

Stitches

The stitches in your wound are usually dissolving and do not need to be removed. The stitches are internal, but occasionally, part of a stitch does not dissolve and may partly come out through the skin. If this happens, the stitch needs to be cut and removed; you can do this yourself or ask your doctor or nurse to do it for you.

More serious problems following surgery

If you think you may have any of these problems, contact your Breast Care Nurse or Specialist within 24 hours to have the wound checked.

Wound infection

Wound infections occur in about 1 in 20 patients with a breast or armpit wound. If an infection develops, the wound usually becomes more painful. You may also see swelling and redness, and pus may be seen around the edges of the wound. Rarely, you may feel unwell and develop a fever as a result of a severe infection.

Wound infections usually develop over several days and are not emergencies. If you notice that the wound is becoming hot or red, or it becomes more painful, you should notify your nurse or doctor for advice. If out of hours attend Emergency Department and they will notify your doctor, this is especially important if you have had any type of breast reconstruction surgery. Some wound infections require antibiotics and others may need the stitches removed to allow any collection of pus or fluid to be removed. If you are prescribed a course of antibiotics, it is important to finish all the tablets, even if the infection settles after only a few doses.

Wound breakdown

Sometimes the blood supply to the edge of the wound is not adequate to allow proper healing. This is a particular problem for patients who have undergone a breast reconstruction or mastectomy, had previous radiotherapy, or patients who are smokers. If this problem occurs, it develops gradually over several days and is not an emergency. If this occurs, the edge of the wound in one section or along the whole length of the wound changes to a dark red or purple colour. This can usually be treated with dressings to the wound.

Occasionally, this area may need to be removed in a small operation at a later time.

If you notice these changes in any area of the wound contact your Breast Care Nurse or Specialist to arrange a wound review.

Haematoma

A haematoma is a collection of blood in the wound. It causes swelling and bruising of the wound and you may experience increasing pain. Sometimes a small amount of old (dark) blood can be seen leaking from the wound. Rarely the amount of bruising that occurs may require that the blood collection be removed in the doctor's surgery or in the operating theatre.

If you are experiencing severe swelling with bruising and or pain you should call your nurse or doctor for urgent review. If this is not possible attend the Emergency department and they will notify your doctor regarding management.

Contact telephone numbers

Hospital: _____

Nurse: _____

Surgeon: _____

Oncologist: _____

General Practitioner: _____

Other Useful Numbers: _____

Useful contacts/websites

Cancer Australia	canceraustralia.gov.au
Cancer Council	cancer.org.au
Cancer Council Helpline	13 11 20
Breast Cancer Network Australia (BCNA)	1800 500 258 bcna.org.au

Supporting People with Breast Cancer Today and Every Day

- ✦ Providing screening, diagnosis, treatment and care by expert teams
- ✦ With world-class research, education and innovation
- ✦ Engaging the help of our community and supporters
- ✦ To shine a Ray of Hope



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IMPORTANT At all times you should rely on the expert judgement of your medical advisor(s). This information guide is not a substitute for medical advice. It is designed to help you understand and discuss your treatment.

Wound Care

Westmead Breast Cancer Institute



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Surgery for breast cancer may involve removing part of the breast or removing the whole breast. Usually some or all of the lymph glands in the armpit are also removed. Some people may also have breast reconstruction surgery at the same time as their breast cancer surgery.

Most people make an uneventful recovery from surgery, and soon return to their normal daily activities. This brochure gives you information about how to care for your wound after surgery. It describes the normal changes that occur following surgery and explains some of the possible problems that may arise. It also provides contact telephone numbers you may use if you feel you need more help.

Looking after your wound

Following surgery for breast cancer, there is normally one wound in the breast (if only part of the breast has been removed) or on the chest wall (if a mastectomy has been performed). If the lymph glands have been removed, there may be other wounds in the armpit and/or breastbone areas.

Dressings

The wound or wounds will usually be covered by a waterproof dressing on top of steristrips (paper tapes). These dressings should remain in place until your post-operative appointment 7 to 10 days after surgery. You may shower as usual with the waterproof dressing in place.

The wound is usually closed with dissolving stitches which do not need to be removed. Most patients do not go home with stitches that need removing.

Skin Care

The day after surgery, you may shower as usual and pat the wound dry using a soft, clean towel. Allowing the wound dressing to get wet in the shower will not cause any damage; in fact, keeping the area clean helps prevent infection and encourages healing. We advise not to soak the wound dressing in a bath. Swimming should also be avoided until the wound has healed. **Do not use hot or cold packs** as you may not have normal sensation in the area along and surrounding the wound. If you have had only part of the breast removed we recommend you wear a well fitting, non wired supportive bra to improve comfort and support the wound.

