Surgery for a Soft Tissue Mass
Disclaimer
This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified health-care provider. Please consult your health-care provider who will be able to determine the appropriateness of the information for your specific situation.
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 Introduction

Welcome to The Ottawa Hospital.

Your surgeon has recommended you have surgery for a soft tissue mass. You probably have many questions regarding the surgery and concerns about what will happen to you.

This booklet describes:
• Key points about your surgery
• How to prepare for your surgery
• How you can help yourself
• Your needs, care, and resources after discharge

Blank pages are provided at the end of the booklet to write down any questions you may have. Ask your health-care provider for answers to your concerns.

Please read the booklet carefully and discuss this information with your family before your surgery. This will help you to get ready for the weeks after surgery.

What type of surgery will I have?

Surgery for a soft tissue mass involves taking out part of the tissue or all of the mass, and possibly nearby tissues and/or lymph nodes.

Your surgery plan:
Different types of surgery are used depending on the size and location of the mass.
This is the type of surgery you will be having:

- **Open Biopsy**: Removes only part of the mass.
- **Excisional Biopsy**: Remove all of the mass.
- **Marginal Excision**: Remove all of the mass with only a small amount of healthy tissue around it.
- **Wide Local Excision**: Removes all of the mass plus a wider margin of healthy tissue around it.
- **Plastic Surgery**: Some people may need plastic surgery. It is used to rebuild tissues in the affected area. It may be needed if a large amount of tissue is removed along with the mass. Plastic surgery can improve how the treated area looks and functions. An example of plastic surgery is a skin graft, where skin is taken from another part of your body and applied on the wound to cover the surgery area.
- **Amputation**: Removes part or all of a limb, such as an arm or a leg. Sometimes masses can be very large or affect important areas and amputation may be the only way to make sure all of the mass is removed.

You will be in the hospital for a:

- **Day Surgery**: After your surgery, you will go home on the same day.
- **Surgery with Hospital Admission**: You will stay overnight in the hospital on an in-patient unit for a period of time after surgery.

What is pathology?

All tissue removed during surgery will be sent to the pathology lab. A pathologist will examine the tissue under a microscope to look for abnormalities in the tissue. Testing is also done to the tissues.
The pathologist then writes a complete description of the specimen and provides a diagnosis. This process takes about 14 days.

Possible diagnoses include:
• The mass is benign (non-cancer)
• The mass is malignant (cancer) with:
  – Negative or clear margins: The edges of the tissue are normal cells, which means cancer isn’t growing into the edges of the tissue.
  – Positive margins: Where cancer cells are present at the edges, which means cancer cells may have been left behind.

How do I prepare for surgery?

Pre-admission appointment
You will be called by the hospital for a pre-admission assessment and to arrange for any tests required before your surgery. This assessment may take place over the phone, or you might be booked for an appointment at the hospital. Be ready to answer questions about your health, the medications you take, past operations, and allergies. Please bring all of your medications in their original labelled bottles to this appointment, or have them near you if your assessment is over the phone.

Stop smoking
Stopping smoking is the most important thing you can do. Stopping smoking before your surgery can decrease complications and make your recovery easier. Tobacco in any form should be avoided. This includes pipes, cigars, regular and low tar cigarettes, and chewing tobacco.
Quitting smoking has a number of benefits including: less risk with surgery, quicker wound healing, decreased risk of heart disease. For people with cancer, quitting can make treatment work better, have less side effects of cancer treatment and improved quality of life.

Ask your nurse for information about quitting smoking. Quit smoking medications and support can double your chances of quitting smoking. Quit smoking medications can be used before and after a surgery. E-cigarettes are not recommended at this time as they have not been evaluated for their safety or effectiveness. E-cigarettes are not regulated or approved for sale in Canada. Effective smoking cessation support is available. Ask your nurse for information that is available to help you to quit smoking.

**Prepare for mobility issues after surgery**

Depending where on your body the mass is and the extent of your surgery, you may not be able to move as well for a period of time afterwards. Be aware that the following may occur, and plan ahead:

- Your arm or leg may be in a cast or brace for several weeks after your surgery.
- You may not be able to walk or climb stairs at home until you recover.
- For surgery on a leg or foot, you may need a wheelchair, walker, crutches or a cane. For surgery on an arm or hand, you may need a cast or sling for your arm. You may also consider a device to raise the height of the toilet seat. How long you might need this depends on your surgery.

