

AXILLARY DISSECTION

Pre-Operative Instructions

Help us keep you safe during your surgery by telling us if any of the following apply to you:

- I take a blood thinner. Some examples include aspirin, heparin, warfarin (Coumadin), clopidogrel (Plavix), enoxaparin (Lovenox), dabigatran (Pradaxa), apixaban (Eliquis), and rivaroxaban (Xarelto).
- I take immunosuppressant medication.
- I take weight loss medication.
- I have a pacemaker, automatic implantable cardioverter-defibrillator, or other heart device.
- I have sleep apnea.
- I have had a problem with anesthesia in the past.
- I am allergic to certain medications or materials, including latex.

When to stop medications, herbal remedies, vitamins, and other dietary supplements:

- 7 days prior to surgery: Stop vitamins, herbal remedies, dietary supplements, and weekly dosed weight loss/diabetic GLP1 medications like Ozempic, Trulicity and others.
- 5 days prior to surgery: Stop Fenfluramine/Phentermine (Fen-Phen).
- 3 days prior to surgery: Stop taking NSAIDs such as ibuprofen (Advil, Motrin) and naproxen (Aleve) as well as daily dosed SGLT2 diabetic medication like Jardiance and others.
- Your surgeon will discuss when to stop blood thinners.
- Anesthesia will discuss all other medications when they call the day before your surgery.

When to stop eating and drinking before surgery:

- Do not eat any food after **midnight** the night before your surgery including gum, mints, or candy.
- Do not use any tobacco products after **midnight** the night before your surgery.
- You can drink clear liquids up to **4 hours** before your surgery. Examples of clear liquids include water, apple juice, black coffee (without cream or sweetener) and tea (without cream or sweetener).

Your surgery will be cancelled if these instructions are not followed.

Pre-operative checklist:

- ✓ Arrange for a responsible adult to take you home and be with you for 24 hours after outpatient surgery.
- ✓ Complete the pre-registration for your surgery facility.
- ✓ Purchase a front fastening support or sports bra. If you can't find one, we will provide you with a compression wrap.
- ✓ Refer to your **Surgery Itinerary** for check-in time and location of your surgery.
- ✓ Wear comfortable, loose-fitting clothing on the day of surgery.
- ✓ Please leave valuables and all jewelry, if possible, at home.
- ✓ Fill pre-operative prescriptions faxed to your pharmacy.

Post-Operative Instructions

Diet

For the first few days after your surgery, you should eat foods that you easily tolerate and be sure to drink plenty of clear liquids to stay well hydrated. You may then advance to your normal diet as tolerated.

Medications

Pain management is an important part of your post-surgery care. You should expect some discomfort after your surgery. It is important to take pain medication prior to your pain becoming intense in severity.

In addition to narcotic pain medications, you may take ibuprofen (Advil or Motrin) 200-800 mg every 6-8 hours to help with pain control provided you do not have peptic ulcer disease or another medical condition that makes NSAIDs unsafe. Do not exceed 3200 mg in a 24-hour period. You may stagger your narcotic pain medication and ibuprofen every 3 hours or take them together every 6 hours.

Mild swelling is normal following surgery. To help decrease inflammation and discomfort you should apply ice packs to the surgery area for the first 24-72 hours after your surgery and then as needed. Apply the ice pack for 20 minutes every 2 hours as you can throughout the day.

It is normal to have sharp, shooting pains and numbness in your arm and armpit as the nerves regrow. This will dissipate over the next few months. In the meantime, you can use NSAIDs, heat and ice to help with the discomfort.

It is normal to experience burning, tingling, numbness or soreness in your armpit and/or on the back of your arm as your nerves regenerate. This will dissipate over the next few months. In the meantime, you can use NSAIDs, heat and ice as needed to help with the discomfort.

Some side-effects from narcotic pain medication include nausea/vomiting and constipation. If you experience these, you should stop the medication and take ibuprofen or acetaminophen for pain management.

If you experience any nausea, try using Sea Bands (available in pharmacy departments or online). This is a drug-free method that works to treat nausea by using a pressure point on your inner arm. Please refer to ***Acupressure for Nausea and Vomiting*** in the ***Resources*** section on our website for more information.

While on narcotic pain medications, you should be taking docusate sodium (Colace) 100 mg twice a day with good fluid intake. If you do not have a bowel movement after 3 days, take MiraLAX morning and night until you have a bowel movement. If no results, please contact our office.

You may resume your previous medications, vitamins and herbal remedies unless instructed otherwise.

Incision/Dressing Care and Showering

Remove your dressing over your incision 4 days after your surgery. Remove the clear plastic outer dressing and gauze but leave the steri-strips (strips of tape) that cover your incision. Steri-strips should remain in place for 7-14 days. The strips will gradually loosen and come off. If they do not come off within two weeks, please remove them yourself.

Leave your drain dressing in place until your first office visit. If your dressing becomes extremely soiled or loosens and comes off prior to your first office visit, please contact our office.

Do not shower with the drain in place, sponge bathe only.

It is normal to have some drainage on your dressing for the first couple of days after your surgery. It is normal to have some swelling around your incision. The skin above and below your incision will feel numb and it is normal to have a firm lump directly beneath your incision line, this will dissipate within a couple of months.

