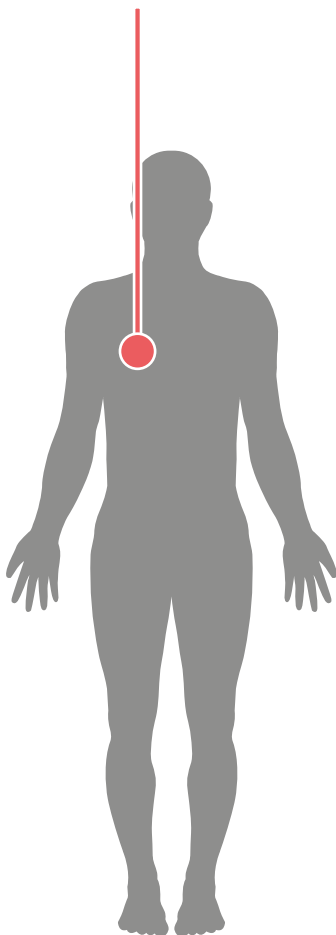


Get Well Soon

Helping you to make a speedy recovery after a mastectomy

Breast surgery
Mastectomy



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This leaflet is a guide to recovering from a mastectomy operation. It does not provide specific medical advice or diagnosis, nor does it give advice about whether you should consent to an operation. All of these matters depend on individual medical advice from your consultant surgeon based on your own health, medical condition and personal circumstances.

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Who this leaflet is for

Print instructions:

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To print only one page, select the page number you want in your print menu, usually under 'options' or 'preferences' depending on the printer type.

To save ink, select the 'draft' option.

This leaflet is for anyone who is recovering from, or who is about to undergo, mastectomy surgery for breast cancer. It should be read in conjunction with any other information you have already been given about your procedure.

The technical term for your breast operation is simple mastectomy. This is how your surgeon and other health professionals who are helping you may refer to it. This information leaflet is for women undergoing mastectomy without surgery to rebuild or reconstruct the breast at the same time. If you would like to consider breast reconstruction, ask your surgeon or breast care nurse about the options available to you.

Simple mastectomy involves removal of the breast tissue and nipple areolar complex (the nipple and the darker skin around the nipple). When you have a mastectomy, you will usually be offered surgery to remove a few or all of the lymph nodes in the armpit (axilla) on the same side.

Whilst surgery is the main treatment for breast cancer, studies have shown some benefit from other treatments, such as radiotherapy, chemotherapy (occasionally before surgery, and possibly after) and anti-hormone tablets. All or some of these approaches may also form part of your treatment plan. However, your individual treatment plan will be discussed at multidisciplinary team meetings with all of the specialists involved in your care; they will make recommendations together and then discuss these treatment options with you. You may also be asked if you would like to take part in national clinical trials; these studies help researchers to develop better treatments and improve outcomes for patients in the future.

The advice in this leaflet offers broad guidelines for women who do not have any complications with their surgery, and whose job is not physically demanding (i.e. does not involve heavy lifting or long periods of standing).

Obviously, every individual has different needs and recovers in different ways – so not all the advice will be suitable for everybody.

Everyone who undergoes a mastectomy for breast cancer should have an allocated contact at the hospital (a key-worker or a breast care nurse specialist), who helps to coordinate all aspects of care. They will help you to make the right choices for a safe and speedy recovery. Your surgeon, general practitioner (GP) and other healthcare professionals will also offer you a lot of very good advice – but ultimately it's you that has to make the decisions about your care.

Knowing what to expect after the operation can help you make a quicker recovery and get back to enjoying the best possible quality of life. In the pages that follow, you will find information that will help you do that. A diagnosis of breast cancer can provoke a wide range of feelings and emotions; these can be frightening and difficult to deal with. This leaflet also includes web-links to other sources of valuable information.

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What to expect after the operation

Pain relief

Some painkillers, such as those containing codeine, may cause constipation, so it's important to get plenty of fibre in your diet while you are recovering. Fresh fruit and vegetables will help to keep your bowels moving regularly. Lactulose may also be useful.

