



Breast Surgery

GUIDELINES FOR YOUR CARE
SYDNEY ADVENTIST HOSPITAL



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SYDNEY
ADVENTIST
HOSPITAL

The Sydney Adventist Hospital logo represents our heritage and our future. The logo is in the form of a cross, made up of three stylised symbols: the serpent on the pole, symbolising healing; the book, representing the story of God’s care recorded in the Bible; and the flame, representing the Spirit of God.

Taken together these symbols represent the activity of God in the world. His generosity toward vulnerable people restores them to physical and mental health, and places them in a community of compassionate people, who support each other. God’s example inspires us to reach out to others in the same way. The book is open, the flame is alight, the serpent is spiralling, representing our welcome to you to join us in our mission of seeking wholeness, and the richness of life.

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Breast Surgery

GUIDELINES FOR YOUR CARE



WELCOME TO SYDNEY ADVENTIST HOSPITAL,
THANK YOU FOR CHOOSING US FOR YOUR HEALTH CARE NEEDS.

Sydney Adventist Hospital (known as the San) is a not-for-profit hospital owned and operated as a community service by the Seventh-day Adventist Church. We are an acute care hospital with state-of-the-art technology. Our staff are highly skilled and committed to providing you with total care in a compassionate, Christian environment.



The San has been serving the health needs of the community for more than 100 years. Our aim is to ensure you receive the best possible treatment and care throughout your stay with us.

As part of our commitment to excellence in patient care, the San has developed a multidisciplinary team (MDT) approach to cancer care. We understand that the treatment of cancer is complicated and often crosses over many specialties. Patients often need more than one form of treatment - surgery, radiotherapy, chemotherapy, rehabilitation, counselling and support. Communication between specialties is essential for optimum outcomes. Our Breast Cancer MDT team meets fortnightly. This face-to-face contact of team members allows active discussion and communication, with the aim of formulating the best possible treatment plan tailored to each patient's needs.

The San provides a strong support network to you and your family to help manage your acute phase and return home with confidence.

This booklet has been written with the aim of helping you understand the what, why and how of your treatments.

Everyone recovers at their own rate. If your recovery does not exactly follow the pattern set out in this book, it does not necessarily mean there is a problem.

Our main concern is you. You should not hesitate to discuss any aspect of your treatment, or any concerns you may have, with our medical or nursing staff. The last page of this booklet has been reserved for you to write down any questions you might have.

REMEMBER

PLEASE BRING THIS BOOKLET WITH YOU TO THE HOSPITAL FOR REFERENCE

WHY DO PEOPLE NEED BREAST SURGERY?

Surgery to remove breast tissue can be classified into three broad types:

1. Surgery for Benign (non-cancerous) Problems: Benign lesions include lumps (fibroadenomas, troublesome cysts) and diseased milk ducts (leaky or bleeding). Not all breast lumps need to be removed surgically. The decision to perform surgery and the reason why should be fully discussed prior to the procedure. Talk to your surgeon if you are not clear on this. Breast surgery for benign problems is usually done as day surgery.

2. Surgery to Make a Diagnosis: An open excision biopsy can be done to remove part of the breast to determine why it may appear abnormal. The cause may be a benign problem, or it may be a pre cancerous or cancerous change. This procedure is required to determine a diagnosis if a needle biopsy has been unsuccessful or is not possible. Often when an open excision biopsy is performed, abnormalities can only be seen on mammograms or ultrasounds, and you will undergo a **localisation procedure** on the same day, prior to your biopsy, in the radiology department. A radiologist will place a needle and a thin guide wire into the abnormality using the mammogram and/or ultrasound. The guide wire, also called a 'hookwire', has a hook that stops it moving once it is in the correct position. The end of the wire comes out from the skin and is taped down securely under some padding. During surgery, your surgeon relies on the hookwire as a guide to the part of the breast containing the abnormality, as they cannot see or feel it.

If the abnormality was initially seen on a mammogram, the breast tissue is then x-rayed to make sure the abnormality can be seen in the biopsy specimen. A pathologist will then examine the specimen to determine a diagnosis.

This process usually takes at least 48 hours. If the abnormality is cancerous or pre cancerous then further surgery may be necessary. Diagnostic excision biopsies are generally done as day surgery.

