positioned in front of a camera that tracks how the injected material, a radiotracer, is picked up by the lymph system. The convergence of dots indicates a lymph node's location. The radiologist will mark that dot on your skin and ask you to refrain from washing it off. The second injection pushes another radiotracer dye deep into the tumor region. Although it will not sting like the first injection, it may leave the breast tissue tender and sore until surgery. You will be asked to return in about an hour and a half for a series of scans. The purpose of this treatment is to determine if the tumor drains to any of the lymph nodes that are located toward the center of the chest, out of range of the surgery.

*They said the second injection wouldn't hurt, but I corrected them on that. It just hurt differently than the first. I was particularly dismayed because it made amorous activity unenjoyable on the last night of having two breasts.*

## Preparing the Night Before

Restrictions for food and drink the night before may vary depending on the anticipated time of your surgery. You may be allowed to eat dinner, but also be instructed to stop eating and drinking at midnight; you may be told to not eat or drink at all the night before the procedure. Some doctors instruct patients to only consume clear liquids, such as broth or tea, the day before surgery. Be sure to ask your doctor or nurse about any dietary restrictions or recommendations during your pre-surgical appointments. You won't eat much after the surgery except for a clear liquid dinner of beef or chicken broth, gelatin, tea, and perhaps a popsicle. All that is important is that you drink clear fluids and excrete them.

If you want to bring your own broth or other clear liquid with you, that will be fine. It should be something that is stable at room temperature (such as an unopened can of broth, a bottled beverage, or a bouillon cube), since you probably will not be able to put anything in a refrigerator until many hours after admission. Alternately, you can have someone bring something from home when you are ready to eat. A microwave and refrigerator may be available for your use. That said, be sure to follow safe food handling practices, since surgery makes people more vulnerable to foodborne illness. If you'd like to bring in your own food

during the rest of your hospital stay, talk to your doctor about what foods will be appropriate and which, if any, possible restrictions might be in effect.

*I've been a vegetarian for 25 years and didn't plan to change that practice for hospital kitchen convenience. So I spent the night before surgery boiling up vegetable soup stock and had my husband bring it from home when I was ready to eat. It tasted wonderful.*

## Utilizing Social Support

You are about to undergo a change in your body shape. Many women recognize that changing or losing a breast does not change who they are or what they can do. Nevertheless, the breast is still a part of the body that carries with it societal expectations and ideals. You may wish to create a ceremony or ritual to recognize your impending loss. This may take the form of a casual get-together or a more formal ceremony or ritual in which family and friends can express their love and support.

An example of this is a rock ceremony. Rachel Naomi Remen, author of *Kitchen Table Wisdom* (1996), recommends that those preparing for surgery gather together friends and a rock. As the rock is passed around the circle of friends, the individuals speak of a challenge or crisis that they weathered and identify the strength or quality that helped them survive. They put that quality into the rock. You may wish to take this special rock to surgery with you, or at least keep it beside you as you recover.

*I created a rock ceremony with my extended family over e-mail. It made them feel like they could make a contribution, and I think it brought us all a little closer together. Cousins talked about childbirth, older relatives talked about losing spouses or significant injuries. They mentioned faith, love, family, time, long walks, and attitudes that they found helpful. Everyone shared something to help strengthen me for this experience.*

Other women have found having a token representing the love and support of family and friends to be a comfort before and after surgery.

*My friends wove and embellished a bracelet for me to wear in surgery. It was a symbol of their love, their strength, and their hopes for my quick recovery.*

*My son loaned me one of his stuffed animals which I gave to the nurse in pre-op and asked her to have it for me after surgery. When I woke up in post-op the panda was in my arms and really felt warm and comforting.*

Additionally, you may want to consider attending a breast cancer support group either before or after surgery to meet other women who have gone through the same experience. They may have insights or advice about what to expect and can be a valuable source of social support during this time.

*I wish I had gone to a support group before surgery. Their advice and stories would have helped me know what to expect.*

## Day of Surgery

In some hospitals, you will be asked to call the night before surgery to find out when to arrive the next day. They may not be able to tell you what time your surgery will be—only when to sign in. Unless you are first in line, it is difficult to know which surgeries will have complications, which emergencies will arrive mid-day, and when rooms will be open. You will likely need to arrive at least two hours before they plan to have you in surgery.

If you are scheduled for a lumpectomy and the lump cannot be felt by the doctors, you will have an ultrasound just before your surgical procedure. While the lump is on the screen, a doctor will inject a needle into the lump, followed by a thin flexible wire. The wire will stay in your breast, marking the lump for the surgeons.

*I certainly didn't enjoy walking around the hospital with a wire hanging out of my breast, but it wasn't extremely painful. I was glad when it was over.*

## In Surgery

The standard rule for operating rooms is that you may have nothing on your body but their paper gown, paper socks, and paper hat. No jewelry, no underwear, no socks. This is because surgeons, nurses, and anesthesiologists need access to most of your body, and it is important that they are not hindered. They will likely place an IV to administer any necessary medicines as well as an EKG monitor and blood pressure cuff to check your vital signs throughout the procedure. If you want to bring a token into surgery, you should call ahead and speak to the head nurse for the operating room to request permission in advance.

*I spoke with the surgeon and then talked to the head nurse to get permission to take my strength-infused rock into surgery. They allowed me to tape it to the bottom of my foot.*

## After Surgery

Following surgery, you will be taken to a recovery room until you awaken and your vital signs are stable. When you

awaken, you may feel cold and possibly nauseated. It is not uncommon to feel groggy and fall in and out of sleep. Nurses will be nearby to assist you so be sure to ask if there is something you need.

*In post-op the nurse was "all business" and I was feeling very needy. Finally, I got the nerve to ask her to hold my hand, and she did. After that she seemed to be a completely different person. I think she needed me to remind her that she could make her patients feel so much better just with a gentle touch.*

Mastectomy patients should plan to spend at least one night in the hospital, even if there are no complications or extenuating circumstances. If you are planning to have a lumpectomy or other breast-conserving surgery, you may not require an overnight stay. Touch base with your doctor about the regular procedures and expectations regarding length of stay in the hospital.

*Between all the nurse visits, the adventures of unhooking from the monitors just to go to the bathroom, and the constant need to drink, I was pretty busy. The time passed quickly.*

*I chose to spend four nights in the hospital because I didn't have anyone at home to help me in and out of bed or to fix food. I wasn't ready to leave right away.*

*My lumpectomy did not require an overnight stay, but I did have to have someone to drive me home.*

*As the day wore on, the doctor, family members, and several friends came to my room to visit me. Their support helped me feel normal and loved.*

## Summary

Surgery for breast cancer can be difficult, but it does not have to be overwhelming. Take the time to prepare yourself mentally and physically for this process. It is not uncommon to experience anxiety about the upcoming surgery, and it is important to have your questions and concerns addressed by your medical team. Ask for the support of your friends and family, and share your fears. The more people you tell, the more women you will meet who have been down this path. Lumpectomies and mastectomies are relatively common surgeries. These women will most likely be happy to give you advice and share their experiences. There are many resources and support systems available for those who need them.

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## References

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