There will be some variation both in the extent of each individual patient's surgery and their body's response to it; patient recovery programmes may therefore vary.

Scar

Your scar will usually be discussed with you before your operation. The scar is often horizontal or diagonal on the chest wall, starting from the inner part of the breast to the outer curve of the breast. It is usually placed within the bra line so is not visible when you are wearing clothes. If you want to see some pictures or photos of mastectomy scars before your operation, ask your breast care nurse or surgeon to show you some.

Scars may be raised, red or swollen at first, but should gradually settle and will fade over time.

For some women it can take time to want to look at the scar, this is a common anxiety. Take your time; wait until you feel ready to do so.

Dressings

After your operation, the scar will be covered with a waterproof dressing. It is wise to keep the dressing dry for the first 48 hours and leave your scar covered for 7–10 days. After the first 48 hours, you may bathe and shower as normal, but try not to soak the dressing.

Wounds can weep a little and the dressing may need to be changed. If this is the case, either the ward staff, your local dressing clinic, or your breast care nurse will be able to advise you on how this will be managed.

Once your dressing is removed, avoid rubbing soap or shower gel directly onto your wound. Pat the scar dry with a soft towel. Do not pick any scabs that form as they are protecting the new tissue growing underneath.

Stitches

Most mastectomy scars have dissolvable stitches that do not need to be removed. However, if you have stitches that do need to be removed, this is usually done around 7–10 days after your operation, by a nurse in your own home, or by a practice nurse at your local treatment centre. Your hospital should already have given you advice about how your wounds are closed and how to care for them.

Drains

You may have a drain (plastic tubing) placed under the wound to direct any bruising or fluid following the operation into a bag. This usually stays in place for 1–2 days, after which the drain and bag can be removed either before you go home or when you are at home by the district nurse. Many surgeons do not use drains so don't worry if you don't have one.

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What to expect after the operation

Swelling or heaviness of the breast

In the first few weeks after surgery, sometimes clear or pink-stained fluid can collect under the skin as a swelling (seroma). You may also develop bruising, which will slowly fade, although sometimes a hard, tense bruise can form (haematoma).

If either a seroma or a haematoma does develop, it can be uncomfortable and give you a heavy feeling. Both of these can be dealt with in a straightforward way. Contact your breast care nurse and she will be able to advise you; otherwise, speak with your GP for further advice.

Discomfort

At first you may not experience any pain as your surgeon may have put some local anaesthetic in your wound during surgery. As this wears off you may feel mild pain, which will respond to simple painkillers; take these as prescribed for as long as you need them. You will be given some to take home with you for the first week or so. You may get some tingling or tightness around the scar – this will settle over a few weeks. Sometimes, after about 6–8 weeks (or longer), you can develop scar tissue in the armpit (axilla), which forms a tight band. This is called “cording” or “banding” and can feel like a guitar string. It is harmless, and is likely to get better over time if you massage and stretch the band.

Feeling tired or emotional

If you feel tired or emotional in the days and weeks after your operation, try not to worry – this is a quite normal reaction that many women experience. A diagnosis of breast cancer can provoke a wide range of feelings and emotions; these can be frightening and difficult to deal with. Your breast care nurse specialist, surgeon and GP will be able to offer you sources of help and support.

As your levels of physical activity improve, you will steadily start to feel less tired and as time goes on you will feel less anxious. You will need to rest in short but frequent periods, though.

Wearing clothes after a mastectomy

When you go home (this can be as soon as the same day of your operation if you have had a day-case mastectomy, otherwise within 1–2 days of the operation), you will be given a temporary external prosthesis (a “softie”) to wear in your bra. This is very light so will not put pressure on your wounds. At about 6–8 weeks following your surgery, when your mastectomy wounds are healed, you will be given a permanent prosthesis. This will usually be fitted by one of the breast care nurses.

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Things that will help you recover more quickly

If you live alone and don't have family or friends living close by, organise support in advance – if possible, have family or friends come to stay with you for the first couple of weeks after surgery.

