



Watertown Regional Medical Center –
General Surgery Clinic
123 Hospital Drive Suite 2000
Watertown, WI 53098
920.206.3042

Breast Surgery

Prior to your procedure you will complete a pre-admission testing (PAT) phone call appointment. This call will come from (920) 206-3820.

My PAT Appointment time is: _____

You will receive a phone call within a **one-hour window** of this scheduled time.

It is important that you are not distracted during this appointment. You will receive instructions on preparation including diet, medication changes, and arrival time.

Please have a list of current allergies, medications, and diagnosed medical conditions prepared prior to your phone call with PAT. During your PAT phone call, please complete the following:

1. Surgery scheduled with Dr. _____

2. Date of surgery: _____

3. Hospital arrival time: _____

4. Time to stop drinking clear liquids: _____

5. Medications to **stop** prior to surgery, with date each should be stopped:

6. Post-operative visit date/time: _____

Please consult your prescribing provider to verify it is safe to temporarily discontinue any medications you are instructed to stop. Contact the *General Surgery Clinic* at (920) 206-3042 with any questions/concerns.

Due to anesthesia, **you cannot drive after your procedure**. You will need a ride to and from the hospital. Please arrange this ahead of time.

Breast Surgery

Understanding Breast Masses

Every year, thousands of men and women find a lump in their breast. All masses found should be evaluated to determine if they are *benign* (noncancerous) or *malignant* (cancerous). While the first emotion most people feel after finding a lump is fear, most breast masses are benign upon further investigation. Benign lumps may develop from hormonal or dietary changes and often change in size or tenderness during menstrual cycles.

Malignant Breast Masses

There are many different types of malignant breast masses, but most develop from the mammary ducts or glands. The mass begins when cells over-multiply and develop unusual features (*atypia*). The mass then most often become individual, hard, and painless lumps which become palpable as they grow. They can eventually invade other breast tissue and spread (*metastasize*) to other areas of the body. The size of the lump and how far it has spread determines the *stage* of breast cancer, which in turn determines treatment approach.

How are breast masses evaluated?

Many masses are found on breast examination or screening mammogram. Abnormal findings are often evaluated with further imaging such as *diagnostic* mammogram or ultrasound. After imaging, a biopsy is performed to remove cells from the mass for examination under a microscope. This determines if the mass is benign or malignant and different forms of biopsy may be performed based on imaging results.

Needle Biopsies

A needle biopsy is a simple procedure performed to obtain cells from a breast mass in the least invasive method possible. A *fine needle biopsy (FNA)* is similar to a simple blood draw and takes only minutes, with a small needle inserted to remove cells from the mass. A *stereotactic core needle biopsy* consists of a small skin incision with a larger needle used to remove tissue for analysis under local anesthesia.

Open Biopsies

An *open biopsy* is performed when your surgeon needs to remove a larger part of the breast mass to evaluate. If the lump is small and easy to retrieve your surgeon may perform an *excisional biopsy* to remove the entire lump and a margin of surrounding tissue. If the lump is large or difficult to reach an *incisional biopsy* may be performed to remove a portion of the breast mass. After an open biopsy, you will have a dressing over the incision and be asked to wear a bra for a few days even while sleeping. Any stitches placed will dissolve or be removed in one week and you can usually return to work within a few days. You will receive your pathology results from the biopsy within one to two weeks.

What happens after biopsy?

Once the results of your biopsy are available, your surgeon will discuss a treatment plan with you. If the mass is benign, no treatment may be required. If malignant, treatment may include different forms of surgical removal, chemotherapy, radiation therapy, or hormonal therapy. In addition to your surgeon, you will meet with an Oncologist (*cancer specialist*) to further determine treatment plans. Surgical removal options include *lumpectomy* and *mastectomy*, both with or without breast reconstruction.

What is a lumpectomy?

