

# MARC MANDEL, M.D., F.A.C.S.

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## GENERAL AND ONCOLOGIC SURGERY OF THE BREAST AND ABDOMEN

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### **Post-Operative Care Instructions for Sentinel node biopsy, Axillary node biopsy and Axillary node dissection**

You have just had either a sentinel node biopsy, an axillary node biopsy, or an axillary node dissection. Please follow my instructions to help minimize pain and length of recovery. Call the office as soon as possible for a post-operative appointment.

#### **WOUND CARE:**

- Please note that you have a clear plastic dressing over your wound. If you have had a lumpectomy simultaneously you may not see this dressing, as it may be under the breast dressing. You will see it when you remove the gauze covering the breast. This dressing is waterproof, but allows air to get to the wound to facilitate healing.
- You may notice some blood underneath the dressing. This is quite common and, unless it is a large amount, is not cause for concern. If there is a bubble of blood under the plastic dressing, I would advise making a tiny opening with the tip of scissors or a pin and gently squeeze the blood out into a gauze pad or tissue. I would then just continue to allow the dressing to stay intact. If the blood is leaking out from under the dressing, I would recommend getting some sterile gauze and tape and placing it over the dressing for the first twenty-four to forty-eight hours until the leakage of blood stops. I would still not recommend removing the dressing. If you feel you need to remove the dressing, please call the office.
- 95% of the time the sutures are not visible and are self-absorbing. You may see little white tapes over the incision, which help to hold the wound together. These may become stained with blood and, again, that is nothing to worry about.
- Starting around the second or third day, you may begin to notice blood under the skin or a "black-and-blue mark." This can be extensive and is not a cause for concern and it will all be re-absorbed over a period of a week or two.
- You may also notice swelling in the area of the wound and this generally begins to appear on the second or third day and peaks around the fifth day. It may actually appear as if you have a lump growing under your arm. This, often times, is just some fluid under the wound which could be resorbed on its own or which I may remove at your first visit with a needle. Again, it is nothing to worry about and is quite common. The lump should go away over a period of two or three weeks.
- You may also have a Jackson-Pratt drain, which is a clear plastic tube leading to a bulb. Please see the separate instruction sheet, which I have given you for Jackson-Pratt drains if this is the circumstance.

#### **PAIN CONTROL:**

- Your wound was injected with a long-acting local anesthetic prior to starting the procedure. This wears off in anywhere from four to eight hours. It is important that you start taking your pain medication before this medication wears off. It is much easier to prevent pain from occurring than it is to stop it once it has occurred. Keep this in mind when taking your oral medication as well. You have been given a narcotic, unless you otherwise specified. You may need this only for a short period of time, after which you can switch to either Tylenol or Ibuprofen.
- For the first two days, ice is important in keeping the swelling down and reducing pain. You may use an ice pack that does not get the wound wet. Ice should be applied twenty minutes on and twenty minutes off. The ice should not be in contact with the skin directly for more than twenty minutes, as it can cause frostbite. Ice is only effective for the first forty-eight hours. Following the first forty-eight hours, a heating pad can be used and, again, for only short periods of time, ten or fifteen minutes, as not to burn the skin.

- You may notice numbness or tingling underneath the incision and underneath the arm. Most of this should resolve over a period of a month. You may be left with a small numb patch under your arm, which will be permanent.
- It is important to start moving your arm as soon as possible. I would discourage you from doing vigorous activity, however, I would use your arm for normal activities of daily living, such as reaching for plates and dishes on a cupboard shelf. At your first post-operative visit. I will give you instructions for exercises so that your shoulder does not stiffen up.

#### **ACTIVITY:**

- You may carry out most of your daily activities, including driving. Be sure to wear your sports bra during these activities. Even after two weeks go by you might find it more comfortable to wear your sports bra whenever you are active for the first month or so. I would recommend avoiding contact sports and vigorous exercise for the first few weeks. Once the wound is no longer tender to touch and you have seen me for your first post-operative check up, we can discuss what type of activity you would like to engage in and how long a period you should refrain from that.
- You may engage in sexual activity at any time after the surgery that you wish.

#### **DIET:**

- You have no dietary restrictions that you did not have existing pre-operatively.

#### **BOWEL MOVEMENTS:**

- If you are taking Percocet for a period of several days and certainly if you are taking it more than once a day during this period of time, you may begin to experience constipation. If this is the case, I would recommend taking Milk of Magnesia or Senokot or a similar laxative if you have not had a bowel movement for a total of 72-hours.

#### **YOU SHOULD CALL ME IF ANY OF THE FOLLOWING OCCUR:**

1. Temperature greater than 101 for more than 24-hours.
2. Excessive bleeding or swelling, beyond that which was described in the first section.
3. If your pain is increasing steadily over a period of several days rather than slowly decreasing, I would recommend that you give me a call.

IF YOU BELIEVE THAT YOU ARE HAVING A HEART ATTACK OR OTHER EMERGENT PROBLEM, PLEASE CALL 9-1-1 FIRST TO HAVE AN AMBULANCE BRING YOU TO THE HOSPITAL, THEN CONTACT THE OFFICE TO LET ME KNOW WHAT IS GOING ON.

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11 Overlook Road, Suite 160, Summit, NJ 07901, Tel: (908) 598-0966

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