






Axillary Node Dissection CareMap (with or without Breast Surgery)

Using LYMPHA (lymphatic microsurgical preventive healing approach)

Before Surgery Day	Day of Surgery
<p>7 Days Before</p> <ul style="list-style-type: none"> <input type="checkbox"/> Plan for your ride to the hospital and back home. <input type="checkbox"/> If you usually take blood thinners, talk with your care team. We may want to adjust your doses before and after surgery. <input type="checkbox"/> Stop taking NSAIDs (like ibuprofen and aspirin). <input type="checkbox"/> Stop taking all supplements. This includes any vitamins, minerals, and herbs you take. <input type="checkbox"/> Staff will give you instructions regarding any daily medications you take. <p>2 Days Before</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stop shaving near the surgery site. <p>Day Before Surgery</p> <ul style="list-style-type: none"> <input type="checkbox"/> You will receive a call from the hospital with your check-in time. <input type="checkbox"/> Take a shower with the antibacterial soap, as instructed. <input type="checkbox"/> Follow any other instructions you were given to prepare for your surgery. <p>After midnight:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Do not eat anything or drink any alcohol. <input type="checkbox"/> You may drink clear liquids up to 2 hours before your arrival time. 	<p>At Home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Shower with the antibacterial soap, as instructed.  <p>At the Hospital</p> <p>Before surgery:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check in at the Surgery Registration Desk at or before your check-in time. <input type="checkbox"/> A nurse will call you to come to the Pre-op area. <input type="checkbox"/> We will start an intravenous (IV) line to give you medicines and fluids. <input type="checkbox"/> We will place a heating blanket on you while you are waiting to go into the operating room (OR). Keeping your body warm helps lower the risk of infection. <input type="checkbox"/> You will meet with: <ul style="list-style-type: none"> - An anesthesiologist to talk about anesthesia - A member of the surgery team so that you can ask questions and sign a consent form (if not already done) - Nurses to review your health history <input type="checkbox"/> A member of the anesthesia team will take you to the OR.  <p>After surgery:</p> <ul style="list-style-type: none"> <input type="checkbox"/> You will: <ul style="list-style-type: none"> - Wake up in the recovery room. - Have an IV in your arm for pain medicine and fluids, as needed. - Have drains to remove fluid from the surgery area.  <p>Self-Care and Activity</p> <ul style="list-style-type: none"> <input type="checkbox"/> Move your arms gently: <ul style="list-style-type: none"> - Do NOT raise the arm above shoulder height on the side of your surgery - Do NOT lift, push, or pull anything that weighs more than 8 pounds (1 gallon of milk weighs 8 pounds). This includes children and pets. - Do NOT do any strenuous activity, including household chores - Do NOT use the arm on the surgical side for blood pressure checks, IV placements, or lab draws. <input type="checkbox"/> Empty your drains 2 to 3 times a day. Record the amounts in your log. <input type="checkbox"/> Keep all dressings clean and dry. <input type="checkbox"/> Eat a normal diet, as you can. <input type="checkbox"/> Start walking on the night of surgery. 

At Home

Once your pain is under control, you will be discharged from the hospital. Your follow-up visit with your surgical team will be noted on your discharge instructions.

Day 1

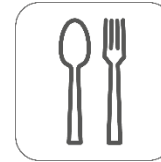
Medicines

- ☐ Your pain will be controlled by:
 - Acetaminophen (Tylenol) and/or ibuprofen (Advil, Motrin)
 - Opioid pain pills, only if the other medicines do not ease your pain (always take with food)
- ☐ While you are taking opioids, also take the medicine prescribed for constipation (unless you have loose stools).



Diet

- ☐ Eat your usual healthy foods.
- ☐ Drink plenty of water to stay hydrated.



Self-care

- ☐ If you have dressings, leave them in place.
- ☐ Keep the drain sites clean. If you wish, lightly cover the drain sites with gauze and tape. For more details, read the "Caring for Your JP Drains" handout.
- ☐ Empty drains at least 2 to 3 times a day or when they get half full. Record amount for each drain SEPARATELY in your log.

Activity

- ☐ Walk at least 4 times a day. Start with short walks, 10 to 15 minutes long.
- ☐ Do **not** drive while you are taking opioids.
- ☐ **Arm-use precautions:** For **4 weeks**, move your arms gently.
 - Do **NOT** raise the arm above shoulder height on the side of your surgery.
 - Do **NOT** lift, push, or pull anything that weighs more than 8 pounds (1 gallon of milk weighs 8 pounds). This includes children and pets.
 - Do **NOT** do any strenuous activity, including household chores.
 - Do **NOT** use the arm on the surgical side for blood pressure checks, IV placements, or lab draws.
- ☐ Read and follow the instructions in the handout "Stretches and Exercises."