A *lumpectomy* is a surgery to remove cancer or other abnormal breast tissue. It is also called breast conserving surgery because only a portion of the breast is removed, that including and surrounding the mass of concern. The lumpectomy procedure begins with localizing the abnormality within the breast using mammogram or ultrasound to locate the tumor and inserting a guide wire. This shows your surgeon the precise area to remove during surgery.

What is a mastectomy?

A *total mastectomy* is a surgery to remove the entire breast containing the tumor, or both breasts if either necessary or desired. It is often performed for patients with multiple sites of cancer, high risk of re-development, recurrent cancer, large tumor size, and patient preference. Mastectomies may also be performed preventatively for patients with genetic conditions resulting in a high risk of breast cancer. After removal, many forms of reconstruction exist to recreate synthetic breasts if desired.

What is a sentinel node biopsy?

With lumpectomy or mastectomy, you may have a *sentinel lymph node biopsy (SNL)* performed. In this procedure your surgeon uses a radioactive tracer and blue dye to find

the first lymph nodes which the cancer drains to. These are then removed and tested for any presence of cancer cells.

What is an axillary lymph node dissection?

If lymph nodes are found to contain cancer, a greater number may be removed to prevent further spread. In this procedure, your surgeon removes several lymph nodes from your armpit through a small incision. They are then analyzed to help guide further treatment.

What happens the day of breast surgery?

You will be asked to avoid eating the day of your surgery, so that you can safely undergo anesthesia. This will keep you asleep and free from pain during the procedure. You will arrive at the hospital early to check in for surgery, and be taken back to the ambulatory surgery center. You will change into a hospital gown, receive an IV, meet your nurse for the day, and see your surgeon and anesthesia provider. You will be taken to the operating room and your surgeon will complete the procedure as discussed, making any necessary adjustments throughout to keep you safe. After your surgery is complete, you will be taken to the PACU (post-anesthesia recovery unit) to recover.

Preparing for Breast Surgery

7 Days

Before your procedure

Arrange transportation

Please confirm that a family member or friend is available to drive you to and from your surgery and remain at the hospital for the duration of the procedure.

Review Medications

You may be instructed to discontinue certain medications prior to your procedure. Call the prescribing provider to discuss how to safely do this.

Medications to stop 7 days prior to breast surgery:

- **Antiplatelet Blood Thinners:** Pletal (Cilostazol), Effient (Prasugrel)
- Phentermine

	<ul style="list-style-type: none">• Vitamins and supplements
5 Days Before your procedure	<p>Medications to stop 5 days prior to breast surgery:</p> <ul style="list-style-type: none">• Antiplatelet blood thinners: Plavix (Clopidogrel), Brilinta (Ticagrelor)• Coumadin (Warfarin) <p>Note: If you take Warfarin, please contact your prescribing provider to inquire if “bridging” will be required.</p>
3 Days Before your procedure	<p>Medications to stop 3 days prior to breast surgery:</p> <ul style="list-style-type: none">• PDE-Inhibitors, unless taken for pulmonary hypertension: Sildenafil (Viagra), Tadalafil (Cialis), Vardenafil (Levitra and Staxyn), Avanafil (Stendra), Cilostazol (Pletal), Dipyridamole (Attia), Milrinone (Primacor), Amrinone, Apremilast (Otezla), Crisaborole (Eucrisa), and Roflumilast (Deliresp)• DOAC Blood Thinners: Eliquis (Apixaban), Xarelto (Rivaroxaban), Pradaxa (Dabigatran), Savaysa (Edoxaban)
2 Days Before your procedure	<p>In the evening, follow instructions in the provided scrub kit to clean your body thoroughly. After performing the scrub, remember to avoid other hair and skin care products as they carry bacteria. If you notice an allergic reaction notify the General Surgery Clinic in the morning or present to the emergency room if severe.</p>
1 Day Before your procedure	<p>Please do not consume any <i>solid food</i> after midnight the evening prior to your procedure. Doing so will result in cancellation. After this time, you may however consume clear liquids following the attached diet guide.</p> <p>GLP-1 Agonist users: Please follow a clear liquids only diet for a complete <i>24 hours</i> prior to your surgery.</p>

- Includes: Semaglutide (Ozempic, Rybelsus), Tirzepatide (Mounjaro), Dulaglutide (Trulicity), Exenatide (Byetta), Liraglutide (Victoza, Saxenda), Lixisenatide (Adlyxin)

Again, in the evening, complete the second body scrub as instructed in the provided scrub kit.

