

Enhanced Recovery Pathway for Breast Surgery

If you have any questions, please ask your physician or nurse.

Northwestern Medicine is committed to providing excellent care. Your safety and comfort are our primary concern. We want your stay to be a positive and healing experience. This brochure will give you and your family an overview of what will happen and what you need to do before, during and after your surgery. Please keep this brochure with you and use it as a guide.

Name: _____

Surgery: _____

Surgery date: _____

Enhanced recovery pathway

Your healthcare team will follow treatment practices of the enhanced recovery pathway (ERP) program. This program has been studied and proven to help patients recover from surgery more safely and quickly. It helps you and your healthcare team work together to:

- Promote healing.
- Control your pain with fewer narcotic medicines.
- Allow you to eat and drink as soon as it is safe.
- Help you get out of bed and walk the day of surgery.
- Decrease the chances of problems after surgery.
- Improve circulation and breathing.

You are the most important member of this team. As we work together in this program, we will teach you about the things you can do to:

- Prepare your body for surgery.
- Recover safely.
- Return home as soon as possible.

Be sure to follow your surgeon's pre-surgery instructions that will include specific details for you.

Preparing for surgery: 1 to 4 weeks before surgery

Surgery pre-registration

Telephone pre-registration will make your check-in on the day of surgery easier. Please call 312.926.4566 and have this information available:

- Your contact information (name, address, telephone)
- Your Social Security number
- Your health insurance information

Please register at least 2 business days before your surgery.

Cancelling surgery

Please call your surgeon's office as soon as possible if you get sick or become pregnant. If you cannot reach your surgeon, call the Pre-operative Clinic at 312.926.4343.

Pre-operative Clinic visit

Before surgery, your surgeon's team will let you know if you will receive a phone screen from the Pre-operative Clinic or be evaluated in person. Once your surgery date has been set, the surgery scheduler will assist you with making the pre-operative appointment. It will be 7 to 30 days before your surgery. Your surgeon's office will give you instructions about your Pre-operative Clinic visit. **Please call your surgeon's office if you do not receive this information.**

The Pre-operative Clinic is open Monday through Thursday, 8 am to 5 pm, and Friday, 8:00 am to 3:30 pm.

It is located at Northwestern Memorial Hospital:

Lavin Family Pavilion
17th Floor
259 East Erie Street
Chicago, Illinois 60611

Plan to arrive 15 minutes before your scheduled appointment time. Please bring:

- All current medications, in the original bottles or in a written list with dosages and timing.
- A list of your physicians with phone numbers.
- Your completed patient history form.
- This brochure and written questions you may have.
- A family member or friend who will help with your care after surgery.

Your physician will talk to you about your health history and the type of anesthesia that is right for you. Your visit will take about 1 to 2 hours depending on the testing required. This may include:

- Blood testing
- ECG (electrocardiogram)
- X-rays

Sometimes, extra tests may be ordered based on your past medical history. There is no need to fast before this appointment.

The Pre-operative Clinic provider will give you written instructions for taking or discontinuing medications before surgery. If you have diabetes, please discuss your diabetes medicines with your physician.

If you have any questions, contact the Pre-operative Clinic directly at 312.926.4343. For more information, go to nm.org > Patients and Visitors > I Am Having Surgery. You may also watch the video “Preventing Complications After Surgery” on this site.

ERP keys to success before surgery

Stay fit

It is very important to be in good shape before having surgery. Exercising and eating a healthy diet can help you stay fit. If this is already a part of your lifestyle, keep it up! If not, it is never too late to start adding activity into your daily schedule. The exercise does not have to be strenuous. Try going on a 15-minute walk 3 times a week and slowly increase your activity up until your surgery date.

Stop smoking

Quitting tobacco is an important step you can take to improve your health. Your surgical wound will heal faster and be less likely to get infected if you quit at least 4 weeks before surgery and up to 8 weeks after surgery. You will benefit the most by stopping smoking before your surgery. It is never too late to stop. The earlier you quit, the better off you will be.

Every day you do not smoke improves your chances for a better surgery recovery.

