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# Breast Surgery

Patient and Support Coach Information



Saskatchewan  
**Health Authority**



**CS-PIER-0343**  
April 2026

# My Breast Cancer Diagnosis

Please use the boxes to check off your diagnosis. This book will be a valuable resource throughout your journey. Please bring it to all your appointments as well as to the hospital on the day of your surgery.

## Type of Breast Cancer

### Breast Cancer Type:

(pages 12 to 13)

- Ductal Carcinoma in situ (DCIS)
- Invasive Lobular Carcinoma
- Lobular Carcinoma in situ (LCIS)
- Inflammatory Breast Cancer
- Invasive Ductal Carcinoma

Other: \_\_\_\_\_

\_\_\_\_\_

### Breast Cancer Sub-Type:

(page 14)

- Luminal A (HR+, HER2-)
- Luminal B (HR+, HER2-/++)
- Triple Negative Breast Cancer (HR-, HER2-)
- HER2 Breast Cancer (HR+/-, HER2+)

### HER2 Status:

(page 14)

- HER2+
- HER2-

### Tumour Grade:

(page 15)

- 1 (low)
- 2 (moderate)
- 3 (high)

### Overall Stage:

(page 15)

- 0 (pre-invasive)
- 1 (early invasive)
- 2 (invasive)
- 3 (locally advanced)
- 4 (metastatic cancer)

Locations: \_\_\_\_\_

\_\_\_\_\_

### Surgery:

(pages 16 to 17)

- Mastectomy
- Lumpectomy
- Lymph Node Removal:
  - ⇒ Sentinel Lymph Node Biopsy
  - ⇒ Axillary Lymph Node Dissection

### Hormone Status:

(page 14)

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> ER+, PR+ | <input type="checkbox"/> ER-, PR+ |
| <input type="checkbox"/> ER+, PR- | <input type="checkbox"/> ER-, PR- |

### Reconstructive Surgery:

(pages 18 to 20)

- |   |  |
|---|--|
| <input type="checkbox"/> Immediate      | <input type="checkbox"/> Breast Implants           |
| <input type="checkbox"/> Delayed        | <input type="checkbox"/> Autologous Reconstruction |
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Flap Technique            |

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## Introduction

This booklet will provide you with valuable information about breast surgery after a breast cancer diagnosis. The goal is to:

- Provide education on what to expect
- Help prepare you for your upcoming surgery
- Discuss goals for your recovery.

## Patient and Coach Information

A coach is someone to help you throughout your journey. This person will provide support before surgery, during your hospital stay and at home with you while you recover from surgery. Your coach could be a family member, caregiver, or friend. We understand that not everyone has a coach. Please let us know if you do not have one, and we can help connect you with other supports.

## What is the role of your Coach?

- Attends all pre-operative appointments with you before surgery.
- Provides support during your hospital stay.
- Supports you during your recovery period once you are discharged from the hospital.
- Acts as a translator if English is not your first language. If you require a translator during your appointment(s) please let staff know.

**Reminder...**  
**Your coach is a  
“guide on the side”,  
not someone who will  
take over for you.**

## Supports

Your healthcare team will help you take an active role in your care by giving you both education and support. Your healthcare team will be there to answer questions and support you throughout your journey.

You are your best advocate. Writing things down, asking questions, and using a calendar to remember important dates are some ways to help empower you.

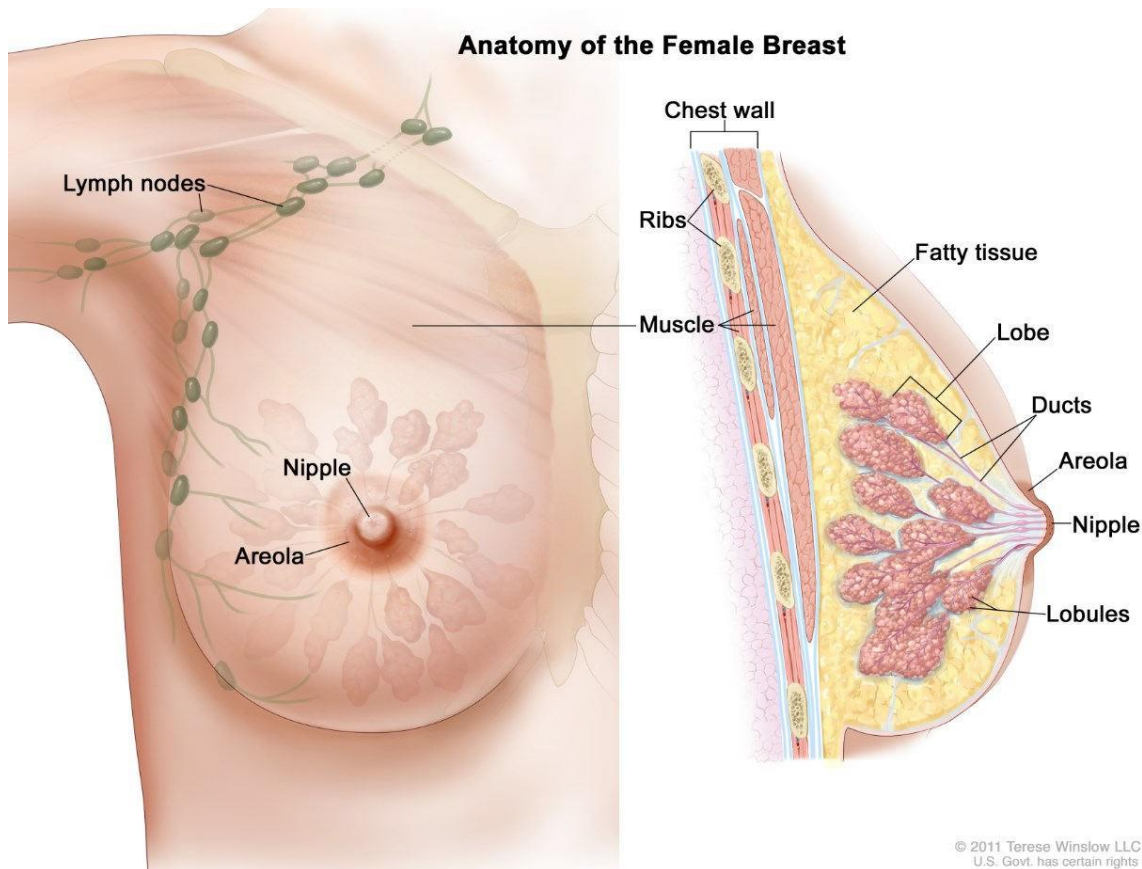
Other supports can be your family, friends, and other individuals diagnosed with breast cancer. If at any time you are feeling overwhelmed, it is important to lean on your support system.

