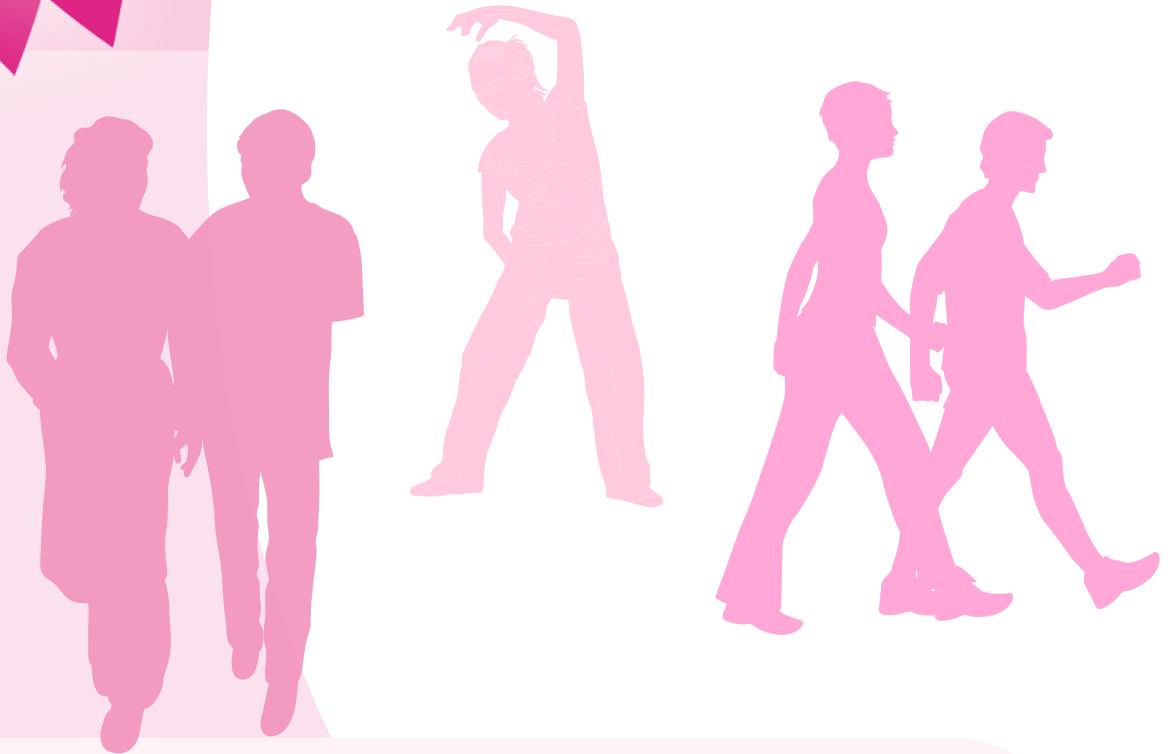




A Guide to Breast Surgery



This booklet will cover important information about your surgery. It will describe how to prepare and how you can play an active part in your recovery. **Bring it with you to the hospital. Your surgery team may refer to it and review it with you before you go home.**

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We would like to thank the MUHC Patient Education Office for their support throughout the development of this material, including the writing, the design, layout, as well as for the creation of all the images.

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IMPORTANT: PLEASE READ

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional health care practitioner, or to substitute medical care. Contact a qualified health care practitioner if you have any questions concerning your care.



This material is also available through the MUHC Patient Education Office website: www.muhcpatienteducation.ca

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A special message for you and your family

Using our experience and what patients and families have told us, we have designed this booklet so that it is useful, practical and easy-to-read. It will cover important information about your surgery, and how to play an active part in your recovery.

Research has shown that following the instructions we have included for you here (e.g. eating well, controlling your pain, getting out of bed, staying active, and doing your exercises) will help prevent health problems after your surgery. You are also more likely to heal sooner and feel better faster.

Please review this booklet carefully with your nurse and your family. Bring it with you on the day of your surgery. Use it as a guide at the hospital and at home.

Having surgery can be stressful for patients and their families. The good news is that you are not alone. We hope that this booklet will help prepare and guide you. Speak to us if you have questions or concerns. We will also be there each step of the way.

Your MUHC Breast Clinic team

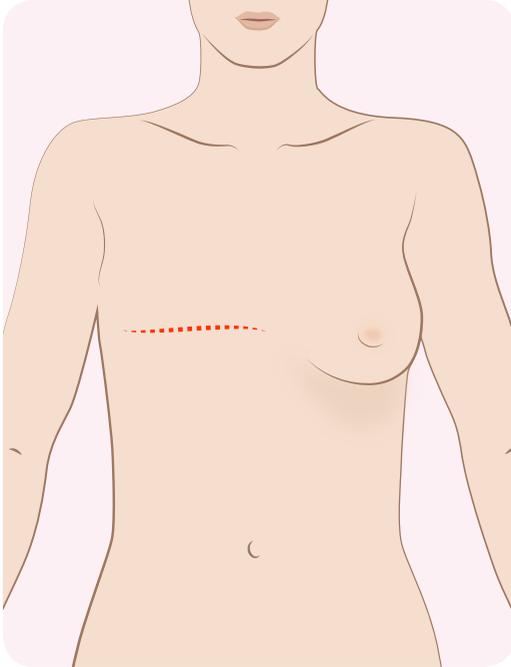
If you are not comfortable in French or English, please bring someone who can translate for you to all your hospital appointments, as well as your surgery.



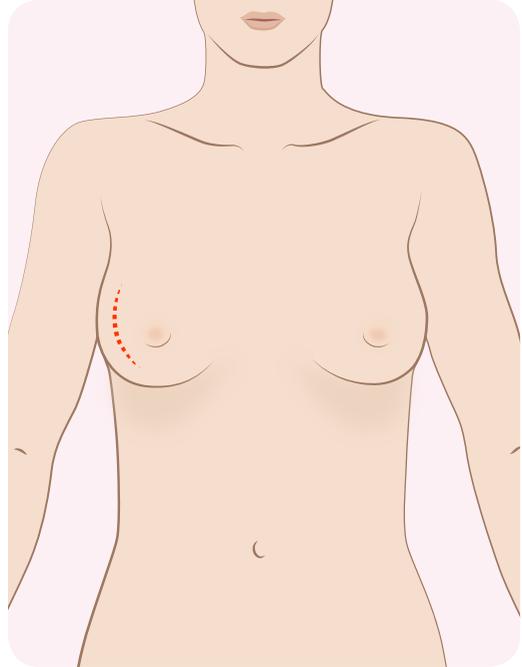
PLEASE NOTE: If the plastics surgical team will be involved in your surgery, you and your clinical team will need to discuss your individual treatment plan. Whenever you see this image in this guide, it means the information may be different for someone who will have breast reconstruction.