3. Surgery for Breast Cancer: The third reason for breast surgery is to manage breast cancer. The diagnosis may have been established by a needle biopsy or a previous operation, such as an open excision biopsy.

In managing breast cancer there are two surgical considerations - the breast, and the lymph nodes. The aim of surgery to the breast is to remove the breast cancer so it will not come back in the breast. For patients with invasive breast cancer, and some cases of pre invasive cancer (DCIS), the lymph nodes (glands) will need to be sampled to see if the cancer has spread from the breast. If this has occurred, more lymph nodes may have to be removed.

SURGERY FOR BREAST CANCER – THE BREAST

There are two ways breast cancers and pre cancerous conditions can be managed in order to prevent cancer returning in the breast. The first is breast conservation, involving a lumpectomy and radiotherapy treatment following recovery from surgery, while some patients may require a mastectomy.



If you undergo a lumpectomy, the cancer will be removed along with a rim, or 'margin' of normal breast tissue, leaving most of the breast in place. A pathologist then examines this tissue very carefully under a microscope, primarily to ensure there is a good clear margin or 'safe zone' around the cancer. If the cancer is rounded it is often easy to remove with a safe margin, however the cancer may have fine outgrowths protruding from the main lump, making it harder to remove completely. Further surgery may be necessary if this examination shows the cancer extending very close to the edge of the removed tissue sample.

Once it is established that the breast is clear of cancer then a course of radiotherapy is often necessary to complete treatment. This kills off any cancer cells that may have broken away from the cancer and still be in the breast. Without radiotherapy the risk of the cancer regrowing in the breast is about 25% (1 in 4), but with radiotherapy this is reduced to about 5% (1 in 20).

Not all patients can have breast conservation, and the alternative is a mastectomy. This involves removal of all breast tissue, including the nipple and areola. Mastectomy is sometimes the most appropriate way to remove the breast cancer completely. Some patients also choose a mastectomy for a variety of reasons. Breast reconstruction can be done at the same time as a mastectomy or anytime afterwards, in suitable patients.

Breast reconstruction is in itself a complicated matter that requires patients to be well informed of the choices and the likely outcomes. Decision making around reconstruction should not be rushed. The reconstruction is performed by a specialist plastic and reconstructive surgeon.

Occasionally, some patients will also require radiotherapy after a mastectomy. This is often because test results show that in spite of the mastectomy, the risk of the cancer returning in the skin or underlying muscle is high.

WHAT ARE LYMPH NODES?

The lymph nodes (often referred to as glands) are part of the body's drainage and immune system. All living tissues produce an excess of watery fluids which needs to drain away. The body contains very fine thin-walled pipes called lymphatic channels, with lots of holes in them allowing water to seep in. They also have a one-way valve system forcing the fluid to always travel back to the centre of the body. Eventually this fluid will join the blood circulation,

DEFINITION

LYMPH NODE
=
LYMPH GLAND

however before this occurs the lymph channels go through a complex filtration system. Lymph nodes are little filters. They are oval-shaped and vary in size from 2-20mm, and are filled with immune cells (lymphocytes). Lymph fluid percolates through the lymph nodes, with solid material being captured in the node and eaten up by the immune cells.

Lymph nodes gather together at certain locations in the body and feed into each other in a complex network. Breast cancer cells can break off from the main cancerous lump, travel through a lymph channel and become trapped in a lymph node. Most of the time these cancer cells cannot survive in the lymph node due to the presence of large numbers of immune cells, but occasionally they can. In these cases, the surviving cells start to multiply and a secondary cancer develops. The first lymph node(s) to receive cells from the cancer site is called the sentinel lymph node. It can then shed cancer cells to other lymph nodes in the region.

LYMPH NODES AND BREAST CANCER

If breast cancer cells are going to spread, they usually spread to the lymph nodes first. Knowing whether or not this has occurred gives your doctors the best indication of the long term risk of breast cancer coming back somewhere else in the body (known as systemic recurrence or metastatic disease), and helps determine what further treatment is required. If your whole body needs treatment to prevent the cancer coming back, then chemotherapy and/or hormone therapy will be considered.