# Anatomy of the Breast

The breast is composed of:

- **Lobules:** clusters of cells that produce milk during pregnancy and breastfeeding
- **Ducts:** carry milk from the lobules to the nipple
- **Fatty tissue:** surrounds the breast (mostly on the surface and the sides)
- **Lymph Nodes:** pea-sized structures are linked in chains in and around the breast as well as throughout the body
  - The lymph nodes in the armpit filter fluid from the breast and arm (removing bacteria and other foreign materials)
- **Nipple:** darkened and raised tissue found in the middle of the breast which allows milk to flow through the ducts to leave the body
- **Skin:** the outer layer of tissue which covers your body and is made up of water, protein, fats and minerals and provides protection.

Breast cancer most frequently occurs in the ducts or lobules, but can also include lymph nodes.



# Diagnosing Breast Cancer

## Screening Mammogram

A routine exam completed when there are no symptoms or concerns with the breast(s). These 2-D images are useful in discovering small lumps or abnormal areas before they can be felt or seen. This is an important tool in early detection of breast cancer; this can lead to early intervention, less invasive treatments and a better prognosis.

## Diagnostic Mammogram

A more detailed exam used if there is a specific issue or concern with the breast(s), such as a lump which can be felt through the skin, breast pain, nipple discharge or changes seen on a screening mammogram. The images can be done from different angles, which provides a 3-D view and helps doctors make an accurate diagnosis or decide what the next steps will be.



Photo by National Cancer Institute on Unsplash.

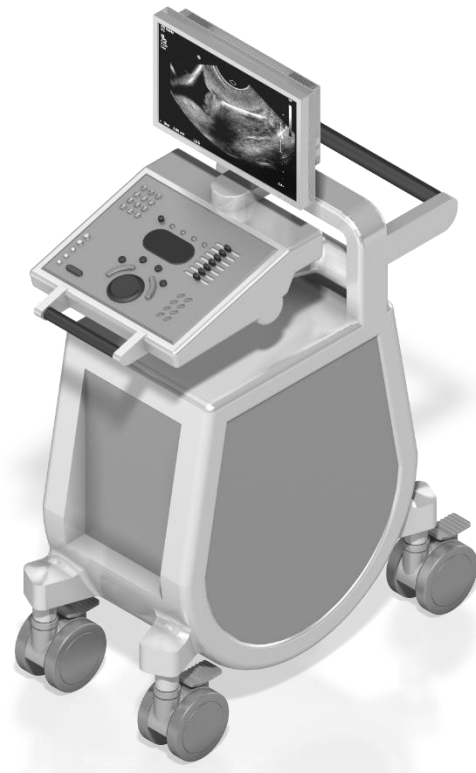
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*Anatomy of the Female Breast.* Terese Winslow, LLC. Available from: <https://www.teresewinslow.com/breast-related>

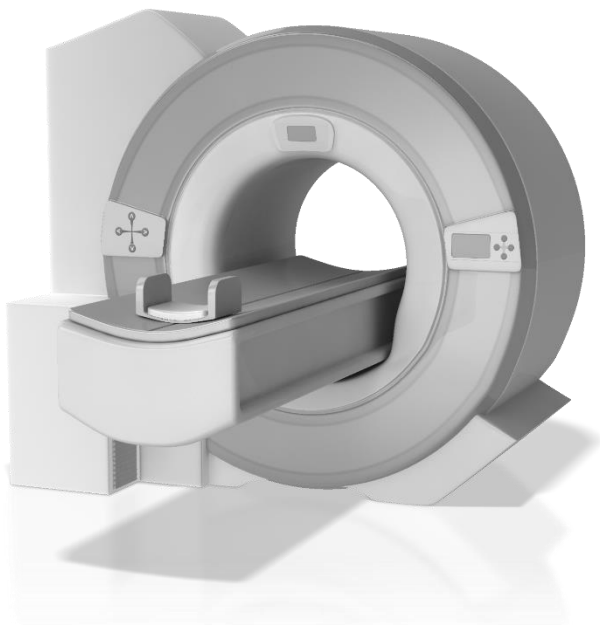
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## Ultrasound

An ultrasound uses sound waves to take a closer look at specific spots that may be concerning. Compared to a mammogram, ultrasound is helpful in seeing if a lump is solid or full of fluid (like a cyst). If further testing is needed, like a biopsy, an ultrasound can be used to help guide the doctor to the exact spot.



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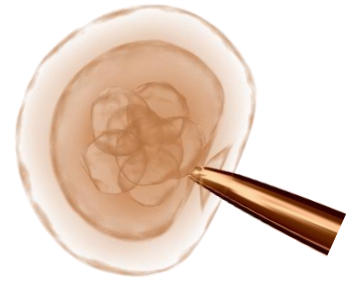
PresenterMedia. MRI scanner. Available from: <https://www.presentermedia.com/powerpoint-clipart/mri-scanner-pid-10218>

## MRI

MRI is used to take a picture of the inside of the body by using a magnetic field and radio waves. It is a valuable tool to look at dense breast tissue, or for people with a significant family history of breast cancer.

## Biopsy

A biopsy is often needed to find out if a lump or abnormal area in the breast(s) is cancerous or not. A doctor will use a needle to take a small piece of tissue from the lump or suspicious area. This can be done with a thin needle, often referred to as a fine needle aspiration (FNA) or a thicker needle, which is known as a core needle biopsy.



PresenterMedia. Needle cell.  
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<https://www.presentermedia.com/powerpoint-clipart/needle-cell-pid-10370>

Often, a metal clip is placed in the breast tissue where the biopsy was performed. The clip is tiny, often less than 5 mm, and usually does not cause any discomfort and is not visible. If a follow-up procedure such as a lumpectomy, more biopsies or target radiation therapy is required, this clip will help your doctor find the exact area of concern.