What is breast surgery?

Breast surgery is also called a **mastectomy**. This surgery is done to remove unhealthy tissue from your breast. The unhealthy tissue is called a **tumour**. Depending on the size of the tumour and where it is in your breast, you may have a choice of the type of surgery to have. There are 2 types:



1. Total mastectomy is surgery where the whole breast is removed.



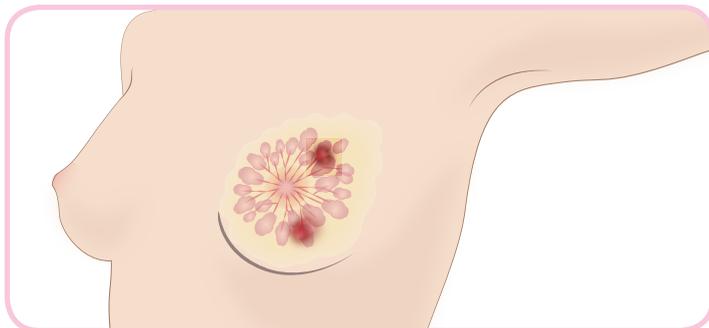
2. Partial mastectomy is surgery where only part of the breast is removed.

If one breast is removed, we called it an unilateral mastectomy. If both breasts are removed, we called it a double or bilateral mastectomy.

You and your doctor will decide what is best for you.

Total mastectomy

Your doctor may suggest removing the whole breast if:



You have more than one tumour in your breast.

or



Your tumour is large compared to the size of your breast.

Removing the whole breast means taking out the breast tissue including tissue close to the armpit, part of the skin, and the nipple. With a total mastectomy, you may not need radiotherapy. But it is possible that the tumor could come back after surgery.

If you will be having a total mastectomy, talk to your surgeon about your options for breast reconstruction. Breast reconstruction is a surgery to rebuild the shape of the breast that was removed. Breast reconstruction is done by a different team of surgeons, called plastic surgeons. There are several different types of reconstruction. Planning for reconstruction can start now or you can get information and decide later.



Speak with your Breast Reconstruction team for more information.

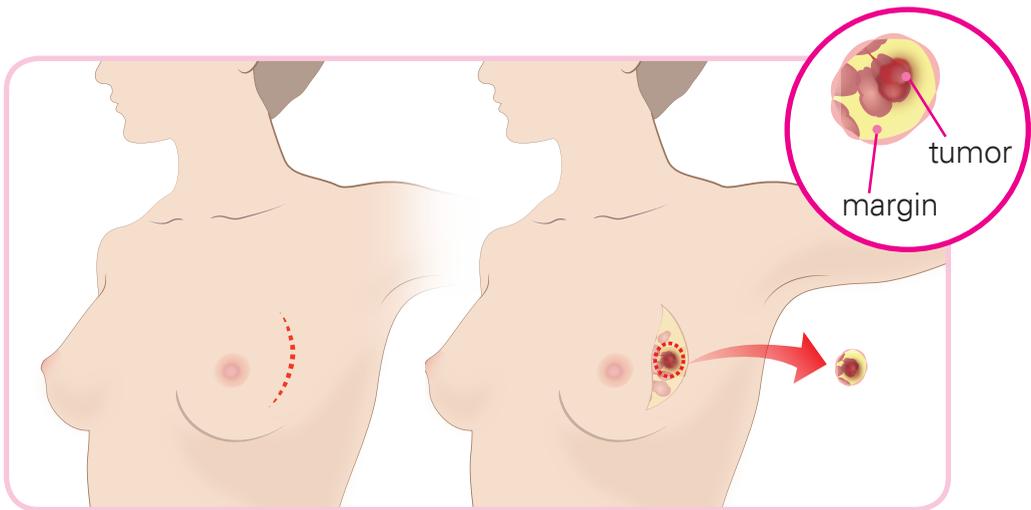
Partial mastectomy

A partial mastectomy is also called a **lumpectomy**, **tumorectomy**, or **segmental mastectomy**.

Your doctor may suggest removing only a part of the breast if your tumour is small.

To make sure that the tumour is completely removed, surgeons will take out the tumour with a small amount of normal tissue that is around it. The small amount of normal tissue taken out is called a **margin**.

The margin is checked to see if it is clear of tumor cells. In a few cases, there will be some tumor cells found in or close to the margin. If this happens, the surgeon will remove more tissue from the area where the margin was not clear. This may be done at your first surgery or you may need a second surgery to get clear margins.

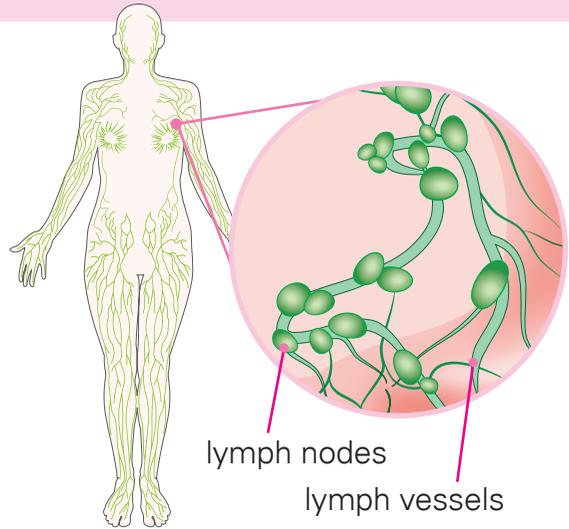


If you have a partial mastectomy, there is still a chance the tumour could come back in the breast area. To lower the chances of this happening, you will also have radiotherapy. Adding radiotherapy treatment makes the chance the tumour may come back, go down. This will be similar to having a total mastectomy.

Lymph node removal

The lymph system is an important part of our immune system. It is a network made up of vessels (small tubes) and lymph nodes (bean-sized pockets).

Lymph vessels drain fluid from different parts of your body and carry it to the lymph nodes. **Lymph nodes** trap bacteria, and dead cells, cleaning them from the body.



When cancer cells spread from your breast, they usually first go to a lymph node under your arm. This first lymph node is called the **sentinel lymph node** (sentinel means “the guard” in Latin).

