

## Contact details

Burney Breast Unit

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# Benign breast surgery Your operation & recovery

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید، لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formie, proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil, vă rog să discutați cu un membru al personalului să se ocupe de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

## Introduction

This information is for anyone coming into hospital for breast surgery on benign conditions and/or excisional biopsies.

This leaflet will give you all the information you need to know, for before and after your surgery.

## Before surgery

Breast surgery is performed at both Whiston & St Helens hospitals, Ward 4B at Whiston and Sanderson Suite at St Helens.

Before coming into hospital, you will be required to attend a pre-assessment appointment. This is to perform a health check before we give you a general anaesthetic.

For this appointment, you will need to bring with you – your GP contact details, your next of kin contact details, any medications you are currently prescribed and forms given to you by the consultant to return. We will need to know if you have any allergies.

During this assessment you may have some routine tests performed – blood tests, ECG, blood pressure, temperature, MRSA screening, a chest x-ray and a urine test.

If any concerns are highlighted during this assessment, you may need to have further assessments performed and this may delay your surgery for a short while.

If you smoke, you may be asked to cut down or stop to help in your recovery from the anaesthetic and surgery.

## Recovery

Recovery from surgery can vary in different people. As you heal, any pain and discomfort will usually get better within a few months; however it can take longer in others. Ongoing (chronic) pain can be caused by nerve damage during your surgery and can be controlled in different ways, your doctor can discuss this with you if the concern arises.

Once at home you can increase your daily activities each day but do not set yourself big tasks and rest in between each one, your body will need time to recover. Also eating a healthy balanced diet can help aid in your recovery and wound healing.

Gentle exercises should be performed on your arm and shoulder after your surgery, this will help to loosen up any stiffness or tightness experienced during your recovery. This can be a bit painful to start with, if so, you are advised to take some pain relief half an hour before starting the exercises.

## Resuming normal activities

Your doctor will be able to offer advice on returning to driving as you need to be comfortable and confident to be able to do so safely. You will be given advice on discharge from the ward, with regards to driving after your surgery.

Begin any sexual activity when you are comfortable doing so, however you may still feel sore in your breast area where the wound is, you may find it difficult to hug or touch someone due to the position of your wound.

Returning to work will depend on the job that you do, the extent of your surgery and if any further treatment is required once your histology results are received. You will be able to discuss this with your surgeon.

## Discharge from hospital

Your length of stay can vary depending on the type of surgery you have, how you recover and the support you have at home. You may be discharged home the same day or you may be required to stay in overnight, your surgeon or nurse will discuss this with you.

Before you leave the hospital you will be told when to expect a follow up appointment, this will include a wound check with the nurse on Burney Breast Unit and a follow up appointment with your consultant. If you have had an excisional biopsy you will attend an appointment to receive your histology results, discuss how surgery went and a treatment plan will be formed if any further treatment is required.

## Looking after your wounds

When you are discharged it is important to follow any instructions your nurse gives you, with regards to caring for your wound. These instructions can vary on the type of surgery you have had and who your surgeon is. Any questions you have after discharge can be directed to the breast wound care nurse on the Burney Breast Unit.

You will be able to shower and bathe normally after surgery if you have a waterproof dressing on your wound, although it is advised that you do not use any soaps or deodorant on or around your wound. When bathing, do not submerge your wound in the water.

Your wound should be healed fully in 6-8 weeks, but can take time for the area of your wound to feel normal again.

## Eating & drinking

You will be given a date and time that you will need to stop eating and drinking. These instructions are very important, as your stomach needs to be empty for when you go into surgery.

## What to bring to hospital

Many surgeries are performed as a day case and you will be allowed home the same day as your surgery.

Sometimes however, you may be required to stay in overnight to be discharged the day after.

You will need to bring clothes to travel home in, nightwear/pyjamas, preferably those that open at the front as they are easier to take on and off after your breast surgery. It is important that you bring a supportive and well fitting sports bra (not too tight) into hospital with you, as after your surgery you will be required to wear one straightaway.

**You may find it more comfortable to wear a front fastening bra, or post-surgery bra.**

Bring all your usual toiletries and a towel with you, you will need to avoid using any deodorants, talc and/or lotions before surgery and until after your wounds are healed or when your doctor or nurse says otherwise.

You may want to bring a small amount of money into hospital, but please avoid bringing in large amounts and jewellery.

You may leave your wedding ring on if you have one, this can be worn during surgery but will be taped by ward staff before you go into theatre.

You can bring any books, reading devices, mobile phone and tablets to keep you occupied before or after surgery.

If you do, please bring headphones so as not to disturb other patients on the ward.

You are able to bring your own food and drinks to the ward and both St Helens and Whiston hospitals have shops you are able to buy items from.

Any special dietary requirements can be catered for by the ward staff, so please inform them of your needs. Any home cooked foods or takeaways are permitted but should be discussed with ward staff before being brought into hospital.

Please bring any medications you have at home.

You will be advised at your pre-op assessment which medicines you should stop and which you should continue to take before your surgery goes ahead.

## Admission to hospital

You should arrive at the ward on the morning of your surgery, you will be given details of which hospital and ward to attend.

Each ward has their own visiting policies, so please check before you come into hospital as to what they are.

You will be admitted to the ward on the morning of your surgery by a nurse, this may be a student nurse who will be supervised by your named nurse.