Medications to stop one day before breast surgery:

- Insulin: Follow provided protocol (See end of packet)

Procedure Day

Please remember to have a friend or family member drive you to and from the hospital for your procedure. You cannot drive after receiving anesthesia.

You may drink **clear, noncarbonated** liquids up until **two hours** prior to **arrival**. This is four hours prior to your scheduled procedure time.

- Please do not drink soda or carbonation the day of your procedure.
- Please do not consume gum, hard candy, suckers, etc. the day of your procedure.

Medications to stop the day of breast surgery:

- Insulin: Follow provided protocol (See end of packet)
- Metformin
- Lisinopril (Zestril, Prinivil), Benazepril (Lotensin), Captopril, Enalapril (Vasotec), Losartan (Cozaar), Valsartan (Diovan), Olmesartan (Benicar), Candesartan (Atacand)
- Rosiglitazone (Avandia), Pioglitazone (Actos)
- Glimepiride (Amaryl), Glipizide (Glucotrol), Glyburide (Micronase, Glynase, Diabeta)
- Sitagliptin (Januvia), Saxagliptin (Onglyza), Linagliptin (Tradjenta), Alogliptin (Nesina)

After Your Surgery

What happens after surgery?

After surgery, you may notice swelling, bruising, or soreness near your incisions. You may feel bloated, constipated, or more tired than usual. These effects will go away with time. Your doctor may give you medications to take during recovery. If instructed by your doctor, you may be required to wear a surgical bra at all times for several weeks after your procedure.

You will be given instructions with your discharge paperwork that cover important restrictions to follow:

- **Bathing:** you may shower after 24 hours but avoid immersion in water such as baths, hot tubs, and pools for at least two weeks after surgery
- **Lifting:** for the first few weeks after surgery, you may not lift any objects heavier than 15-20 pounds. This is important to allow healing of the repair as heavy lifting can cause significant damage and risk of hernia recurrence.
- **Sexual Activity:** you may resume sexual activity as soon as it feels comfortable, again remembering to avoid heavy lifting for the first weeks after surgery.
- **Driving:** do not drive for the first 1-2 days after surgery, and at any time of taking narcotic pain medications. Otherwise, you may drive when you feel comfortable being able to slam the breaks if necessary without pain.
- **Work:** you may be able to return to an office job within a few days, and more physical jobs after a few weeks. Your surgeon will provide clearance for you to return to work based on your occupation and progress after surgery.

Follow Up

You will have a post-operative visit scheduled for 7-10 days after your surgery. At this time your doctor will assure there are no complications present, your pain is well managed, and determine when you may return to activities such as work and exercise.

When to Call Your Doctor

After your surgery, call your doctor if you notice any of the following:

- You have a fever (over 101.4 F) or chills
- You have an incision that drains liquid for longer than a day or increasing incisional redness, swelling, or pain
- You are unable to urinate for greater than one day
- You have excessive swelling of the surgical site

You may have a mild sore throat after the procedure, which should resolve in approximately 24 hours.

Do not smoke, drink alcohol, or take sleep aids until the day after your surgery. Do not drive or operate heavy machinery until the day after your surgery, and while taking narcotic medications.