There are 2 types of procedures to remove the lymph node:

1. sentinel lymph node removal:

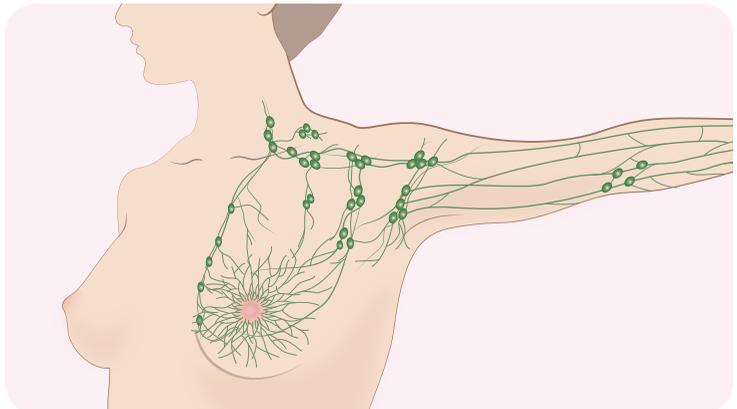
the surgeon typically removes 1 or 2 lymph nodes from under your arm.

or

2. axillary lymph node removal:

the surgeon removes a larger number of lymph nodes, including the sentinel node, and some fatty tissue from under your arm.

Whether you have a partial mastectomy or a total mastectomy, you may also need lymph node removal.



Before your surgery

Who is my team at the Breast Clinic?

The Breast Clinic Team is a group of health care professionals who can provide you with the care, information and support you need before, during and after your surgery. The team includes surgeons, nurses, kinesiologists, orderlies (PAB's), administrative assistants, radio-oncologists, radio-oncology technologists, psychologists, and volunteers.

To prepare for surgery, you will meet with a nurse in the Breast Clinic who will review the information in this guide with you.

If you have any questions about your breast surgery, you can contact the nurse you met with:

Nurse: _____

Phone number: 514-934-1934 ext: _____

Ask us questions!

We want to understand your needs and concerns. Your comfort and well-being are important to us. If you have questions or are not sure about something, please let us know!

Questions that you may want to ask the Breast Clinic Team:

- When can I return to work?
- When can I return to certain activities/sports?
- When is my next doctor's appointment?
- Will I need CLSC help at home?
- What should I do if I feel pain?
- I am having trouble coping. How can I get some help?

Write down any other questions you have:

Use the **Notes** section of this booklet on page 31 if you need more space.

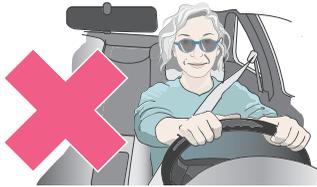
After your surgery

Preparing to go home

Home is the best place for you to recover. Your doctor will keep you in hospital only if you need extra care. Most people can return home on the same day of surgery.

You must have someone to take you home from the hospital and stay with you for the first 24 hours.

Because of the anaesthesia medication you were given, **for 24 hours after your surgery:**



Do not drive or operate any machinery.



Do not take alcohol, tranquilizers, or sleeping pills.



Do not make any important decisions or sign any important papers.

Review pages 8-26 of this booklet. Your health care team may give you specific care information. Follow these instructions carefully. This will help you prevent any health problems after surgery.

Before leaving the hospital, make sure you have information for your follow-up appointment with your surgeon and a prescription for your medication.

If you still have questions or concerns, you can call us. You can find our phone numbers on **page 27**.

Did you know?

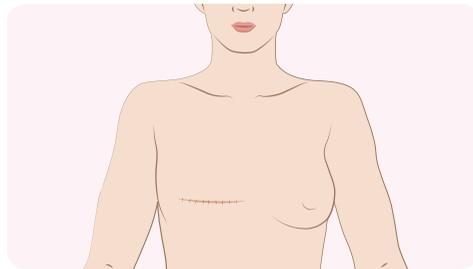
- Some patients will have an appointment with the local CLSC nurse after surgery. The Breast Clinic team will let you know if you will have this follow-up appointment and what to expect.
- If you can walk, you will need to go to the CLSC for this appointment. If you have difficulty walking, the CLSC nurse will plan to visit you at home.
- The CLSC nurse can speak to the Breast Clinic nurses if they have questions about your care. The phone numbers for the Breast Clinic nurses are on **page 27**.

Incision

- **What will it look like?**

You may have some bruising and swelling around your incision (cut). This is normal after surgery. You may also feel some numbness around the area of the surgery. The feeling in this area can return over time. Right after the surgery, the skin on your chest may look pink. This is from a special soap that was used during your surgery.

You may also notice that the skin on your breast has a bit of a blue colour and that your urine is blue or green. The blue colour is from a dye that is sometimes injected around the nipple. This is done to help find the sentinel lymph node. Your health care team will let you know if they have injected this dye. This is normal and will go away by drinking lots of fluids.



- **What will it feel like?**

The scarring and swelling around your incision might feel tight or stiff. This can make it hard to move your arms, shoulders and upper body. It is important to keep moving your arm. This can prevent the loss of mobility to your shoulder, a problem that can sometimes happen. The exercise program on pages 18-25 can help keep your shoulder and upper body moving.

- **Partial mastectomy**

The size or shape of your breast may change after surgery. Removing breast tissue can make the breast appear dented or smaller. Right after surgery, your breast may be slightly swollen which can make it look bigger at first. The swelling will get less over time.

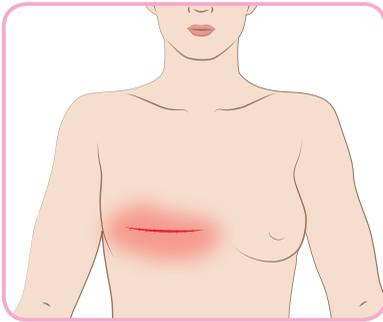
Your incision will be closed with stitches and a special tape called 'steri-strips' or staples.

- **Total mastectomy**

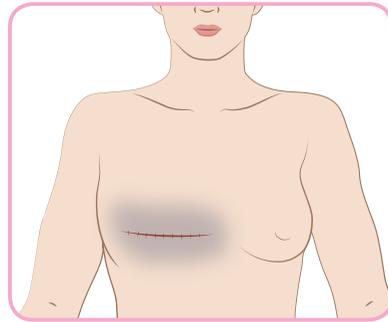
Your skin may feel numb around the incision and a little tender around the incision. This is because some nerves had to be cut during surgery. This is normal. Some people will feel that the area is extra sensitive. This usually gets better as the nerves grow back.

Your incision will be closed with stitches and a special tape called 'steri-strips' or staples.

