

Activity Guidelines and Exercises

after Breast Cancer Surgery

A guide for patients who had a lumpectomy, mastectomy, sentinel node biopsy or axillary node dissection.

This information will review:

- How you can expect to feel after surgery
- What is lymphedema
- What is cording
- How to return to your daily activities
- How scar massage can help
- What exercises you can do
- When to contact a physical therapist



Outpatient Therapy Services
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How Can I Expect to Feel?

Pain or Numbness

After your surgery, you may feel pains or pins and needles on your chest and arm where you had your surgery. You may also feel numb (have no or lessened feeling) around the area where you had your surgery. This should improve as your nerves heal.

Some people do not get the feeling back. If you feel numb, be careful with very hot or cold things to protect yourself from burns or frostbite.

Even if you have pain or numbness, it's important to keep moving.

If you have pain that is not improving, contact your surgeon or physical therapist.

What is Lymphedema?

Lymphedema is a build-up of fluid in a body part caused by damage to the lymphatic system. Lymphedema is not just water; it is a protein-rich fluid. If your lymph nodes are damaged (by radiation) or removed (during surgery), they can't drain that area as well anymore. This causes the fluid to build up and your fingers, hand, arm and chest can become swollen. Lymphedema almost always starts in the fingers and hand and progresses up the arm. Once you have lymphedema, it does not go away. Lymphedema can develop soon after surgery or anytime in the years following your treatment.

Lymphedema is treated with compression garments that help to move the fluid out of the arm and prevent more fluid from coming in. It is important to treat lymphedema as soon as possible for the best outcomes.

Some swelling is normal and expected right after surgery but should decrease quickly (within 2 – 3 weeks).

Lymphedema Prevention

- Avoid injections, blood draws, vaccines on the side where you had surgery. If you had surgery on both sides, avoid the arm where lymph nodes were removed.
- Avoid blood pressures being taken on the side where you had surgery. If you had surgery on both sides, avoid the arm where lymph nodes were removed.
- Make sure to keep skin clean and well moisturized.

If you have swelling that is not improving after 2 – 3 weeks, contact your surgeon or physical therapist.

What is Cording?

If you develop cording, you'll often be able to see and/or feel cords (like ropes or guitar strings) under the skin of your inner arm. In some cases, you may not see or feel the cords, but a feeling of pain and tightness will tell you they are there. Cording can develop in the armpit, along the arm and under the chest into the abdominals.

You may first notice them when you're doing something that involves raising your arm to shoulder level or above your head. The cords tend to be painful and tight, making it difficult for you to lift your arm any higher than your shoulder or extend the elbow fully.

If it happens, cording typically occurs anywhere from several days to several weeks after your surgery, although it can appear many months later.

Cording usually goes away on its own but will usually go away faster with physical therapy. A physical therapist will use manual techniques, stretching and exercises to treat your cording.

If you develop cording, contact your physical therapist.

What Activities Can I Do?

If you ARE NOT having reconstruction

- During the first week after your surgery, try to get back to your normal routine. Try to use both your arms, while following any precautions provided by your surgeon.

If you ARE having reconstruction

- You should avoid strenuous activity, bending, lifting, stooping, climbing, exercise and lifting greater than 8 lbs. (a gallon of milk) for 2 weeks after surgery.
- You can resume moderate activity 2 weeks after surgery. You should keep avoiding strenuous activity, bending, lifting, stooping, climbing, exercise.
- Do not lift your arms higher than 90 degrees (shoulder height) for 2 weeks.

Drains

- If you have drains, do not lift your arms higher than 90 degrees (shoulder height) until they are removed.
- For drain care, please look at the handouts your surgical team gave you.

Dressing

- Wear loose tops that button up or zip up the front.
- Put your clothing on your surgical side first and take it off last.
- Rather than reaching behind you to put on your bra, fasten it in front of you, then turn it around and pull it up. You can take it off this way too.

Driving

- You must be able to turn the wheel and look over your shoulder without pain before it is safe to drive.
- You must be done with any narcotic medications before driving again.
- Always wear your seatbelt, even if it is uncomfortable.
- Ask your surgeon about returning to driving.

Sleeping

- If you are having reconstruction, sleep on your back for 4 weeks or until your surgeon says you can sleep in other positions.

