

Post-Surgery Tips



Tip #1: Rest, rest and then rest some more

Take it totally easy the first full week. Take multiple naps, watch movies, read books and relax. Have people do almost everything for you to avoid overdoing it. Book into the hairdresser to have them wash your hair and/or arrange for someone to take you. Be warned it is super easy to overdo it when you first get home. Even opening the fridge, opening drawers, wiping benches, picking up stuff and carrying laundry is too much! If you do too much you will pay for it that night and the next day with muscle pain, a very sore body, and increased fatigue. Don't underestimate your recovery (especially if you went into theatre expecting a laparoscopy and ended up having open surgery).

Have a long list of TV shows, a good book or some movies you'd like to catch up on. Trying to keep yourself distracted can be quite difficult and recovery can be overwhelming or upsetting at times. It's important to self-reflect and think about how far you've come. It's also important to keep your mind busy, so if you can find a way to do that, then do it!

It is difficult for many women to ask others to do things for them (let's face it, we are usually the ones doing the doing of things) but at this time you need to learn to ask and not do. Set up your rest area – phone, computer, book, water, medication etc. all within reach

and think about a bell so you can ring to get a family member rather than call out (or text message for that cup of tea). And most of all, don't fight the time it takes to heal.

Tip #2: Catching some good Z's

It will be up to individual choice where you decide to sleep after your surgery. Some people prefer a reclining chair, or perhaps in bed, with a number of small pillows to put around your body.

Depending on the type of surgery, you may experience various sleep disturbances, particularly in the first few weeks. For example, if you've had a mastectomy with expanders or implants placed under the pectoral muscles, you might experience muscle spasms that require you to get up and stretch during the night. You may also experience nerve pain that can disrupt your sleep at night.

You will likely need to sleep on your back for at least three to four weeks, especially if you've had a double mastectomy. This can be more challenging than it sounds, particularly if you're used to sleeping on your stomach or side. To make sleeping on your back more comfortable, consider using four pillows to prop yourself up and one pillow on each side to support your arms and alleviate pressure. This setup can take up a lot of bed space!



Some women find that body pillows, U-shaped pillows, or wedge pillows work well for them. Wedge pillows can be purchased online or at homeware stores like Pillow Talk, while U-shaped pillows can be found at Kmart or Myer.

Spending extended periods resting on your back might cause some lower back discomfort. Placing a pillow under your knees while resting can help alleviate this pressure.

When you first arrive home after abdominal surgery, you may experience discomfort or pain from the gas used to inflate your abdomen during laparoscopic surgery or from the incision if you had open surgery. Try to avoid lying flat or remaining in the same position for long periods during the first few days. If you enter surgical menopause, you may experience night sweats, so having a small fan in your bedroom can be helpful.

If you usually share a bedroom with a partner, it's important to find a sleeping arrangement that works for both of you during your recovery. In the first two weeks, having your partner nearby for nighttime support can be incredibly helpful. However, depending on your needs and preferences, you might also consider sleeping in a separate room (such as a spare or guest room). This can allow you to get up frequently during the night and use lights without disturbing your partner. Either way, start a conversation with your partner to develop a plan that supports your recovery.

Sleep plays a vital role in recovery and emotional wellbeing, if you have trouble sleeping, speak to your doctor about what other options might be available to help.

Tip #3: Hydrating & fuelling your recovery

Drink plenty of water during your recovery. Surgery involves the loss of blood and other fluids, so increasing your fluid intake in the days following the procedure is important for optimising your recovery. Pain relief medications can also contribute to dehydration and constipation, so drinking ample water helps rehydrate you and reduce bloating. Staying hydrated can also help alleviate hot flushes for those experiencing surgical menopause.

To support your recovery, eat a nutrient-rich diet, focusing on plenty of fruits and vegetables. Nutrients are the building blocks that will help your cells and tissues to recover. Foods high in vitamin C and collagen are particularly beneficial for muscle repair and overall healing. Aim for a well-balanced diet to aid your body's recovery. Avoid foods that may increase bloating and try to identify any that trigger hot flushes so you can steer clear of them.



Tip #4: Make a queue – managing your family and friends

Family and friends typically want to help and stay updated on your health. However, managing endless phone calls and visitors can be exhausting. Consider how you'd like to communicate updates – whether through Facebook, emails, or a personal webpage – and choose what works best for you. Don't underestimate the uplifting power of reading supportive messages and knowing that many people care about you. If family and friends offer help – be it food, transportation, childcare, or household chores – let them!

Learn to say no to visitors, wrap up phone calls, and send people home when you need to rest. It's not selfish to prioritize your mental well-being and physical recovery.

Also, remember to acknowledge your primary caretaker. They are often overlooked, with family and friends rarely asking, "How are you?" Show your appreciation by writing them a thank-you card, organising a break for them, or doing something nice to acknowledge their support during what can be a stressful time for them.