Eat healthily

A healthy balanced diet containing a variety of foods, including plenty of fresh fruit and vegetables, will help to ensure that your body has all of the nutrients it needs to heal.

Stop smoking

By not smoking – even if it's just for the time that you're recovering – you immediately start to improve your circulation and your breathing – not to mention a whole list of other benefits to the heart and lungs.

Family and friends

Family and friends can give you two important things:

- Practical help with the tasks you might temporarily be unable to do while you recover – such as driving, cleaning, the weekly shop or lifting heavier items.
- Emotional support – it's important to talk to your family and friends about how you feel. Sharing your concerns with close friends and family can help your recovery.

Keep a routine

Get up at your normal time in the morning, get dressed and move about. If you get tired, rest later.

Exercises

You will have been given information about shoulder exercises before your operation – these will stop your shoulder getting stiff. It is important to continue these at home for as long as you are advised. It's possible that some patients may also need to receive additional outpatient physiotherapy follow-up.

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Things that will help you recover more quickly

Preventing blood clots

Measures to prevent clots in the leg need to be taken following mastectomy, sometimes continuing for up to 6 weeks. A range of options is available and your surgeon will advise on what is best for you. A TED stocking is often used following the operation, either above or below the knee.

Build up gradually

Have a go at doing some of the things you'd normally do, but build up gradually. Obviously, everyone recovers at a different speed, so listen to what your body is telling you.

As you build up your activities, you may feel more tired than normal. If so, stop and rest until your strength returns. If you feel pain, you have probably just overdone it a little. Ease back and then gradually increase again. If you are concerned, consult your GP or your breast care nurse.

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Returning to work

You do not need your GP's permission to go back to work – this is ultimately your decision, but listen to the advice offered to you.

Fact: Work can be part of your recovery

Everyone needs time off to recover after an operation – but too much of it can stand in the way of you getting back to normal. Getting back to your normal routine when you are physically and emotionally ready for it can actually help you recover more quickly.

Getting back to work

How quickly you return to work very much depends on a number of things:

- Whether you need further surgery or other treatment such as chemotherapy or radiotherapy.
- How you heal.
- How you respond to surgery.
- The type of job you do.
- Whether you are psychologically ready to go back to work.

How soon can I go back?

There are no rules – every person recovers differently and has different needs.

You will return to the clinic after 1–2 weeks to see the surgeon and breast care nurse for your histology (cancer) results. You may need further surgery to the armpit, chemotherapy, radiotherapy, anti-hormone treatment or nothing more. What you need will influence how soon you can return to work. Some women choose to remain off work for the full duration of treatment. You may wish to try to do some work between treatments, or to visit work and keep in touch with your work friends and colleagues. This may help to maintain your confidence and make returning to work easier.

In the first instance, your surgeon and breast care nurse will help you work out what is right for you; if your employer has an occupational health nurse or doctor, they will also be able to advise you. Alternatively, your GP can give you advice. Ultimately, it's your decision when you decide to go back, but listen to the advice offered to you.

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Planning for your return

3 golden rules for a speedy recovery:

Stay active.

Keep a normal daily routine.

Keep social contact with people.

Confidence

It will take you a little while to regain your full confidence when you go back to work. You may be slower than normal at first, so don't take on too much responsibility too soon. Don't be too hard on yourself about this - it's perfectly normal and you'll start to get back up to speed after a few days.

Talk with your Occupational Health Service or GP to work out when and how is best for you to return to work. It is best to see your occupational health service once you have an idea of what your treatment plans are going to be, rather than waiting until all your treatment is finished. This allows you to discuss all the options with them and will help your employer plan for any adjustments that are needed while you recover. Cancer is considered a disability under the Equality Act; employers therefore have a duty to make reasonable adjustments to help you return to work.

Depending on the nature of your job, while you recover your full strength, you might want to ask your employer about returning to work on lighter duties, working from home, or working shorter hours at first. Most employers will be happy to accommodate your needs. Lighter duties might mean:

- Spending more time sitting, rather than standing for extended periods, or doing lots of walking.
- Doing work that is mostly paperwork, using a computer or telephone.
- Not carrying more than around 5 kg any significant distance.
- Avoiding tasks such as prolonged loading or unloading, packing or unpacking.