Talk with your primary care physician or Pre-operative Clinic nurse to learn more about how to quit smoking or using tobacco. A variety of medical and counseling services are available to help you quit.

Avoid alcohol

Do not drink alcohol for 24 hours before your surgery. Alcohol can cause a bad reaction with the medicine you will receive in the hospital. Please tell us if you need help drinking less alcohol before surgery or if you have ever gotten shaky or had a seizure if you do not drink alcohol.

Stop using marijuana or illegal drugs

If you use marijuana or illegal drugs, please speak privately with your surgeon or physician in the Pre-operative Clinic. Any conversation regarding illegal drug use is confidential and will remain private. We are dedicated to supporting your health and wellness. Using these drugs can lead to dangerous problems during surgery. It is important for us to know all the medicines and drugs you use so we can provide proper care.

Plan ahead

Before your surgery, we suggest you arrange help from family and friends for when you return home. Each person recovers from surgery differently. It is hard to predict how much help you will need. We encourage patients to keep a light schedule after surgery. When you go home, you should be able to do easy tasks such as walking up stairs, bathing and eating. Make a plan with your loved ones so you will have the help you need with:

- Preparing meals and stocking your refrigerator and freezer with food that is easy to reheat.
- Driving you to appointments.
- Bathing and personal care as needed.
- Household chores such as cleaning and laundry.
- Child or pet care.

Start gathering your resources for those who can help you during your recovery. If you have any concerns about care at home, let your healthcare team know.

Take care of insurance, disability, and Family Medical Leave Act (FMLA) forms

Your employer may request that your surgeon's office complete insurance, short-term disability and FMLA paperwork. It may take up to 5 business days for paperwork to be completed. Please forward any forms to your surgeon's office **before** your surgery so they may be completed in a timely manner.

Arrange transportation

Remember to arrange for a ride home from the hospital. After your surgery, you may not be allowed to drive until your surgeon tells you that you can. You cannot drive while you are taking narcotic medicine. Let your nurse know if you have any concerns about going home.

Medical van services are available (prices subject to change).

- If you pay at the time of service, the base rate is \$25 and \$2.50 per mile.
- If you are billed later, the base rate is \$30 and \$3 per mile.

The medical van can be arranged with Surgery Services on the 6th floor of Prentice the day of your operation.

Complications after surgery are rare, but they can happen. For that reason, international and other long-distance travel is not advised for the first 4 weeks after surgery. If you are traveling a long way to the hospital for your surgery, talk to your surgeon about travel arrangements after surgery.

Preparing for surgery: 7 days before surgery

In the 7 days before surgery, make sure to follow a healthy meal plan.

Stop taking the following until after surgery unless your physician tells you otherwise:

- Supplements such as fish oil, garlic, ginkgo biloba and ginseng
- Nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Motrin®) and naproxen (Aleve®)

If you have a history of bleeding problems or blood clots, tell your healthcare team right away. You may be told to stop taking blood thinner medicines for several days before surgery. Tell your healthcare team if you take any of these medications:

- Warfarin (Coumadin®)
- Aspirin
- Clopidogrel (Plavix®)
- Heparin

What to bring for your hospital stay

Gather these to bring to the hospital:

- This brochure
- Photo ID
- Medical insurance information and card
- Medicare card (for Medicare patients)
- List of allergies
- List of all of your current medications (prescription, over-the-counter and supplements)
- Recent test or physical examination reports
- Copies of advance directive, living will or power of attorney

Bring these items to have after surgery:

- Slippers or walking shoes
- Glasses, contact lenses, hearing aids and dentures with their storage containers, labeled with your name
- Cane, crutches or walker as needed, labeled with your name
- All of your CPAP equipment if you have sleep apnea (mask and machine)
- Magazine, book or other reading materials, if you wish
- Loose, comfortable clothing to wear home when you are discharged

One day before surgery

Phone call from the Same-Day Surgery Scheduling Desk

You will also receive a call from the Same-Day Surgery scheduling nurse between 2 pm and 5 pm to discuss:

- When and where you should arrive at the hospital.
- Time of your surgery.
- Diet and medication instructions before your surgery.