48 Hours After Surgery

- ☐ If you have dressings, remove the outer bandages from breast and armpit. Leave the white Steri-Strips in place.
- ☐ After removing the dressings, you may shower. Gently pat the Steri-Strips dry.

Week 1

Medicines

- ☐ Pain controlled by:
 - Acetaminophen and/or ibuprofen
 - Opioid pain pills, only as needed (always take with food).
- ☐ Begin to taper your opioid dose.
- ☐ While you are taking opioids, keep taking the medicine prescribed for constipation (unless you have loose stools)

Self-Care and Activity

- ☐ Walk every day, going farther each day.
- ☐ Continue to follow arm-use precautions.
- ☐ Read and follow the instructions in the handout "Stretches and Exercises." Move your arms gently.
- ☐ Empty drains 2 to 3 times a day. Record amounts in your log separately. Bring the log with you to your clinic visit.
- ☐ Do **not** drive while taking opioids.

Follow-up Visits

Visit with breast surgeon or Advanced Practice Practitioner (APP) 1 to 2 weeks after surgery:

- ☐ Talk about pathology report (you may receive results by phone before this visit)
- ☐ Drain will be removed if output is low enough.
- ☐ If needed, talk about seeing medical or radiation oncologist for more treatment.
- ☐ Receive prescription for physical or occupational therapy – **do NOT start therapy until at least 4 weeks after surgery.**

Weeks 2 and 3	Week 4
<p>Medicines</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pain controlled by: <ul style="list-style-type: none"> - Acetaminophen and/or ibuprofen <input type="checkbox"/> Goal is to be off opioids by now. <p>Self-Care and Activity</p> <ul style="list-style-type: none"> <input type="checkbox"/> Walk every day, going farther each day. <input type="checkbox"/> Arm-use precautions: For 4 weeks, move your arms gently. <ul style="list-style-type: none"> - Do NOT raise the arm above shoulder height on the side of your surgery. (If your care plan includes radiation therapy, you can start to raise your arm above shoulder height after 3 weeks.) - Do NOT lift, push, or pull anything that weighs more than 8 pounds (1 gallon of milk weighs 8 pounds). This includes children and pets. - Do NOT do any strenuous activity, including household chores - Do NOT use the arm on the surgical side for blood pressure checks, IV placements, or lab draws. <input type="checkbox"/> Read and follow the instructions in the handout “Stretches and Exercises.” <input type="checkbox"/> If you still have drains, empty them 2 to 3 times a day. Record amounts in your log separately. Call the clinic to have them removed when output is less than 30 mL in 24 hours for 2 days in a row. <ul style="list-style-type: none"> - If you have tissue expanders placed at the time of surgery, your output goals for drain removal may be different. Call your care team if you have any questions. <input type="checkbox"/> If you have stopped taking opioids, you can drive if you feel up to it. 	<p>Medicines</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pain controlled by acetaminophen and/or ibuprofen. <p>Self-Care and Activity</p> <ul style="list-style-type: none"> <input type="checkbox"/> Walk every day, going farther each day. <input type="checkbox"/> Until you see a physical or occupational therapist (PT/OT), keep following the instructions in the “Stretches and Exercises” handout. <input type="checkbox"/> Do not use the arm on the surgical side for blood pressure checks, IV placements, or lab draws. <p>When your surgeon says it is safe:</p> <ul style="list-style-type: none"> <input type="checkbox"/> You may start physical or occupational therapy and massage. <input type="checkbox"/> Start using your arms more fully. There are no limits on how much weight you can lift, push, or pull. <input type="checkbox"/> Start doing more exercise. Build slowly. Let your body guide you. If what you’re doing hurts, slow down or stop!
	<p>Questions or Concerns?</p> <p>Your questions are important. Call your care team if you have questions or concerns.</p> <ul style="list-style-type: none"> • UWMC Breast Surgery Clinic - Northwest Campus: 206.668.6746 • UWMC Center for Reconstructive Surgery: 206.598.1217 • FHCC Breast Health Clinic: 206.606.7563 <p>For urgent needs, call the hospital operator at 206.598.6190. Ask to speak with the provider on call.</p>