If you have an HR Department at work, they will be able to advise you regarding sick pay or any other benefit you may be entitled to during your time off. Alternatively, talk directly with your employer.

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Driving

Ultimately, it is your responsibility to ensure that you are in control of the vehicle at all times and to feel confident that you would be able to demonstrate this, if asked.

Your insurance company should be informed about your operation. Some companies will not insure drivers for a number of weeks after surgery, so it's important to check what your policy says.

There are no hard and fast legal rules about when you can drive after a mastectomy, and some patients may be fit to drive earlier than others. It's important to follow your doctor's advice, and the views of your insurance provider. Your doctor's decision will depend on a number of things, including wound care considerations such as the position and extent of your wound, your personal health and medical condition, and your personal circumstances, such as whether you are a Group 1 (car or motor cycle) or Group 2 (bus or lorry) licence holder.

Before resuming driving, you should be comfortable in the driving position and able to control your car safely, including freely performing an emergency stop without damaging your operation wound. You will need to be fully recovered from your operation, and free from the distracting effect of pain, or the sedative or other effects of any pain-relief medication you may be taking, so that you can concentrate fully on driving.

It is advisable not to restart driving with a long journey.

Driving - an exercise

When you are ready, and your doctor is comfortable with you driving, you might want to test your fitness to drive. Do this in a safe place without putting the keys in the ignition: simply sit in the driving seat, put on your seat belt and practise putting your feet down on the pedals. Again, build up gradually. If you feel pain or discomfort, stop. If you feel sore afterwards, you may need to wait a day or two and try again.


Driving – Notifying the Driver and Vehicle Licensing Agency (DVLA)

After a mastectomy, you do not need to notify the DVLA. However, higher medical standards are required for those holding a Class 2 licence, so for reasons of safety and comfort, your doctor may advise some drivers to delay driving for a little longer. You should also speak with your employer.

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Recovery tracker

Days Post Op	How you might feel	Things you can do safely	Traffic light	Fit to work?
1–2 days	<p>You will have pain at the site of the scar and you may or may not have a drain in place. Be careful not to snag or pull the drain tubing on objects. When you leave hospital (normally within 1–2 days, or even the same day if you have had a day-case mastectomy) you may well still have a drain in place; this will be looked after by the district nurse.</p> <p>You will also feel a lot more tired than normal; take things easy, rest often for short spells.</p>	<ul style="list-style-type: none"> • Get up, get dressed, move around. • Eat and drink as normal. • Do the shoulder exercises you've been given. • If you feel tired, rest for a while and try moving around again later. 		No

When can I have sex?

For many women, being able to have sex again is an important milestone in their recovery. There are no set rules or times about when it's right to do so other than whether it feels OK to you – treat it like any other physical activity and build up gradually.


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Recovery tracker

Days/Weeks Post Op	How you might feel	Things you can do safely	Traffic light	Fit to work?
3–7 days	There should be less pain in and around your scar. You should be able to get up and dress as usual. Try using the “softie” in your bra. You’ll get tired more quickly than you did before the operation. Although you may feel independent, shopping and housework will still be difficult so avoid these activities and get some help in the house for the first 2 weeks.	<ul style="list-style-type: none">• Continue as on days 1–2; try to take short walks. If you have a dog and need to hold its lead, walking alone may be difficult if you have shoulder pain or if you have had surgery to the armpit, so consider walking with a friend.• You may still occasionally need to take a mild painkiller at this time.• Check you do not have swelling at your wound site.		No

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Recovery tracker

Days/Weeks Post Op	How you might feel	Things you can do safely	Traffic light	Fit to work?
8–13 days	<p>You'll probably be able to do many things as normal, most of the time. Be careful if the mastectomy side is the same side as your dominant hand (preferred hand) as you may have more pain in the scar as you begin to use your hand and arm more regularly. As well as everyday jobs, it's very important you continue to do the shoulder exercises to regain good shoulder movement.</p> <p>As your clinic date gets closer you might start to feel anxious about your results – this is normal.</p>	<ul style="list-style-type: none">• Continue to build up the amount of activity you're doing towards your normal levels.• Keep up your shoulder exercises; go for short walks each day.• Some women may want to try working from home at this point. Shoulder pain and armpit surgery may make it difficult to use a computer keyboard or even hold a telephone, so don't try to do too much at this stage.		No