Most lymph flows from the breast to the armpit, or the '**axilla**', however some lymph also flows to nodes that lie beneath the ribs close to the breast-bone, and also very occasionally to lymph nodes in the neck. Until recently, all lymph nodes in the armpit were removed for all patients with invasive breast cancer, while patients with

DEFINITION

AXILLA
=
ARMPIT

pre invasive cancer generally did not have lymph nodes removed. **Sentinel lymph node biopsy** is a technique that has been developed over the last ten years, and requires the removal of only one or a few lymph nodes to determine if the breast cancer has spread.

Prior to a sentinel lymph node biopsy a **lymphoscintigram** (LSG) is done, either the day before or on the morning of surgery. This involves 3-4 injections of a small amount of radioactive fluid around the cancer in the breast. The injections are sometimes given around the nipple, and can be painful. A special camera tracks the radioactive fluid as it travels through the lymph channels and arrives at the lymph node(s) receiving fluid directly from the cancer site, where it concentrates. These may be located in the armpit, between the ribs or in the neck, and are marked on your skin to indicate the sentinel node(s). This procedure takes at least 2-3 hours.

During surgery your surgeon will inject a blue dye (Patent Blue V – please note there is a 0.1-0.5% risk of allergic reaction to this dye) around the cancer, which flows in exactly the same way as the radioactive fluid did. Your surgeon will operate at the site where the sentinel node(s) have been marked, looking for the blue dye in a lymph channel as a guide to where the lymph node is located. Your surgeon will also use a radiation detection probe to help find the radioactive sentinel node(s). There is a very small level of radiation involved, and no risk to your general health.

Once the sentinel node(s) have been located, those from the armpit are immediately tested in a pathology laboratory for the presence of cancer cells. If cells are found, your surgeon will then usually remove all the lymph nodes from the armpit. It is very important to find out how many lymph nodes contain cancer, and to get rid of all the cancer from the armpit at this time. If there is only a small amount of cancer in the sentinel node then further surgery to the nodes may not be necessary.

The lymph nodes in between the ribs, near the breast bone, are called “**internal mammary**” lymph nodes. A separate incision is often needed in order to remove sentinel node(s) from this area, and this can be painful after surgery, as the muscle in between the ribs has to be cut in order to find these lymph nodes. The internal mammary lymph nodes are not tested immediately, unlike those from the armpit, and your surgeon won’t remove all the lymph nodes in between the ribs. This has shown to be of no benefit to patients and can cause serious complications. If necessary, the area may be treated with radiotherapy at a later date.

The immediate testing of the armpit sentinel nodes is not the most accurate form of testing, however it does enable surgeons to minimise the number of operations required. More accurate testing is done on the lymph nodes following surgery, and pathologists use special techniques to detect very low numbers of cancer cells. These tests take about four to five working days to get results, and this process can spare the unnecessary removal of all the lymph nodes in the armpit.

REMOVAL OF ALL THE LYMPH NODES IN THE ARMPIT

This part of the operation is called an “axillary clearance” or “lymphadenectomy” or “node dissection”.

If an axillary dissection is performed, a drainage tube will be placed into the space created. The drain is usually a hollow pipe with a number of holes on the side, and will lie in the wound cavity, coming out from the skin some distance from the operation incision, and will be connected to a container. It is needed to collect any fluid that builds up in the space created by surgery. Your drain will stay in for 7 – 10 days (and sometimes longer), however the exact number varies between patients and also between doctors. Nearly all patients go home with the drain still in place

and have nursing care continued at home. This is the main inconvenience following armpit surgery. Another side effect is a change in sensation around the armpit and also in the upper arm. A major long-term concern following this surgery is the development of lymphoedema, which can affect not only the arm but also the breast and chest wall. Lymphoedema is discussed in more detail later in this booklet.





ADMISSION AND SURGERY

The first point of contact with the hospital after your doctor has organised surgery may be the Pre Admission Clinic (PAC) or a telephone call from a Patient Navigator.

Patient Navigators (PN) are nurses whose job is to help breast cancer patients and their families through every step of their management.