**Set up your home**

- Arrange for extra help with household tasks, if needed.
- Stock your freezer/pantry with healthy foods and snacks.
• Keep ice packs or a bag of frozen peas in your freezer for possible swelling after surgery.
• Move small rugs that may be cause you to slip if you are on crutches.
• Have a thermometer at home to check your temperature.

Communication
Please share with us any important personal, religious, cultural, or other information that you feel would be important for your care.

What to expect in the hospital?
After surgery you will awaken in the Post Anesthetic Care Unit (PACU). Afterwards you will be moved to your room. Here are some things you might expect:

• **Assessment:** The nurse will check you often to ensure that you are comfortable and doing well. Your temperature, heart rate, blood pressure, and wound dressing are also checked.
• **Intravenous (IV):** You may have an IV to give you fluids if you are not able to eat or drink well right away. When you are walking, use the hand that does not have the IV in it to push the pole that the fluid bag is hanging on.
• **Oxygen:** You may have extra oxygen being given to you through a mask or small tubes placed in your nostrils. A small clip on your finger may be present to measure the amount of oxygen in your blood. The nurse may increase or decrease the amount of oxygen based on this reading.
• **Urinary Catheter (Foley):** You may have a urinary catheter which is a tube that drains urine from your bladder. The nurse will remove it once it is no longer necessary.
• **Pain Management:** Your comfort is our concern. It is important that your pain is relieved. Our goal is to help you to be comfortable enough to participate in the healing process. Your pain should be controlled enough that it does not prevent you from deep breathing, coughing, or moving. Both drug and non-drug treatments are available to help prevent or control pain.

• **Pain:**
  - After surgery, most people will have pain in the part of the body that was operated on.
  - The type of pain may vary and can include muscle pain, aching, nerve pain, or other kinds of pain.
  - It is important to discuss any pain you experience with your health-care providers. Controlling your pain to a comfortable level is part of your care in order to better allow you to participate in your recovery after surgery.
  - There are different ways to manage pain, including medications or other strategies.
  - It is helpful to keep track of your pain on a scale of 0 (no pain) to 10 (the worst pain) so that you and your health-care provider can tell if pain management strategies or treatments are working.
  - Refer to the **Pain Management after Surgery** booklet (see link in Resources).

• **Wound:** You will have a wound called an incision after your surgery. Your wound may also be closed with stitches or staples. These will be removed after the wound has healed. It may be covered with tapes called Steri-Strips that will eventually fall off.
  - **Drain:** You may have a tube coming from the wound to help drain blood or fluid out of the wound. This helps to prevent infection.
– **Vacuum Dressing:** Individuals who have received radiation or are at higher risk of infection, may have a special type of dressing in place called a vacuum dressing that helps to remove fluid and blood. This helps to prevent infection and promotes healing.

**V.A.C. dressing**

Vacuum-Assisted Closure (V.A.C. dressing) is a special type of wound therapy that applies negative pressure (suction) to a wound or incision in order to stimulate healing. A V.A.C. dressing may be used to help wound healing in some patients who have a soft tissue mass. For example, patients who need radiation treatments prior to surgery which can increase the risk of the incision leaking or opening up.

The V.A.C. dressing consists of foam and a clear plastic film that is applied to the wound or incision. The V.A.C. suction pump is then attached with a drainage tube to the dressing. Any drainage from the wound or incision that is removed is collected in a container attached to the pump. Patients can walk and sit up with this pump. The dressing is changed every 2 to 3 days until it is not needed.

There are two ways that V.A.C. therapy can be used.

1) **Incisional** – this is when the V.A.C. dressing is applied in the operating room on top of the incision once it is closed with staples or sutures. An Incisional V.A.C. is used to support the incision and to remove any drainage that might occur. This is done to decrease the chances of the incision opening. This type of dressing is only done in the hospital. Your surgeon will tell you if this type of dressing is needed for your surgery.
2) **Open wound** – if you have an open wound the V.A.C. dressing can be placed in it. This is used to pull away excess drainage and stimulate the wound to grow new tissue faster than regular dressings. This dressing is done similar to the incisional V.A.C. but can be done at home by home care nurses.

If you need a V.A.C. the nurses in hospital and with home care will give you more details about V.A.C., what you will need to watch for and will provide you with contact information for home care.

**Post-operative exercises**

Lying in bed without moving may cause problems, such as pneumonia, blood clots, or muscle weakness. It will also slow down your recovery.