After the biopsy, the incision where the needle went into the breast can be a little sore and possibly bruised. It should heal within a few days to a week. If there is a lot of bruising, it can take a few more weeks to fully heal.



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Once the biopsy is complete, the sample will be sent to a lab to be looked at. The sample is examined under a microscope by a doctor called a pathologist to see if there are any unusual or harmful cells, like cancer cells, in the tissue. The results will be sent back to the doctor who referred you for the biopsy, written as a report called a *pathology report*. This can take anywhere between a few days to a few weeks depending on what is found.

## Wire and Seed Localization

This is a procedure done to precisely locate and mark the abnormal area in the breast(s). This can be done with a wire or a “seed” (usually a tiny magnetic marker). A radiologist inserts a fine wire or seed close to the area of concern using a mammogram or ultrasound for guidance. The seed or wire will stay in place until surgery.

During the surgery, the wire acts as a guide for the surgeon to help them locate and remove the abnormal tissue. If a seed is used, the surgeon uses a special probe to detect the seed’s location and this allows the surgeon to access the abnormal tissue. This is common when having a procedure called a lumpectomy.

## Radioactive and Blue Dye

If you are having a sentinel lymph node biopsy, you will receive an injection that will help your surgeon locate your lymph nodes. There are two injections that may be used and it is common for surgeons to use both methods together.

The **radioactive** injection allows your surgeon to use a probe in the operating room. This will make a sound when it is placed over a lymph node, which signals the correct location to be surgically removed. This injection is typically done the morning of surgery so that the liquid has time to travel from the injection site and into the lymph nodes. Sometimes, an image may be taken after the injection to help your surgeon better determine which lymph nodes need to be removed.

The surgeon may also use a **blue dye** that will help them see where the lymph nodes are located. This dye is commonly injected in the operating room by your surgeon. This blue dye can turn your urine blue or green and cause some minor discoloration of the skin. These side effects are common and typically can last up to one week after your biopsy.

# Understanding Your Diagnosis

## General Information

Breast cancer is a disease where some of the cells in the breast can start to grow uncontrollably which can then lead to a lump or mass. Men and women both have breast tissue, which means breast cancer can be found in both genders. It is more common in women since women usually have more breast tissue, but it is important to remember that anyone can be affected by it, no matter their gender.

Breast cancer is often a carcinoma, and can be invasive or non-invasive:

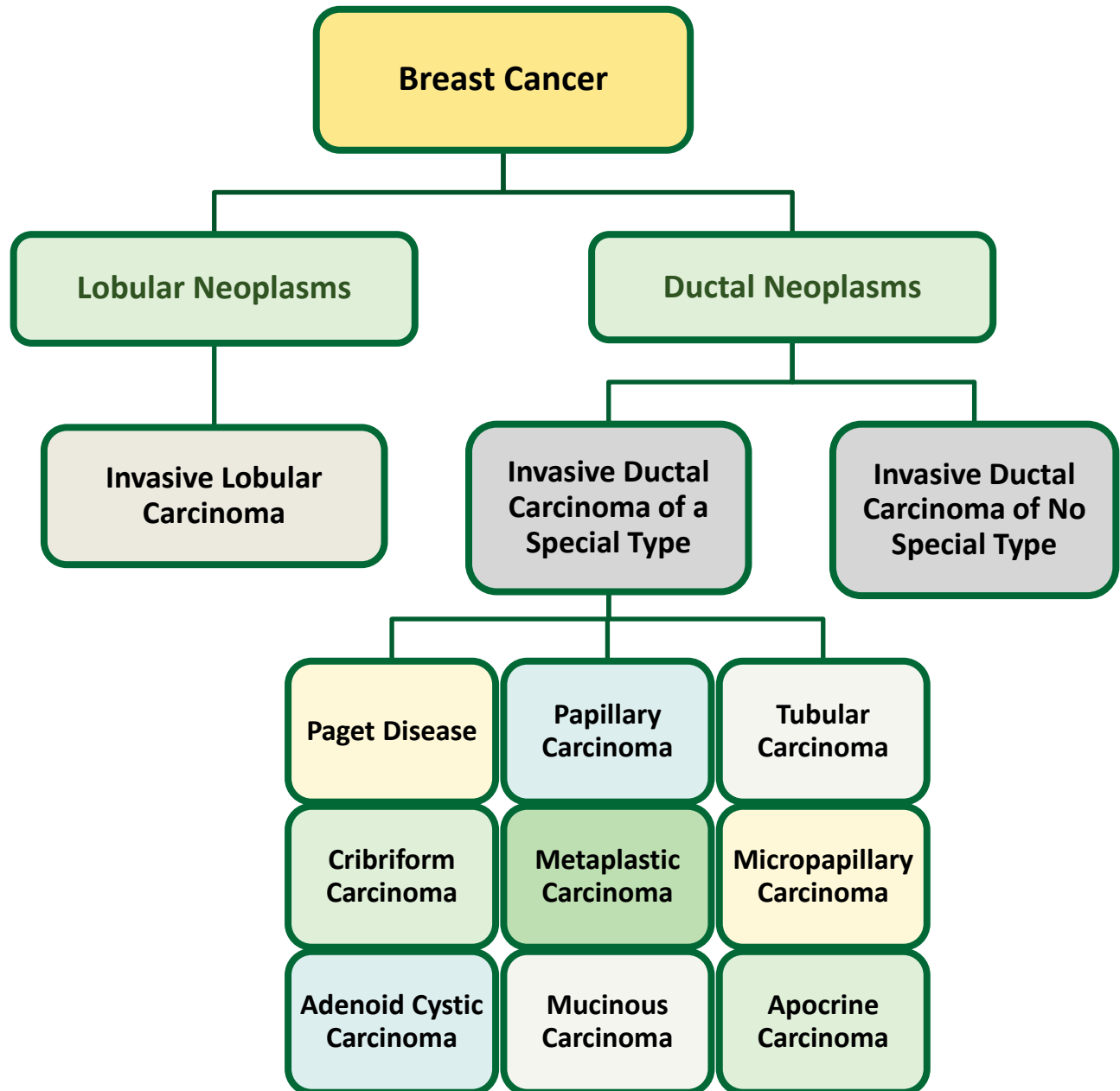
- **Carcinoma:** abnormal cells that develop from the tissue that line your skin and organs.
- **Non-invasive Carcinoma:** this means the abnormal cells have grown, but have not invaded outside of the duct or lobule where it started. This is considered pre-cancer.
- **Invasive Carcinoma:** this means the breast cancer has spread outside of the duct or lobule, into surrounding tissue.



