



Getting Ready for Breast Surgery

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Royal Jubilee Hospital
Saanich Peninsula Hospital
Victoria General Hospital



Getting Ready for Breast Surgery



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Royal Jubilee Hospital Site and Parking Map



1 Introduction

This booklet is designed to help you prepare for breast surgery.

Breast Health Patient Navigators

Breast Health Patient Navigators are registered nurses with expertise in breast health and breast cancer. They assist patients and families by ensuring they receive information and support.

If you are newly diagnosed with breast cancer and you have not already been in contact with the Breast Health Patient Navigators you will receive a telephone check in call:

- Before your surgery to review pre-op preparation.
- To review post op healing and care.
- To go over next steps at the cancer centre.

You are welcome to call the Breast Health Nurse between check in calls, if needed
(250-727-4467)



2 Before Surgery

Surgery time and place

The surgeon's office will phone you or send your surgery time and place information by mail. Most breast surgery takes about one and one-half hours.

Contact your surgeon's office at once if you are not feeling well, or have a cough, cold or fever the week before your surgery date.

Pre-operative physical

The surgeon's office will let you know if you need to arrange a pre-operative (pre-op) physical with a primary care provider. (family doctor or walk in clinic)

Taking part in research

If you are newly diagnosed with breast cancer, your surgeon may ask if you wish to donate tissue from your surgery to the Tumour Tissue Repository (TTR) at the Vancouver Island Cancer Centre. If you are interested, your name will be forwarded to the TTR nurse who will contact you with more information or you may contact the TTR nurse directly at 250-519-5713.

Hospital pre-admission clinic appointment

The hospital will phone you within one week of your surgery date to arrange a pre-admission clinic appointment. This appointment is usually when pre-operative blood tests, etc., are done. Some people do not need to come in for a visit if all of the necessary information can be obtained over the phone.



Length of stay

The length of stay after breast surgery is one night with a discharge time of about 9 a.m. Some patients are discharged on the day of surgery.

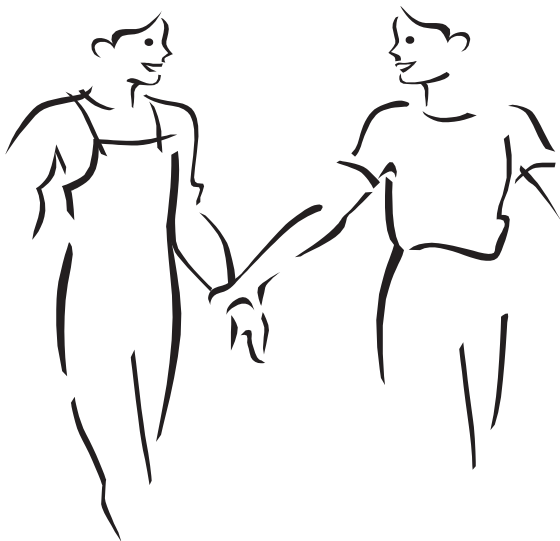
If you do not stay in the hospital overnight, you must have a responsible adult stay with you at home overnight. Your surgeon's office will tell you how long you will be in hospital.

Remember to arrange for a ride to and from the hospital!

Help at home

You may need help with household chores for a few weeks after mastectomy and/or axillary (underarm) dissection. If possible try and arrange for a family member or friend to be available as needed.

If your surgeon has indicated you will have a drain post operatively, the Breast Health Nurse will discuss whether Home Nursing Care may be appropriate for you.



Results from surgery

Pathology results are usually available 2 - 3 weeks following surgery. Please call the surgeon's office to arrange a follow up.



3 Getting Ready For Surgery

Preparing your skin

Do not shave under your arm for at least two days before surgery.

Purchase two Chlorhexidine 4% scrub sponges and use them as directed below to bathe or shower **the night before AND on the morning of your surgery.**

This pre-surgery skin preparation procedure helps to:

- Remove germs on the skin
- Prevent infection
- Promote wound healing.