If the diet and medication instructions are different from what you received before from your surgeon or Pre-operative Clinic, please check with your surgeon's office.

If you do not receive a call by 5 pm or would like to talk with the Pre-operative Clinic nurse, please call 312.472.0610 before 7 pm.

Please be aware that surgery times may change due to unforeseen events. We will let you know about any changes.

Meals

It is very important to drink plenty of water throughout the day in order to avoid dehydration. Follow a regular diet all day until midnight. After midnight, follow a clear liquid diet until 2 hours before your arrival time. Clear liquids are fluids you can see through, such as:

- Water
- Strained fruit juices **without pulp** (such as apple or white grape)
- Tea and coffee (no milk or creamer of any kind, dairy or non-dairy)

Day of surgery

The morning of surgery

- Do not wear lotion, perfume, makeup, nail polish, jewelry or piercings.
- Do not shave the area that will be affected by surgery.
- Put on clean clothes.

Eating and drinking the morning of surgery

- You may continue the clear liquid diet up to 2 hours before your arrival time.
- Do not eat any solid food.

2 hours before your scheduled arrival time:

- Do not eat, drink or put anything in your mouth after this time.
- Do not chew gum or eat mints or cough drops.

If you do not closely follow these guidelines, your surgery will be canceled.

Bring only the essential items you have gathered. Please leave all valuables (jewelry, credit cards, money) at home. This includes body-piercing jewelry and tongue studs. You may not wear any jewelry during surgery.

Parking

All buildings at Northwestern Memorial Hospital are connected by walking bridges. Depending on the location you are assigned to, you may choose one of these parking options:

- **Parking Lot A at 222 East Huron Street**, across from Galter Pavilion and Feinberg Pavilion, or at 223 East Superior Street, across from Northwestern Memorial's Prentice Women's Hospital. This lot is recommended for patients having surgery at Prentice Women's Hospital and for all patients who have a planned hospital admission after their surgery.
- **Valet parking** is available at Prentice Women's Hospital (250 East Superior Street) for an additional cost.

Please bring your parking ticket in with you to have it validated. Tickets can be validated at the Customer Services desk on the first and second floors of Feinberg Pavilion and Galter Pavilion, and on the first floor of Prentice Women's Hospital (including the 24-hour desk near the Superior Street entrance).

Current self-parking costs (subject to change):

- \$12 for less than 7 hours
- \$26 for 7 to 24 hours

Admitting area

Check in at your assigned Registration Desk at the time you were given unless instructed otherwise. The admitting clerk will ask you to sign an admission form.

Prentice Women's Hospital
250 East Superior Street
6th Floor Registration

Pre-operative area

A member of our team will take you to the pre-operative area and complete a final checklist with you. You will be asked to change into a hospital gown. An IV will be started in a vein in your hand or arm so that you can receive fluid and medicine during the surgery. You will meet your anesthesiologist (the physician who will provide your anesthesia) and other members of your surgical team who will answer any questions and ask you to sign consent forms.

During your surgery

You will be asleep and monitored by the healthcare team during your surgery.

Family and friends

It is helpful to designate a family spokesperson who can update family members and friends about your condition after surgery. We cannot share any medical information about you by phone to outside callers.

Family or friends who wish to be present during your procedure may wait for you in the surgical waiting area of the operating room. A video screen in the waiting area will track the status of your surgery. Volunteers at the desk will be able to provide updates.

Those under the age of 16 should not be left alone in the waiting room. A responsible adult must supervise them.

Other resources

Food options are available throughout the hospital and on the 2nd floors of Feinberg Pavilion, Galter Pavilion, and Lavin Family Pavilion, and Prentice Women's Hospital.

Bank machines are available on the 2nd floors of Galter Pavilion and Feinberg Pavilion.

Family and friends may wish to bring the following items to pass the time:

- Laptop computers (we offer high-speed wireless internet in our waiting rooms)
- Handheld gaming devices
- Cell phones
- Magazines, books or other reading materials

We ask that visitors silence their electronic devices for the comfort of all visitors in the waiting area.