Clear Liquid Diet

OK to drink:

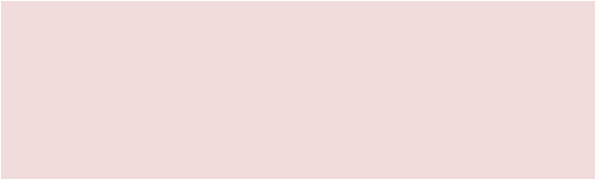
- Water
- Tea and black coffee **without** any cream, milk, or lightener (including non-dairy options)
- Flavored water without red or purple dye
- Clear, light colored juices such as apple, white grape, lemonade without pulp, and white cranberry
- Clear broth including chicken, beef, or vegetable
- Sports drinks such as gatorade or propel
- Popsicles without fruit or cream

Avoid these drinks:

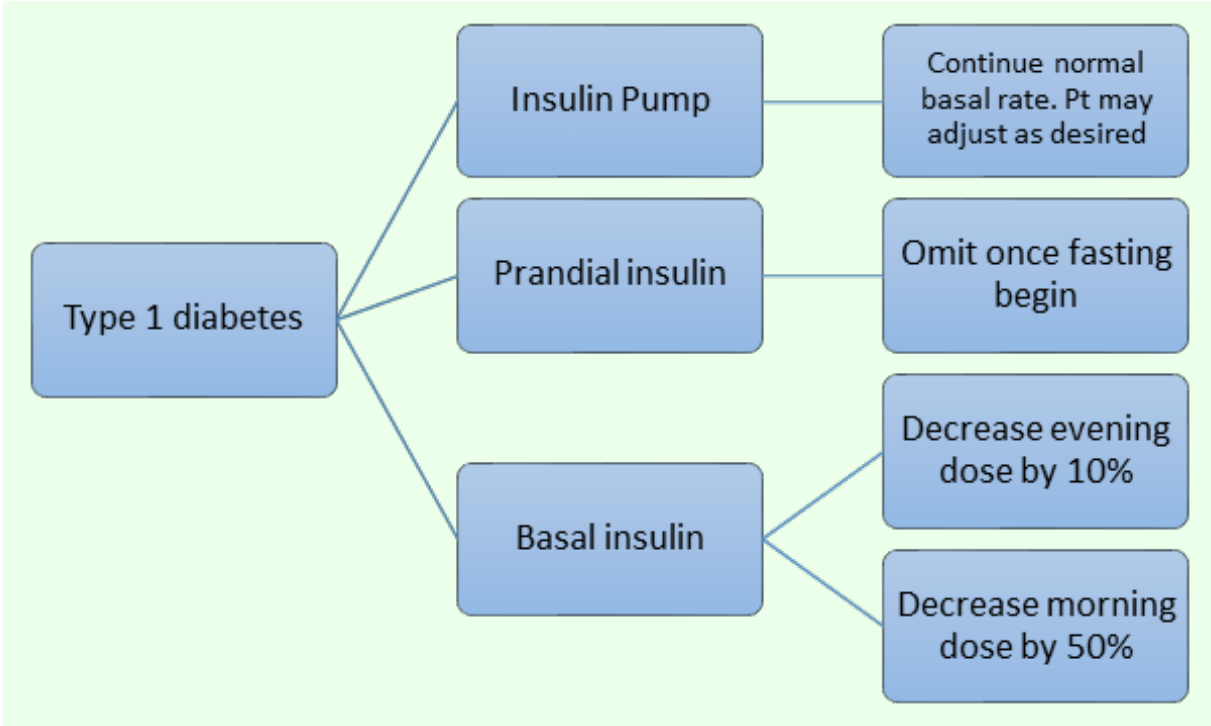
- Alcoholic beverages
- Milk (including non-dairy)
- Smoothies
- Milkshakes
- Cream
- Orange juice
- Grapefruit juice
- Tomato juice
- Soup other than clear broth
- Cooked cereal
- Gum, hard candy, suckers

Anything with **red or purple coloring** such as juice, popsicles, sports drinks, or gelatins

- Jello or other gelatin without fruit
- Powdered drinks such as kool-aid or crystal light



Pre-operative Insulin Protocol



Pre-operative Insulin Protocol