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## Types of Breast Cancer

The most common types of breast cancer will be explained on the following page. It is important to know that there are other types of breast cancer that can develop. Those results should be discussed with your healthcare provider.



## Common types of Breast Cancer

### Invasive Ductal Carcinoma (IDC):

- Most common type of breast cancer
- Invasive type of breast cancer

### Ductal Carcinoma In Situ (DCIS):

- Non-invasive or pre-cancer of the breast

### Invasive Lobular Carcinoma (ILC):

- This is a unique form of breast cancer which usually does not form a lump. This makes it more difficult to detect on screening mammograms, other imaging, and breast examination.
- Invasive type of breast cancer

### Lobular Carcinoma In Situ (LCIS):

- There are two common types of LCIS:
  1. Pleomorphic LCIS: a non-invasive or pre-cancer type often treated like DCIS
  2. Classic LCIS: this is not a true cancer or pre-cancer, but a marker of increased risk of developing breast cancer.

### Inflammatory Breast Cancer:

- Cancer cells block the lymphatic drainage in the skin of the breast
- The breast becomes red and swollen
- This type of breast cancer tends to grow and spread quickly

### Paget Disease of The Breast:

- A rare condition that affects the skin of the nipple and areola, and appears as:
  - Redness, scaling, flaky or thickened skin around the nipple
  - Discharge, which could be yellow or contain blood
  - Appearance changes such as a flattened or inverted nipple
  - Can cause burning, itching or pain
- **These symptoms could look like another skin condition that is not cancer.** It is very important to get a proper diagnosis from a doctor, and this may require a nipple biopsy.
- This type of cancer is usually caused by the milk ducts, either from DCIS or IDC.

**“In situ” means  
“in its original  
place”**

## Breast Cancer Cell Receptors

Our bodies make special chemicals called hormones. Hormones help control how our bodies grow and work.

In breast cancer, two important hormones are estrogen and progesterone. These hormones can sometimes cause cancer cells to grow faster.

Some breast cancer cells have **hormone receptors**. Receptors act like small “locks” on the surface of the cancer cells. Hormones are like “keys.” When a hormone fits into a receptor, it can send a message that tells the cell to grow.

Breast cancer can be **hormone receptor positive** or **hormone receptor negative**.

Testing the cancer cells for hormone receptors helps your doctor decide which treatment may work best for you. This information is found through a biopsy.

- **Hormone Receptor Positive**
  - The cancer cells have hormone receptors.
  - Estrogen and/or progesterone can attach to these receptors.
  - These hormones can cause the cancer cells to grow.
- **Hormone Receptor Negative:**
  - The cancer cells do not have hormone receptors.
  - Estrogen and progesterone do not cause the cancer to grow.

Your doctor will also test for a 3<sup>rd</sup> receptor called **Human Epidermal Growth Factor Receptor 2 (HER2)**. HER2 is not a hormone. It is a protein that helps control how cells grow.

## Types of Receptors

- 1. Estrogen Receptor positive (ER positive)**
  - Breast cancer cells have receptors for estrogen
  - Hormone therapy may be part of your treatment plan
- 2. Progesterone Receptor positive (PR positive)**
  - Breast cancer cells have receptors for progesterone
  - Hormone therapy may be part of your treatment plan
- 3. Human Epidermal Growth Factor Receptor 2 positive (HER2 positive)**
  - Breast cancer cells are making more than the normal amount of the HER2 protein
  - Targeted therapy may be a part of your treatment plan
- 4. Triple Negative Breast Cancer:**
  - Breast cancer cells do not contain estrogen or progesterone receptors
  - Breast cancer cells do not contain an abnormal amount of HER2 protein
  - This type of cancer can be more aggressive, meaning it may grow and spread faster

## Breast Cancer Grades & Stages

### Grades

Cancer cells are given a “*grade*” which will tell your doctor what the cancer cells look like and how fast they are growing.

- **Grade 1 or Low Grade:** these cells look very similar to normal cells  
⇒ **Other terms:** well-differentiated cells
- **Grade 2 or Moderate Grade:** not as “normal looking” as grade 1 cells but not as “abnormal looking” as grade 3. They may grow a bit faster and spread more easily.  
⇒ **Other terms:** intermediate, moderately differentiated cells
- **Grade 3 or High Grade:** cells look very different from normal cells. They tend to grow quickly and are more likely to spread to other areas.  
⇒ **Other terms:** poorly differentiated cells or undifferentiated cells

### Stages

Breast cancers are also given a “*stage*” to help your doctor figure out how much cancer is present and if it has spread to any other areas of the body. Typically, the staging used is referred to as TNM (see table below). Your treatment plan will be based on the stage of your cancer.

<b>T</b> Tumour size	<b>N</b> Cancer cells found in lymph Nodes	<b>M</b> Cancer cells found in other parts of the body ( <b>Metastasized</b> )
<b>TX</b> Unable able to measure the tumour	<b>NX</b> Unable to determine if the cancer has spread to nearby lymph nodes	<b>M0</b> The cancer has not spread to other parts of the body
<b>Tis (T in situ)</b> The tumour remains in the duct and has not grown into nearby tissue	<b>N0</b> The cancer is not found in the lymph nodes	<b>M1</b> The cancer has spread to other locations in the body
<b>T1 to T4</b> The tumour is increasing in size. T1 to T4 will describe the size of the tumour	<b>N1 to N3</b> The cancer has spread into the lymph nodes. N1 to N3 will describe how many lymph nodes are involved	

## Breast Surgery

- Breast surgery is the main treatment option for many types of breast cancer. This can vary depending on your diagnosis.
- Breast surgery may be in combination with other treatments like chemotherapy, radiation, hormone therapy, targeted therapy, or immunotherapy.
- The main goal is to remove the tumour from the breast. This can be done in one of two ways:
  - ⇒ Breast conserving surgery, such as a lumpectomy
  - ⇒ Mastectomy, with or without breast reconstruction.
- These options will depend on your unique diagnosis and treatment plan, as discussed with your surgeon.