The Pre-Admission Clinic (PAC) is where:

- Tests ordered by your doctor are completed (these may be done a week before admission, either at the PAC or Doctor's choice of location). These routine tests will generally include blood tests, x-rays and an electrocardiograph (ECG - a trace of your heartbeat).
- A consultation with an anaesthetist may be organised
- You can organise support required following discharge (PAC staff can coordinate this)
- Your observations are recorded including: blood pressure, pulse, temperature, height and weight
- The hospital routine will be explained to you
- A special sponge will be provided for you to shower with on the morning of surgery. Please **DO NOT** use powder or deodorant the morning of your surgery, or shave or wax under your arm.

If you do not attend the PAC, these items will be attended to when you are admitted.

Your anticipated length of stay will depend on your procedure(s). Please remember that different people

REMEMBER

Take your usual morning medications as instructed by your Doctor

Do not take Diabetic medications or blood thinning medications (warfarin, aspirin, clopidogrel) unless advised by your Doctor

Wear clean, fresh underwear and clothes on the morning of your operation

recover at different rates, so a longer stay does not necessarily mean there is a problem.

Most patients are admitted the morning of their surgery.

You will generally be admitted via the Day of Surgery Admission Centre (DOSAC). You will be free to walk around prior to surgery; however, we ask that you not leave this immediate area.

Please refer to the pre admission booklet for more specific admission instructions.

Your anaesthetist will see you before your procedure, and will discuss the anaesthetic with you in further detail. Once you arrive in the operating theatre, you will be taken into the pre op holding area where you will be met by theatre staff. Your operation will generally take around one to two hours but can take longer for a number of reasons. It does not necessarily mean there has been a problem.

WHAT TO BRING

- Toiletries
- Glasses
- Something to do (ie. crosswords, book to read, etc.)
- Pyjamas (generally easier than nightgowns) / dressing gown
- Slippers / slip-on shoes to wear whenever you are out of bed
- Regular medications in original packaging (staff will administer these during your stay and return them on discharge)
- Any walking aids you may use (with name tag attached)
- Signed consent form(s)
- All x-rays
- CPAP machines for those who use them for sleep apnoea



AFTER YOUR OPERATION

Following surgery, you will be moved into the recovery room. You will remain there for close monitoring until you wake up from the anaesthetic and are deemed fit to return to the ward. While in recovery, your blood pressure, pulse, rate of breathing and oxygen levels are constantly monitored. (You may hear the machine making a constant ‘beeping’ sound.) The nurse who is looking after you will also check the surgery site and ensure that the drain/s (if present) are working adequately. You will have fluids going into your arm through an intravenous drip and you may also be given medication for pain via this drip.

If you have had clearance of the lymph glands from the armpit, you will have a drain. This is a plastic tube that comes out through the skin and is attached to a fluid collection system. The drain is very important as it prevents the build up of fluid in the armpit. Drains are also used for mastectomies.

VISITING HOURS

11:00 AM – 1:00PM

3:00 – 8:00PM

ON RETURN TO THE WARD:

- Your IV or drip will generally remain for around 24 hours. It will be removed when you are tolerating an adequate fluid intake.
- **Dressings stay in place one or more days, depending on your surgeon’s preference**
- You will be able to shower the day after your surgery
- Each doctor has their own policy regarding how long the drain/s should remain in place. Most patients go home with the armpit drain in place with nursing care continuing at home. Mastectomy drains do not usually need to stay in for as long as armpit drains.

- At-home nursing support may be provided by the San's Hospital in the Home (HITH) service, Sydney Home Nursing Services (SHNS), or the area health service post-acute care team (APAC, PACC).
- You may be reviewed by a physiotherapist and given information about appropriate exercises to improve your mobility after surgery
- Gentle exercises on the side of surgery are encouraged as soon as your doctor has advised it is OK

Your regular medications will recommence once you have started eating.

Pain relief following your operation can come in a number of forms:

- PCA – where you control the pain relief at the press of a button
- Intravenous/intramuscular injections
- Tablets

Please let staff know if the pain relief provided is not adequate.

The Patient Navigators are available to talk through any concerns you may have. They will also discuss the Hospital's support services and provide you with information on our Cancer Support Service at Jacaranda Lodge. They will also advise on temporary and permanent breast prostheses following a mastectomy.