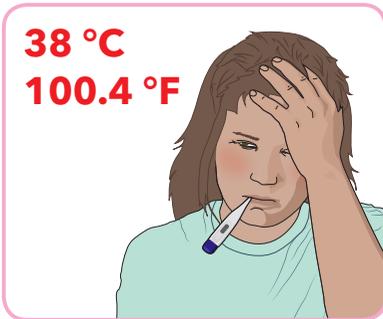
- **Call your nurse at the Breast Clinic or surgeon if:**



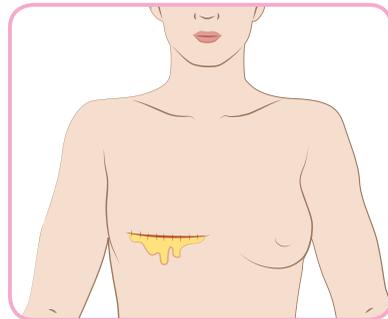
Your incision becomes warm or red.



Your incision gets very swollen or there is a large bruise around it.



You have a fever higher than 38 °C/100.4 °F.



You see pus or drainage coming from around the incision.

Dressing

You will have a **dressing** to cover your incision. You may also have a Jackson Pratt drain. This drain removes extra fluid from where you had surgery so that it heals faster (See page 13 for more information).

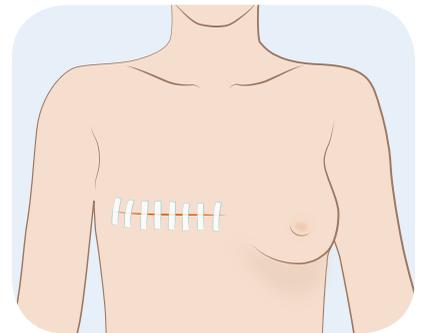
- **Can I wash the dressing area?**

You can use a sponge or facecloth to wash your body and around the dressing. **Do not get the dressing or the drain wet.**



- **When is the dressing removed?**

Usually the dressing that covers the incision is taken off 3 days after the surgery. You will be given instructions on how to remove your dressing at home. Under your dressing, you will have small, thin pieces of tape that help keep your incision closed. They are called "steri-strips". **Do not remove** the steri-strips. They will fall off on their own. If the steri-strips have not fallen off 14 days after surgery, you should remove them.



- **Once the dressing is removed, how should I keep the incision clean?**

After the dressing is taken off you can clean this area.

Gently wash around your incision with mild soap and water.

Do not scrub. Rinse the area well. Then, pat it dry with a clean towel. With regular use of soap and water, the pink colour on your skin will slowly go away.

To keep your incision from opening and to help healing:

Do not put direct water pressure on your incision.

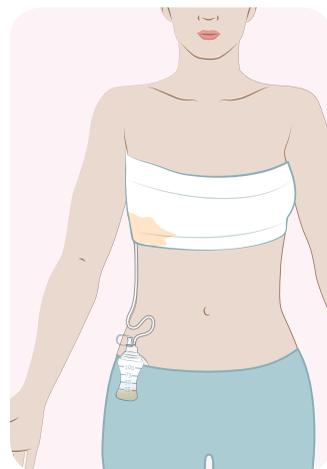


- If I have a Jackson-Pratt drain, what is the dressing and incision care?

The Jackson-Pratt drain is usually removed at the Breast Clinic 1-2 weeks after your surgery.

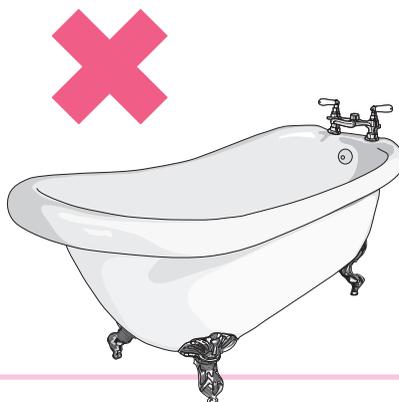
Do not take a shower or a bath until the drain is removed. Use a sponge or facecloth to wash your body.

Do not take off the dressing that covers your drain site. Your nurse will make a request to your CLSC to change the Jackson-Pratt dressing 3 days after your surgery.



Important:

DO NOT place the incision or drain site under the water. **DO NOT** use very hot water and steam. Your nurse or surgeon at the Breast Clinic will let know you when you will be able to take a bath after your surgery.

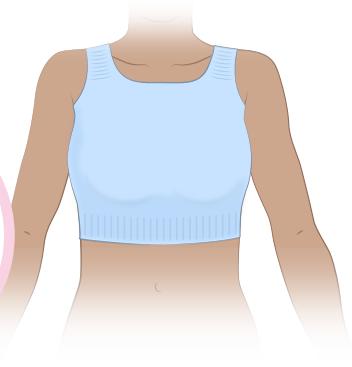


Clothing

You may wear whatever clothing you feel is most comfortable. Choose gentle fabrics that feel soft against your skin.

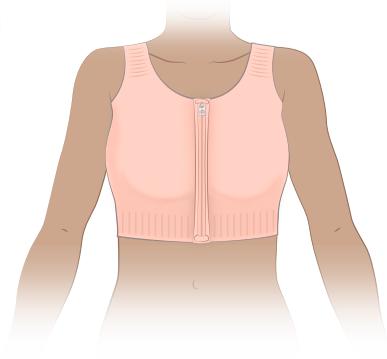
- **If you had a partial mastectomy:**

You will need to wear a comfortable, supportive bra (no underwire) day and night for 1 week after your surgery.



- **If you had a total mastectomy without reconstruction:**

You do not need to wear a supportive bra. You can wear a soft front-closing bra with padding ('breast fluff') that can be inserted on the side of the mastectomy. You can buy this at the pharmacy for around \$12.



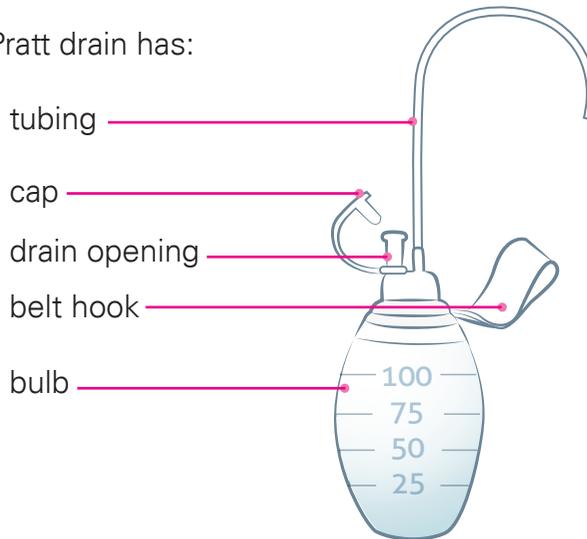
If you had breast reconstruction surgery, this is different for you. Please speak with your Breast Reconstruction team for more information.

