

## GUIDE TO THE BREAST SURGERY SERVICE

Interns will be assigned to cover both day surgery breast patients and patients undergoing mastectomy and reconstructions who will be admitted. This guide has nearly everything you need to know about how to take care of these patients. Please read it thoroughly, you will be expected to adhere to these guidelines and if there are questions, please ask your Breast Resident or Attending.

### Overall expectations:

- For Day Surgery patients, you will write a Brief Op Note and full Day Surgery DC orders with any necessary prescriptions for that patient. If it is late and the patient may need to stay overnight, (i.e., after 6PM – please send a signout email to the Breast Resident and the BNF)
  - o **If a Day Surgery patient has a JP drain – you need to set them up with VNA. BEFORE 4PM**
    - Contact the Case Management office and page the Case Manager covering the PACU (look this up in the directory).
    - Be sure to order VNA in your discharge orders.
  - o You do not need to send post-op emails regularly for day surgery patients.
  - o If they are on anticoagulation be sure to check with the attending about when to re-start it
- For patients who will be admitted, you are expected to write the Brief Op Note and full admission orders (see below)
  - o **You must send a sign out email** (prior to scrubbing in to your next case) with the details of the case, findings of any frozen section, and the post op plan for the patient to the Breast Resident and the night float team for Baker that month.
  - o If not already done, add the patient to the “MGH Sur Breast Onc Admit Primary Team” List and assign the Breast Resident as responding clinician.
  - o If the patient has reconstruction, **you are responsible for getting the plan for antibiotics from the Plastic Surgery team and any other special requests they may have.**
- **NIGHT FLOATS:** You will receive an email signout from the Breast resident in the evening, and be assigned to the patients as responding. Please send a SIGNOUT EMAIL by 5:30AM to the Breast resident and sign them in as responding clinician as you leave the hospital.

### Order sets to Add as Favorites – please use these order sets for your breast patients.

- Go to the “Orders” section for any patient’s chart. Click on Order Sets.
- Click on “Search” – Search Ward, Thomas.
- Find “TMW Breast Day” and TMW Breast Recon” Order Sets. Right click on the small note icon to the right of the list and “Add as favorite”
- Now the order sets should pop up when you are selecting post operative order sets.

### For Day Surgery Patients (Lumpectomies, sentinel node biopsy, etc):

Pre-op Huddle/OR positioning: Pneumoboots, NO heparin, Usually pre-op Ancef. If PCN allergy (if real – childhood “rash” is not a concerning allergy) – give Clindamycin. Supine, both arms extended out, wrap with blankets.

N: Tylenol, Oxycodone 5 mg q4H PRN, usually NO toradol or motrin in-house, usually OK for motrin at home

- OK to give Rx for 3-5 Oxycodone pills
- Smith gives her patients Rx prior to surgery, so ask them if they have filled it
- If it’s an older patient consider giving Tramadol 25-50 mg q4H

CV: Restart any home anti-hypertensives on discharge. Usually OK to re-start home Aspirin, just check with attending

Pulm: IS, Wean O2

GI: Regular diet, no restrictions

GU: Patients do not have to void prior to discharge

Endo: Restart any home meds

Heme: **If patient is on anticoagulation or antiplatelet agents, get specific plan from attending**

ID: Usually patients do not go home on antibiotics. Most attendings will give a dose of pre-operative antibiotics (usually Ancef) for lumpectomies. Axillary dissections don't need post op abx, but do need pre-op abx.

Breast: Smith always sends patients home with surgical bra and she likes them to wear it continuously for a few days post-op

Dressings: Can come off 48 hours post op

Showering: OK for most if they have tegaderm, if paper tape dressing, no showering x 48 hours.

Activity: No heavy lifting with the affected side.

### **Mastectomy and Reconstruction patients:**

Pre-op Huddle/OR positioning: Pneumoboots (Smith does thigh-high boots), NO heparin, Pre-op antibiotics. If patient had pre-op chemotherapy, and will be getting reconstruction with Dr. Colwell, give Cipro pre-op in addition to Ancef.