Tip #5: Prop yourself up – find your supports

Regardless of the support you receive from family and friends, connecting with others who have undergone similar surgeries can be incredibly helpful. Talking to those who have experienced the same decision-making process and procedure provides firsthand understanding and emotional support. Undergoing risk-reducing surgeries is a significant physical and emotional challenge, and connecting with women who have shared your experiences can be reassuring. Remember, the **Inherited Cancers Australia** community is always here to support you.

Tip #6: Just what the doctor ordered – seeking advice from your health team

Follow all your doctor's instructions regarding wound care, rest, lifting restrictions, driving, and wearing surgical bras and garments (if applicable). Most importantly, if your doctor advises against certain activities – listen and don't do them!

Before you're discharged, ask what your recovery plan will look like. For example, if you have breast reconstruction surgery, ask about how your drainage tube will be looked after. Depending on the hospital, you may have visiting nurses to check on you at home, or you may need to return to the hospital for follow-up care.



When being discharged, don't hesitate to ask any questions – no matter how insignificant they may seem – to your doctors and nurses. Make sure to have contact numbers on hand for any questions or concerns that may arise once you're home.

The pharmacy team will typically visit you before discharge to review your take-home medications. If you live with someone, ask them to note any medications you already have and inform the pharmacy team. It's also a good idea to have a thermometer at home to monitor your temperature after surgery, especially if you're feeling unwell.

While it's important to take your medication as prescribed, if you notice that a particular medication is making you feel very unwell, contact the hospital and request to speak with someone from the pharmacy team to discuss your concerns.

Tip #7: Managing your pain & medications

For effective pain management, take your pain medication regularly as prescribed. The goal of post-operative pain relief is to keep your pain at a manageable level at all times. It's best to take your medication as soon as you start to notice increased discomfort, and before the pain becomes unmanageable. Once the pain escalates, it can take much longer to regain effective pain relief.

Upon discharge, have a support person fill all your prescriptions immediately, opting for non-childproof caps, as the push-down-and-turn type can be difficult to open with limited arm strength. Keep a notebook to record what medications you take and when. It's easy to lose track of whether you've taken your medication, and writing it down helps ensure you don't forget to take your pain relief or accidentally take too much. Documenting your pain medication also allows you to consciously reduce the dosage and strength gradually over the following weeks.

If you have open surgery, you may experience stabbing, burning, or stinging pain near the wound site as the nerves reconnect a few days after surgery. This type of pain typically improves over the course of a week. If you have concerns or if the pain becomes unmanageable, consult your doctor.

If you are taking hormone replacement therapy (HRT), it can help alleviate symptoms of surgical menopause. Some people experience relief right away, while others may need time to find the right HRT and dosage. If you're on HRT and begin experiencing menopausal symptoms, discuss this with your doctor, as your dosage may need adjustment. Each woman's response to HRT is different, and it may take several adjustments to find the optimal combination and dosage for you. Patience is key during this process.



Tip #8: Physiotherapy

For Gynaecological Surgery

In the lead-up to abdominal surgery, visit a physiotherapist for pelvic floor exercises to improve strength and reduce your risk of a prolapsed uterus. At your first appointment post-hospital, check with your surgeon to get the okay for when you can start working with a Physiotherapist.

For Mastectomy

Regardless of your pre-surgery level of strength, simple exercises should be introduced in the first few days immediately following breast surgery.

For those who have had a mastectomy, a physiotherapist will see you in hospital and give you some exercises to help you regain your range of motion and ease your stiffness in your shoulder and arms. This might include focusing on pulling shoulders down and away from your ears and retracting your shoulder blades, back and down to open up the chest, moving onto a range of movement exercises and then stabilisation of the shoulder girdle.

Do these exercises while you are in hospital and when at home find a physiotherapist or exercise physiologist who has experience with women who have had a mastectomy.

You can request from your general practitioner to be put on an **enhanced primary care (EPC) plan** to enable you to claim your physiotherapy or exercise physiology through Medicare.

A physiotherapist will give you a variety of exercises (so important because if you get bored doing the same ones you will find it a chore to do them) and make sure you are doing the exercises correctly. Always ask the physiotherapist to give you written instructions/drawings so when you get home you can refer to them and not rely on your memory.

If you have had breast surgery, a physiotherapist will assess your Serratus Anterior muscle, which is important in stabilising your shoulder blade against your rib cage and can often be compromised during the surgery. The physiotherapist will be able to determine if this muscle needs to be strengthened to improve your arm mobility post-surgery.

Bonus tip: when you get home, consider buying some physiotherapy tape (and also the white tape to put under the physiotherapy tape so it peels off you easily). Tape your back across your shoulders and then diagonally from each shoulder to your hip and finally one piece down your spine. This will help you maintain good posture and make you aware when you are overusing (then causing pain) other muscles to compensate for your pectoral muscles or overusing your pectoral muscles (once again causing pain). You can 'wear' this for two or three days and then change it as it loses its tightness (use your hairdryer after a shower to dry the tape otherwise it stays a bit wet and makes you cold).

*This tip may not work for those whose surgery involves their lower back muscles.



Tip #9: Returning to physical activity

Follow your surgeon and physiotherapist's instructions regarding exercise. Usually, you will be encouraged to walk and should have been doing laps at the hospital. When you get home, try to walk a bit further each day. Listen to your body and stop if you get tired or dizzy.

