

## The Masthead<sup>®</sup> Guide to Breast Surgery

Following are our time-tested instructions and advice, updated for the COVID-19 era, to help women get through mastectomy or other breast cancer surgery. Please read them carefully from beginning to end. This was the “tip sheet” that led to the creation and launch of our first products, the [Masthead<sup>®</sup> Breast Bag](#), and [Elizabeth Pink Surgical Bra<sup>®</sup>](#).

### I. Get Organized

1. Make sure you can **videoconference**. The global pandemic has ushered in the age of telemedicine. Everything is now digital. Be prepared to use your camera on your computer or phone for communication. Make sure you have a portable phone charger so that you can recharge anywhere.



2. Create a **digital file** and keep a backup printout of your medical records. In the age of telemedicine, all information will be uploaded and stored “in the cloud” but you should also keep a hard copy record. **A clear plastic folder**, like the one included in our Breast Bag, is vital for keeping your pre-op (before surgery) and post-op (after surgery) instructions, physician information, appointment cards, and notes together and easily accessible. Make sure to ask for the following and include it in your folder:

- **Printouts and copies** of all of your medical information (such as insurance information, list of doctors, prior hospitalizations and

medication list)

- **Date, phone number and name of physician**, nurse and/or administrators who book your appointments
  - **Copies of all your diagnostic test results**, which you should take with you for all appointments. This includes hard copy, CDs and printouts of pre-op tests (EKG, blood tests, chest x-ray, mammograms, ultrasounds, biopsy results) from outside hospitals.
3. If available, arrange for **Visiting Nurse Association (VNA)** follow-up. You might have a nurse check on you at home, rather than make a trip to an office for your first post-op visit. Make sure you have this set up in advance.
  4. Fill **regular and post-op prescriptions** ahead of time, so that you have them when you leave the hospital. There are new protocols to enhance your recovery, so there may be new medications or supplements that you have previously never seen. Many physicians will introduce you to ERAS (Enhanced Recovery After Surgery). This is a strict regimen to reduce complications, improve nutrition and healing, reduce nausea and pain and, most importantly, reduce your need for narcotics. You may be asked to take some of the following: acetaminophen, gabapentin, and a clear nutritional supplement drink at home the day of surgery.

5. Make sure you have a **working digital thermometer** at home. You will need to check your temperature and also report symptoms to a nurse who will call you pre-operatively to review instructions.
6. **If you tend to get nauseated** from anesthesia or pain medication, mention this to your physician, surgeon and anesthesiologist before surgery. If you are extremely nervous, you can also ask for a sedative for the night before surgery to help you sleep.



7. If possible, **do your hair or have your hair done** (cut, colored, blown-dry or whatever you normally do) before your surgery. Most likely you won't be allowed to shower or blow-dry your hair for a few days because you can't lift your arms. If you get your nails done, skip the polish, because you probably won't be able to wear it in the operating room. Shave or wax your legs and underarms, if necessary, before your surgery, because you won't be able to lift your arms or reach down to your legs for a while.
8. If you work, you will need to **inform your employer** that you will be on medical leave for at least 2 weeks. You might feel up to going back earlier, but it's best to give yourself a buffer.
9. Make sure you've **discussed payments and coverage with your health insurer** before your surgery. Get all pre-authorizations in writing, and make sure you are aware of any out-of-pocket costs you will have to pay. There is sometimes a difference between what you are billed for and what your insurance will pay, and you should be prepared ahead of time to avoid surprises. Also, if you have a health care flex spending account that you can use for deductibles, transportation, parking, and other non-covered medical expenses, make sure you keep all necessary receipts in your handy clear folder.
10. **Get your house in order -- literally.** Pay bills, complete financial chores, get the laundry done, prepare and freeze microwave meals, and line up help for yourself, your house and your kids. Move things from high shelves in your kitchen to counter height, or get an arm extender/grabber. Do any necessary heavy cleaning before your surgery, because pushing a vacuum cleaner or changing sheets will be out of the question for quite a while.
11. **Go grocery shopping or arrange for food delivery.** Nutrition is very important before and after surgery. Think of your surgery as a major workout: you need to eat well before *and* after so that you can perform well and recover while preserving muscle mass and strength. Having an operation stresses your whole body, leading to lowered immunity (see supplements) and insulin resistance and unintended loss of muscle mass. Make sure you have several days' worth of groceries for yourself and your family. Ask your physician about nutritional supplements like Ensure Surgery or ClearFast. These drinks provide carbohydrates to reduce insulin resistance after surgery, support immune health and recovery, and improve patient outcome. Also, stock up on crackers, broth-based soups (not creamy) and Jello. These are all easy to digest the first few days at home. Bendable straws will make liquids easier to drink.