### Breast Conserving Surgery/Lumpectomy

- The tumour and some surrounding healthy breast tissue will be surgically removed, allowing you to keep as much of your breast as possible. The healthy tissue is referred to as the “surgical margin,” which allows the surgeon to confirm if the tumour was completely removed.
- This surgery may or may not include the removal of lymph node(s).
- If your tumour is not palpable or difficult to feel, a marker for “localization” will be required (for example, a seed tracer), which will be placed in advance of your surgery.
- Usually with a lumpectomy, the nipple and areola can remain in place.
- The tissue removed during surgery is sent to a lab, where a doctor called a pathologist looks at it under a microscope. The pathologist checks the tumour margins, which means looking at the edges of the tissue that was removed. Margin results are usually available after surgery and are often reviewed urgently.
- Tumour margins may be described as:
  - ⇒ **Negative (clear) margins:** there are no cancer cells found in the healthy tissue around the tumour.
  - ⇒ **Positive margins:** Cancer cells are found at the edges of the tissue that was removed. This may mean that some cancer cells remain in the breast. Your surgeon may recommend another surgery to remove more tissue or discuss other treatment options.

## Mastectomy

- A mastectomy is when most of the breast tissue is removed. You and your surgeon will determine which mastectomy option is best for you. In most cases, this will involve removal of the nipple/areola.
- It is more challenging to keep the natural nipple/areola with a mastectomy. If your nipple is removed, there may be options for reconstruction or a permanent tattoo; you can discuss these options with your surgeon.
  - **Total Mastectomy:** this surgery removes most of the breast tissue and the tissue that covers the muscles of the chest. With a total mastectomy, the lymph nodes, nerves and muscles are often left in place. The nipple may or may not be removed.
  - **Skin-Sparing Mastectomy:** this surgery is like a total mastectomy. However, much of the skin that covers the breast is left in place. This procedure is performed when breast reconstruction is done immediately after the mastectomy.
  - **Modified Radical Mastectomy:** this surgery removes most of the breast tissue, like a total mastectomy, but also includes removing most of or all the lymph nodes in the armpit.

## Lymph Node Surgery

- Lymph node surgery is done to help stage your breast cancer to determine if the cancer has spread to the lymph nodes. This surgery is also performed when cancer has been confirmed to be in the lymph nodes and has not responded to other treatments like chemotherapy:
  - **Sentinel Lymph Node Biopsy (SNLB):** These are the first lymph nodes that absorb lymph fluid and receive drainage from the breast. During this procedure, the entirety of the lymph node is removed to see if the cancer has spread outside of the breast tissue and usually around 1-3 lymph nodes are removed.
  - **Axillary Lymph Node Dissection (ALND):** This dissection is performed to remove all or almost all lymph nodes in the armpit area. This is usually done when there is evidence to suggest the cancer has spread to more than one lymph node.

## Breast Reconstruction

- Breast reconstruction can be done after a mastectomy to rebuild the shape, size, and appearance of your breast(s). This is completed by a plastic surgeon.
- Reconstruction may be done using:
  - ⇒ Breast implants
  - ⇒ Your own tissue
  - ⇒ A combination of both.
- Your options will be discussed with your plastic surgeon and will depend on your body type, lifestyle factors, health and risk factors for surgery, cancer treatment plans, and your personal preferences about appearance.
- It is important to know that breast reconstruction is optional. Deciding whether or not to have reconstruction is a personal choice.
- Smoking is a **major** risk factor for problems with healing and reconstruction failure. If you smoke, you will be strongly encouraged to stop smoking before your breast reconstruction surgery.

### Timing of Breast Reconstruction:

- **Immediate Breast Reconstruction**
  - Breast reconstruction is done at the same time as the mastectomy.
  - Surgery is performed by both your general surgeon and your plastic surgeon.
  - This may not be an option for everyone and depends on your diagnosis, body type, and treatment plan.
- **Delayed Breast Reconstruction**
  - Reconstruction is done at a later time, after your mastectomy.
  - This option is chosen for many reasons and may be recommended in some cases.
  - Delayed reconstruction gives you more time to heal, complete other treatments, and think about your options.
- **No Breast Reconstruction (“Staying Flat”)**
  - Some people choose not to have breast reconstruction.
  - This option is sometimes called “staying flat.”
  - Many people are comfortable and satisfied with this choice.
  - If you choose not to have reconstruction now, you may still have the option of delayed reconstruction in the future.

Your care team will support you in making the decision that is right for you.

## Types of Breast Reconstruction

There are two main options for breast reconstruction. Tissue flap technique or implant-based reconstruction. The one that is right for you will be discussed between you and your plastic surgeon. It is important to understand that not all options are available to everyone.

### Tissue Flap Techniques

- These use your own tissue, from areas such as your abdomen and back, to create new breast mounds on your chest wall. Depending on your body type, this option may not be available to you.
- Tissue flap techniques include the following:
  - ⇒ Deep Inferior Epigastric Perforators Flap (DIEP)
  - ⇒ Transverse Rectus Abdominus Myocutaneous Flap (TRAM)
  - ⇒ Latissimus Dorsi Flap (LATS)

<b>DIEP</b>	<ul style="list-style-type: none"><li>• Removal of skin, fat and blood vessels from the abdomen and placed on the chest wall to create new breasts by a plastic surgeon</li><li>• This procedure <b>does not</b> remove abdominal muscles, which helps decrease the recovery time</li></ul>
<b>TRAM</b>	<ul style="list-style-type: none"><li>• Removal of skin, fat, muscle and blood vessels from the abdomen and placed on the chest wall to create new breasts</li><li>• This is different than the DIEP procedure as it <b>does</b> remove abdominal muscles</li></ul>
<b>LATS</b>	<ul style="list-style-type: none"><li>• Removal of skin, fat and muscle from the upper back and placed on the chest wall to create new breasts</li></ul>
<b>Free Flap</b>	<ul style="list-style-type: none"><li>• Skin, fat, muscle, and blood vessels are removed from an area of your body and placed under the chest wall to create new breasts</li></ul>