- **Deep breathing:** If right for you, you will be shown how to do deep breathing exercises by your healthcare team. These exercises work best when you are sitting up in bed, in a chair, or at the side of the bed.
  - Take a deep breath in through your nose and mouth. Breathe out slowly through your mouth.
  - Repeat this exercise each hour while you are awake until your activity level increases.
  - Try coughing 2 to 3 times after your breathing exercises.

- **Leg Exercises:** If right for you, you will be shown how to do the following exercises by your healthcare team:
  - **Ankle Pumping:** wiggle your toes and bend your feet up towards your head, and then towards the wall in front of you 5 to 10 times.
  - **Ankle Rotation:** wiggle your toes and rotate your ankles in circles 5 to 10 times.
Potential side-effects after surgery

• Blood clots:
  – These may occur in your leg veins and are caused by not moving your legs. This is an uncommon side effect of surgery.
  – Your risk of a clot is higher if you are elderly, obese, if you have extensive surgery, or if you have cancer.
  – Signs of a clot in your legs are increased pain, redness, swelling and/or an area hot to touch on one of your legs. Tell a nurse or doctor right away if you have any of these.
  – Rarely, clots may also form in your lungs. Signs of a lung clot include shortness of breath, coughing up blood, or feeling like your heart is racing. Tell a nurse or doctor right away if you have any of these.
  – To prevent clots, move your legs while you are in bed, start walking as soon as possible, and walk every day. Practice deep-breathing exercises while in hospital. You may be given an injection of a medication while in hospital to thin your blood and prevent clots.

• Lymphedema:
  – This occurs when lymph fluid builds up in in the soft-tissues of your arms or legs. This may have happen months after surgery.
  – Symptoms include feelings of fullness or swelling that can come and go. Your limb may be puffy, or feel heavy, tingling, or achy, and your skin or clothes may feel tight.
  – To help manage this, try raising your affected limb on pillows or light massage.
– This may become a longer-term issue, and you can talk to your health-care provider about physical therapy exercises and/or compression garments that can help.

– If your skin is warm or red, these may be signs of infection. Tell a nurse or doctor right away if you have any of these.

• **Infection:**
  – This is a problem that can happen after surgery, especially if you had radiation treatment before surgery.
  – To help prevent infection, follow your nurse’s instructions about caring for your wound.
  – Signs of an infection include increased redness, pain or swelling, drainage that may have a foul odour, or fever. Tell a nurse or doctor right away if you have any of these. If you develop an infection, your doctor can give you a medication (an antibiotic) to treat it.

**Discharge planning**

When you go home from the hospital, you may need help at home.

It would be best to arrange for this before your surgery. If you think you will have problems at home, discuss them with your nurse or social worker during the pre-admission appointment before your surgery.

Before you leave the hospital, make sure you understand:

• About your medications (how often, when, and why)
• How to care for your incision, and any tubes, dressings, or a cast
• Your mobility limitations and any exercise programs
• Preventing falls at home
• When to call the doctor or go to the Emergency department
• What services are available to help you and your family after surgery.
• How to reach someone if you have problems in the evening or on the weekend.
• When your follow-up appointment is:

______________________________

Follow-up appointment

At your follow-up appointment, you may want to ask your surgeon some of the following questions:
• When can I resume my regular level of activity?

______________________________
• How long should I be off work?

______________________________
• How will this affect my work when I return?

______________________________
• When can I resume sexual activity?

______________________________
• When can I drive?

______________________________

Going home

Activity
• Take frequent rest periods as necessary.
• Let your body be your guide.
• Weight-bear according to instructions from your doctor.
Diet
• Follow the Canada Food guide.
• You should drink six to eight glasses of liquid per day. You will know you are drinking enough when your urine is pale yellow in colour.
• Remember to include foods that are high in fiber (for example, bran cereal or whole grain toast).
• If you are taking iron, remember that it can increase constipation.

Medications
• Take your pain medication as needed. It is normal to experience some wound discomfort after leaving the hospital.
• Use foundation pain medication (for example, acetaminophen) and an anti-inflammatory medication (for example, ibuprofen) on a regular basis.
• Use narcotics if the foundation medication is not enough. Refer to the Pain Management after Surgery booklet (see link in Resources).
• Narcotics can cause constipation. To avoid this, drink lots of water. You may need to take a mild laxative.

Side Effects: It is important to monitor and write down your side effects. Let your surgeon and nurse know what side-effects you are having.