Jackson-Pratt drain

- **What is it?**

The 'Jackson-Pratt' drain is a soft plastic tube with a suction bulb attached to the end. The tube is placed in the incision. Extra fluid in this area drains into the suction bulb. The drain is temporary. It is usually removed after one week.

A Jackson-Pratt drain has:



If you have a total mastectomy, or if you had all the lymph nodes under your arm removed, a drain will be placed close to the incision during surgery (a drain is not used for patients who are having a sentinel node biopsy). This is done to remove the fluid that can build up in the wound and helps with healing. Some people may need 2 drains.

The fluid that collects in your drain will be a mix of blood and lymph fluid. At first, the fluid is often blood-coloured. Over the next few days the fluid will become clear and yellow.

- **How long will I have it?**

Your doctor will decide when to remove the drain depending on how much it is draining. Usually, most patients will have their drain removed at 1 or 2 weeks after surgery.

Jackson-Pratt drain

• How does it work?

The drain bulb should always be collapsed. If the bulb becomes completely round, there is no suction and your drain will not work properly. Check the drain regularly to make sure the bulb is not completely round. Keep the drain lower than your incision.

• How to empty your Jackson-Pratt drain

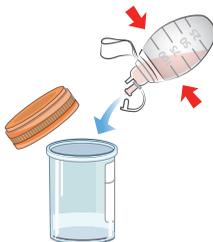
1. Wash your hands before handling the drain.



2. Open the cap. As soon as you open the cap, the bulb will take back its shape. The bulb is like a measuring cup.



3. Empty the fluid into the given container by squeezing the bulb until it is empty. Measure the amount of fluid.



4. Write the amount in the fluid diary (page 30).



5. Empty the fluid in the container into the toilet.



6. Once empty, squeeze the bulb. Hold the squeeze while you close the cap.



7. Let go of the bulb. It should stay collapsed and slowly fill with fluid during the day.



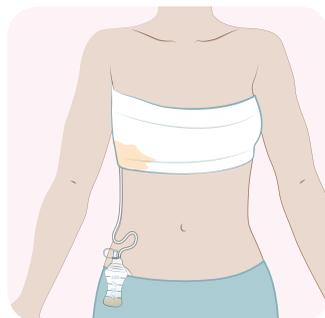
Remember to write every day on page 30:

- Date (e.g. Oct 21)
- Amount of fluid you emptied each time from your drain (40 + 30 + 20)
- Total amount of fluid drained each day (40 + 30 + 20 = **90**)

We suggest adding the total amount at the end of each day, before going to bed.

- **What if I notice leaking?**

You may notice a small amount of leaking around the drain. This is normal. Do not worry if your dressing is slightly damp. If there is a lot of leakage the drain may be blocked.



- **What do I do if my drain is blocked?**

Your drain tube may be blocked, if you notice any of the following:

- A lot of leaking (that is, your dressing is soaked).
- No fluid is collecting in the bulb.
- There is swelling around your wound.

Blocks are usually caused by a blood clot (a small piece of thickened blood). If there is a block, you should milk the drain. Milking the drain gently forces out the clot and clears the block. To milk the drain:

1. Hold the part of the tube close to your incision with one hand. This keeps it stable.
2. Using your other hand, gently squeeze and pull your fingers down the tubing towards the bulb. Make sure the cap of the bulb has been opened before doing this.
3. Repeat this a few times. Usually this will break up the clot and solve the problem.



Tip: Be careful not to pull on the tube where it enters your skin.

- **When should I ask for help?**

If you cannot unblock the drain, do not panic. You can call your CLSC nurse or the nurses in the Breast Clinic (see page 27 for phone numbers). If you call the Breast Clinic, be sure to call early in the morning so that we can make arrangements for you to be seen by our team.

Pain control and other medications

Before you leave the hospital, you can ask a family member or friend to go to the pharmacy and pick up any prescription medications that have been ordered by your doctor.

- **Pain control**

Your surgeon will prescribe pain medication for you. This is to help you heal and get back to your activities as quickly as possible.

If you have questions about pain medications, speak with your pharmacist, nurse or surgeon.

Not sure what questions to ask? Want to know about how to use pain medication safely when you get home? Visit this link:

www.ismp-canada.org/download/MedRec/MedSafety_5_questions_to_ask_poster.pdf



If you have severe pain that is not helped by the medications you have been prescribed, call your nurse, surgeon or go to the Emergency Room.

- **Other medications:**

- You may start taking all your regular medications as soon as you return home (unless your doctor has told you something different).
- If you are taking blood thinners like Coumadin®, Plavix®, speak with your doctor about when you can start taking them again.



Eating and drinking

You may eat regular food after your surgery. However, to avoid feeling sick to your stomach, take these steps:

Start slowly with clear liquids and light food (example: clear soup or broth, apple juice, Jell-O®). Then, try other types of fluids, (example: orange or tomato juice, thick soups, milk). Next, try light foods (example: toast, crackers). Continue this way until you are back to eating what you normally eat. This takes about 24 hours after your surgery.

You may become constipated after your surgery. This can happen when you are moving less than usual and taking certain pain medications (e.g. narcotics).

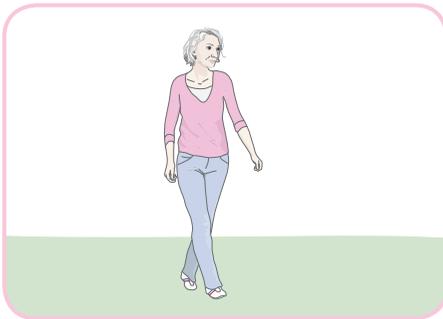
To help prevent constipation:



Drink more water (if you do not have kidney problems).



Eat more fruits, vegetables and whole grains.



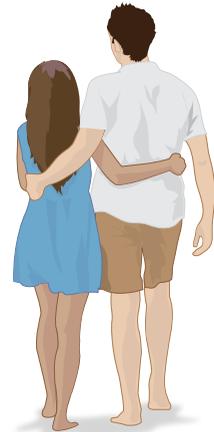
Take walks.



Take your prescribed constipation medication (e.g. laxative or stool softener).

Sexuality

Many patients who had breast cancer surgery worry that their sexual life will be affected. Having cancer may affect how you feel about yourself, your relationships, and your comfort with sexual intimacy. It is important to be aware of how you are feeling, and discuss any questions or concerns with your partner, your doctor or nurse.



Exercises and activities

• When to start?

Start walking as soon as possible right after your surgery and walk every day. You should start your post-surgery exercises the day after your surgery. Your doctor will let you know when you can start doing heavier types of exercise.

• Why is exercise important?