**Nutritional Tips:**

*Good:* Eat a well-balanced diet focusing on trying to eat at least 50 gm of protein for 7 days after surgery.

*Better:* Drink 1 bottle of Ensure Surgery Immunonutrition or other surgical recovery shake each day for 7 days after surgery and eat a high protein diet of at least 50 gm of protein for 5 days after surgery.

*Best:* Drink 2 bottles of surgery recovery shake per day for 7 days after surgery and eat a well-balanced diet 7 days after surgery (no need to keep track of protein intake for those 7 days).

12. **Stop smoking.** Patients who smoke and undergo surgery have an increased risk of heart and lung complications, including problems related to general anesthesia given during surgery. In addition, smoking makes it more difficult for the surgical wound to heal and may increase the risk of an infection. Your doctor may recommend that you stop smoking two to three weeks before surgery to avoid any complications. Smoking is known to cause lung cancer and many other health problems. If you are a smoker, this is an excellent time to stop for good.
13. **Stop use of alcohol and controlled substances** at least a week before surgery. Discuss this with your doctor prior to surgery. Withholding information about your drug and alcohol habits from your surgeon, who is bound by doctor-patient confidentiality, could be life-threatening.
14. **Pay attention to medications and supplements** that you are taking. Discuss each one with your physician. Some supplements may interfere with clotting, the natural coagulation of your blood that keeps you from bleeding to death. The ERAS protocol includes arginine and Omega-3 fatty acids. Speak with your physician about this.
15. Wherever possible, surgeries will be done on an outpatient at a surgical center or “23-hour” admission at the main hospital so that patients can avoid being an inpatient.

## II. Understand What’s Going On

*Listed below are some terms and brief definitions to help you navigate pre-op diagnostic testing and medical clearance.*

1. **Mammograms:** X-rays that are used to detect abnormalities in the breast tissue. Mammography is now done digitally, with images uploaded directly into a computer. Rarely is it done on big plastic sheets. There are several types of mammograms, including tomosynthesis or 3D mammography. Ask the radiology center to send you a copy of the results digitally. Write down the name of your test, screening or diagnostic, and keep the information in your folder.

2. **Ultrasound imaging:** High frequency sound waves are used to detect masses or abnormalities in the breast, often in conjunction with, or as follow up to, a mammogram. For some women with dense breasts, this is the only way their doctors can get an accurate look at their breast tissue.
3. **Breast MRI** – This popular imaging technique employs sophisticated magnets to look at breast tissue. The patient lies on her stomach and her breasts are placed through an opening in the table. The resulting scans are used as a baseline, and to rule out any worrisome areas before surgery. The technicians will most likely inject the patient with a contrast dye (to help create clearer images) before or during the procedure, after receiving some medication to ensure there is no allergy to the contrast dye. It's usually cold and noisy in the MRI room. Some MRI machines are like long, skinny tunnels, while others are more spacious and open. Bring ear plugs, or the MRI center may have headphones with music. Don't be afraid to ask for sedation if you are nervous or tend to get claustrophobic, since remaining still is crucial for accuracy.
4. **EKG** – An EKG, or electrocardiogram, checks your heart rhythms. Little electrodes are attached via suction cups to spots on your chest and arms (no punctures or injections), and the machine measures and records the results on a paper scroll – it's a painless and very short procedure.
5. **Chest X-ray** – A standard painless chest x-ray is done to rule out any pulmonary (lung) disease or infection prior to surgery.
6. **Blood tests** – A doctor, nurse or specialized “phlebotomist” (blood drawer) will insert a small needle into a vein in your arm and fill a few tubes of blood. If you have had a lymph node dissection (removal of one or more of your lymph nodes for testing) in the past, avoid having that arm used for drawing blood. Physicians look at your blood chemistries to determine your general health, and look at your actual blood cell counts to make sure that your blood is clotting properly, and that you are not anemic (low in red blood cell count). The tests are important predictors of your risk of infection, and of how you will heal and clot after surgery.
7. **Medical clearance** – This means screening before surgery for infectious disease risk (i.e. COVID-19) Make sure you have a digital thermometer to check for fever. Your surgeons will discuss any issues related to pre-existing conditions with your primary care doctor, cardiologist or gynecologist before surgery. This is part of the pre-op preparations, and why we encourage you to keep all of your medical paperwork in one central folder. Physicians may ask confusing questions in terms of your past medical care and you need to be ready.