## Implant-Based Reconstruction

- Commonly made with saline (sterile salt water) or silicone.
- Breast implants are placed under the skin and chest muscle. This is often done as a two-stage procedure, where a tissue expander is placed first and slowly stretched over time. The tissue expander is later replaced with a permanent implant. In some cases, breast implants can be placed at the same time as the mastectomy. Your plastic surgeon will decide what option is best for you.
- If your tissue on your chest wall is tight, you may need tissue expanders prior to having implants
  - ⇒ These are like tiny balloons, which are placed under the skin and muscle of the chest wall
  - ⇒ Your plastic surgeon will inflate the balloon, slowly, over a period of time to stretch the skin of the chest wall. This is done in clinic or in an outpatient department.
  - ⇒ Once the tissue is stretched to the desired size, the expander will be removed and replaced with an implant in the operating room.
- Implant-based reconstruction is often done as a delayed procedure if radiation or chemotherapy is part of the treatment plan.
  - ⇒ Radiation and chemotherapy can change how the skin and chest wall heal. These changes can affect the look and feel of breast implants. Waiting until these treatments are finished may lead to better healing and cosmetic results.
  - ⇒ Your care team and plastic surgeon will help you decide the best timing for reconstruction based on your treatment plan and overall health.

# Preparing For Surgery

## Planning For Your Surgery

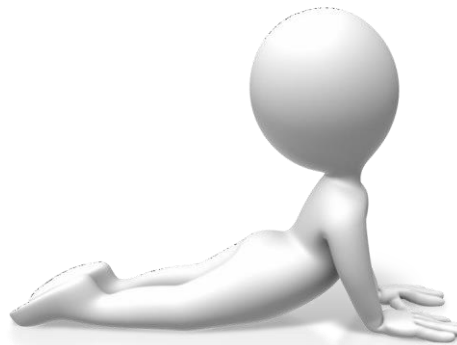
Preparing for surgery is not only about getting your body ready. It is also important to prepare emotionally. As your surgery date gets closer, it is common to notice changes in how you feel. You may have trouble sleeping, feel worried or nervous, or feel frustrated or overwhelmed. These feelings are normal and many people experience them before surgery.

**There are several things you can do to help manage these emotions and feel more prepared:**

- **Practice relaxation techniques.** Activities such as deep breathing, meditation, guided imagery, listening to music, or doing art or crafts can help calm your mind and reduce stress.
- **Stay active and keep a routine.** Continuing with your usual daily activities, as you are able, can help give you a sense of normalcy and control.
- **Talk with your support system.** Share how you are feeling with family members, friends, or others you trust. Open communication can help you feel supported and understood.
- **Communicate with your healthcare team.** Let your healthcare providers know about any worries or concerns you have. They are there to listen and help.
- **Learn about your surgery.** Knowing what to expect before, during, and after surgery can help reduce fear of the unknown and build confidence.

**If you have not been regularly active, please speak to your family doctor before starting a new exercise program.**

Taking time to care for your emotional well-being can help you feel more comfortable and prepared as you get ready for surgery.



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## Improve Your Physical Health

Before having surgery, it is important to be as healthy as possible. This will help your body recover faster and make your surgery go more smoothly. Ways to improve your physical health include:

- **Eating Healthy:** eating a well-balanced diet as recommended by *Eating Well with Canada's Food Guide*. Foods like fruits, vegetables, whole grains, and proteins will give your body the energy it needs to stay strong and to help with the healing process after surgery.
- **Healthy Weight:** maintaining a healthy weight can make your surgery safer and help you recover faster. Being underweight or overweight can make things more difficult during and after surgery.
- **Existing Health:** Health issues such as dental problems, vision concerns, heart conditions (for example, high blood pressure), or diabetes can cause problems during surgery and recovery. It is important to have these conditions well controlled. This helps your healthcare team perform your surgery more safely and reduces the risk of complications.
- **Staying Active:** if you are not already exercising, it may be a good idea to start before your surgery. Research shows that being active can help decrease pain, increase strength, improve endurance and flexibility, and keep your heart healthy before surgery. Cardio exercise is activity that gets your heart rate up. Doing cardio for longer periods helps your heart, lungs, circulation, and muscles. Examples include walking, swimming, or using a stationary bike.
- **Quit Smoking/Vaping:** quitting smoking or vaping at least one month before surgery is recommended. Smoking and vaping harm the lungs and heart and can slow healing, which

**Start exercising slow,  
beginning with a few  
minutes.**

**Gradually increase to 20-30  
minutes of exercise, three  
times per week.**



increases the risk of infection. Quitting before surgery can help you breathe easier and heal faster after surgery.

**Smoker's Helpline:** 1-877-513-5333 or [www.smokershelpline.ca](http://www.smokershelpline.ca)

You can talk with your family practitioner about extra support to quit smoking, including prescription medications.

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<https://www.presentermedia.com/powerpoint-clipart/no-smoking-pid-6805>

# Appointments Before Surgery

## Breast Surgeon Consultation

Before your surgery, you will meet with your surgeon at the Breast Health Centre (BHC). During this visit, you will learn about the surgery, talk about the risks and benefits, and sign a consent form.

## Pre-Admission Clinic (PAC)

Some people need to attend the Pre-Admission Clinic (PAC) before surgery, but this is not needed for everyone. Your surgeon and breast health team will review your health and surgical needs to decide if a PAC appointment is required. If you need a PAC appointment, the PAC nurses will contact you to schedule it.

- PAC appointments are usually booked before surgery.
- Depending on your health and pre-surgery needs, your appointment may be by phone, virtual (similar to a video call), or in person at the PAC clinic. It is strongly encouraged that a family member or support person be with you during this appointment.
- During your PAC appointment, you will receive important information about your surgery, how to prepare, and how to care for yourself after surgery. This is also a good time to ask any last-minute questions.



### PAC: In person appointment

- Bring all prescription medications, herbal supplements, vitamins, and any other non-prescription medications you regularly take in their original containers (or bubble packs).
- You may meet with an anesthetist, an internal medicine doctor, or another healthcare provider.
- You may need some tests, such as an electrocardiogram (ECG), blood work, or a chest X-ray. These tests may be done before your appointment or on the day of your visit to the clinic.