Drain Care

Empty the drain at least two times each day (morning and evening), or when the bulb is 1/3 full. Record the output each time you empty the drain. In order to prevent the drain tubing from getting clogged, you will need to “strip” the tubing twice a day, or as needed. Stripping means that you use your fingers to squeeze along the length of the tubing to help prevent clots and maintain the flow of drainage. If you notice leaking from around your drain site or an abrupt decrease in the drain output, this is a sign that the tubing may be clogged. Strip the drain repeatedly until it begins draining into the bulb again. Contact our office if this does not resolve.

To strip the drain:

- Wash your hands with soap and water.
- Using one hand, firmly hold the tubing near the insertion site (close to your skin). This will prevent the drain from being pulled from your skin while you are stripping it.
- Using your index finger and thumb of the other hand, squeeze the tubing below the first hand. You should squeeze it firmly enough, so the tubing becomes flat.
- As you are squeezing, slide your index finger and thumb down the tube toward the bulb. Then, release the tubing held by the hand closest to your body. Repeat. (Do not release the pressure you are creating in the tubing until you reach the bulb.)

To empty the drain:

- Carefully remove the plug from the top of the bulb and gently squeeze all drainage into the measuring cup provided for you.
- To re-create suction, clean the opening with an alcohol wipe, squeeze the middle of the bulb and replace the plug. The drain is functioning correctly when the bulb is collapsed.
- Rinse the measuring cup and wash your hands with soap and water.
- Record the date, time and amount of fluid on your drain output sheet.

When your drain output is below 30 ml in a 24-hour period for two consecutive days (unless otherwise specified by your doctor), call the office to schedule an appointment for drain removal. Please bring your output record to your appointment. If your drain has not met criteria for removal after 2 weeks, please call the office to see if prophylactic antibiotics are indicated.

Compression

You should continue to wear your compression binder until your post-op appointment or until your surgeon instructs you to discontinue use. The compression helps to seal your tissues back together to prevent fluid collections.

If the material from the compression binder irritates your skin, you may wear a thin shirt or camisole under the garment. A pad under the arm may prevent irritation of the incision under your arm from the garment.

Activity Restrictions

Light, self-care activities using your surgical side arm are ok (e.g., brushing your teeth, washing your face, light housekeeping, meal preparation, etc.). Avoid more strenuous activity, repetitive movements, heavy lifting (greater

than 10 lbs.), and lifting your elbow above your shoulder for the first 2 weeks after surgery. Be mindful of your arm and shoulder but keep it loose and moving within the above restrictions.

Once your surgeon has cleared you (usually at your post-op appointment), you may proceed with exercises to regain movement and flexibility. Please visit ***Exercises After Breast Surgery*** in the ***Resources*** section on our website.

You may return to work once you are no longer taking narcotic pain medication, drains are removed, and you are not required to do any strenuous activity or heavy lifting. Patients generally return to work an average of 1 week after surgery, depending on their level of discomfort and when the drain is removed. If your work requires you to perform physical duties, you may return after 2 weeks. Please notify our office if you need a return-to-work letter for your employer.

You are ok to drive once you are no longer taking narcotic pain medication and feeling capable of performing safely.

Pathology Results

The pathology results should be available within five working days after your surgery. We will notify you once they come in. If you have not heard from our office on the fifth post-operative business day, please call our office. We will leave a voice mail about your pathology if you do not answer. We will go over your report in more depth at your post-op appointment.

Lymphedema Prevention

A referral to a lymphedema specialist for education of lymphedema should be arranged post-operatively. Please make sure you discuss this with your surgeon at your post-op appointment.

Please visit ***Breast Cancer-Related Lymphedema*** in the ***Resources*** section on our website.

Follow-up Appointments

When your drain output reaches below 30ml in a 24-hour period for 2 consecutive days, call our office to schedule a nurse visit for drain removal.

A post-op appointment will be made with your surgeon 1-2 weeks after your drain has been removed.

A referral has already been sent to an oncologist. If their office (e.g., Willamette Valley Cancer Institute, Steelhead Oncology, Bay Area Cancer) has not already contacted you, please call them to arrange your follow up.

Things to Watch For

1. Chest pain or difficulty breathing.
2. Dressings saturated with blood.
3. Severe swelling or bruising that does not improve in a few days.
4. Fever greater than 101.0.
5. Uncontrolled pain.
6. Nausea and/or vomiting that continues for 12-24 hours.
7. Diarrhea that continues for 12-48 hours (about 2 days).
8. Signs of a wound infection: increased swelling, redness, pain, drainage and/or odor.
9. Your incision separates or opens up.
10. Pain or swelling in your calf.

If you feel you are having a life-threatening emergency, please call 911.

If you need to contact us, call 541-735-3778. We check messages throughout the day. Please keep your messages brief and know that we will answer you as soon as possible. There is no need to leave the same message multiple times as this will only slow down our ability to respond to you. The office is open 9:00 am to 5:00 pm Monday through Friday. For urgent needs after office hours, call 541-222-9911 to speak with our surgeons.

Oregon Surgical Wellness

3783 International Way Court, Suite 200

Springfield, Oregon 97477

oregonsurgicalwellness.com

Phone: 541.735.3778

Fax: 541.735.3772