Fatigue is normal, but very frustrating.

You may not be able to do any strenuous activity or lifting for approximately six weeks following your surgery (your doctor will tell you when you are ready and what activities you can undertake). You can resume more physically active exercise, running, swimming etc. once your doctor gives approval. Gradually increase your activity and ease back into your 'normal' routine. By overdoing it you are slowing down your recovery and healing. Remember you have had major invasive surgery, and the body tissues need rest to recover and repair from the procedure.

It can be frustrating, especially for a runner who feels great but is still dealing with bruising and swelling, to hear the surgeon say no running. Raising your heart rate can slow down the healing process. It's important to listen, grit your teeth, and resist the urge to run. And if you have undergone breast reconstruction, try to minimise breast bouncing – it could be painful!

Tip #10: Scar healing: it's mental and physical

Scar tissue is a normal part of the healing process, but the amount of scar tissue and healing time can vary based on the size and depth of the incision, and factors such as age, ethnicity, and health. Scar tissue is not as elastic as skin, and will feel tighter, potentially impacting the range of motion of the tissues and joints around it. Scars can fade over time, and there are many ways that you can help support your scars to heal, in consultation with your surgeon. These include:

- Self-massage (your surgeon/team can tell you how): Once the wound has fully healed over, gently massage your scar with circular motions in each direction a few times per day for a few minutes
- Application of oil or moisturiser: Gentle creams such as Moo Goo and Cetaphil, use brands free of chemicals or perfumes that may irritate your skin, as well as silicone gels or tape. Use SPF50+ to protect the skin after surgery and into the future.
- Osteopathy: soft tissue techniques
- LED light therapy
- Physical therapy
- Support or compression garments

Remember that scars need time to heal, take it gentle and allow this to occur for approximately 6 weeks. If you overdo it, and stretch or strain the scar, this can cause what we call a hypertrophic (thicker) scar.



Scaring can cause discomfort, and the best thing to do if something is really sore or you feel a sharp pain, is to hold it and breathe through it. Breathing allows you to open up your diaphragm. Try square breathing – breathe in for the count of four, hold for four, breathe out for four, and hold for four.

If your scar is uncomfortable, painful or you're worried about the appearance of it and it's not resolved through these treatments and therapies, speak to your surgeon.

DIAP flap, where tissue is taken from the tummy, is typically the most performed autologous reconstruction that involves a hip-to-hip incision and results in a scar across the bikini-line and internal scar tissue.

Preparing mentally and emotionally for the surgery, which includes learning what to expect, can be just as important as preparing physically. For some people, they find that physical therapy, lymphatic massage, LED light therapy, or conditioning exercises such as Pilates or yoga provide benefits for both their physical and mental health. Talk to your surgeon or nurse about what post-op therapies might best support your recovery and healing.

Tip #11: Expect possible bleeding or periods (if you have gynaecological surgery)

After gynaecological surgery, post-surgical bleeding can continue for up to three weeks (usually light) and may stop and start as different activities are performed. Some women report that as they start returning to daily activities a bleed would occur as their body adjusted. If you have kept your uterus, you may have breakthrough bleeds or periods especially if you are on HRT. If you have any concerns regarding bleeding, discuss them with your doctor.

Tip #12: Building your action plan – surgical menopause

If you are undergoing surgical menopause, use your Surgical Menopause Plan and update and adjust it depending on your side effects. Write down what triggers side effects and what helps overcome them.

Surgical menopause can be a big adjustment and you may need to try different techniques to reduce the side effects. Listen to your physical body and emotions and ask your doctor for help if you need it. Remember that surgical menopause side effects may reduce over time.



Tip #13: Be kind to yourself and your body

Your body will likely feel or look unfamiliar, changed, or otherwise different post-surgery. Getting to know and understand the changes to your body can feel weird, and sometimes things won't look how you expected or imagined.

In the case of a mastectomy, the nerves in your chest area are significantly impacted (cut and/or damaged) during the removal of breast tissue. People will have different experiences of pain and/or sensation (or lack of) following the procedure. This is because each person's individual anatomy will differ slightly in terms of how and where their nerves cluster together. This means some people may lose sensation in their breast skin entirely whilst others may regain some sensation over time.

This impact on the nerves, as well as the other changes that happen during the procedure, can mean that ordinary day-to-day tasks can feel strange sometimes. For example, some people report that wiping benches, grating cheese, sneezing, coughing, or chopping hard vegetables all felt a bit strange or different post-surgery. However, as your body (and nerves) heal over time, you will find what your new normal feels like.

It is important to be aware that a mastectomy and/or reconstruction often happens in stages. Even for those undergoing a mastectomy and/or immediate reconstruction, there will likely be some revision procedures that happen down the track. Your body will continue to change throughout the process of recovery and healing. As things heal, they will start to sit differently. Be aware that some swelling can last months after open surgery on the chest or abdomen.

Try to be patient as you navigate the process. Recognise how far you've come, and how proactive you are towards your health. Be gentle and kind to yourself.