Exercise after surgery is an important part of your treatment. It can help you:

- Lower your pain
- Prevent stiffness
- Improve how you feel
- Move again, as you did before
- Return to your regular routine and activities more quickly
- Manage constipation

Feeling pain?

You may feel tired or some mild discomfort when you start your exercises. Some of this is normal after surgery. Your post-surgery and regular exercises should **not** be painful. Stop if you feel moderate or severe pain. Do all your exercises slowly and gently, especially if you have a drain. Please read the **Kinesiology booklet** on post-surgery exercises and pain for more information.

Remember: every person is different and heals at their own pace.

Exercises and activities

• What should I keep in mind while exercising?

- Start slowly. STOP if you feel faint, dizzy or not well.
- Breathe deeply and often.
- Keep your back straight and shoulders back.
- You may feel your skin and muscles pull or stretch. This is normal.

Remember:

- If needed, take your pain medication about 30 minutes before doing the exercises. Do not take more than the maximum amount prescribed for each day. Call the Breast Clinic or your pharmacist if you are not sure.
- Do these exercises 10 times each, 3 to 4 times a day.
- Rest between each exercise session.

• What should I avoid?

For at least 6 to 8 weeks after your surgery, **do not** do any:

- Heavy lifting (more than 4 kg)
- Heavy housework (e.g. vacuuming, scrubbing the bathtub)
- Contact or high-intensity sports where there is a lot of arm movement (e.g. racket sports, basketball)



Exercises and activities

• What exercises do I need to do?

This section will explain the exercises that you need to do in the weeks after your surgery. You may meet with a kinesiologist depending on the surgery you had. They will show you how to do the exercises.

Please note:

You will need to follow the spaced-out exercise schedule below, if your:

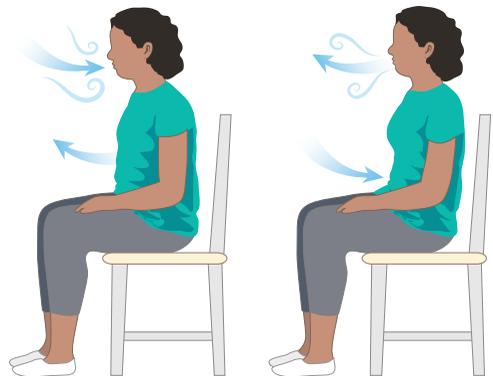
- entire breast was removed
- lymph nodes were removed

Otherwise, you may start **all** the following exercises after a few days.

During the **1st week after surgery** (or if your drain is still in place), do the following:

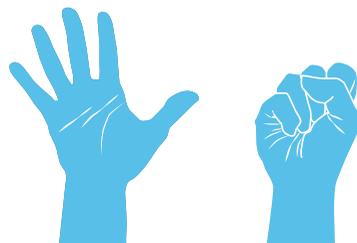
Deep breathing

This is important to open your lungs and to help you relax. Sit in a comfortable position. Take deep, slow breaths through your nose to expand your chest and stomach. Relax your shoulders and neck as you breathe out slowly and completely.



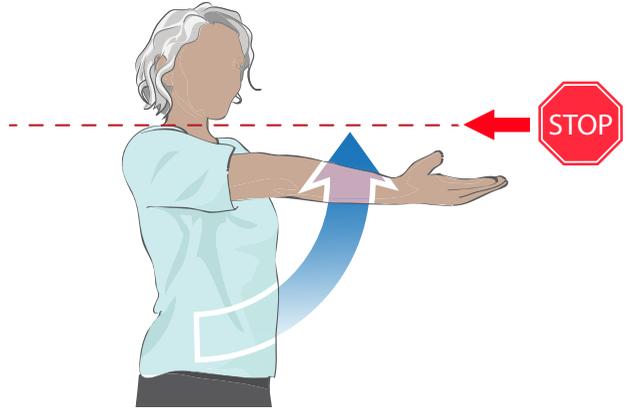
Hand pumping

Spread out your fingers and then make a fist. Continue opening and closing your hand on the side where you had surgery.



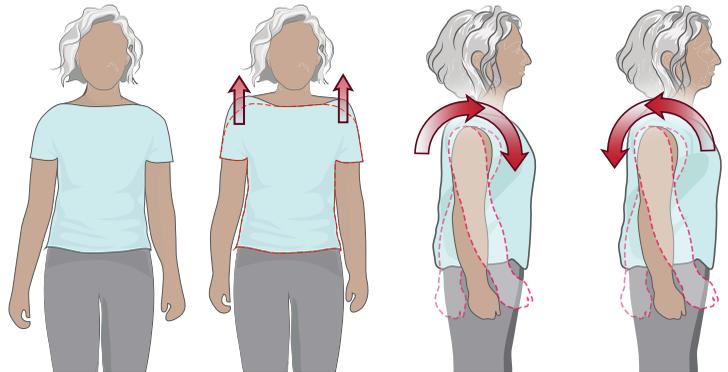
Arm elevation

Rest your arms at your side. Keeping your arm straight, slowly raise both your arms up to shoulder-level. You can use a cane, umbrella or a wall, if it helps. If it is too painful, try doing this exercise while lying down.



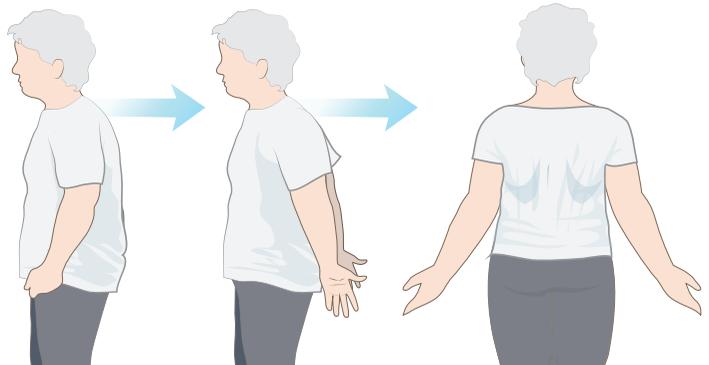
Shoulder circles

Lift both shoulders up. Rotate both shoulders forward. Then, slowly rotate shoulders back and down, making a circle. Repeat in the opposite direction.



Posture control

Push your chest forward and your shoulders back. Gently squeeze your shoulders and turn your thumbs out as far as you can.