Our Cancer Support Service at Jacaranda lodge (on site) will be able to assist with additional information. You will receive a Breast Cancer Information Pack prepared by

REMEMBER

It is important to note that different doctors have different routines for dressings, drains and pain relief.

Your nurse will explain what your doctor orders for your particular admission.



Cancer Support Centre volunteers. Educational lectures and Breast Cancer support groups are also provided through San Cancer Support Services. You may ask a nurse to contact them for you, or ask switchboard to transfer you to the Cancer Support Centre via phone. The San Cancer Support Centre staff and volunteers routinely follow up with a courtesy phone call two to three weeks after your hospital stay.

BEFORE YOU ARE DISCHARGED

It is important to remember that everybody recovers at their own rate. These are some of the expectations we have of your recovery prior to your discharge:

- Your pain will be controlled with oral medication
- Your wound will be free from infection, and you will have a basic understanding of how to care for it
- You will be tolerating a light / normal diet
- You will be able to walk along the corridor
- If you have a drain you will be shown how it works
- If you are going home with a drain, your drain care after discharge will be organised before you leave hospital. If you live locally, San nurses will either come to your home or we will arrange for you to come to the San for drain care. This is managed through HITH (Hospital in the Home). If you don't live locally, we will organise community nurses to visit you at your home for drain care. The drain will be removed according to your doctor's instructions.



DAY OF DISCHARGE

Staff will return any valuables you have locked away and any medications you brought to Hospital. Arrangements made for home support will now have been confirmed and these will be explained to you. Ensure you know when you need to visit your doctor.

Analgesics and possibly antibiotics will be provided for use at home.

ONCE YOU ARE AT HOME

As with any surgery, there is a potential risk of complications.

These may include:

- Infection in the wound site
- Bleeding from the wound site
- Collection of fluid in the cavity under your arm

CARE OF YOUR WOUND

Care of a wound post surgery is important in order to prevent infection. Infections can occur if you, or others, touch your wound with unwashed hands. Always wash your hands, or alternatively use an alcohol hand gel, before you touch your wound. This is important for patients who have a drain with a bag attached; have a drain that has been cut and bagged; and also for patients who do not have a drain.

- Each doctor has their own specific instructions for care of your wound(s) on discharge. Make sure you understand your doctor's instructions clearly before discharge.

DISCHARGE TIME

**Discharge is by
10.00am.**

Please see the Nursing Unit Manager if you are having difficulty in vacating your room by this time.

- If a drain is in place, make sure it is well secured to the skin by an adhesive dressing and tape to prevent it pulling at the skin as this causes pain and increases the risk of the drain dislodging and infection.
- If clothes are irritating the wound apply a soft pad or any other soft dressing between the clothes and your wound. Change this dressing if it becomes dirty and use a fresh one each day.

The symptoms of an infection include fever, rigors, flu-like symptoms, redness and/or swelling, pus or offensive discharge and/or an increase in pain.

Drains can become blocked which can cause an infection. Drain blockage should be suspected if the flow decreases dramatically and/or if there is a leakage around the drain.

The incidence of complications following breast surgery is low. Alternatively, if you have concerns regarding your condition following surgery, you can discuss this with:

- Your Doctor
- Patient Navigators Phone:9487 9395
- Hospital in the Home (HITH) nurse if one is visiting you
- Your GP
- San Gee Ward Phone:9487 9151
- Visit San Emergency Department



LYMPHOEDEMA

Some women may develop lymphoedema (a swelling in the hand, arm or chest wall) after surgery and / or radiotherapy. It may be very mild, and can develop months, or even years after treatment. You should consult your doctor or physiotherapist if you notice any aggravation of swelling, pain or signs of inflammation such as reddening of the skin. Your physiotherapist will discuss this further with you in your follow-up appointment.

- Arm lymphoedema occurs to a significant degree in about 10% of patients who have had a full clearance. The incidence after sentinel node biopsy is about 1-2%

We encourage all patients who have had mastectomies and/or full lymph node clearance to see our lymphoedema specialist physiotherapists a few weeks after discharge.