You can purchase Chlorhexidine 4% scrub sponges at:

- Wal-Mart
- Save-On Foods
- Hospital gift shops
- Most pharmacies (call to confirm).

How to use the Chlorhexidine sponges

The evening before surgery:

- Wash your entire body and hair with your usual soap and shampoo
- Rinse
- Open one surgical sponge and squeeze to produce lather
- Wash body from neck to feet
- Do not wash your head, hair or face with the surgical sponge
- Carefully clean the surgical area, navel (belly button), under arms, and back
- Then clean your feet and between your toes
- Clean your genital and anal areas last
- Do not rinse for at least 2 minutes, then rinse well
- Do not apply deodorant, body lotion or powder afterwards.

The morning of surgery:

- Repeat the above with the second surgical sponge.



Food and fluid restrictions

NO SOLID FOOD after midnight on the evening before surgery. Clear fluids are permitted until **three hours** before your scheduled surgery time.

Clear fluids include:



- Water
- Clear tea
- Popsicle
- Clear apple juice
- Black coffee
- Carbonated drinks (pop)

Clear fluids DO NOT include:



- Milk, non-dairy creamer, protein beverages, or tomato juice
- Alcoholic beverages.



Medications

Take all prescribed medications as usual **unless told not to** by your anesthesiologist, surgeon, hospital pharmacist or other specialist.

Discuss your medications with your doctor at least 10 days before surgery. This is especially important if you take medication for:


- Diabetes e.g. Chlorpropamide, Glyburide, Metformin, Insulin
- Blood Thinners e.g. Coumadin (Warfarin), Heparin
- Antiplatelet medications e.g. Clopidogrel (Plavix), Ticlid, Acetylsalicylic Acid (ASA, Aspirin).

7 days before surgery, stop taking Vitamin E and all natural health products and herbal remedies e.g. Garlic, Gingko, Kava, St. John Wort, Ginseng, Don Quai, Glucosamine, Papaya etc.

Regular vitamins and iron supplements can usually be taken until the day of surgery.

Acetaminophen e.g. Tylenol for pain may be taken when necessary up to and including the day of surgery.



 *Smoking increases your risk of serious complications.
Do not smoke for twelve hours before surgery.*

If your surgery is planned in advance, plan to stop smoking at least two months before your scheduled surgery date. Talk to your family doctor for help to quit smoking. If you are in the process of quitting on your surgery date, Nicoderm patches are a better option than smoking.

Packing for the hospital

What to bring

- Your B.C. care card or proof of substitute Medical Insurance Plan, or some form of personal identification
- List of allergies and hypersensitivities, medications and vitamins
- Eyeglasses/contacts, hearing aid and dentures with storage case labelled with your name
- Your CPAP, Bi-level machines or dental devices if you use one for sleep (even for day surgery)
- A small bag with personal hygiene items such as toothbrush, toothpaste, comb
- Slippers
- A front closure top to wear home from the hospital (optional)

What not to bring or wear:

- Jewellery or body piercing items
- Personal items such as money, valuables, credit cards
- Make-up, perfume, deodorant or talcum powder



4 Coming to Hospital

You will be admitted to hospital on the day of your surgery. Your surgeon's office will tell you:

- Which hospital to go to
- The date and time of your surgery
- The hospital admission time
- Probable length of stay.

Surgical admission

Check in at the front desk. You will be directed to the surgical admission area to:

- Change into a hospital gown
- Sign your Consent for Surgery form (if you have not already done so)
- Receive pre-operative medications and have an intravenous started.

Before going to the operating room, you will be asked to:

- Empty your bladder
- Remove your glasses/contact lenses and/or dentures (these items will be kept with your belongings).

When the operating room is ready, you will be brought in on a stretcher. After surgery you will be taken to the recovery room. Recovery takes two to three hours. Your surgeon and anesthesiologist may visit you there.

Pre-op Support

One family member or friend can stay with you until you are taken to the operating room.