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Recovery tracker

Days/Weeks Post Op	How you might feel	Things you can do safely	Traffic light	Fit to work?
14+ days	<p>You should be feeling physically stronger each day. Initial discomfort should have settled and wearing a bra and “softie” will be more comfortable.</p> <p>You should have an appointment arranged to discuss your histology (cancer results) with your surgeon and breast care nurse. At this meeting your scar will be checked and further treatment will be planned:</p> <ul style="list-style-type: none"> • If you require more surgery, you will be given a date for admission. • If you require chemotherapy and/or radiotherapy, you will be referred to the specialist teams for discussions about your treatment. • If you require anti-hormone treatment (tablets) only, or no further treatment, you will be given your follow-up appointment and you can discuss with your GP and employer about planning a return-to-work date. 	<ul style="list-style-type: none"> • Talk with your doctor and occupational health team at work about plans for going back (if you haven’t already). • Keep up your exercises. 		<p>Thinking about it; many women will be able to return to work in a management or light administrative role at this stage, starting with reduced hours while they settle in and regain fitness and confidence. Shoulder and arm symptoms may make it difficult to do some physical tasks, particularly heavy lifting or reaching. You should discuss adjustments to duties with your employer if you wish to return to work now.</p>

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Recovery tracker

Days/Weeks Post Op	How you might feel	Things you can do safely	Traffic light	Fit to work?
6 weeks	Check your shoulder and arm movements are back to normal; if you have a stiff shoulder you will need to contact your GP, breast care nurse or surgeon. You may need to be referred to the physiotherapy team for additional help and exercises.	<p>You can have your permanent prosthesis measured and fitted by the breast care nurse.</p> <p>If you work, it's your decision when you decide to go back, but if you're off for too long, there's a risk of developing problems to do with anxiety, isolation and lack of confidence. These could affect your quality of life in the long-term. Talk with your GP about how best to avoid this becoming a problem for you or have a chat with your occupational health doctor or nurse and employer about a gradual return.</p>		<p>Yes, although a few women may have problems with arm pain or swelling. They won't be harmed by work but may have difficulties reaching or with heavy lifting. A temporary change to lighter physical work and shorter hours can help.</p> <p>It is common to feel tired towards the end of radiotherapy treatment and for a few weeks afterwards. Consider working reduced hours or fewer days for this period.</p>

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After you get home

Day	Got up at ... am	Activities: eg, shoulder exercises/ walked for ... mins	How much rest I needed after each activity:	What times I needed to rest	How have I been feeling? Any pain? Emotional feelings?
1					
2					

Keeping a track of what you've achieved each day will help you to stay positive and get back to enjoying your normal life more quickly.

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After you get home

Day	Got up at ... am	Activities: eg, shoulder exercises/ walked for ... mins	How much rest I needed	Went to bed at ... pm	How have I been feeling? Any pain? Emotional feelings?	What do I want to achieve tomorrow?
3						
4						
5						
6						
7						
8						

Remember, take a step-by-step approach to getting better, and build up your activities in small stages. Don't push yourself too far too fast. If you're concerned about anything, or if you feel you're not making progress fast enough, ask your surgeon or call your GP.

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After you get home

Day	Got up at ... am	Activities: eg, shoulder exercises/ walked for ... mins	How much rest I needed	Went to bed at ... pm	How have I been feeling? Any pain? Emotional feelings?	What do I want to achieve tomorrow?
8						
10						
11						
12						
13						
14						

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After you get home

Weeks	Got up at ... am	Activities: eg, shoulder exercises/ walked for ... mins	How much rest I needed	Went to bed at ... pm	How have I been feeling? Any pain? Emotional feelings?	What do I want to achieve tomorrow?
3						
4						
5						
6						

Get Well Soon

Helping you to make a speedy recovery after a mastectomy

Keeping well

Because of your operation, the chances are you'll be a lot more aware of your body and how it works.