A doctor will see you on the ward to talk to you about your operation and what is planned. Your doctor will sign a written consent form with you if they have not already done so.

## Infection:

A wound infection can happen any time after surgery until the wound is completely healed. Any of the following symptoms could mean you could have an infection – wound feels tender, swollen or warm to the touch, redness in the area, discharge from the wound, feeling generally unwell with a raised temperature. If any of these symptoms occur, please contact your GP, surgeon or wound care nurse for advice as you may need a course of antibiotics.

## Haematoma:

Occasionally, blood can collect in the tissues surrounding the wound causing swelling, hardness and discomfort. This collection of blood will eventually be reabsorbed by your body, but can take up to a few weeks. If the haematoma is very large, your surgeon may suggest removing it by aspirating it, with a needle and syringe. In rare circumstances a further surgery maybe required to remove this.

## Scarring:

All surgery leaves some type of scar and seeing this scar for the first time may be difficult. Scar tissue is produced naturally by your body during the healing process. At first it can feel uneven to touch and may feel tight and tender. Scarring will fade over time and become less obvious. There are products available to buy to help with minimising the scar, but speak to your wound care nurse or surgeon before using these.

### **Nausea:**

Not everyone will feel this effect following surgery and some do feel it more than others.

This effect is usually short term and anti-sickness medicine can be given as a tablet or injection to help relieve this. Please inform your nurse on the ward if you are feeling sick.

### **Bruising and swelling:**

Bruising is common after surgery and will settle down over the weeks of your recovery.

Swelling is also common and like bruising will settle. Both of these are a normal part of healing. Swelling can be alleviated by wearing a supportive bra both day and night, to support your breast during the healing process.

### **Seroma:**

After surgery some patients can develop a collection of fluid called a seroma. This can occur in the breast tissue, chest wall and underarm.

A seroma is usually absorbed naturally by your body over time. If the seroma becomes uncomfortable, does not reduce or go away then we may need to draw this fluid off using a needle and syringe (aspiration). A seroma can sometimes refill several times, resulting in you needing several aspirations over a number of weeks.

This procedure is normally pain free as the area is numb from surgery. If a seroma restricts your arm movement, please contact the wound care nurse at the Burney Breast Unit.

The consent confirms that you are agreeing to and understand the risks and the benefits of your surgery. You will also be seen by an anaesthetist.

You should follow any instructions given to you with regards to eating and drinking, you will be asked to remove any make up and/or nail polish you may be wearing. It is common that the doctor will draw on you with a marker pen, to indicate the site of your operation.

If there is anything you are unsure of, speak to your doctor or the nurse looking after you. You may be given anti-embolism socks to wear during your surgery and for a short time afterwards, these reduce the risk of Deep Vein Thrombosis, a harmful blood clot from forming.

You may also be given a series of injections after your operation to reduce this risk even further.

Before going into theatre, the nursing staff will check your wristband and complete a checklist to ensure you are safe and ready to go.

If you have false teeth, wear glasses and/or a hearing aid, you should remove these and place in a labelled box.

If you do not have one the ward can provide you with one.

Once in the anaesthetic room, the theatre staff will perform another checklist with you.

You will have a cannula placed in your hand or arm and given medication through that straight into your vein. You will be asked to take deep breaths as the anaesthetic is working and you fall asleep.

Once asleep you will be taken into theatre and surgery will be performed.

## After your surgery

The majority of people recover well after surgery, with very few side effects. Some wake up quickly and others slowly and you can feel very sleepy afterwards.

You will be given extra oxygen after your surgery either by a face mask or nose cannula (tube that sits in your nostrils).

You will have a blood pressure cuff on and a clip on your finger to measure your oxygen levels.

You will have IV fluids going through your cannula (a drip) until you are able to drink normally.

You will be helped into your bra as soon as you return to the ward and you will be required to wear it for 3-4 weeks both day and night.

When you feel able you will be able to drink some water, your nurse will advise you of this.

You will take sips at first and then gradually you will be able to drink more. If you have no problems drinking you will be offered something to eat.

You will be encouraged to move as soon as possible after surgery.

Sometimes people can feel dizzy after surgery due to blood loss or low blood pressure.

Your nurse will be able to advise you, on whether to call for help if you need assistance to mobilise.

You will also need to pass urine before you are discharged home.

## Dressings

After your surgery you will have an adhesive dressing applied to your wound, your nurse will check this often throughout your stay on the ward. Depending on your surgeon, you may have sutures which may or may not be dissolvable. Non-dissolvable stitches would need to be removed 7-10 days after your surgery.

Your wound may also be covered with steri-strips (paper sutures), glue or a glue tape. Your wound may also have a thick, firm dressing applied, to help reduce swelling or bleeding initially after surgery which can be removed after a day or two.

## Possible after effects of surgery

Listed here are some of the common after effects of your surgery.

### Pain and discomfort:

You are likely to experience this but not everyone is the same.

This can be alleviated by taking simple pain relief, such as paracetamol and ibuprofen.

You will need to inform the ward staff if you are struggling with your pain, as you may need to take something stronger.

On discharge you may be sent home with pain relief from the ward such as codeine, this also comes with its own side effects such as drowsiness and constipation.

You may also feel a numbness or burning sensation in your scar area, as a result of temporary minor nerve damage during your surgery. This is quite common and may go on for a few weeks or months.