Fine-wire localization

If your surgeon cannot feel your breast lump, you may have a fine-wire placed in your breast a few hours before surgery. The wire will point to the area that needs to be removed and is made so that it will not move once it is in place. The placement of the wire will occur in the Breast Imaging department at the Victoria General Hospital. Your surgeon's office will confirm the date and time of the procedure. The placement of the wire takes about thirty minutes.

Sentinel node biopsy

Sentinel node biopsy maps the underarm lymph nodes closest to the cancer site. If you are booked for this procedure, you will be directed to the Nuclear Medicine department at the hospital on the morning of surgery (or on the day before if requested). Your surgeon's office will tell you the time and which hospital to go to.

Sentinel node biopsy is a two-part procedure:

1. Tracing Agent

A radiologist will inject a radioactive tracing agent into the breast. You may feel pressure and you will be told to massage the area and to pump your arm up and down to help spread the tracing agent to the lymph nodes under the arm.

2. Dye

Once you are in the operating room and you are asleep, your surgeon may inject a blue dye (Isosulfan Blue/Lymphazuran) into the breast if needed to help visualize the lymph nodes.

Possible side effects

The blue dye injection may cause urine and stools to appear bright blue or green and your skin and area around the incision line may appear bluish in colour. These effects are normal and will fade within a few days.



5 Being in Hospital

What to expect after surgery

Recovery room

After surgery you will be moved to the recovery room. The recovery room nurses will watch you closely as you recover from the anaesthesia and give you medication for pain and nausea as needed.

If you are staying overnight, you will be moved to a nursing unit.

Incisions, drains and dressings

Depending on the type of surgery, you may have one or two incisions that are covered with steri-strips (small tape-like bandages) and have a light (Mepore) dressing over top. Most surgeons use dissolvable stitches, but surgical clips or staples can also be used.

Depending on the type of surgery you may have drainage tubes to collect normal blood and fluids that drain when tissue is cut. The nurses will show you how to care for your drain(s). (See pages 13-15 of this booklet for detailed instructions).

For those having lymph nodes removed from under the arm, ice packs, along with pain medication, can help with any discomfort.

Fluids and diet

Your IV will be removed as soon as you are drinking enough fluids. You will be given something to eat when you are ready.

Activity

You will be up and around with assistance the night of your surgery.

Visitors

Most units have flexible visiting hours. Please ask family and friends to:

- Keep visits short
- Limit the number of visitors at one time
- Respect the concerns of the nurses
- End visits when asked.

For 24 hours after surgery DO NOT:

- Make major decisions or sign documents
- Drive or work with machinery
- Take Aspirin – it can cause bleeding
- Take tranquilizers or sleeping pills
- Drink alcohol
- Look after babies, small children or frail elderly.



Hospital discharge

Day surgery discharge is one to two hours after surgery. Discharge for overnight stays is usually 9 a.m. Your family member or friend will be told when to pick you up. Before you leave the hospital your nurse will:

- Review your care instructions with you
- Provide a container for measuring the contents of your drain(s).

When you get dressed, put the arm on the same side as the surgery into the shirtsleeve first. In case of surgery to both breasts, choose what is most comfortable for you. It will be easier to take the arm on the operated side out of the shirt last.

What to wear after surgery

After a partial mastectomy (lumpectomy)

It may help to wear a support bra after surgery, even while sleeping:

Some women prefer a simple cotton undershirt, camisole or tank top. These may come with a built-in shelf bra. Some women prefer not to wear a bra. It is a matter of choice and comfort. Post-surgical camisole tops and bras are available for purchase from local mastectomy shops.

After a mastectomy

A cotton breast form may be worn in your own bra during the first couple of months following surgery. This helps to fill out your clothes but does not have the weight or shape of your other breast. In Victoria temporary breast forms are available for pick up at the "Just You Boutique" Please call 250-384-1791 to make an appointment. In other island communities please contact the Canadian Cancer Society at 1-888-939-3333 OR check with your local medical supply outlets or mastectomy shop, if available.

Prosthesis fittings

You can be fitted for a permanent breast prosthesis when the wound is healed to the point that pain and swelling have settled. This usually takes six to eight weeks after surgery.