**\*\* Remember, even if plastics is finishing the case you are responsible for writing the post op orders!\*\***

**\*\*Most recon patient will come to the Breast service post op, but flaps (TRAM) and Hughes recon patients will go to the Plastics service\*\***

**Bolded items are not included in the order set and must be written separately.**

N: Tylenol, Oxycodone 5-10mg q4H PRN, Dilaudid 0.2-0.4 mg q4H PRN. **Ativan 0.5 mg q6H PRN muscle spasm. Gabapentin 100 mg BID.**

C: Restart home beta blockers and anti-arrhythmic. Ask attending about Aspirin, hold ACE/ARBs on first post-operative day.

P: IS, OOB

- If they had reconstruction by Dr. Colwell, they need a general care order for 4L O2 by nasal cannula on POD 0 and 2L minimum after that through discharge

GI: ADAT, standing Colace BID here and on discharge, no supplements on reconstruction patients

GU: If patient had Foley, D/C at midnight or in the OR (preferably in the OR is fine). Otherwise DTV

H: SCDs only

- **No one gets heparin pre-op or post-op unless there is some exception and attending agrees**
- Keep aspirin if had stroke, MI, or DVT, hold if prophylactic.

ID:

- No post-abx for mastectomy without recon unless specifically directed by attending
- If they have any plastic surgery reconstruction, they stay on IV Antibiotics while in house (usually Ancef 2g q8H) – if PCN allergic, ask the plastics team for preference of antibiotics
- Some patients may also get Cipro – usually Colwell will continue this for 5 days post op (IV in-house and PO at home) if it is indicated. Just ask.
- Most patients will go home on PO Duricef 500 mg BID (Austen patients only get Ancef in house)
- They should get Lactobacillus here TID and at home BID, write to give 1-2 hours prior to dose of antibiotics.

Breast: All patients need a surgical bra. Most surgeons put it on in OR. Colwell doesn't, but her patients need to go home with surgical bra (someone will bring it from Plastics on POD1) (general care order).

**Liao reconstruction patients do NOT get a bra.**

- All patients go home with VNA for JP drain care.

Other: Write for all important home meds. **Plastics does not want any supplements including multivitamin b/c they believe vitamin E and others prevent wound healing.**

**Discharge Medications:** (It's nice to provide a paper script for OTC meds as a reminder, too)

- Oxycodone, 5 tab q4h prn.

Give 20-40 tabs, no refill

- Gabapentin, 100 mg BID
- Duricef 500mg BID.
- Lactobacillus 1 capsule BID, 1-2h before Duricef
- Colace standing BID
- Ativan if used it in house (only if needed)

Give 28 tabs (2 wks), no refill  
 Give 28 tabs (2 wks), one refill  
 Give 1 month supply, OTC  
 Give 1 month supply, OTC  
 0.5 mg PO Q6h PRN, 20 tabs, no refills.

### **Specific attending preferences:**

- Smith likes to see her patients before discharge (no one else requires that). General care order to this effect may help patients from being prematurely discharged. She also needs to see all of her patients pre-op before they are brought into the room. She is particular about positioning and wrapping the arms, just let her show you.
- Gadd likes things to move quickly so do what you can to keep the room moving along
- Hughes uses a lot of Biozorb implants in his lumpectomies. He drapes in a particular way, so also, just let him do it.
- Specht doesn't always give her lumpectomies pre-op antibiotics
- Liao (plastics) always preps and drapes his own recon patients even though we operate first.

### **How to do well:**

- **When you meet the patient in pre-op, ask them about their home medications and confirm them in the chart.**
- Read about the patient! Know what kind of tumor they had, is it palpable? What are the molecular characteristics (ER/PR/HER2 status)?
- Look at the imaging! Did they have a wire or a tag placed? Where is it in relation to the imaging abnormalities/calcifications that we are worried about?
- Work on your sewing! Breast is a great place to learn how to close soft tissue and skin in a visually-pleasing manner. Each attending has a lot to teach you and now is a great time to practice!
- If you have any questions or concerns JUST ASK! Ask the attending, or the breast resident, who should always be available to answer your questions.