### III. Prepare for Surgery

1. **Pack** your [Breast Bag](#) with a few additional personal essentials, including:
  - eyeglass case if you wear glasses. Don't wear your contact lenses to the hospital.
  - list of people and emails or phone numbers you want to call or text (or have someone else call or text) letting them know that you are out of surgery and okay.

- Loose, comfortable clothing for the trip home.



2. ***Leave jewelry and other valuables at home.*** You may not be allowed to have anyone accompany you and hold your things, so do not carry valuables or money. Your phone will be kept safe with your packed bag while you are in surgery and recovery. Ask your designated driver/pick up person to be ready at all times for a call. Things can get delayed or postponed. Don't forget photo ID and proof of insurance. You can put your things in the Breast Bag and leave that with the charge nurse.

3. ***Ask which medications are okay to take the night before surgery. Specifically*** ask if you are supposed to take your regular medications and if you are allowed a sip of water. It is dangerous to have food contents in your stomach when you have anesthesia, as it might cause you to “aspirate” or get stomach contents into your lungs if you vomit.
4. ***Loosen or unscrew the tops of your medication bottles*** and leave them on your bedside table in advance so you don't have to struggle with them after your surgery - at first you will be too weak, and shouldn't strain your chest and arm muscles. However, make sure to keep these partially opened medication bottles away from children.
5. ***Have the following in the house for your recovery:*** stool softener, since pain medication might give you mild constipation; some moist wipes, to help you stay clean; wound supplies (sterile gauze, surgical gloves, tape, alcohol wipes and antibiotic ointment (or better yet, make sure you have our Breast Bag, which already contains everything you'll need for wound care)).

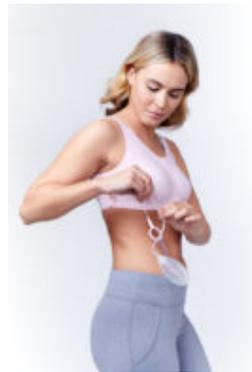
## IV. The Day of Your Surgery

1. ***Take a thorough shower*** using anti-bacterial soap and, if instructed, Hibicleanse or other antiseptic antimicrobial wipes. The morning of your surgery, since it might be a while before you can shower again, don't put on deodorant or perfume, lotions, hair gel or powders. Do not put in contact lenses; wear your glasses instead.
2. ***Leave early enough*** to get to the hospital on time. Wait in the car until they tell you to come into the hospital or surgery center. Follow their instructions.
3. A nurse will come in to take your “vitals” (temperature, heart rate, blood pressure, etc) and put an intravenous needle with tube (IV) in your arm. If you are having a lymph node biopsy you may have an injection of dye to locate the nodes during surgery.
4. You will be taken into the pre-op waiting area where the doctors will come over and talk to you. They may also make some markings on your skin with a purple surgical marker. These purple marking will eventually wear off, or you can remove them safely after a couple of weeks with an alcohol pad.
5. The anesthesiologist will come and give you medication to “go to sleep,” after which you will be taken into the operating room on a mobile bed.