Prosthetics are available through local medical supply outlets, and Mastectomy shops. If you are from out of town, please contact the Canadian Cancer Society info service at 1-888-939-3333 for a list of mastectomy shops in your area.

The Canadian Cancer Society provides second hand Prosthetics and Mastectomy bras for patients who are financially unable to manage these costs.

Please call 1-888-939-3333 to find a prosthetic bank in your area.



6 At Home after Surgery

Effects of surgery

Bruising and pain

Bruising around the incision is normal and will usually clear up in seven to ten days. Sometimes this takes longer. Pain around the incision, armpit, down the arm and into the back is normal for several weeks after surgery. If lymph nodes are removed, pain in the underarm may increase seven to fourteen days after surgery as nerves heal. Some describe this as a burning sensation or increased tenderness. Some describe feeling "electric shocks". Should this occur, it *will* pass within a week or two. Take pain medication when needed. Using ice packs can be very helpful during this time.

Numbness in the arm and breast is common.
Numbness in the armpit and in the back of the arm may linger indefinitely.
Caution: Hot water bottles, hot bags or heating pads can burn desensitized or numb tissue.

Fluid build-up

Fluid build up in the breast or in the armpit after surgery is called a seroma. There may be a sloshing or gurgling sound in the breast, a feeling of fullness or a lump under the arm. Often the area can feel warm, firm and appear reddened.

Seromas are not a problem unless the area becomes heavy, tight or painful. The body will absorb small seromas. The surgeon may remove large ones using a needle and syringe. This is done in the surgeon's office. It may have to be repeated several times during recovery. (See page 17, when to call your surgeon).

Incision care

Dressings can be removed after 48 hours unless otherwise instructed by your surgeon. If you have a drain, keep a dressing over the site and change it as needed (after showering or if drainage soaks through).

Steri-strips are often used along incision line. Check the instruction sheet from your surgeon regarding removal (they can sometimes peel off on their own).

If you have sutures or clips along the incision line they are usually removed in the surgeon's office at your follow up appointment.



Bathing

You may shower 48 hours after surgery even if you have a drain (unless otherwise instructed by your surgeon)

Remove the outer (Mepore) dressing first, but leave the steri-strips intact. It is okay to get the incisions wet and to wash gently under your arm but **avoid**:

- Soaking your incision(s) in a bath until they are completely healed
- Aiming the showerhead at your incision(s).

After bathing/showering, check your incision(s) to ensure that there are no signs of infection. Gently pat the incision with a clean towel. Do not rub the area. (See page 17, *When to call your surgeon*).

Driving

You may drive after surgery when:

- You are no longer taking narcotic pain medication (e.g. Tylenol 3)
- Your arms have near normal range of motion
- You feel comfortable and capable to do so.

What to do

- **DO** begin the exercises in the Canadian Cancer Society booklet *Exercises After Breast Surgery: A Guide for Women*
- **DO** place your arm (surgical side) on a pillow if you have had axillary lymph node dissection. The arm should not be higher than shoulder level. Do this for 45 minutes, two to three times per day
- **DO** use your arm as normally as possible, within the limits of pain and incisional pulling, for the activities of daily living (ADL) such as grooming, washing and eating
- **DO** check with the breast health nurse or surgeon if you have any questions about an activity
- **DO** watch for signs of constipation if you are taking pain medications with codeine. Increasing fluid intake, exercise and increased fibre can help. Occasionally, laxatives may be needed.



What not to do

In the first few weeks after surgery:

- **DO NOT** lift or carry anything heavier than 2.25-4.5 kilograms (5-10 pounds) on the affected side for two to four weeks after surgery or as directed by your surgeon
- **DO NOT** use your arm to push or pull yourself into or out of bed or a chair
- **DO NOT** make sudden unexpected movements with your affected arm
- **DO NOT** use deodorant, talcum powder or shave under the arm until the axillary (armpit) wound is healed.
- **DO NOT** put Vitamin E on incisions. Some surgeons believe that Vitamin E can widen scars and irritate the incision.