FOLLOW-ON TREATMENT

HOW TO PREVENT LYMPHOEDEMA

1. Use your arms for normal activities. Alternate activities.
2. Include exercise in your daily life, 30 to 45 minutes of moderate exercise on most days of the week is recommended.
3. Keep weight and blood pressure within the normal range. Increased weight is positively associated with increase in lymphoedema.
4. Progressive resistance training will improve your ability to cope with normal activities e.g shopping, caring for children, etc.
5. Avoid overheating, no saunas/spas or heat (hot pack) treatment to that arm/shoulder.
6. Take precautions to avoid scratches, insect bites, or sunburn.
7. Treat injury to the arm promptly. If infection develops see your doctor.
8. Wash and moisturise your skin regularly with strokes from hand up towards the shoulder.
9. Have injections, blood tests, and blood pressure measures on the other side or leg.
10. Wear loose clothing and jewellery. A tight bra may cause swelling on the chest wall.



Generally, following surgery for the removal of breast cancer, patients will have follow-on treatment such as chemotherapy or radiation therapy. Some patients may have a combination of both. Your doctor will advise what is the best course of treatment for your individual situation and you may choose to come back to Sydney Adventist Hospital for either or both of these ongoing treatments. Some patients do not require any further treatment.

SAN DAY INFUSION CENTRE

Chemotherapy treatment is now often given on an outpatient or day-only patient basis. Sydney Adventist Hospital offers a day treatment area where various treatments, given over a few hours, can be administered. Specialist oncology nurses administer chemotherapy regimens and bookings are taken from Monday-Friday. If overnight stay or weekend treatment is required, patients may be admitted to our 'Poon Oncology Ward'.

Other common treatments administered in the Day Infusion Centre are blood transfusions and short drug infusions. If you would like to visit the San Day Infusion Centre or the Oncology Ward, please ask one of the staff to arrange a tour.

Sydney Adventist Hospital runs Chemotherapy Information sessions. These sessions are held for patients who have recently started chemotherapy, or are about to commence treatment, and provide patients with an understanding of their treatment and the support services available to them.

They are held in the Cancer Support Centre, Jacaranda Lodge. For further information, please contact (02) 9487 9061.

RADIATION ONCOLOGY INSTITUTE

Radiotherapy, or radiation therapy, is another common treatment that is used following breast surgery for cancer. This procedure uses high-energy x-rays to kill the fast growing cancer cells. The most common radiation treatment for breast cancer is external beam radiation therapy. Using a machine called a Linear Accelerator, a beam of radiation is directed at the breast from a number of angles to ensure an even dose to the treatment area. Radiotherapy is delivered on an outpatient basis, and a course of radiotherapy would be given five days a week for five to seven weeks.

Once all your follow-on treatment is completed, regular examinations from your doctor(s) will still be required. These may include physical examinations and mammograms to ensure the treatment has been successful.

SAN PHYSIOTHERAPY

San Physiotherapy offers ongoing backup and support for women and men post breast surgery and those living with lymphoedema. Each individual is unique, as is their surgery and treatment, therefore exercises need to be tailored to the individual.

Studies have shown exercise can assist in:

- Decreasing nausea and fatigue associated with cancer treatment
- Preventing weight gain associated with chemotherapy – exercise increases lean muscle and decreases body fat
- Decreasing duration of future hospitalisation
- Decreasing the chance of developing lymphoedema
- Improving aerobic fitness, flexibility and balance



San Physiotherapy provides support for breast surgery patients through a post-surgical follow up visit, lymphoedema prevention and treatment, and both land and water based classes tailored specifically to post-breast surgery patients. You can contact San Physiotherapy on (02) 9487 9350.

COMPLEMENTARY & ALTERNATIVE THERAPIES

In addition to medical treatments, there are a number of complementary and alternative therapies that people with cancer may wish to try. Not all these therapies are safe for breast cancer patients however, so if you are using complementary or alternative therapies please inform your doctor before surgery. If you wish to use complementary or alternative therapies at any stage throughout your treatment, keeping your doctor informed will help them provide the best care for you.

The San Cancer Support Centre at Jacaranda Lodge offers therapies such as meditation, massage, reflexology and acupuncture, and others. Call (02) 9487 9061 or visit www.sah.org.au/cancer-support for more information.