### **Useful dot phrases:**

- Search Doug Cassidy's dot phrases – he has a lot of useful breast dot phrases for progress notes, post-op check notes and discharge summaries/hospital course summaries.

### **Discharge Instructions and Hospital course summaries:**

### **Surg Onc Discharge instructions (if no Plastics procedure):**

#### **Treatments:**

##### **JP Drain Care:**

- Please Empty and record your JP drain output daily. Please bring this record to your follow-up appointment with your plastic surgeon. Your nurses will assist you with this before discharge and a visiting nurse will review it with you at home if one has been arranged for you.
- Call Dr. XXX's office to arrange for drain removal when output is 30cc or less a day.

#### **Additional Orders/Instructions:**

- Resume your pre-hospital medications per your PCP's instructions.
- If you were provided with a prescription for antibiotics, please continue taking until your drain(s) are removed.
- Do not drive or drink alcohol while taking prescription pain medication, which may make you feel drowsy. All medication refills should be handled by your PCP.
- In order to avoid constipation, be sure to take a stool softener like over the counter Colace and/or an over the counter laxative if you are taking prescription pain medication.

- You may remove the dressing over your incisions 48 hours after surgery. After the initial drain dressing is removed, apply a dry gauze dressing to the drain site, changing it once a day (more often if soiled).
  - It is OK to shower after you go home. Please attach the drains to a belt or necklace made from string, so that they do not pull on your skin. Pat skin dry after showering.
  - No soaking or swimming until your wounds are fully healed.
  - If you were provided with a bra post operatively, you may wear it 24/hours day
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- You may use deodorant one week after surgery, as long as there are no open areas remaining on your incision.
  - Begin your exercises on POD1, avoid repetitive actions as much as possible (swinging arms while walking), avoid lifting
  - You may not drive while you are taking pain medication, or while you have a drain in place.
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- Call Dr. XXX's office if you have fever (temperature greater than 101) or chills, increased breast pain not relieved with pain medication, redness/discharge/swelling at the incision site or other concerns. For more severe problems go to the emergency room.

**Additional if discharged on Percocet:**

Please be aware that there is tylenol in percocet. Be sure that you take no more than 4 grams (4000mg) including all other sources of tylenol. This can be a lethal dosage.

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## **DISCHARGE INSTRUCTIONS FOR RECONSTRUCTION PATIENTS (IMPLANT OR TE):**

Diet: No restrictions

Activity: No heavy lifting

### **Treatments:**

JP drain care:

- Please Empty and record your JP drain output daily. Please bring this record to your follow-up appointment with your plastic surgeon. Your nurses will assist you with this before discharge and a visiting nurse will review it with you at home if one has been arranged for you.
- Your drains will be removed at your follow up appointment if the output is 30cc's or less over a 24h period, for two days in a row. Please bring the record of drain output to your appointment. It is possible that the drains may remain in place anywhere from 1-3 weeks.
- Continue to take antibiotics until your drains are removed. If your antibiotics run out before all of the drains have been removed, please call your plastic surgeon's office for a renewal.
- Call Dr. XXX's office to arrange for drain removal when output is 30cc or less a day if you do not already have an appointment.

### **Winograd, Cooper, Austen, Colwell, Yaremchuk, Cetrulo:**

Additional Orders/Instructions:

- Resume your pre-hospital medications. You should follow-up with your primary care physician regarding new prescriptions and refills of you home medications and to update them on your recent hospital admission. Please note that the paperwork may say to stop some of your usual meds but this is because we don't have good dosing info on what you were taking prior to coming to the hospital. Resume meds per your PCP's instructions.
- Do not drive or drink alcohol while taking pain medication
- In order to avoid constipation, you may need to take a stool softener and/or laxative if you are taking pain medication.
- Please wean off pain medication over the course of the next 1 week. You may take Tylenol for moderate pain instead of pain medication. Please take as directed and do not exceed more than 4 grams in a 24 hour period, as this can cause damage to your liver.
- Please avoid taking NSAIDs (Ibuprofen, Advil, Aleve) for at least 2 weeks after your surgery. These medications can increase your risk of post-operative bleeding.
- Please leave your clear plastic dressing in place until your follow-up appointment
- You may shower, just pat your incision dry. Please attach the drains to a belt or necklace made from string, so that they do not pull on your skin. No soaking or swimming for 2 weeks.
- If you were provided with a bra in the hospital please continue to wear this until you are seen for follow up. You may remove the bra to shower.
- Empty and record your JP drain outputs as directed, please bring this record to your follow-up appointment with your plastic surgeon.
- Continue to take antibiotics until your drains are removed. If your antibiotics run out before all of the drains have been removed, please call your plastic surgeon's office for a renewal.
- Please continue taking lactobacillus or an over the counter probiotic supplement while taking antibiotics. Please take these 1-2 hours either before or after taking your antibiotic.
- Do not pick up anything heavier than 10lbs or raise your arms above your head until cleared by your surgeon.
- It is important for you to walk around once home. Please avoid any activity that raises your heart rate or causes you break a sweat until you have been cleared to resume your normal activities.
- You may not drive while you are taking pain medication and have been cleared to do so by your surgeon.
- Call Dr. XXX's office if you have high fevers (greater than 101.5), chills, nausea, vomiting, shortness of breath, leg pain, increased incisional pain not relieved with pain medication; if you notice signs of wound

infection (redness/tenderness at or purulent discharge from your incision); or if you have other concerns. Please call 911 or go to the closest Emergency Room for any life threatening concerns.

- Your surgical oncologist will call you w/ your pathology results – usually in about 7-10 working days or possibly discuss the results with you during your follow up if during this time.

#### Post-Discharge Phone Call:

- Within 24-48 hours following your discharge from the hospital you may receive a phone call from a medical assistant or nurse. The purpose of this phone call is to answer any questions that may arise following discharge. Please feel free to ask any questions at this time and let us know about your experience with your recent hospitalization.

#### **Liao:**

##### Additional Orders/Instructions:

- Resume your pre-hospital medications. You should follow-up with your primary care physician regarding new prescriptions and refills of your home medications and to update them on your recent hospital admission.
- Do not drive or drink alcohol while taking pain medication.
- In order to avoid constipation, you may need to take a stool softener and/or laxative if you are taking pain medication.
- Please wean off pain medication over the course of the next 1 week. You may take Tylenol for moderate pain instead of pain medication. Please take as directed and do not exceed more than 4 grams in a 24 hour period, as this can cause damage to your liver.
- Please avoid taking NSAIDs (Ibuprofen, Advil, Aleve) for at least 2 weeks after your surgery. These medications can increase your risk of post-operative bleeding.
- Please leave your clear plastic dressing in place until your follow-up appointment.
- You may shower from the waist down, please keep your chest dry. Please attach the drains to a belt or necklace made from string, so that they do not pull on your skin. No soaking or swimming for 2 weeks.
- Empty and record your JP drain outputs as directed, please bring this record to your follow-up appointment with your plastic surgeon.
- Continue to take antibiotics until your drains are removed. If your antibiotics run out before all of the drains have been removed, please call your plastic surgeon's office for a renewal.
- Please continue taking lactobacillus or an over the counter probiotic supplement while taking antibiotics. Please take these 1-2 hours either before or after taking your antibiotic.
- Do not pick up anything heavier than 10 lbs or raise your arms above your head until cleared by your surgeon.
- It is important for you to walk around once home. Please avoid any activity that raises your heart rate or causes you break a sweat until you have been cleared to resume your normal activities.
- You may not drive while you are taking pain medication and have been cleared to do so by your surgeon.
- Call Dr. XXX's office if you have high fevers (greater than 101.5), chills, nausea, vomiting, shortness of breath, leg pain, increased incisional pain not relieved with pain medication; if you notice signs of wound infection (redness/tenderness at or purulent discharge from your incision); or if you have other concerns. Please call 911 or go to the closest Emergency Room for any life threatening concerns.