Drainage

During surgery, a drainage tube (drain) may be placed in the breast wound. If lymph glands are removed from the armpit, a second drain may be placed in the armpit. Your drain(s) often need to stay in for a week or more, and you may go home with the drains in place. If you go home with a drain in, we may be able to arrange a community nurse to visit regularly to check the drain for you. The drain(s) will be removed at the appropriate time according to your surgeon's instructions.

In some cases, it may not be possible to arrange community nursing and you will be shown how to look after the drain yourself. You will be asked to keep a record of the volume of fluid that comes down the drain each day. This is important as it will guide the decision as to when the drain should be removed. Breast care nurses will be available to advise you.

In some cases your surgeon may prescribe oral antibiotics, you should take them as directed, until the course is completed.

Exercise

It is important to perform the arm and shoulder exercises recommended by your doctor, nurse or physiotherapist. Wound healing is not delayed by doing these recommended arm exercises. Some patients worry that exercising may 'pull open' their wound, but this is not the case. You should try to use your arm for normal daily activities, within the limits of pain, to prevent arm and shoulder stiffness.

If you have a drain in place you will be asked to do your shoulder and arm exercises only to shoulder height until the drains are removed.

You are advised not to drive a vehicle whilst you have a drain in place. If you have had breast reconstruction your specialist may give you specific instructions before you leave hospital.

More information about arm and shoulder care can be found in the brochure *Shoulder Care*.

Wound care following breast reconstruction

If you have had breast reconstruction we would like you to notify us of any changes that concern you. Please contact your Breast Care Nurse or Specialist, alternatively attend the Emergency Department at Westmead Hospital or your local hospital who will contact the specialist.

Common problems following surgery

Most problems arising from breast surgery are not emergencies. These can usually be treated by your community nursing team or your GP. If they have any concerns, they will contact your specialist.

Pain

It is normal to experience some pain after breast surgery. Usually the pain tablets recommended by the hospital will control the pain if you take them in the recommended doses. Some pain tablets can cause constipation. It is important to ensure you are having sufficient fluid during the day and that you are doing some gentle exercise. In some cases you may require a simple laxative. If you need advice about this, contact your GP or breast care nurse.

If you experience an increase in pain after you go home, you may be developing problems with your wound. If this happens, contact your Breast Care Nurse or Specialist to have the wound checked and to get advice on how to manage the pain.

Many people experience sharp stabbing like pains that do not last for long but can be concerning. This is normal after any breast surgery. These pains do not require any special treatment and they will settle over time.

Bruising

Minor bruising around the wound is common after any surgery. More significant bruising will occur in around 25% of patients. Other than giving a dark appearance, which may change to a yellow colour, this is usually not a problem. Most bruising will settle without treatment over a 2–3 week period.

A more significant form of bruising is a haematoma, which sometimes requires treatment. This is discussed later in this brochure.

Wound Swelling

It is common to get some swelling or lumpiness along the edges of the wound. It may take 6 – 8 weeks for the wound to flatten out.

Drain leak and drain blockage

A blocked or leaking drain is an annoying situation. If the drain leaks simply wash around the drain site, apply a clean pad, and tape it around the drain. If the leak continues, call

your doctor or breast care nurse to obtain advice. It may be that the drain is blocked and may need to be removed earlier than planned. This should be checked by your nurse or doctor within 24 hours, alternatively attend the Emergency department.

Seroma

A seroma is a build-up of normal body fluid that often occurs after armpit (axillary) or breast surgery. Although seromas can be uncomfortable and cause significant swelling, they are not dangerous. A seroma is not a recurrence of your cancer, nor is it long-term swelling of the arm (lymphoedema). Seromas tend to develop over a period of days to weeks and are not emergencies. Some patients (up to 30%) will need to have the fluid from a seroma removed using a syringe and needle. A seroma can develop even after a drain has been removed at the "correct" time.

If the fluid is removed with a needle, it will often need to be done a few times over a period of days to weeks until the build-up of fluid settles. This procedure is not usually painful as the needle can be placed in a numb patch in your skin. After you have had a seroma drained once, you will easily recognise the signs if the fluid collects again.

Occasionally, seromas can discharge by themselves causing a release of blood-stained fluid through the armpit wound. This distressing event is not an emergency. If this occurs, simply wash the area with warm water and apply a dry dressing to the wound. Notify your nurse or Specialist to arrange review.

Altered sensation & numbness

It is common to experience some numbness or altered sensation under the arm and along the outer part of your chest following surgery in the armpit area. This happens because a nerve that gives feeling to the skin in this area is often cut during surgery. The size of the numb patch may reduce with time but usually does not go away completely. Rarely, people may experience this numbness as a burning sensation.

It is also common to experience some fleeting pains and funny sensations down the arm on the side of the surgery. These will usually settle down in time but can take 6 – 12 months to go away. Rarely, medication will be required to control these sensations.