FREQUENTLY ASKED QUESTIONS

1. Is it normal to feel 'down' or emotional following surgery?

It is important to remember that not only are you coming to terms with a newly diagnosed, unexpected condition, but you have also undergone a significant operation. It is completely normal to feel a range of emotions at this time.

Obtain as much support from family and friends as you can. Remember Sydney Adventist Hospital has various counselling options available to you whilst you are a patient and following your discharge.

2. Will I feel pain when the drain/s are removed?

Many women are concerned that removing the drain will be a painful experience. The staff will routinely offer pain relief approximately twenty minutes prior to removing the drain. This should reduce the risk of feeling sharp pain, however, there is still likely to be a feeling of pressure/ pulling during the procedure. Please speak to your nurse if you have further concerns, or pain relief has not been offered to you.

3. Where can I find further information on Breast Cancer?

There are various sources of information on breast cancer. Your doctor or Patient Navigator will be able to give you the sources they most recommend, however, some others are suggested below:

- **NSW Cancer Council** runs a Breast Cancer Peer Support Service (1300 131 533) and Cancer Helpline (131 120) and also has further information on their website www.cancercouncil.com.au. They can provide additional written information and contact details for more local support services.



- The San also has a **Cancer Council Information Centre** on site in the foyer of Level 4, The San Clinic. Brochures and information are available on various types of cancer and a range of support services available, both at the San and in the community. Opening hours are Monday to Thursday, 10:00am to 4:00pm, and Friday 10:00am to 2:00pm.
- **Breast Cancer Network Australia (BCNA)** is the peak national organisation for Australians affected by breast cancer, and has an online network of more than 57,000 individual members and 294 Member Groups via their website www.bcna.org.au. It works to ensure that women diagnosed with breast cancer, and their families, receive the very best information, treatment, care and support possible, no matter who they are or where they live.
- **The Breast Cancer Institute NSW** also has a very informative website, www.bci.org.au, with various fact sheets and useful information. There is also a chat line called B-mail that will allow you to speak with other patients dealing with breast cancer.
- **National Breast and Ovarian Cancer Centre (NBOCC)** is Australia's independent national authority and information source on breast cancer and ovarian cancer – www.nbcc.org.au.
- **www.breastlink.com** is an American website which has information regarding latest treatments, news items, and general information on breast cancer.

OTHER SAN SERVICES

CANCER SUPPORT CENTRE Ph: (02) 9487 9061

Located on site in the Jacaranda Lodge building

The Cancer Support Centre offers:

- Education Lectures
- Personal and Family support and counselling
- Support groups (carer's and patient groups, including Breast Cancer and Young Women with Breast Cancer groups)
- Meditation
- Massage
- Acupuncture
- 'Look Good, Feel Better' Program
- Information (Library, Audio and Video and Internet Information)
- Wig Library
- Phone-in and Drop-in
- Home Visitation
- Bereavement Support
- Volunteer Transport



SPIRITUAL CARE SERVICES Ph: (02) 9487 9289

- Counselling service for inpatients
- Arranging pastoral visits from various denominations

JACARANDA LODGE – on site Ph (02) 9487 9066

- Low cost accommodation for families of hospital inpatients or radiation oncology outpatients

NOTES

FOLLOW UP APPOINTMENTS

Appointment with _____

Date/Time _____

Place _____

_____ Phone _____

Appointment with _____

Date/Time _____

Place _____

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Appointment with _____

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Date/Time _____

Place _____

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SYDNEY ADVENTIST HOSPITAL

Gee Ward (Level 11)	9487 9151
Jacaranda Lodge	9487 9066
Patient Navigators	9487 9395
Poon Ward (Level 6)	9487 9651
Pre Admission Clinic	9487 9115
Radiation Oncology Institute	9487 9300
San Cancer Support Centre	9487 9061
San Day Infusion Centre	9487 9591
San Physiotherapy	9487 9350
Social Workers	9487 9660
Spiritual Care Services	9487 9289
Wound Clinic	9487 9785



SYDNEY
ADVENTIST
HOSPITAL

185 Fox Valley Road, Wahroonga NSW 2076

Ph: 02 9487 9111 Fax: 02 9487 9266

www.sah.org.au