About drains

Some surgeries require a drain post-operatively. Drains prevent fluid from building up around the incision and under the arm. Each drain is held in place by a stitch.

Two to four inches of white drainage tubing will be inside your body. The drain is best worn under clothing to keep it from pulling apart. Pin the drain under your shirt at chest level.

An inch or more of white tubing visible outside the body indicates that the drain is coming out. *Contact your surgeon.*

Removing drain(s)

The surgeon will remove the drain(s) when drainage is less than 20-30cc in a 24-hour period. This usually takes seven to fourteen days after your surgery, but can sometimes take longer.

If you are unable to empty your drain and do not have someone to help you, please talk with the Breast Health Nurse about arranging for home care **before** coming in for your surgery.

Drain care

The nurse will show you how to empty your drain(s) before you go home and will provide some dressings and a small container for measuring drainage. Detailed instructions follow.



Getting Ready for Breast Surgery

1. Open Plug 2. Empty & Measure 3. Reset

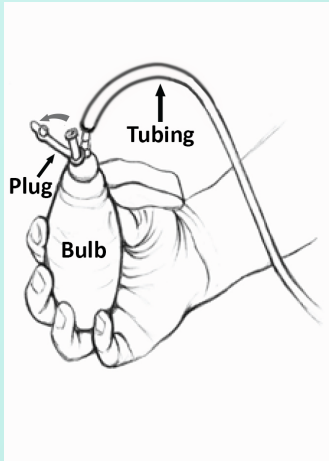


Figure 1:

Wash your hands.
Hold the drainage bulb upright and open the plug.

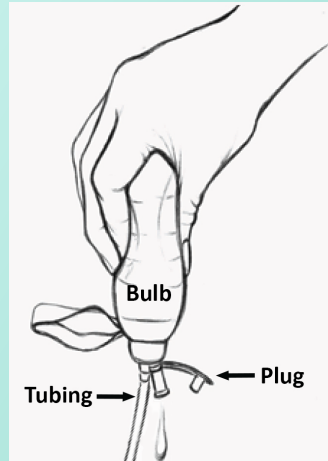


Figure 2:

Turn the bulb over.
Empty the fluid into a container.
Measure and record the drainage.

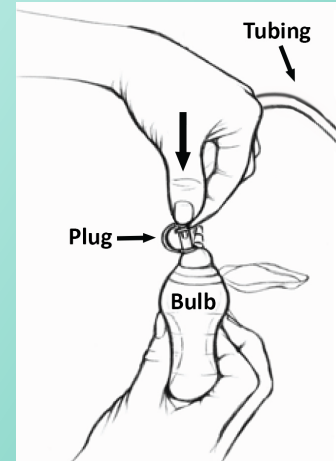


Figure 3:

Push the plug back in while squeezing the bulb.
This resets the drain's suction action.

- **DO NOT rinse the drainage bulb.**
- Rinse the measuring container with water after each use.
- Empty the drain when the bulb is half full.
- Measure the amount of drainage each time and record it in the Drain Record table provided on page 16. Bring your Drain Record to your next surgeon's appointment.
- Drainage is often pink, it often becomes yellow or clear and the amount will decrease over time.
- If the tubing accidentally disconnects from the drainage bulb cleanse the connection site with 70% isopropyl alcohol before reconnecting it.
- Follow the steps to reset the drain.
- If the drainage plug accidentally opens, follow the steps to reset the drain. Tape the drainage plug across the top of the bulb, if necessary.

Figures 1-3 Source: Adapted from J. Rowlands, Multimedia Services, B.C. Cancer Agency 2007



How to Unclog the drain

It is normal for small clots, shreds of tissue, fluid or air bubbles to sit in the drainage tubing, but drains can become clogged with clots or tissue. When this happens, you will notice an abrupt decrease in drainage and fluid may leak out where the tube enters the body. To release clots or tissue:

Support the drain site with one hand and pinch the tubing between your thumb and index finger close to where the drain enters your body. (Fig. 4)

With the thumb and index finger of the other hand squeeze the tubing and gently move your fingers down the tubing towards the bulb. This is called "stripping or milking the tubing". (Fig. 5)

Repeat 2-3 times

Contact your surgeon or homecare nurse, if arranged, if the blockage does not clear. If you cannot reach your surgeon or homecare nurse, go to a walk-in medical clinic or call your family doctor. If it is after clinic hours go to a hospital emergency department.