## V. When You Come Out of Surgery and “Wake Up” from Anesthesia

1. In what seems like a minute (but it could be several hours!) later you will be awake and in the recovery room. Many people are disoriented, emotional, and cold. Ask any questions that you have, request extra blankets and, if you are nauseated or in pain, ask for medication immediately. You will come out of the operating room with a surgical bra, preferably our Masthead Elizabeth Pink Surgical Bra® — the most comfortable, convenient and effective surgical bra on the market.
2. When you are stable, you will be taken to a hospital room or you may be sent home quickly. You may experience a little discomfort or just a tightness across your chest. However, if you are in pain, follow the instructions of your physician.
3. Your eyes, lips, and mouth might be very dry after surgery. Ask the recovery room nurse for some ice chips, and use the eye drops, lip balm and waterless toothbrush in the toiletries kit in your Breast Bag.

## VI. Dealing with Drains



1. After a mastectomy, you may have tubes coming out of your surgical site which will drain fluid into a little grenade-shaped bulb called a jp drain. If you’re wearing the Elizabeth Pink Surgical Bra®, your drains will exit through an opening in the bra, rather than under the elastic (which pinches!). The drains have tubes that pull excess fluid from the surgical site and are very important in preventing complications such as an infection, hematoma (build-up of blood) or seroma (build-up of fluids). The fluid then collects, because of suction, in the bulb. When the bulb becomes filled with fluid, it’s time to empty it. The nurses will do this while you are in the hospital. They first stabilize and “milk” the drain, then measure the output and note its color, and finally empty the fluid from the bulb.
2. The Elizabeth Pink Surgical Bra® has a small ring on each side that opens to attach to your drain bulbs, so you have an easy way to support the bulb without having to wear a fanny pack. In our Breast Bag important papers and cards folder there is a Drain Log, a chart for recording drain output. Start recording with your first emptying at home. This helps the doctor track your progress. Alternatively, download our Masthead Pink iPhone App available in the Apple store to record your drain output.
3. Hospitals should assign a nurse or physician’s assistant to teach you how to manage your drains or you may have a nurse come directly to your home. Regardless, it helps to have the instructions written down. It’s hard to remember anything they tell you immediately after surgery because the anesthesia effect is still lingering and you’re often on pain medication which makes it hard to remember things. Click here for [drain care instructions and demonstration video](#).

4. One or both of your underarms will be sore after surgery. Use our axillapilla® to take the pressure off your axillary incision (if you have one), or to reduce the pressure on your shoulders and upper back from any swelling you may have. The soft pillow is also wonderful to use as a neck or lower back support.
5. Do not suffer in silence or think that something more can't be done for pain. Reach out to your nurse or doctor via telehealth if you are in pain or your medication doesn't seem right. Some pain medications can make you itchy – if you are experiencing this, please ask for Benadryl or other antihistamine. Your doctor might be able to change your pain medication to one that doesn't cause itching.
6. Use moist wipes to stay refreshed and clean after surgery.