### PAC: Telephone or Virtual Visit Appointment

- Have all prescription medications, herbal supplements, vitamins, and non-prescription medications you regularly take in their original containers available to you during the appointment.

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PresenterMedia. Medication bottle with pills. Available from: <https://www.presentermedia.com/powerpoint-clipart/orange-medication-bottle-with-label-pills-pc-pid-1950>

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## Between Your PAC Visit and Day of Surgery:

# IMPORTANT!

If your health changes before your surgery:

Please let your surgeon know **AS SOON AS POSSIBLE**

**prior to surgery** if your health changes or  
you do not feel well.

### Changes such as:

- A new cough; or cough that is getting worse
- Fever, chills, or feeling hot (temperature 38.5° C or 100.4° F)
- Diarrhea
- Shortness of breath (worse than your usual)
- Severe headache (worse than your usual)
- Muscle aches
- Extreme fatigue or feeling very tired
- Vomiting (throwing up)

### Medications

- Some medications need to be stopped several days before surgery. Your surgical team will tell you which medications to stop and when to stop them before your surgery.
- Certain herbal supplements, vitamins, and over-the-counter medications can increase bleeding risks and may also need to be stopped.
- Your doctor or surgical team will tell you which medications to stop and when to stop taking them. If you aren't sure, speak with your pharmacist or talk with your doctor.

# Patient Checklist - Pre-Surgery

## Please have the following ready before surgery:

- A coach, if possible (this can be a family member, support person, friend etc.)
- A ride to the hospital
- Arrange for a ride home from the hospital when you are discharged
- Your cane or walker, if you normally use one
- Walking shoes with closed backs to wear while in hospital
- Supportive bra and button up shirts for in hospital and at home
- Some meals prepared for when you get home
- Ice or ice packs for pain and swelling after surgery
- Practice the exercises in this booklet so you are familiar with them when you get home
- Talk to your doctor about any medication issues

## What to Bring to the Hospital

Please bring the following items to the hospital with you on the day of surgery:

- Comfortable walking shoes with closed backs (support around the ankles)
- Loose fitting clothing, button-up shirts preferred
- Personal care items: toothbrush, toothpaste, comb, dentures, eyeglasses, hearing aids (with carrying case)
- Electric shaver (if you use one)
- CPAP/Bi-Pap machine (labelled with your name)
- OPTIONAL: a small amount of cash (for coffee shop, newspapers)

A hospital gown and hospital housecoat will be provided. You may bring your own, but you are responsible for the care of these items.



# The Day Before Surgery

## Surgery Skin Preparation

- Shower with unscented or non-perfumed products either the night before or morning of surgery.
- Wash your hair with shampoo.
- Remove body piercings and jewelry.
- Remove any nail polish.
- Do not shave.

## Nutrition

- Follow your usual diet, but avoid eating a heavy meal the day before surgery.
- It is important to have an empty stomach before surgery. Anesthetic medicines can cause nausea or vomiting, which can lead to serious complications if there is food or fluid in your stomach.
- Avoid alcohol, nicotine and recreational drugs for 24 hours before surgery.
- Do not eat solid food after midnight the night before your surgery. This also means no chewing gum, mints, candy, or throat lozenges, unless you are told otherwise.
- After midnight, you can have **clear fluids**:
  - ⇒ **Clear fluids:** Water, black coffee, clear tea, apple juice, white grape juice, white cranberry juice, non-alcoholic and carbonated beverages that are clear, clear soup broth, popsicles, clear Jell-O®
  - ⇒ **Do not have any:** cream, whitener, milk or creamed soups
- Do not drink anything 2 hours before your surgery.**
- If you are instructed to take some of your medications, take them with a small sip of water.



# The Day of Surgery

## What to Expect

When you arrive at the hospital, you will either go to the admissions desk, or you will go straight to the day surgery unit. Please follow the instructions you received from your healthcare team.

- An intravenous (IV) line will be started in your hand or arm.
- Nursing staff will check your height, weight, and vital signs.
- A nurse will review your health history and medications with you.
- You will meet the anesthetist, who will review your medical history and chart, and answer any questions you may have about being put to sleep. The anesthetist is the doctor who gives you medicine to help you sleep during your surgery.
- The surgeon will mark your surgical site.
- If needed, you will be given some medications before surgery.
- Once all pre-operative checks are complete, the team will take you to the operating room.

## Clothing and Belongings

- You will need to remove all jewelry, piercings, dentures, glasses, contact lenses, artificial body parts, and nail polish before surgery.
- Send any valuables home with a family member, friend, or support person.
- If you are staying in the hospital overnight, any belongings left in the pre-operative area will be taken with you to the surgical unit.
- If you are having day surgery, your belongings will be kept in a locked locker on the day surgery unit.

## Day of Admission/Day Surgery Unit

- One visitor is allowed at the bedside for adult patients.
- No outside food is allowed at the bedside.
- Cell phones are to be kept on silent or vibrate.
- Please keep noise levels to a minimum, it is important to rest.
- Once you are moved to the operating room, your visitor can go to the waiting room, or can leave and come back to the day surgery area when you are expected to be back.

# In the Operating Room

## What to Expect

- The operating room staff will ask you questions as part of their Surgical Safety Checklist.
  - ⇒ These questions may have already been asked and answered, but are asked again for safety reasons.
- The surgical team can answer any questions you may have.
- You will be moved onto the operating room bed.
- A nurse will place electrodes (or sticky pads) on your chest which will be used to monitor your heart rate and rhythm.
- A blood pressure cuff will be put on your arm to measure your blood pressure, and an oxygen probe will be put on your finger to measure your oxygen levels.
- The operating room is kept at a consistent temperature which may feel cool; please ask the surgical team if you would like a warm blanket.
- You may be given medications such as antibiotics or a blood thinner. These may be given to help prevent infections or blood clots.
- Leggings that massage your calves (calf compressors) may be placed on your legs.

## Anesthesiologist

An anesthesiologist is a doctor with special training in anesthesia and pain control. This doctor gives you medication to help you sleep during surgery, if needed. A member of the anesthesia team will stay with you and monitor you closely throughout the surgery. The anesthesiologist also helps manage your pain after surgery.