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**Services/Equipment:**

Nursing: JP drain care and evaluation

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## **Follow Up:**

**\*\*\*Gadd, Smith, Hughes, and Specht call patients with pathology results and arrange for follow-up during that phone call**

You do not need need to schedule a post op appointment with your surgical oncologist-- Dr. XXX will call you with the pathology results - usually 7-9 business days after surgery. At that time they will inform you of the next steps.

Please call Dr. Michele Gadd's office (617-726-6500) with any questions.  
MGH Yawkey Center for Outpatient Care, 32 Fruit St, Boston, MA 02114.

Please call Dr. Kevin Hughes' office (617-726-6500) with any questions.  
MGH Yawkey Center for Outpatient Care, 32 Fruit St, Boston, MA 02114.

Please call Dr. Barbara Smith's office (617-726-6500) with any questions.  
MGH Yawkey Center for Outpatient Care, 32 Fruit St, Boston, MA 02114.

Please call Dr. Michelle Specht's office (617-726-6500) with any questions.  
MGH Yawkey Center for Outpatient Care, 32 Fruit St, Boston, MA 02114.

Please call Dr Suzanne Coopey's office (617-724-1079) with any questions.  
MGH Yawkey Center for Outpatient Care, 32 Fruit St, Boston, MA 02114.

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### **Attendings/Follow up:**

Call Dr. Austen's office at 617-724-9922 to arrange a follow up appointment.  
Call Dr. Cetrulo's office at 617-643-7294 to arrange a follow up appointment.  
Call Dr. Colwell's office at 617-643-5963 to arrange a follow up appointment.  
Call Dr. Cooper's office at 978-882-6893 to arrange a follow up appointment.  
Call Dr. Liao's office at 617-643-5975 to arrange a follow up appointment.  
Call Dr. Winograd's office at 617-726-1915 to arrange a follow up appointment.  
Call Dr. Yaremchuk's office at 617-726-5280 to arrange a follow up appointment.  
Call Dr. Faulkner's office at 978-882-6893 to arrange a follow up appointment one week after surgery.

The Plastic Surgery office is located in the Wang building, Suite 435.

Call Dr. Jason Cooper's office at 978-882-6893 to arrange a follow up appointment. His office is located at MGH North Shore, 104 Endicott Street, Suite 200 Danvers, MA

Please call Dr. Michael Yaremchuk's office (617-726-5280) to arrange a follow-up appointment.  
His office is located at the Boston Center - 170 Commonwealth Ave, Boston

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## **DEX SUMMARIES:**

### **Simple Mastectomy with sentinel node (one night)**

The patient was admitted to the Baker Surgery Team 1 (surgical oncology) service under the care of Dr. XXX and taken to the operating room for XXX. Intraoperative analysis of the lymph node was XXX for carcinoma. There were no immediate operative complications. XXX JP drains were placed. She was extubated in the operating room and transported to the PACU in stable condition.

Following recovery from anesthesia the patient was transferred to the general care floor. The remainder of her hospital course was unremarkable. She remained afebrile and clinically stable. Diet was rapidly advanced. Adequate pain control was achieved with oral medication. She was able to ambulate and void without difficulty. JP drain output was appropriate. There was no hematoma at the surgical site. On POD#1 she remained stable and felt ready to return home. JP drain teaching was provided and visiting nurse services were arranged. She was discharged in good condition and will follow-up with Dr. XXX office for drain removal and review of final pathology.

