



NAME :  
 DATE OF ADMISSION :  
 DATE OF SURGERY :  
 SURGERY DONE :

I/C OR RN :  
 DATE OF DISCHARGE :

HSAJB/SURG-65/VER1.0/2020

**“DISCHARGE INSTRUCTION FOR BREAST SURGERY”**



**DIET**

- If you are able to eat normal diet, we recommend :
- To take high protein diet i.e fish, eggs, milk, chicken, meat
  - Eat more fruits and vegetables
  - Reduce oily and fatty meals.

You are able to take nourishing fluids as below :  
 \_\_\_\_\_



**PAIN**

You will be discharged with pain killers as below :

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Please take the medication according to the dose and timing as prescribed.



**DAILY ACTIVITY**

- You are advised to ambulate or move around at home
- You can drive only when you are pain free, able to react to emergency situation and not on narcotic medication
- Avoid carrying heavy objects above your shoulder for 2 months
- Avoid alcohol and smoking.



**UPPER LIMB EXERCISE**

- If axillary clearance were performed, you are advised to do upper limb exercises daily
- Begin 3 days after surgery, start off slowly and gradually increase your range of movement.



**DRAIN CARE**

- You will be discharged with drain A or/and drain B
- You need to empty the drain daily and measure the output
- You should squeeze the bulb of the drain when you close the cap. This provides vacuum for the drain to work.
- We will review your drain output on \_\_\_\_\_ at \_\_\_\_\_ .



**WOUND CARE**

- You are advised to bath at least once a day
- Wipe and keep the wound or dressing dry after bathing
- Wound care :  
 Your wound inspection will be on : \_\_\_\_\_ at any nearest clinic to you (Klinik Kesihatan, Klinik 1 Malaysia, Klinik Swasta).

**PLEASE COME TO THE HOSPITAL OR ANY NEAREST CLINIC TO YOU IF :**

- There is redness, swelling and pain at your wound
- There is pus discharge from your wound
- There is wound breakdown
- Your drain has dislodged.

**FOLLOW UP**

Your appointment in SFUC is on \_\_\_\_\_ to review your general condition, wound and specimen result.



I understand and will comply to the above instructions.

**CONTACT US**

- For urgent matters, please visit the Emergency Department
- For earlier clinic appointment, please call 072231666(2620/1).



Signature : \_\_\_\_\_  
 Name : \_\_\_\_\_  
 Relationship with patient : \_\_\_\_\_  
 Date : \_\_\_\_\_