



Breast Surgery - Physiotherapy Protocols

Site Applicability

PHC Acute and Ambulatory Care

Practice Level

Basic Skill: Physiotherapists (PT)

Need to Know

There are 3 basic categories of breast surgery:

1. Partial mastectomy/lumpectomy
+/- sentinel node biopsy
2. Total mastectomy
+/- sentinel node biopsy or axillary lymph node dissection
3. Breast reconstruction
 - Implant with Alloderm (cadaver skin graft)
 - Implant with tissue expander
 - TRAM Flap (Transverse rectus abdominis musculocutaneous flap)
 - Latissimus Dorsi Flap
 - DIEP (Deep Inferior Epigastric Perforator Artery Flap)

Protocol

Restrictions and Precautions:

For all Total Mastectomy +/- Axillary Node Dissection, +/- Sentinel Node Biopsy:

- From 0 to 2 weeks: No lifting over 10 lbs on the affected side
- 2nd to 4th weeks: No lifting over 15 lbs
- After 4 weeks: Lift as tolerated

For all immediate Lymphatic Reconstruction:

- No lifting above 90 degrees on the affected side for first two weeks

	Partial mastectomy/ lumpectomy +/- sentinel node biopsy	Total mastectomy +/- axillary dissection		Total mastectomy + reconstruction (implant tissue expander or alloderm graft, Lat Dorsi Flap)	Total mastectomy and TRAM Flap, DIEP
Preoperative Education	Not scheduled for pre op education with PT	Pre op education with PT in online format		Pre op education with PT in online format	Pre op education + PT consult on surgical unit
Usual Care	Day Surgery	Day Surgery No drain	Day Surgery Post op drain	Day surgery Post op drain	Inpatient care usual LOS 1 to 3 days. PT to see POD1 until independent for discharge
Education		<ul style="list-style-type: none"> • Pain Management • Swelling, local and U/E • AROM: Csp shoulder F & Abd • Cording • Lymphedema • Lifting precautions • Exercise recommendations 	<ul style="list-style-type: none"> • Pain Management • Swelling, local and U/E • AROM: Csp shoulder F & Abd • Cording • Lymphedema • Lifting precautions • Exercise recommendations 	<ul style="list-style-type: none"> • Pain Management • Swelling, local and U/E • AROM: Csp shoulder F & Abd • Cording • Lymphedema • Lifting precautions • Exercise recommendations 	<ul style="list-style-type: none"> • Pain Management • Swelling, local and U/E • AROM: Csp shoulder F & Abd • Cording • Lymphedema • Lifting precautions • Exercise recommendations

Legend: U/E = upper extremity; AROM = Active range of motion; LOS = length of stay; POD = Postoperative day; Csp = cervical spine; F = flexion; Abd = abduction

	Partial mastectomy / lumpectomy +/- sentinel node biopsy	Total mastectomy +/- axillary dissection		Total mastectomy + reconstruction (implant tissue expander or alloderm graft)	Total mastectomy and TRAM flap
Special Notes	No restrictions in movement or activity	No restrictions on AROM, Encourage full ROM as tolerated Follow the lifting precautions Full return to activity within 2 to 3 months	To move arm for daily tasks (e.g. combing hair, brushing teeth) Follow the lifting precautions No movement restrictions on AROM Encourage full ROM as tolerated. Full return to activity within 2 to 3 months	To move arm for daily tasks (e.g. combing hair, brushing teeth) but no formal exercise while drain is in place -UE activity as tolerated once drain is removed Follow the lifting precautions -Focus on posture (avoid rounded shoulders)	Follow the lifting precautions -Not to drive for 2 to 3 weeks or until the drain is out -Avoid using abdominal muscles to move in and out of bed -Avoid abdominal exercises until they return to the plastic surgeon -Posture: Advise patient to remain in semi flexed posture for the first few days post op then to gradually straighten up -Full return to activity at 3 months

	Partial mastectomy/ lumpectomy +/- sentinel node biopsy	Total mastectomy +/- axillary dissection		Total mastectomy + reconstruction (implant tissue expander or alloderm graft)
Treatment (if indicated on inpatient stay)		Education re movement and exercises (as per Cancer Society booklet) Position in bed Elevation of operated arm(s) Mobility including stairs if required	Education re movement and exercises (as per Cancer Society booklet) Position in bed Elevation of operated arm(s) Mobility including stairs if required	Follow Breast Reconstruction – Autologous: Clinical Pathway Education re special notes above Education re movement and activities (as per Cancer Society booklet) Position in bed Elevation of operated arm Mobility including stairs if required Education re lymphedema, cording, joint stiffness with radiation therapy and pelvic floor weakness with TRAM
Pre-Op/ Discharge Resources		Canadian Cancer Society Exercises after Breast Surgery 32071-exercises-after-breast-surgery-en.pdf (cancer.ca) BC Cancer Exercise videos: http://www.bccancer.bc.ca/health-info/coping-with-cancer/exercise- support#More--Resources BC Cancer Red Flags: What to watch for with arm exercises after breast surgery http://www.bccancer.bc.ca/coping-and-support- site/Documents/Support%20Programs/FINAL_RF_Post_Sx.pdf Physiotherapy resources: handout re 'How to Find a Physio' that specializes in breast health https://connect.phcnet.ca/clinical-site/PublishingImages/clinical/allied/physiotherapy/info-for-phc- staff/referral-to-physiotherapy/How%20to%20Find%20a%20Physiotherapist%20in%20BC.pdf		



Patient and Family Education

Provide appropriate [PHEM](#) material, e.g. A patients guide to breast surgery what to expect before, during and after Day/Inpatient surgery.

Related Documents

1. [B-00-02-10010](#) – Mastectomy/Axillary Node Dissection Clinical Pathway
2. [B-00-02-10011](#) – Breast Reconstruction – Autologous Clinical Pathway
3. [B-00-02-10004](#) – Breast Reconstruction with Implant Clinical Pathway

Developed By

PHC Physiotherapy Services

Revised By:

PHC Physiotherapy Services & Breast Surgeons

Effective Date:	MAY-2011
Posted Date:	7-MAR-2024
Last Revised:	7-MAR-2024
Last Reviewed:	7-MAR-2024
Approved By:	Professional Practice Leader Physiotherapy
	PHC
Owners:	Physiotherapy
	Professional Practice Leader Physiotherapy