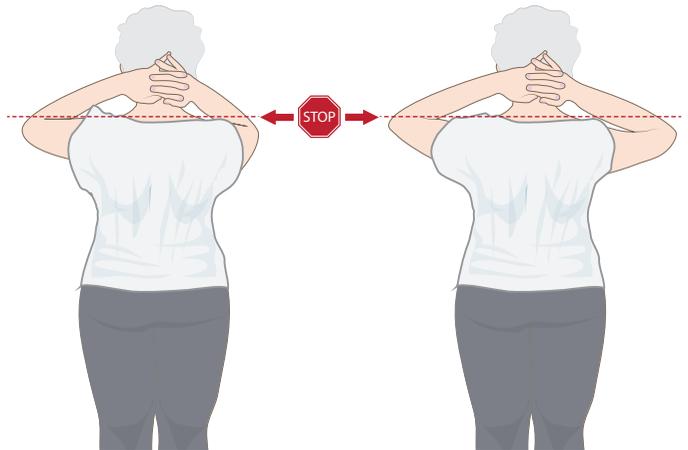


Exercises and activities

2 to 6 weeks after surgery, do the following:

Elbows apart

Clasp your hands behind your neck. Bring your elbows together and then move them apart as far as possible.



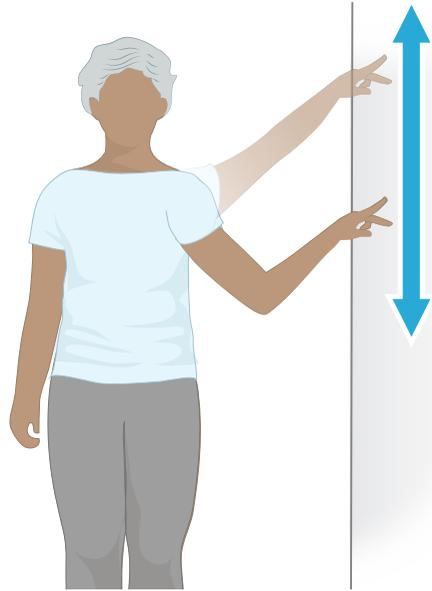
Wall climbing

Stand facing a wall about 1 foot away from the wall. Place both hands on the wall. Walk your fingers up the wall, until you feel a stretch. Try to move your fingers higher each time you do this exercise.



Side wall climbing

Stand sideways about 1 foot away from a wall. Your arm on the side where you had surgery should be closest to the wall. Place your hand on the wall. Walk your fingers up that wall until you feel a stretch. Try to get higher each day. Use a pencil to mark your progress.



Continue your exercises until you can move your shoulder fully, as you did before the surgery.

If you still have trouble moving your shoulder after 6 weeks,

Speak to your doctor or the nurse or kinesiologist at the Breast Clinic.



Exercises and activities

After 6 weeks, gradually start doing your normal and heavier activities. Pace yourself. If you feel pain, this means that you are doing too much. Stop, take a break or slow down.

- **What else can I do?**

Keep your arm active throughout the day. Swing or move your arm while walking. Use both arms in everyday activities (e.g. use it when washing or carrying light loads).

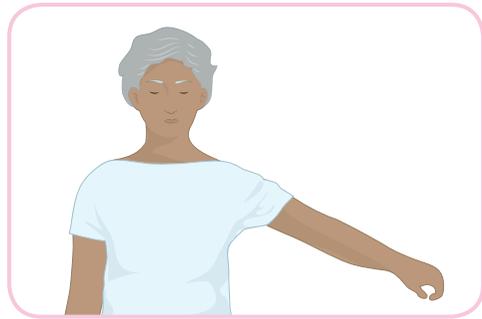
Avoid keeping your arm stiff or down by your side for long periods at a time.

- **What should I do if I have swelling?**

If you notice any swelling in your hand or arm:



Tell the clinic nurse, surgeon, or your kinesiologist.



Raise your arm several times during the day. Keep it raised, if possible, above the level of your heart.



Keep your arm raised on a pillow, when sitting or sleeping.



Try hand pumping exercises (see page 20).

If you feel **soreness, numbness,** or **tingling**, do not worry. This is normal. Surgery can irritate the tiny nerve endings in your breast and under your arm.



Coping with your emotions after surgery

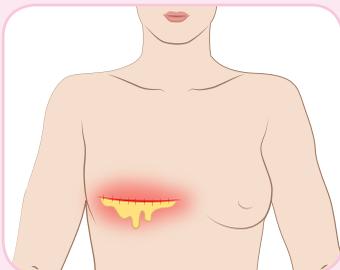
We know that having a surgery on your breast can make some people feel differently about their body and identity. If you are having trouble with this or notice changes in your mood, speak to the Breast Clinic Team.



When to call for help



If you notice any of the following, call your surgeon's office or the nurses in the Breast Clinic:

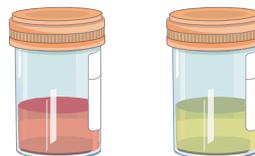


Your incision is warm, red or you see pus coming from it.

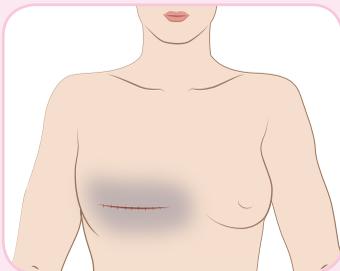
38 °C
100.4 °F



You have a temperature higher than 38°C/100.4°F.



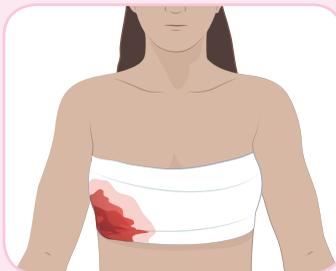
There is pus (thick beige or green fluid) or bright red fluid in your Jackson-Pratt drain.



Your incision gets very swollen or there is a large bruise around it.



You have more pain to your breast.



Your dressing is soaked with blood.

Tip: Be sure to call early in the morning. This way, we can arrange for you to be seen by our team as soon as possible.



If you cannot reach your surgeon's office or the nurse in the Breast Clinic, go to the go to Emergency Room (ER) at the Glen or to your nearest hospital.

How to reach us

If you have questions or concerns, do not hesitate to contact us.
We are here to help!

MUHC Breast Clinic:

Monday to Friday (between 8 a.m. and 4 p.m.)

Royal Victoria Hospital (Glen site)

Room number: C6 North (Block C, 6th floor)

Phone number: 514-934-1934, ext. 32829

To reach your doctor, **call 514 934-1934** (and dial one of the extensions below):

Doctor's name	Extension
Dr. Fleiszer	Ext.: 34045
Dr. Meguerditchian	Ext.: 34081
Dr. Meterissian	Ext.: 36631
Dr. Tremblay	Ext.: 36313
Dr. Salasidis	Ext.: 44330
Dr. Dumitra	Ext.: 36631

To reach the nurse, **call 514 934-1934** (and dial one of the extensions below):

Nurse's name	Extension
	Ext.: 32495
	Ext.: 35166

On evenings and weekends, go to the Glen Emergency, or to your nearest hospital.