Wound care

The surgical incision
• Tenderness, swelling, and bruising is common, especially in the first 48 hours. It will decrease with time.
• Remember, if you had radiation therapy before the surgery, you may be at a higher risk of wound infection.

• Until your wound is healed, it is important to try and keep it as clean and dry as possible. If you do not have a homecare nurse visiting, make sure your dressing is kept dry. If you have concerns about your dressing, call your doctor to make an appointment.

**Showering**

• Your doctor will let you know when you can take a shower. This will depend on your wound and whether or not you have drains or a vacuum dressing, If you do not have spinal a dressing, clean your incision with mild soapy water. Do not scrub the wound until it is completely healed. Dab it to dry it well. Do not take a bath, as soaking in water could lead to wound infection. Discuss with your surgeon when you may bathe in a tub.

**Contact your surgeon if problems with your incision develop, such as:**

• increased pain
• increased swelling or redness
• increased drainage from the wound (especially if it has an odour)
• if you are unable to contact your surgeon for any of the above reasons, go to the Emergency department

**Go to the Emergency department if you have:**

• Chills or fever (temperature greater than 38.5°C/101°F taken at least 30 minutes after eating or drinking).
• Lots of pain, redness or streaking, and increased drainage, especially if there is a foul-smelling odour from the incision.
• The edges of the incision come apart.
• Chest pain, shortness of breath, or new pain in one of your legs.

What you may be feeling
You may be feeling lots of different emotions right now. This happens to a lot of people. You may be really anxious or stressed. Some people also feel angry about the effects this is having on your family, friends, or career.

Sometimes, people may have difficulty expressing how they feel to loved ones or health-care providers, but you are encouraged to share how you are feeling. You may need people you can turn to for strength and comfort. Support can come in many forms: family, friends, church or spiritual groups. You may also wish to speak to someone at the hospital. What’s best for you depends on your situation and your personality.

If you aren’t sure who can help talk to the nurses, your surgeon or any member of the team.

Rehabilitation
Many people will require some type of rehabilitation or recovery during and/or after their surgery and treatments.

Further treatments
You may need more treatment after surgery, such as radiation or chemotherapy if the mass is determined to be cancerous. The need for more treatment will depend on:
• The margins after surgery (if there are cancer cells at the edge of tissue that is removed).
• The stage (the size and location of the cancer).
• The type of cancer cells and grade (some cancers are more aggressive).
• The risk of the cancer spreading.

Resources

• Link to How to use Crutches (Non-Weight-bearing): https://www.youtube.com/watch?v=HgwePDw3svY
• Link to How to use Crutches (Partial Weight-bearing): https://www.youtube.com/watch?v=M7_T3vN2rwE
• Link to Information on Surgery at TOH: http://www.ottawahospital.on.ca/wps/portal/Base/TheHospital/ClinicalServices/mySurgery
• Link to Pain Management After Surgery booklet: http://www.ottawahospital.on.ca/wps/wcm/connect/2f1da2804cc173fe8d54bd87e2710825/P954+English+Oct+2011.pdf?MOD=AJPERES

Contact information

My surgeon’s name: __________________________________________

My surgeon’s phone number: 613-737-8213

Orthopaedic Clinic (Module O)
General Campus: 613-737-8370

Plaster Room (Module P)
General Campus: 613-737-8400
Glossary

**Biopsy:** The surgical removal of a sample of tissue or tumour from the body in order to examine it under a microscope for cancer cells.

**Diagnosis:** The process of finding out the cause of a problem.

**Excision:** To remove or cut out.

**Intravenous (IV):** Fluid that drips slowly through a tube into your vein.

**Margin:** The outer edge of tissue that is removed in the surgery.

**Mobility:** The ability to move around.

**Pathologist:** A doctor who examines cells and tissues to check for cancer and other conditions.

**Rehabilitation:** Programs that can help you to recover after your surgery. Rehabilitation professionals that may be part of your health-care team include physical therapists, occupational therapists, social workers, or psychologists.
Sample questions to ask your surgeon

1. Do I need to have any tests before surgery?

2. What type of surgery will I be having? What will be removed?

3. What are the risk and side effects of surgery?

4. How long will I be in hospital after surgery?

5. Will I need any special equipment when I go home after surgery?

6. What type of follow-up will be required with you after surgery?

7. How will this surgery impact my mobility and/or movements?

8. What type of rehabilitation will I need?