After your surgery

After your surgery, you will wake up in the Post-anesthesia Care Unit (PACU). Your nurse will check your blood pressure, pulse and incision often. Your nurse will ask you about your pain and help make you comfortable. You will stay here for several hours until you are fully awake.

You may have:

- An oxygen mask over your face or tubing by your nose.
- An IV in your vein giving you fluids and medicine.

Visitors are not allowed in the PACU. When you are ready, a member of your healthcare team will take you to your room.

Family and friends

Your surgeon may wish to speak with family or friends in a private room after surgery, but this does not mean that something bad happened during your surgery. A member of your surgery team will also speak with you following surgery, but you may not remember the conversation if you are still recovering from anesthesia. For safety and privacy reasons, children under the age of 16 may not visit in the surgical patient care areas.

Your family may visit you once you are in your hospital room, which is usually 1 to 3 hours after the surgery is finished.

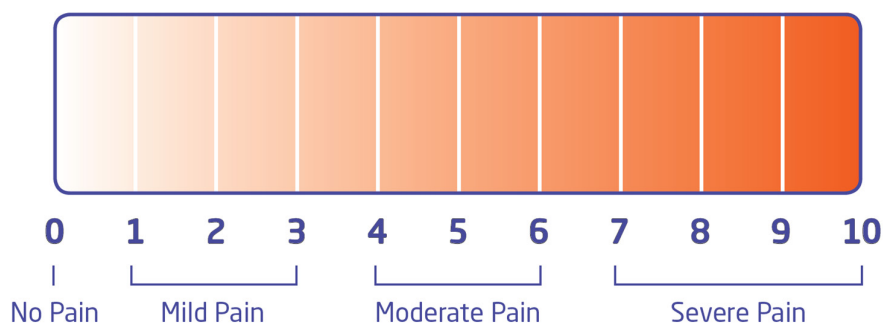
Pain control

We will work with you to help control your discomfort after surgery. When your pain is under control, you will be able to recover better by:

- Taking deep breaths to help prevent lung problems.
- Getting out of bed.
- Eating better.

- Sleeping well.
- Doing things that are important to you.

Although no medicine completely removes all pain, our goal is to manage your pain and keep you comfortable as you recover. Your nurse will ask you to describe your pain using a number between 0 (no pain) and 10 (the worst pain you can imagine). We want to keep your pain below 4 (out of 10).



With the ERP program, you may receive medicine through your IV or by mouth to help control your discomfort. Some medicines will be given continuously; others will be given as needed. Please tell us if you do not have pain relief, and we will help you.

Recovering in the hospital after your surgery

You are the most important member of your recovery team. Walking, deep breathing, coughing and turning are some of the things you can do to help yourself recover from surgery.

The ERP program is designed to:

- Speed your recovery.
- Improve your circulation.
- Promote healing.
- Prevent complications.

Your healthcare team will include:

- Your surgeon (or “attending” surgeon)
- Residents (surgeons in training)
- Fellows
- Advanced practice providers (APPs) such as physician assistants, nurse practitioners and advanced practice nurses
- Nurses
- Medical students

Although the attending surgeon is like the captain of the ship, the fellows, residents, APPs and students work very closely together and are an important part of your healthcare team.

Goals for the day of surgery

- Manage your pain.
- Walk.
- Advance your diet as tolerated.
- Do breathing exercises.
- Get out of bed for at least 2 hours, either sitting in chair or walking.
- Take at least 1 walk around the halls with staff assistance.

Goals for day 1

Breathing

- Cough.
- Take deep breaths.
- Use your incentive spirometer 10 times every hour while awake.

Activities

- Take at least 4 walks around the halls with staff assistance.
- Be out of bed, off and on, for at least 8 hours, as tolerated.

Pain control

- Use the pain scale to monitor your pain level.
- Tell your nurse if your pain reaches 4 out of 10 on the pain scale, or if it is getting worse.

Tubes and lines

- Keep drain tubes in place following surgery.
- Receive instruction on how to care for and record drain volumes from your drain tubes before discharge.

