

PREOPERATIVE INSTRUCTIONS FOR BREAST SURGERY

The following preop guidelines apply to many of the patients who undergo breast surgery by Dr. Miltenburg including breast lumpectomy, partial mastectomy, sentinel lymph node biopsy, axillary lymph node dissection, portacath insertion and removal, oncoplastic surgery, nipple duct surgery and mastectomy with or without reconstruction. Keep in mind however, that these are only guidelines, intended to provide general, not specific information. Patient-specific recommendations by the anesthesiologist, plastic surgeon or other specialists may supersede these guidelines.

HOUSTON BREAST CANCER SURGEON
DARLENE M. MILTENBURG MD, FRCS(C), FACS

CALL US 713-714-3930

- The hospital or surgery center should contact you 2 to 5 days prior to surgery to confirm the surgery date and time and take any collections that are due. If you do not hear from the hospital, call our office. Make sure you are clear on what time you need to be at the facility and where (name of building, floor 1 or 2 or 3, etc, and which desk). Every hospital is different. Don't be afraid to ask questions and get clarification.
- Some patients will need to be seen in the Pre-anesthesia Clinica few days prior to surgery to have blood work, EKG, chest Xray, etc. and be evaluated by the anesthesiologist. The hospital will let you know if you are in this category. Some patients will need Pre-op Clearance by their primary care physician, cardiologist, rheumatologist, pulmonologist, hematologist, neurologist, etc. Dr. Miltenburg and her staff

will let you know if you need pe-op clearance. For most patients, the preop evaluation and lab work can be done in the hospital on the morning of surgery.

- Patients who undergo lumpectomy/partial mastectomy and/or axillary lymph node sampling, may need to have the surgical site(s) localized prior to surgery. Localization can be done several days prior to surgery, even at a different location, with a Savi Scout or on the morning of surgery with a guide wire (see Special Topics-Localization Techniques). Dr. Miltenburg and her staff will let you whether or not you need localization and what technique will be used (Scout or guidewire). You may be asked to obtain your images (mammogram, ultrasound, MRI) on a CD/disc as well as the written reports and bring them to your appointments.



- Everyone has bacteria on their skin (bacterial skin flora). Skin flora is normal but if the bacteria creep deeper than the skin surface, an infection can develop. Prior to surgery, in an effort to temporarily lower the amount of skin bacteria, patients should wash their entire body 24 hours before surgery and then again on the morning of surgery, with either chlorhexidine or regular Dial soap. Both are inexpensive and available over the counter. This preoperative washing routine is associated with a lower chance of a postoperative wound infection.
- Do not shave the axilla/underarm/armpit prior to surgery. Shaving with a razor releases the bacteria that live happily in the hair follicles and increases the risk of a postoperative infection.
- Patients should definitely brush their teeth the night before surgery and on the morning of surgery. Just take care not to swallow the water; rinse and spit instead.
- Regular, prescribed medications should be taken as usual in the days before surgery including the night before surgery (except oral hypoglycemics and blood thinners, see below). Medications routinely taken in the morning can be taken as usual with a tiny sip of water on the morning of surgery.
- Patients who are diabetic and take oral hypoglycemic medication such as, but not limited to, Metformin and Glipizide, should not take their medication on the morning of surgery as it can cause hypoglycemia (low blood sugar) when a patient has been fasting. Patients who are diabetic and take insulin should contact the doctor who manages their insulin for perioperative instructions.
- Stop taking Vitamin E, Aspirin (ASA) and non-steroidal inflammatory drugs (NSAIDs) such as, but not limited to, Aleve, Ibuprofen, Naproxen, Diclofenac, Indomethacin, Celecoxib, etc. seven (7) days prior to surgery. These drugs interfere with platelet function and therefore increase the risk of intraoperative and postoperative bleeding. As a general rule, NSAIDs, aspirin and vitamin E can be resumed 48 hours after surgery. Tylenol is an anti-inflammatory medication that does not interfere with platelet function and can be used as an alternative to NSAIDs in the perioperative period.

- Patients who take prescription anticoagulants, including but not limited to Coumadin or Warfarin, Plavix, Xarelto, Eliquis, etc., must visit with their prescribing doctor prior to surgery for instructions on perioperative anticoagulation management.
- On the day of surgery, wear a bra and a loose-fitting shirt that buttons up at the front. Avoid tops that are put on over the head.
- Make sure Dr. Miltenburg's office has your pharmacy on file several days prior to surgery. Give ample time for your postoperative pain medication prescription to be filled so you can pick it up and have it ready at home prior to surgery.