



## Patient Information – Post-operative care

# Mastectomy & Axillary Clearance

### Wound care

Your breast tissue & axillary lymph nodes have been removed during surgery. The incisions have been temporarily numbed with local anaesthetic and sewn together with dissolvable stitches under the skin.

A dressing has been applied to the wound, often a skin adhesive and overlying paper tape such as Steristrips®. You can safely get the dressing wet in the shower and gently dab dry afterward.

Tubes have been inserted to drain the mastectomy and axillary wound fluid. After the drain tubes have been removed, typically five to 10 days following surgery, leakage of fluid might occur for a few days through the skin hole. Do not be alarmed. Simply keep the skin clean (wash the area with water) and re-apply an absorptive dressing over the hole. Please check the wound dressing daily. If you go home with a drain tube in, clear instructions will be given to you by the nursing staff and/or breast care nurse.

### Pain relief

Regular paracetamol (e.g. Panadol®), 1g (two 500mg tablets), four times a day, for the first few days after leaving hospital and prior to exercises or functional activities, provides sufficient pain relief for most people. It is safe to add an anti-inflammatory drug (e.g., Nurofen®) for most patients, but please check with your doctor if you have any concerns.

### Activity

The physiotherapist will see you on the ward and commence exercises to aid recovery. Gentle exercise, for example walking, is recommended to reduce the risk of deep vein thrombosis. You should avoid more vigorous exercise for at least two weeks after surgery. Driving should be avoided if possible until review following discharge. You should anticipate at least two weeks off work, but naturally this can vary and will depend on other pending treatments.

### Complications

Internal wound bleeding (haematoma) may be suspected if your chest becomes painful, tense, bruised or swollen. Soft bruising alone is of no great concern.

Infection may be suspected if the wound becomes increasingly tender & inflamed. You might start to feel unwell with a fever. This requires urgent attention.

A fluid collection (seroma) is common after lymph node surgery. The chest wall or armpit may become swollen and uncomfortable “like an egg under my arm”. Drainage with a needle and syringe is often performed in the doctor’s rooms after surgery, to relieve the fluid pressure.

Linear cords can sometimes be felt along the inside of the arm due to inflamed lymphatics just under the skin. This can be uncomfortable but will improve over the coming weeks or months. It is safe to exercise the arm with lymphatic cording.

When lymph nodes are removed from the armpit (axilla), it can disrupt the flow of fluid draining from the arm. This can result in swelling, or lymphoedema, of the arm and/or chest wall. Information will be given about lymphoedema prevention.

### Appointment

Your follow-up appointment will be made at the time of your surgery booking. Please ring the rooms (03 9021 8833) if you do not have an appointment.

### Contact

Any concerns, please contact Dr Sarah Birks or the hospital.

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