### **Lumpectomy no drains (zero or one day in house)**

The patient was admitted to the Massachusetts General Hospital for a scheduled right breast lumpectomy/ re-excision and sentinel node biopsy with Dr. . Please see the separately dictated operative note for full details of this procedure. She was extubated in the operating room and was transferred to the post anesthesia care unit for recovery. Her stay in the post anesthesia care unit was uneventful and she was ready for transfer to the floor. Upon exam her breast dressing was clean, dry and intact without evidence of hematoma. She had minimal complaints of pain that was well controlled with IV. On postoperative day number one she remained afebrile and hemodynamically stable. She was advanced to a regular diet, which she was tolerating without nausea. She was able to void without difficulty and pain was well managed with oral Percocet. The patient expressed readiness to be discharged home. She was discharged on POD 1 in good condition with instructions to follow up with Dr. and to review final pathology

### **Mastectomy with implants (one or two days in house)**

The patient was admitted to the Breast Oncology service under the care of Dr. XXX and taken to the operating room for XXX. Intraoperative analysis of the lymph node was XXX for carcinoma. Under the same anesthesia, the patient underwent immediate breast reconstruction with XXX by Dr. XXX. There were no immediate operative complications. XXX Blake drains were placed. She was extubated in the operating room and transported to the PACU in stable condition.

Following recovery from anesthesia the patient was transferred to the general care floor. The remainder of her hospital course was unremarkable. She remained afebrile and clinically stable. On POD#1 her diet was rapidly advanced. Adequate pain control was achieved with oral medication. She was able to ambulate and void without difficulty. Drain output was appropriate. There was no hematoma at the surgical site. She remained on IV ancef throughout her hospital course and will continue on Duricef as an outpatient until her drains are removed as per plastic surgery. On POD#2 she remained stable and felt ready to return home. Drain teaching was provided and visiting nurse services were arranged. She was discharged in good condition with her surgical drains in place. She will follow-up with Dr. XXX office for drain removal and with Dr. XXX for review of final pathology.

### **Post flap: individualize per pt**

Patient may use commode. No sitting for extended periods of time for 6 weeks. If patient goes to rehab she must stay on clinitron, if she goes home she can stay on regular bed however no pressure on flap and must lay on her side. Please continue antibiotics as long as her drains remain in.

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## **Plastic Surgery Preferences for Breast Patients with Reconstruction**

All patients that have mastectomy and TE or implant reconstruction remain on the surgical oncology service as the primary team (unless otherwise noted by the attending at the time of the case, sometimes Hughes' patients will be on plastics). ALL flap reconstruction free and pedicle (TRAM, pedicle, DIEP, lat flaps) will remain with Plastics as the primary team (there have been some exceptions).

- Any patient with implants/expanders must have an Rx for antibiotics on d/c and continue them until all drains removed (please give a 14 day supply of abx). Please give either (Duricef) Cefadroxil 500 mg BID or Clindamycin 300 mg q6h if PCN allergic. If using Keflex please give 500mg QID not BID.
- We would like all patients that are taking antibiotics to also take lactobacillus or a probiotic supplement while on antibiotics. Please order this for them in house as well as on discharge.
- If patients were taking ativan, valium, or flexaril in house or muscle spasms, please give them an Rx for this as well.
- All patients may shower with dressings on EXCEPT for patients Dr. Liao (they may shower from the waist down only until drains have been removed, chest must remain dry until all drains have been removed)
- The Plastic Surgeon will remove the drains on all breast reconstruction patients at their follow-up appt. - Drains could be in place any where from 1-3 weeks
- Please ensure the patient is aware of this and has the phone number to their plastic surgeon in the discharge info. They should be instructed to follow-up a week from discharge unless otherwise specified.
- **DRESSINGS: DO NOT** remove any dressings on the patients that have had reconstruction. Most surgeons place Tegaderm over the incisions (including the drain sites) to keep them water tight until follow-up. Please inform the patient and VNA if ordered, that all dressings are to not be removed and should stay in place until follow-up.

**Let us know if you have any questions or concerns. You may contact either of the plastics NP's (Amy Israelian, Heather Parker, or Courtney Chartrand) or any of the plastics residents if needed.**

**In general:** All patients that have mastectomy and TE or implant reconstruction remain on the surgical oncology service as the primary team (unless otherwise noted by the attending at the time of the case, sometimes Hughes will be on plastics). ALL flap reconstruction free and pedicle (TRAM, pedicle, DIEP, lat flaps) will remain with Plastics as the primary team (there have been some exceptions).