Clot prevention

- Take frequent walks on your own.
- Wear your compression boots while in bed and sitting in a chair.
- Receive a blood thinner injection, as needed.

Preparing to go home

- Plan for discharge with your care team. Most patients go home the day after surgery.

On the day you are discharged, plan to leave before 11 am. Before you go home, members of your care team will review your discharge instructions with you. You will get prescriptions for the medicines you will need to take at home.

Recovering at home after your surgery

What to expect

You may have these symptoms as you recover:

- Mild to moderate discomfort or pain at the surgical site(s), which should improve in several days to weeks.
- Mild to moderate swelling and/or bruising at the surgical site(s).
- Small amount of drainage or blood from the incision.
- Numbness and tingling at the surgical site(s). You may also have numbness and tingling in the arm and/or shoulder if you had lymph node surgery.
- Firmness at the surgical site, which could take up to 6 months to improve.

Wound care

It is important to keep your incision clean and dry to prevent infection. This will help it heal. Wash your hands before and after touching your incision.

- You may remove your outer dressings in 24 hours.
- You may shower in 24 hours. Soapy water may run over the incision, but do not scrub the incision itself. Pat the incision dry after the shower.
- Do not submerge your incision underwater in a bath or pool for 14 days.
- The sutures (stitches) will absorb on their own and do not need to be removed.
- Your incision(s) will be covered with either Steri-Strip™ or Dermabond®.
 - Steri-Strip paper tape strips should remain on the incision for at least 10 to 14 days unless they fall off on their own. Do not remove or pick at these strips before 14 days. After that time, you may carefully peel them off in the shower.
 - Dermabond is a type of skin glue. The glue will come off on its own in about 10 to 14 days. Do not remove or pick at the glue.
- If you were given a surgical bra at the time of surgery, you may take it off to shower. Replace the bra following your shower and wear it day and night until your post-operative visit. The bra will help with swelling and discomfort.
- If the bra becomes soiled, it can be machine washed. We are unable to provide additional surgical bras. You may wear your own supportive bra or sports bra as tolerated after your post-operative visit.
- If your chest was wrapped in an ACE™ bandage, leave it on until the morning after surgery. Then you can remove the bandage to shower. You may rewrap it after surgery if you are comfortable doing so.
- If your chest was wrapped in an ACE bandage and you were not given a bra at the time of surgery, you may wear your own supportive bra or sports bra as tolerated to help with swelling and discomfort.

If you had plastic and reconstructive surgery as part of your procedure, you should notify your plastic surgeon of any wound or wound care issues.

Activity

As a rule, let pain be your guide as you increase your activity after surgery.

- Do not drive 24 hours after surgery or while taking narcotic pain medication.
- Do not do strenuous activity or heavy lifting (more than 10 pounds) for the first several days after surgery. It is okay to walk, use stairs or move your arm on the surgical side for simple activities such as eating, dressing and showering.
- Walking is encouraged within the first several days after surgery.
- You may begin light arm stretches within a couple days after surgery to help with range of motion. Your surgeon may recommend physical therapy if you are having a difficult time with your arm range of motion on your surgical side.
- You should be able to resume normal activities within 10 to 14 days unless you are told otherwise by your surgeon.
- Your surgeon will instruct you on when you may return to work. It will depend on the type of surgery and the nature of your work.

If you had plastic and reconstructive surgery as part of your procedure, you should follow directions from your plastic surgeon about when you can resume normal activities and/or exercising.

Pain control

It is common to have discomfort after surgery. The goal is to make your pain manageable or lessen your pain as much as possible.