On the day of surgery

To reach the Recovery Room or Post-Anesthesia Care Unit (PACU):

Phone number: 514-934-1934 ext. 36349.

Room number: Block C (North), level 3.

How to reach us



If you had Breast Reconstruction Surgery, you should contact the Plastics Surgical team:

Call the nurse in the Plastics Clinic:
514-934-1934 ext. 36339
Monday – Friday from 8:30 a.m. – 3:30 p.m.

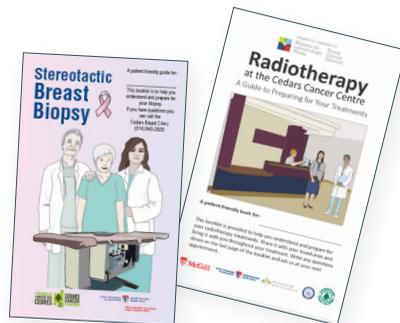


Looking for more information ?

Come to the Cedars CanSupport Learning Centre:

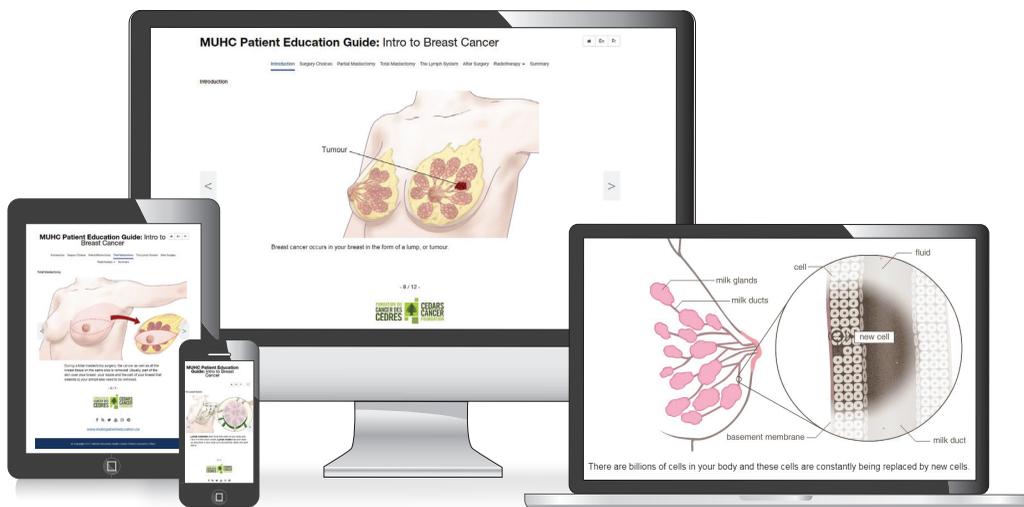
D RC.1329

Ground floor of the
Cedars Cancer Centre
Phone number: 514-934-1934 x35297



**Or view the interactive and in-depth
module on the Patient Education Office
website for more information on treatment:**

muhcguides.com/module/breast-cancer



Hospital Map & Directions

● Cafeteria

Located off the Atrium
on the S1 level

● Registration, Surgery and Intervention Center

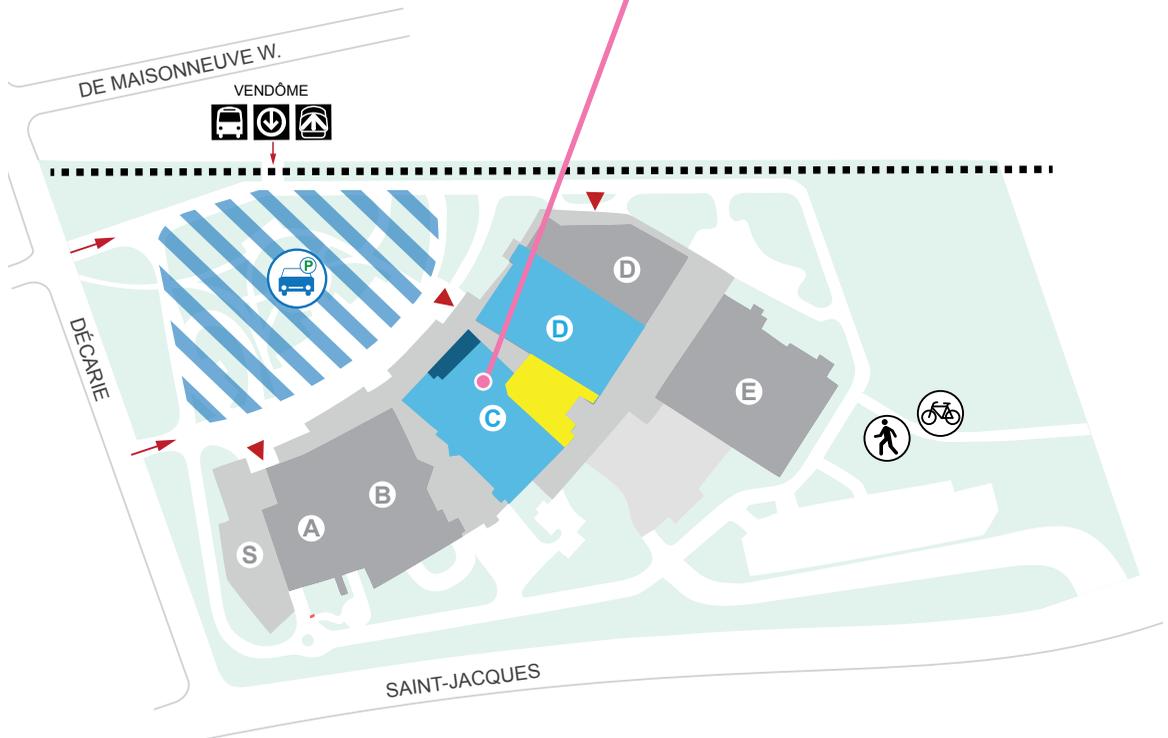
C03.7055

Breast Clinic

Block C, level 6 (C6 North)

514-934-1934, ext. 32829

Monday to Friday, 8 a.m. to 4 p.m.



Glen site:

1001 Décarie Blvd.
Montreal, QC H4A 3J1

A + B Montreal Children's Hospital

C + D Royal Victoria Hospital

D Montreal Chest institute

D Cedars Cancer Centre

E MUHC Research Institute

S Shriners Hospitals for Children

▶ Main Entrances

 Underground Parking
(patients and visitors)