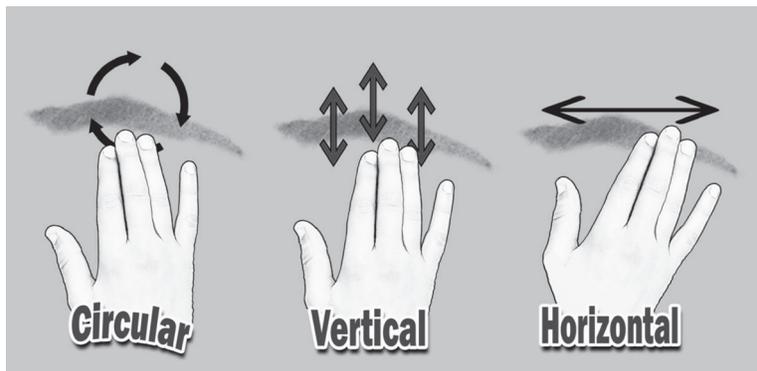
Work

- Talk with your healthcare team about the best time to return to work.

If you are having difficulty returning to your normal activities, contact your surgeon or physical therapist.

Scar Massage

Scar tissue can be painful and can limit your shoulder range of motion. Scar massage can help loosen the scar to improve movement and can also help reduce any pain or sensitivity.



A: Using two fingers starting on one edge of the scar, make counterclockwise circles across the length of the scar.

B: Using two fingers starting on one edge of the scar, move fingers up and down across the length of the scar.

C: Using two fingers starting on one edge of the scar, move fingers across the length of the scar.

Tips:

- 1. You must wait until incision is completely healed (no stitches, staples or scabbing).**
- 2. Do not do scar massage during radiation. Do not start scar massage again for 6 weeks or until skin is healed, whichever is later.**
3. You can use any kind of lotion, such as cocoa butter, coconut oil, vitamin E oil or lotion.
4. You should move the skin. Do not glide your fingers on top of the skin.
5. It may be tender, but that is ok.
6. Repeat each stroke 3 times.
7. Do 1 – 2 times per day.

What Exercises Should I Do?

Exercise is proven to reduce many of the side effects of your treatment, including pain, fatigue and decreased mobility. Exercise will help you to get back to your normal routine.

- Perform all exercises slowly and as directed.
- Take slow, deep breaths as you perform each exercise.
- Allow yourself to feel a gentle stretch, but only move your arm to the point of mild discomfort.
- STOP and rest immediately if you feel pain.
- If the pain continues, please contact your physical therapist or medical provider.

Stop exercising and talk to your doctor if you:

- Get weaker, start losing your balance, or start falling.
- Have pain that gets worse.
- Feel a new heaviness in your arm.
- Have unusual swelling or if your existing swelling gets worse.
- Have headaches, dizziness, blurred vision, new numbness or tingling in your arms or chest.

PHASE ONE

(before drains are removed and during first 2 weeks after reconstruction)

Do not raise your arm above shoulder level (more than 90°).

Unless otherwise noted, do each exercise 10 times, 1 – 2 times daily.

Diaphragmatic Breathing

Lie down in a comfortable position. Take a deep breath in through your nose, letting your belly rise while you keep your chest relaxed. As you breathe out through your mouth, allow your abdomen to fall. Do not force your breathing. Repeat for 10 minutes.



Foam Squeezes

Lie down and use pillows to support your arm and hand so that your hand is higher than your shoulder. Squeeze foam 15 – 20 times.



Shoulder Blade Squeezes

Sit in a chair with your arms by your sides and elbows bent. Gently squeeze shoulder blades together by bringing your elbows behind you. Hold for 5 seconds.



Shoulder Flexion

Lie down with knees bent and feet flat. Place a pillow under your head if comfortable. Bring arm up straight toward the ceiling and hold for 5 seconds. Return your arm slowly back to your side.



PHASE TWO

(after drains are removed/2 weeks after reconstruction)

Cane Flexion

Lie on your back with your knees bent and feet flat. Bring the cane over your head as far as you can. Hold for 5 seconds.



Hands Behind Head

Lie on your back with your knees bent and feet flat, with your hands behind your head and your elbows by your ears. Slowly lower your elbows away from your head toward the surface as far as you can. Hold for 5 seconds.



Wall Slides

Stand facing a wall, holding a towel against the wall. Slowly slide the towel up the wall as far as you can. Hold 5 seconds.



Wall Angels

Stand with your back, arms and hands against the wall with your palms facing out. Slide your arms up the wall as far as you can, like you are making a snow angel. Keep your hands on the wall. Hold for 5 seconds.



If you are having a hard time using your arm normally, contact your surgeon or physical therapist.