Figure 4:

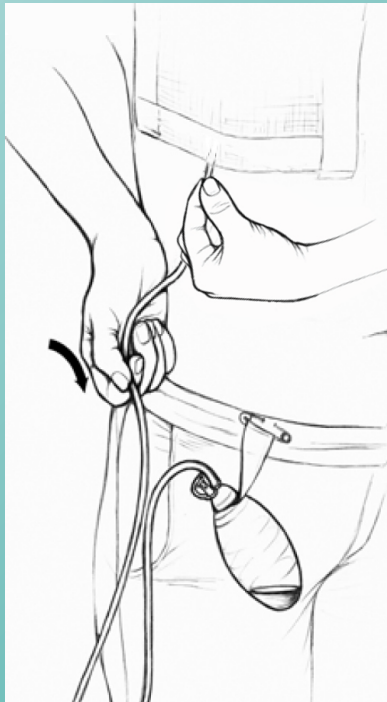


Figure 5:



Figures 4-5 Source: Adapted from J. Rowlands, Multimedia Services, B.C. Cancer Agency 2007



Drainage Record

Date	Time	Amount	Amount	Amount	Amount	Total



When to call your surgeon

Contact your surgeon if you have a low grade fever (37.5C-37.9C or 98.5F-101.2F) that lasts for three days.

Contact your surgeon or homecare nurse (if arranged) if you have any of the following problems with your drain(s):

- The drain falls off and cannot be reconnected with tape
- The drain does not remain compressed
- The directions provided do not unclog the drain(s)
- Drainage increases or is foul smelling or changes in consistency
- Drainage from the incision or drain site changes in colour or appearance.

Contact your surgeon if you experience any of the following skin symptoms:

- Increased swelling in the underarm or breast that causes tightness or pain
- Increased tenderness, redness, or warmth around the surgery site
- Irritation from the steri-strips or tape
- Swollen leg(s) or achy and red calves.

Contact your surgeon immediately if you:

- Have a high grade fever of 38.5C/101.3F or greater
- Experience shortness of breath
- Experience calf pain.

If you cannot reach your surgeon:

- Call your family doctor
- Go to a walk-in medical clinic; or
- If it is after clinic hours go to a hospital emergency
- Call the B.C. Nurse Line toll-free at 1-866-215-4700.



7 Follow-up after Surgery

Follow-up with your surgeon

Call the surgeon's office to arrange your follow up. Pathology results will be reviewed by the surgeon (final results are usually available within 2-3 weeks).

Going back to work

Always check with your surgeon before returning to work. Generally, you may return to work when you:

- No longer have a drain (usually one to three weeks)
- Are comfortable with the basic arm movements used in your job
- Do not have complications such as seroma or infection
- Have the energy and you feel ready.

Remember: If you have had axillary node dissection DO NOT lift more than 2.27 kilograms (5 pounds) for four weeks on your surgical side.



When further treatment is needed

After breast cancer surgery (and sometimes before), you will consult with an oncologist (cancer doctor) to discuss the need for further treatment or adjuvant therapies. These therapies can be one or a combination of chemotherapy, radiation or hormone therapy. Further tests are often ordered after this appointment.

The BC Cancer Agency's Vancouver Island Cancer Centre (VICC) will phone you with the date and time of your oncology appointment. You will be seen four to six weeks after your surgery date.

Adjuvant Therapies

- If radiation therapy is recommended, it can begin two to three weeks after the first visit and can last three to six weeks.
- If chemotherapy is recommended, it can begin one to two weeks after the first visit and can last four to six months.
- If both are recommended, chemo is usually done first.

