

Frequently Asked Questions After Breast Cancer Surgery

#1 | How long will my seroma last?

Seromas, or pockets of fluid formed within the surgical cavity, are common after breast surgery and are part of the body's natural healing process. Most seromas go away within 3-4 weeks after surgery. If you are experiencing pain from your seroma, call your doctor. Your treatment team may recommend an aspiration—a procedure done in the office to remove the excess fluid using a needle.

#2 | Is there anything I can put on my incision to make it heal faster?

We do **not** recommend that you use any particular lotion, cream or supplement after surgery. It is safe to resume your regular practice (lotion, moisturizer) to the area 3-4 weeks after surgery. Some patients prefer vitamin E oil at the incision site.

It is often helpful to massage the scar during the healing process. It is safe to start massaging the area 4-5 weeks after surgery. This helps to minimize the firmness associated with scar tissue.

#3 | Is it okay to exercise?

Depending on your type of surgery, your team will ask you to limit exercise for a few weeks after your surgery, especially lifting weights using the upper arms, and activities that jostle the breasts (running, jogging, using the elliptical machine, etc.).

Once you have healed from your surgery, exercise is strongly encouraged. Studies show that women who exercise regularly have a 20-30% lower risk of developing breast cancer.

#4 | Should I avoid having blood pressure taken or blood drawn from my arm after breast surgery?

There is no evidence that these will cause lymphedema. If needed, it is safe to have these performed in either arm. However, your preferences on usage/selection of arm for these tests should be respected.

Research shows that you should avoid blood draws and blood pressure in the arm only if you have been diagnosed with lymphedema or have history of lymphedema in that arm.

#5 | When do I need another mammogram?

After breast-conserving surgery (lumpectomy), we continue to recommend annual mammograms. Your treatment team will help you determine the timing of your next mammogram.

After mastectomy, with or without reconstruction, there is no need for routine breast imaging. Your doctor may request an ultrasound if he or she feels something on a physical exam.

#6 | Can I get a massage?

Yes, it is safe to have a massage after breast surgery. Research and clinical experience show that it may help with symptoms such as pain, anxiety and depression, fatigue, insomnia, and nausea.

Massage therapy is offered at the **Leonard P. Zakim Center for Integrative Therapies and Healthy Living** at Dana-Farber Cancer Institute (**617-632-3322**).

#7 | Will I get lymphedema and how will I know?

Lymphedema, or swelling in the arm and/or hand due to excess lymphatic fluid, is uncommon but may occur in up to **5% of patients** after a sentinel lymph node biopsy and in up to **20% of patients** after an axillary node dissection or radiation to the axilla.

Symptoms include hand and/or arm swelling and arm heaviness. Sometimes the first sign is that your sleeve, watch or jewelry feels tighter than usual. Most cases occur in the first year after surgery.

#8 | Are there any specific foods or supplements I should take?

Most studies do not suggest that particular foods cause or prevent breast cancer. However, dietary patterns—the combination of foods that you eat—have been linked to breast cancer risk.

Eat more vegetables

Diets with more starchy vegetables (broccoli, cauliflower, tomatoes, zucchini) have been linked to lower risk of breast cancer

Mediterranean Diet

Some studies suggest that this diet (lots of vegetables, fish, healthy oils and less red meat and processed food) is linked to a lower risk of developing breast cancer

Limit alcohol

Research shows a strong link between alcohol use and breast cancer. The American Cancer Society recommends that women consume no more than 1 drink per day

#9 | What should I tell my sister and/or daughter about their breast cancer risk?

Any woman who is interested in learning more about her risk of breast cancer should contact our **Breast Cancer Personalized, Risk Assessment, Education and Prevention (B-PREP) Program (617-732-8111)**. Experts in medical oncology, surgical oncology, and genetics at Brigham and Women's Hospital and Dana-Farber/Brigham and Women's Cancer Center will assess your risk and provide strategies for how to manage your breast care going forward depending on your level of risk.

#10 | What symptoms should I call you about?

It is very normal for your breast to feel different after breast surgery and/or breast radiation.

Call your care team if you notice:

- any signs of lymphedema (arm swelling, arm heaviness)
- pain associated with a seroma
- nipple discharge, skin puckering, breast swelling or pain
- persistent limitation in range of motion
- shoulder tightness or pain
- anything concerning to you