



**Breast Care Nurses**

One of the St Andrew's Hospital Breast Care Nurses will visit each day you are in the hospital to review your wounds and drains and also to provide you and your family with support and information.

If you have any further questions prior to your admission you can contact either the Breast Care Nurse or the Pre Admission Clinic. The St Andrew's Hospital Breast Care Nurses are available for you to contact on 8408 2176. Also the Pre Admission department is available on 8408 2014.

**Telephone Numbers**

Doctor:

Breast Care Nurse – 8408 2176

St Andrew's Hospital – 8408 2111

Emergency Department – 8408 2222  
(open 8am till 10pm)

Special Instructions -

Form with multiple horizontal lines for special instructions.

**Breast Surgery at  
St Andrew's  
Hospital**

*The information contained within this publication is a guide only. Readers should seek and follow the medical advice provided by their own doctor.*

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Our aim is to make your stay as comfortable as possible and to provide you with timely information to prepare you for any investigations as well as your surgery.

Please feel free to ask questions if there is anything you are unsure of.

On admission to the ward, your nurse will complete the admission procedures and where ever possible, one of the St Andrew's Hospital breast care nurses will see you and provide you with relevant information.

## Investigations

If you are booked in to have any radiological nuclear medical investigations, you will be escorted to the relevant department once they are ready for you.

If you require a carbon track or hookwire localisation for breast lesions that cannot be felt by the surgeon, you will go to the breast imaging department on the ground floor of the building across from the Hospital's main reception.

**Carbon Track Localization** requires the radiologist to use either ultrasound or mammogram to identify the area and then using a needle (similar to the Fine Needle Biopsy needle) leave a trail of carbon leading to the skin.

For **Hookwire Localisation**, the Radiologist needs to use either ultrasound or mammogram to identify the area to be operated on. Using a local anaesthetic, the radiologist inserts a special needle and as this needle is removed, a very fine,

soft wire is left in the breast. The surgeon will remove the wire in theatre.

Both of these procedures take from ½ hour to an hour to perform.

Wear your own clothes unless your theatre is booked immediately after the procedure.

If you are having a **Sentinel Node Scan** or **Lymphoscintigram**, you will be escorted to the nuclear medicine department when they are ready for you. Remain in your own clothes as you can get cold during this procedure. This scan takes between ¾ hour and 4 hours to be completed so we recommend taking something with you to fill in the time. Sentinel Lymph Node Scanning involves a radiologist injecting very small volumes of radioactive isotope into the breast tissue around the tumour site and tracking this along the lymph channels to the first lymph nodes they arrive at. The procedure is used to determine which nodes the surgeon will need to remove during the surgery.

## Breast Surgery

For the surgery, you will be taken to theatre on your hospital bed. Usually you will have a brief stop in holding bay and then wheeled into the theatre. You will be transferred onto the theatre table and the anaesthetist will commence your anaesthetic as previously discussed with you.

You will wake up in the recovery room, with an oxygen mask to assist your breathing and an intravenous fluid infusion in progress to hydrate you. Some patients will also have one or two drains from their wound. Pain relief as well as anti nausea drugs will be administered as needed.

When you are sufficiently awake and comfortable, the staff will transfer you back to your room.

## Post Operative Care

Post operatively the ward staff will be regularly checking your wound, drains and blood pressure, pulse and temperature. If you have had lymph nodes removed, the blood pressure will be taken on the other arm. There will be doctor's orders for medications for pain and nausea relief. After the operation fluids and diet will be gradually reintroduced.

It is important that you do deep breathing and coughing exercises to prevent chest infections. You may need additional pain relief to carry out these exercises correctly please inform the nurse if pain is limiting your ability to perform these exercises. You also need to perform ankle exercises to prevent blood clot formation and shoulder movement to prevent stiffness. Be aware that you may also feel dizzy when you get up for a day or two after an anaesthetic. Please make sure that you have a nurse escort you for your first venture out of bed and be guided by the nurse as to whether you need further assistance.