New patient information

To prepare for your first visit to the BC Cancer Agency, please visit the Victoria website:

www.bccancer.bc.ca/our-services/centres-clinics/bc-cancer%E2%80%93victoria

Click on **“Patient Journey”** & **“How To Prepare”**

This will provide a checklist of what to bring with you to your first visit as well as links to a "guidebook for patients" and the **“New Patient Video”**.



8 Road to Recovery

Physical recovery

Exercises following breast surgery

You may experience stiffness in your affected shoulder and arm after breast surgery. The CCS *Exercises after Breast Surgery: A Guide for Women* is included with your information email. It is important to do these exercises to regain full movement and use of your arm.

Lymphedema awareness

Lymph nodes filter lymphatic fluid throughout the body. Lymphedema is swelling caused by the build-up of lymph fluid in the part of the body where the lymph nodes have been removed, or damaged by the cancer, surgery or radiation therapy.

Lymphedema is different from the swelling in the breast, armpit and arm areas that can happen just after surgery. Lymphedema can happen soon after treatment, months or even years later. It can be a temporary or a long-term condition.

Learn about lymphedema

- Read pages 20-22 in the CCS booklet *Exercises after Breast Surgery: A guide for women*.
- Chapter 33 in the book *The Intelligent Patient Guide to Breast Cancer* this book can be purchased on line or borrowed from the BCCA or public libraries.
- **Attend a free information session about Lymphedema: Learn more about signs & symptoms, risk factors, prevention and treatment available.**
- **Inspire Health, Suite 212- 2187 Oak Bay Ave. Please call 250- 595-7125 to register for the class, and to check current schedules.**

If you experience changes in your affected arm or hand once recovered from surgery, during cancer treatments, or following these treatments: Please call the Breast Health Nurse (250-727-4467) to discuss symptoms and treatment options available.



Physiotherapy after breast surgery

If you have been recommended for radiation treatment, and are unable to lift your affected arm above your head you may obtain a doctor's referral for *Out-Patient Physiotherapy* at the Royal Jubilee Hospital; this service is covered by Health Insurance BC (MSP). Private physiotherapy clinics also have the expertise to provide these services for a fee.

Self Scar tissue massage

Scar tissue massage is a popular technique that may improve healing after breast surgery. You can start two to four weeks after surgery, when there is no longer any scabbing on your incisions.

- Gently massage along the *sides* of the scar in circular motions with the pads of your fingers
- Massage for a few minutes daily
- Use the tips or pads of your fingers along the length of the scar to loosen up the scar tissue

Discontinue scar massage during radiation and check with your radiation oncologist as to when it will be safe to resume.

Massage therapy after breast surgery

Following the *Exercises after Breast Surgery* and doing self massage are not always enough to release deeper scar tissue that may develop after surgery and/or radiation therapy.

If you are experiencing cording, pulling, tightness, prolonged swelling or fluid collection resulting in discomfort and decreased range of motion (ROM); you may benefit from seeing a Registered Massage Therapist (RMT) with experience working in this area. Please call the Breast Health Nurse to discuss your symptoms and what treatments may be of benefit to you (250-727-4467).

RMT's work in private clinics and provide their services for a fee.



Emotional support

Vancouver Island Cancer Centre (VICC)

The Vancouver Island Cancer Centre is located at 2410 Lee Avenue in Victoria on the Royal Jubilee Hospital Site. Services offered include professional counselling, relaxation group, therapeutic touch clinic and nutrition counselling all at no cost. For more information please call 1-800-670-3322. To make an appointment with Patient and Family counselling please call 250-519-5525.

CancerConnection

The Canadian Cancer Society offers an online peer support community for patients, family, and friends. www.cancerconnection.ca

Breast cancer support groups

If you have been diagnosed with breast cancer, you may benefit by participating in a breast cancer support group. Members are able to share their experiences and feelings with other women who have travelled the same road. There are several groups in the Victoria area that meet at various locations and times. You are welcome to attend at any time in your journey. Please call the Canadian Cancer Society's Cancer Information Line 1-888-939-3333 to find a support group in your area, or go to www.cancer.ca and click on support and services.