## VII. Post-Surgery Tips

1. You will find that you are very tired for several days after surgery, maybe even longer. The best thing to do is rest. Think of your surgery as a major athletic event.
2. When riding in the car, use our axillapilla® under the seat belt so that the shoulder harness has some padding.
3. Do not lift, push or pull anything heavier than 5 pounds for at least a week after surgery. Do not attempt to close car hatchbacks. If you must go to the grocery store alone, ask for a helper and for curbside pickup or home delivery. If you have young children, teach them to climb up into their car seats and then you can do the buckling.
4. Sleep on an incline and use plenty of pillows to prop your arms. Ask for help to sit up. Do not push off the bed to get out. Learn to roll to your side or just use your abdominal muscles.
5. If you were told not to shower, take a sponge bath. Have someone help you wash your hair in the sink or at a local salon, or try dry shampoo. If you are permitted to shower, use our Post-Surgery Shower Lanyard to hold your drain bulbs while under the shower spray.
6. It is important to get up and walk. Start slowly.
7. Anti-scarring treatment varies by surgeon. Ask what kind of lotion or ointment your doctor recommends to reduce scarring. Do not pull your steri-strips (which hold your incision closed) off your incision. Let them fall off on their own, which could take up to two weeks. The longer they stay on, the better.
8. Most surgeons will recommend wearing the surgical bra until the drains are removed. After the drains are removed, you can cut off the loops and rings and wear your Elizabeth Pink Surgical Bra® for as long as you like! Ask your physician if it is okay to switch to another bra, such as our supportive Estelle style, which has a front closure and a soft pocketed lining.
9. In the COVID age, social distancing rules about visitors MUST be followed, even in your own home. You do not want to get sick and end up coughing and rupturing sutures, or even worse, developing an infection. Assign one family member as the contact person for visit requests and to ensure distancing, mask wearing and disinfecting.

10. It's normal to feel occasional spasms of the chest muscle or shuddering pains in your breast. This indicates that the nerves to the muscle are repairing themselves. Your breasts may feel numb and this is normal.
11. If you are a coffee drinker, you may develop a caffeine withdrawal headache the day after surgery. Coffee is the best remedy and it keeps most people regular.
12. Your doctor will probably prescribe one or more of the following pain medications if needed for your post-op comfort. "Surgical doses" of Tylenol have become the norm, since it's an excellent non-narcotic pain reliever at specific doses. Make sure to follow exactly what your physician recommends. Here are the most current regimens associated with the ERAS protocol:
  - Tylenol (acetaminophen) 1 gm three times a day. Celebrex 200 mg twice a day (or another ibuprophen non-steroidal). Follow instructions of your physician if they differ.
  - Oxycodone-IR (immediate release) 5-10 mg if necessary for breakthrough pain with the Tylenol
  - Colace (stool softener): 250mg twice a day
  - MiraLax (laxative): One tablespoon diluted in 8 ounces of water once a day
  - Ativan: 1mg every 8 hours as needed for muscle spasms
  - Zofran: 8mg oral dissolving tablet placed on tongue every 6 hours as needed for nausea
13. Give your spouse or child the official job as "back scratcher." It will be very hard to reach over or behind your head and reach your back.
14. Expect some mood swings. Breast surgery and mastectomy involve removal of breast tissue which makes estrogen. It may take some time for your body to adjust to these changes. Even after surgery and anesthesia, some women find that their hormones are in flux and they feel moody or sad. Don't be afraid to mention this to your doctors, but be aware that with time, your hormone levels will most likely normalize. If you are having surgery on your ovaries at the same time, your gynecologist can help with this transition as well.

## VIII. Returning to Normal Activity

1. **Family life.** If you have young children, take it easy. Don't pick them up. Instead, have them come and sit on your lap or next to you. Picking up anything over 5 pounds, including a child, is not recommended for 6 weeks after surgery. If your child is still in a crib, arrange for help or teach your child to climb into a bed. Cooking, shopping, and heavy housework should all be put on hold. Ask for help and don't put pressure on yourself to be Wonder Woman.
2. **Don't strain yourself.** Opening jars, turning doorknobs and unscrewing lids (anything that requires strain and twisting) will be difficult.

3. **Bring a helper along to grocery shop**, or place an online order for home delivery or curbside pickup and ask the store to load the groceries into your car. Tell them that you cannot lift anything over 5 pounds.
4. **Napping** is a great thing. Catch up on movies and your favorite shows. Start that book you've been meaning to read.
5. **Driving** is not recommended when you are still on pain medication or if you have your drains in place. It is hard to make quick movements and to turn your body when backing up. Many follow-up appointments can be accomplished through tele-health. A visiting nurse may come to pull your drains. Make sure to keep a good record of your drain output volume.
6. **Wear comfortable clothes** for a while. Hoodies, vests and sweaters with front zippers or buttons are ideal. It's best not to pull things over your head.
7. **Returning to work** greatly depends on the type of work you do. For highly physical jobs, you may need to take off 4-6 weeks. If you work behind a computer, you may find that you can get back to work within a week, at least for part of the day. Remember that you may tire easily, and you should not stress yourself. Doing too much, too soon, such as pulling/pushing heavy objects is the easiest way to bring on complications. Don't drive, make any big decisions, operate heavy machinery, or try to read any complex documents while on pain medication.