Right now is a really good time to build on the knowledge you've gained and make small changes to your lifestyle that can prevent you from experiencing certain health problems in the future. You can do this by:

- Improving your diet – a healthy diet contains a variety of foods, including fresh fruit and vegetables, starchy foods (such as rice, pasta and potatoes) and some protein-rich foods (such as meat, fish, eggs, lentils and beans). A healthy diet is also low in fat (especially saturated fats), salt and sugar and limits alcohol consumption.
- Any exercise – even if it's just a few short walks each day – really will make a difference to your health.
- Quit smoking - NHS Stop Smoking Services are one of the most effective ways to stop for good – and they're free. Your doctor will be happy to help you.

Holidays and travel

Getting travel insurance following surgery can sometimes be difficult, so it's best to shop around for a good deal. The [Macmillan website](http://www.macmillan.org.uk/) (<http://www.macmillan.org.uk/>) lists a number of companies that are prepared to offer insurance.

Holidays and travel are not a problem, but it is important to delay them until your wounds are healed and any other treatment is complete; bear in mind radiotherapy and chemotherapy will impact on travel plans. Check with your breast care nurse or doctor.

If you do travel in the weeks following surgery, take sensible precautions: keep well hydrated, avoid alcohol, wear flight socks and try to keep as mobile as you can during flights.

If you are taking tamoxifen tablets as part of your treatment, these precautions are particularly important.

If you are planning a long-haul flight, take advice from your doctor or breast care nurse as you may well need to take additional precautions.

Travelling within the European Union is probably easier than elsewhere in the world, mainly because you can access any emergency treatment that you need – provided that you have a European Health Insurance Card (EHIC). However, it's important to remember that this does not cover you for the cost of having to be flown home under medical supervision after emergency treatment, which is an expense you will have to cover yourself. Also, the emergency cover provided is only to a level given to the people resident in that country.

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Website links

The internet's a great thing – anything you want to know is there for you at the click of a mouse, but do be careful about the way you use it when it comes to getting information about your health. It's hard to know which sites to trust and none of them can tell you anything that's specific to your individual medical needs.

If you do want to know more about your operation, recovery or return to work, here is a list of trusted websites that offer safe, sensible, useful information:

[Royal College of Surgeons of England](http://www.rcseng.ac.uk/)
<http://www.rcseng.ac.uk/>

[Association of Breast Surgery](http://www.associationofbreastsurgery.org.uk/)
<http://www.associationofbreastsurgery.org.uk/>

[Breast Cancer Care](http://www.breastcancercare.org.uk/)
<http://www.breastcancercare.org.uk/>

[Breast Cancer Campaign](http://www.breastcancercampaign.org/)
<http://www.breastcancercampaign.org/>

[Breakthrough Breast Cancer](http://www.breakthrough.org.uk/)
<http://www.breakthrough.org.uk/>

[Cancer Help provided by Cancer Research UK](http://www.cancerhelp.org.uk/)
<http://www.cancerhelp.org.uk/>

[Macmillan Cancer Support](http://www.macmillan.org.uk/)
<http://www.macmillan.org.uk/>

[NHS Stop Smoking Service](http://smokefree.nhs.uk/)
<http://smokefree.nhs.uk/>

[NHS Choices](http://www.nhs.uk/Pages/Homepage.aspx)
<http://www.nhs.uk/Pages/Homepage.aspx>

[Department for Work and Pensions](https://www.gov.uk/government/organisations/department-for-work-pensions)
<https://www.gov.uk/government/organisations/department-for-work-pensions>

[GOV.UK](https://www.gov.uk/)
<https://www.gov.uk/>

[DVLA - Driver and Vehicle Licensing Agency](https://www.gov.uk/browse/driving/disability-health-condition)
<https://www.gov.uk/browse/driving/disability-health-condition>

Call 111 for nonemergency medical advice