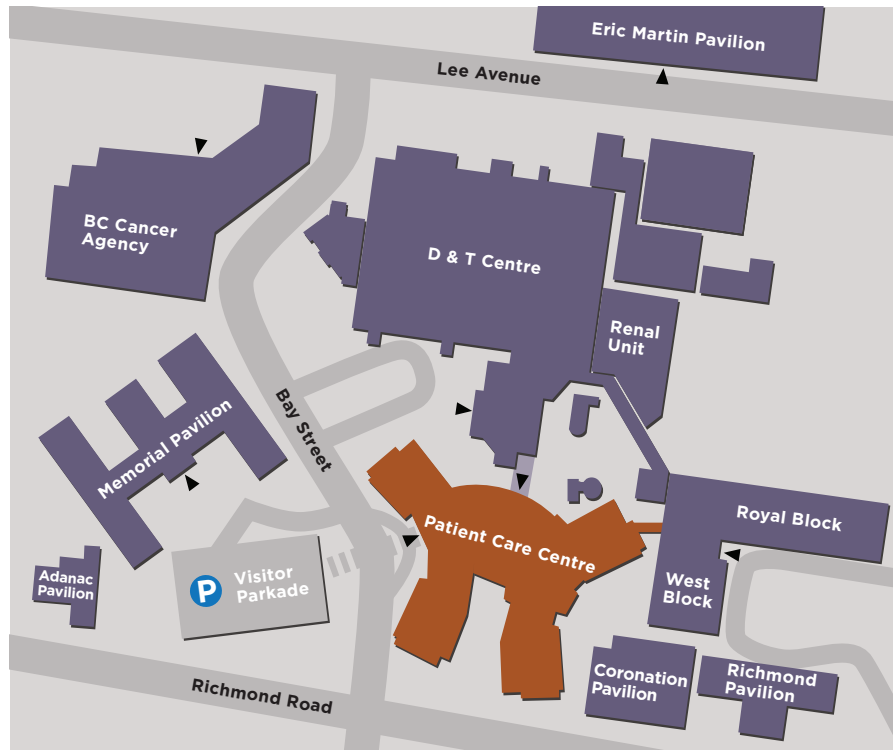
Dragon boating

Breast cancer dragon boat teams participate in strenuous upper body exercise to demonstrate, through dragon boat competition, the benefits of an active lifestyle and to raise greater public awareness about breast cancer. All ages and physical abilities are welcome. Please call the Canadian Cancer Society's Cancer Information Line at 1-888-939-3333 to find a dragon boat team in your community.

Look good feel better program (LGFB)

This free two hour workshop provides hands on tips to enhance your appearance during cancer treatment. Information about wigs, hats, head scarves and make-up application are covered. It can be helpful to attend before your treatment starts. Please register online at www.LGFB.ca or call 1-800-914-5665.

Royal Jubilee Hospital Site and Parking



D & T Centre

Link to BC Cancer Agency, Level 0
Emergency, Level 1
Medical Imaging, Level 1
Clinics, Level 1, 2
Surgical Day Care, Level 3
Cardiac Short Stay, Level 3
Coronary Care Unit (CCU), Level 3
Cardiovascular Unit (CVU), Level 3
Intensive Care Unit (ICU), Level 5

Patient Care Centre

Adult / Senior Mental Health 1, 2
Heart Health / Clinical Teaching, Level 3
General Medicine, Level 4, 8
Rehabilitation / Bone Health, Level 6
General Surgery, Level 6, 7

Richmond Pavilion

Victoria Hospice, Level 3, 4

West Block

Nuclear Medicine, Level 1
Outpatient Laboratory, Level 1

The Victoria Breast Health Centre color scheme and logo are inspired by Ted Harrison's print "*The Poet Who Greets the Sun*". The print was a gift from the Victoria Breast Cancer Support Group to mark the inception of the Victoria Breast Health Centre in 2001.



Booklet Revisions

by Shawna Bond, R.N.

Breast Health Patient Navigator
Victoria Breast Health Centre

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