- You may be given a prescription for narcotic pain medication. Take it as directed. You should not drive or operate heavy machinery while taking this medication. This medication may cause constipation. You may take an over-the-counter stool softener, such as senna/docusate sodium.
- For pain medication, you may be directed to take ibuprofen (Advil[®], Motrin[®]). Take as directed on the medication label. If your pain is not relieved with ibuprofen, you may also take acetaminophen (Tylenol[®] or Tylenol[®] Extra Strength).
- Some of your pain medicine may contain acetaminophen. Acetaminophen can cause liver damage if you take too much. Be sure to read labels carefully and check with your pharmacist about your medicine. If you are taking Tylenol for pain, do not take more than 3,000 mg in 24 hours. Norco[®] and Tylenol[®] with Codeine also contain acetaminophen. Check with your surgeon about the maximum amount of acetaminophen you can take in 24 hours.
- An ice pack may reduce pain and swelling. Apply an ice pack to your surgical sites on and off for 20 to 30 minutes at a time as needed for pain for the first 48 hours. Cover the pack with a thin towel to avoid direct contact with your skin.
- Wearing a surgical bra or your own supportive bra may also help with pain relief.

Drain care instructions

If you will be going home with a Jackson-Pratt (JP) drain near your incision, a nurse will show you how to care for it.

- Clear the tubing and record your drainage output 2 to 3 times a day or as needed when the bulb becomes full. Follow these instructions:
 1. Always wash your hands with soap and water before and after handling the drain.
 2. Make sure the stopper is closed on the bulb.
 3. Pinch the tubing near your skin with your thumb and index finger to anchor it. Using your other hand, press the tubing between your index finger and thumb. Gently squeeze the tubing and move the fluid in the tubing down to the bulb. This clears or “strips” the tubing from top to bottom.
 4. Uncap the bulb and squeeze the fluid in the drain into a metric measuring cup.
 5. Record the drainage amount in milliliters (mL) on your drain record with the date and time.
 6. Discard the drainage into the toilet once you have recorded it.
 7. Squeeze the bulb flat again and recap to restore suction.
- Bring your drain record to your follow-up visit. Your surgeon will check to see if your drain can be removed. Contact your surgeon if your JP drain output is less than 30 mL in 24 hours to discuss drain removal.
- Although some redness around the drain insertion site is common, you should check the insertion site for increasing redness or signs of infection.
- Call your surgeon if you have:
 - A large amount of leakage from drain site.
 - A significant increase or decrease in the drain output from one day to the next.
 - Increased redness, swelling or warmth around the drain site.

If you had plastic and reconstructive surgery as part of your procedure, you should notify your plastic surgeon with drain or drain care-related issues. In this case, your plastic surgeon will be the one to remove your drain.

Medications

Contact your surgeon if you have questions about the medications you were prescribed after surgery. If you were given a prescription for antibiotics following surgery, please contact your plastic surgeon.

Pathology report

Your breast tissue and/or lymph nodes were sent to the laboratory. We routinely send all of the tissue we remove to be evaluated. Your pathology report results may take up to 7 business days following surgery. You will be given a copy of this report at your follow-up appointment.

Follow-up

It is important to keep your scheduled follow-up appointment with your surgeon. If you need to reschedule this appointment, please call the Northwestern Medicine Lynn Sage Comprehensive Breast Center at 312.695.0990. If you do not have a post-operative appointment scheduled, please call 312.695.0990 to schedule this appointment for 10 to 14 days after surgery.

When to call your surgeon

Contact your surgeon if you notice any of these symptoms:

- Severe pain or pain not controlled with pain medication
- Increased or unusual redness, swelling or warmth around the surgical site
- Bleeding or drainage that soaks the dressings or is foul smelling and/or pus colored
- Temperature greater than 101.5 degrees F (by mouth)
- Persistent or severe nausea and/or vomiting
- Rapidly increasing swelling and/or bruising
- New leg or calf pain

Call 911 or go to the nearest emergency department for chest pain, trouble breathing or any other symptom you feel needs to be taken care of right away.

Contact information

You may contact Northwestern Medicine Lynn Sage Comprehensive Breast Center 24 hours a day, 7 days a week at 312.695.0990.

- During business hours (Monday through Friday, 8 am to 5 pm), please ask for your surgeon's team.
- Messages that are not urgent, such as paperwork requests, can be submitted through NM MyChart. We may take 2 business days to respond to NM MyChart messages. NM MyChart is intended for non-urgent issues only.
- For urgent issues during non-business hours, an answering service will take your call and contact a member of your healthcare team on your behalf.
- **For all emergencies, call 911.**