8. Regarding **exercise**, most women are eager to get back to an exercise routine. Some find that exercise helps with both the mental and physical recovery. But make sure your doctor says it's okay. If your recovery is smooth without complications, you can begin with walking—it's a good idea to walk with a friend and have him or her carry anything you need. Vests with pockets are great during recovery. If your goal is to get back to high impact activities like running, discuss this with your doctor. You may want to wear two workout bras for extra support and to keep your chest steady, with little bounce.
9. **Resuming sexual activity** is a highly personal topic. While some women love their new breasts and feel sexier than ever, others find that a new body image, low libido or energy level, and hormonal changes might all contribute to a lack of interest in the short term. If your physician gives you the "green light" medically speaking, take it slowly and try not to respond to pressure from your partner until you are ready. There is really no right or wrong time once your incisions have healed.

## IX. Down the Road

1. **Keep a journal and take a few pictures.** You will appreciate looking back on your recovery and helping others who may have questions.
2. **Drain removal.** Usually, between one and two weeks after your surgery, your drains can be removed. The drain output at that point should be minimal and straw-colored. Your physician may decide to pull only 1 or 2 at the first post-op visit, but don't be

disheartened. Take a Tylenol or stronger painkiller before your appointment to avoid discomfort. Most surgeons or visiting nurses will not stitch the drain opening closed, but will allow them to heal on their own. You can cover them with gauze at first and then a band-aid.

3. ***Keep your incision wounds protected.*** Secure sterile gauze with paper tape or a sturdy band-aid over your drain openings and a piece of gauze over the mastectomy incisions so that there is no rubbing or abrasion. If you are allergic to tape or dressing, try hypoallergenic surgical tape or other material your skin can tolerate. These can all be found in the wound care kit of your Breast Bag.
4. ***Pathology Report.*** Depending on the reason for your surgery, you will most likely receive a pathology report about the tissue removed during the mastectomy. Your physician will discuss this fully with you, but do not be afraid to ask questions if you have any.
5. ***Shopping for bras.*** You will be anxious to go out and buy new bras, but avoid the urge because you'll be swollen for 6 weeks or more. Find one or two comfortable, "stage 2" or everyday bras like the Masthead Estelle Recovery Bra, and save your money for later. Once the swelling goes down and your breasts have settled to their final size, you'll enjoy buying clothes without worrying about returns.
6. ***Follow-up MRI.*** Some women are worried about whether the surgeon took out all the problem breast tissue. A follow-up MRI can often calm your fears, but your surgeon may not recommend this until six months.
7. ***Complications from surgery.*** Infections, skin problems and other complications can take a long time to resolve. Don't be afraid to seek a second opinion if necessary. Everyone heals on a different schedule and even the healthiest people can have problems. Ask questions if something does not seem right. While social media and the internet can provide distraction and some support, be careful about taking advice from unvetted resources. Because each person's diagnosis, treatment and physician recommendations may vary, do not fall prey to an angry rant on social media that may steer you down a problematic path.
8. ***Follow-up appointments.*** You will most likely see both your breast surgeon and your plastic surgeon at 3 months, 6 months, and one year after your surgery via telehealth or in person. Contact them earlier if you feel you need to see either physician before those scheduled visits.

We hope the information above helps you navigate your surgery and recovery with ease. Please keep in mind that everyone heals at a different pace and that being a patient requires patience! Waiting to heal and get back to "normal" is always the hardest part of recovery. Also, your own doctor's instructions should always be followed, since he or she knows your individual case.

From all of us at Masthead, have a safe and healthy surgical journey!