## Types of Anesthesia

### General Anesthetic

- A general anesthetic allows you to be fully asleep during your surgery.
- This is the most common anesthetic used for breast surgery.
- A breathing tube is placed in your mouth and throat to help you breathe during surgery. It is removed before you wake up after surgery.
- Side effects of a general anesthetic can include nausea or feeling drowsy after surgery; the breathing tube can also cause a mild sore throat or cough.

### Regional Anesthetic

- This may be used alone or in combination with a general anesthetic.
- Medication is injected around a specific nerve in your spine which numbs the surgical area and blocks pain during and after the surgery.
- Regional anesthetics can last up to 24 hours after surgery.

### Local Anesthetic and Sedation

- A local anesthetic is injected under the skin and numbs the area being treated.
- It is often used with sedation, which is medication that helps you relax and feel sleepy, but not fully asleep like a general anesthetic. Many people fall asleep with sedation, but you are still able to breathe on your own.
- This type of anesthetic may be recommended if you have medical conditions that increase the risk of complications with a general anesthetic.

# Post-Anesthetic Care Unit (PACU)

## What to Expect

- After surgery, you will be moved to the post-anesthetic care unit (PACU).
- There will be other patients in this room so it may be noisy.
- Your dignity and privacy will always be maintained.
- You will be placed on oxygen when you arrive in PACU.
- Your nurse will monitor your vital signs and your breathing closely.
- Your nurse will monitor your pain and will receive pain medications as needed.
- You may receive medication for nausea if needed.
- Your length of stay in PACU can vary.
- After recovery in the Post-Anesthetic Care Unit (PACU), you will be moved based on the type of surgery you had. You will either return to the Day Surgery (DS) unit or be transferred to a post-surgical inpatient unit (for “day of Admission” surgery, or DAS).

What to expect:

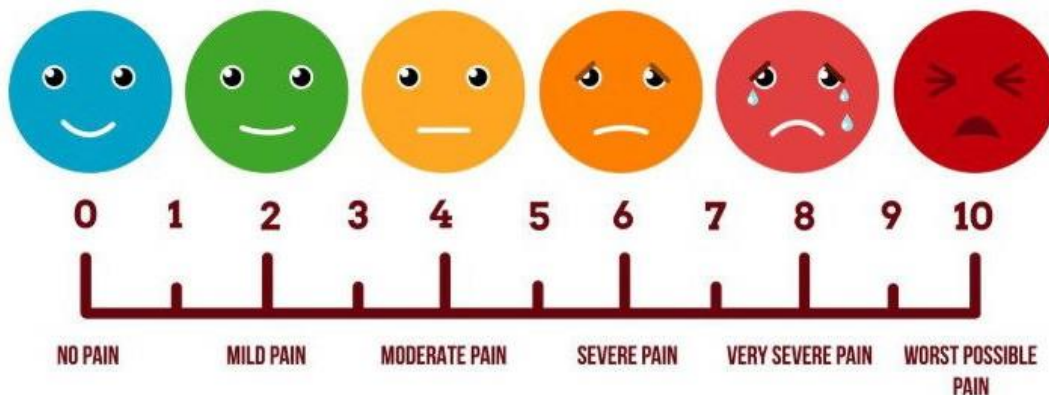
- ⇒ Day Surgery (DS): You will return to the day surgery unit until you are ready to go home that same day.
- ⇒ Day of Admission Surgery (DAS): You will be moved to an inpatient unit in the hospital where you will stay overnight.



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PresenterMedia. Hospital bed (stick figure). Available from: <https://www.presentermedia.com/powerpoint-clipart/stick-figure-hospital-bed-pid-9830>

## Pain Management

- There are several types of pain control available after surgery.
- Managing pain after surgery is very important. Good pain control helps you move more easily, stay active, and support your recovery.
- While being completely pain-free is not expected, your healthcare team will work with you to keep your pain at a manageable level.
- Pain medications (called pharmacological pain management) can include:
  - ⇒ Oral pain medication (medication taken by mouth, such as pills, tablets, or liquid) is often enough to manage pain after surgery. As soon as you are able to drink fluids, you will be given pain medication by mouth.
  - ⇒ Intravenous (IV) or Injected Pain Medication: IV or injected pain medication: If you are not able to take medications by mouth, pain medication may be given through your IV or by an injection into a muscle. This type of medication often works quickly to help relieve pain.
- You will be asked often to rate your pain from 0 – 10 (0 = no pain and 10 = the worst possible pain).



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**Many pain medications can cause constipation. Drinking plenty of fluids and eating high-fibre foods, such as fruits and vegetables, can help prevent constipation.**

**You may also need to take a stool softener or a laxative while using pain medication.**

## Non-Pharmacological Pain Management Options

There are many techniques and therapies that can be used to manage pain without using medications. Some of these techniques include:

- **Ice**
  - ⇒ Helps reduce pain and swelling.
  - ⇒ Do not place ice directly on the skin; wrap it in a towel or cloth and use as needed for 10 to 15 minutes at a time.
- **Deep Breathing**
  - ⇒ Take slow, deep breaths in through your nose, and out through your mouth.
  - ⇒ This helps your body relax, slows your heartbeat and can make pain feel less intense.
- **Meditation**
  - ⇒ Sit in a quiet, comfortable space with your eyes closed.
  - ⇒ Focus on your breathing or peaceful thoughts (like a sunny beach or the ocean).
  - ⇒ This can help calm your mind, reduce stress and lessen pain.
- **Guided Imagery**
  - ⇒ Close your eyes and think of a calm and happy place.
  - ⇒ Focusing on something peaceful can help you feel relaxed and take your focus away from your pain
- **Music or Art Therapy**
  - Listening to music, singing, drawing, or painting can help improve your mood, promote relaxation, and make pain easier to manage.



# In-Hospital Recovery After Surgery

## Day Surgery (DS) Patient

- If you are having a day surgery, you will go home the same day as your surgery once you meet the discharge criteria
- After you leave the Post-Anesthetic Care Unit (PACU), you will return to the day surgery unit until you're ready to go home.
- You will be encouraged to get up and move around before going home.
- You must arrange for a ride home, as you will not be able to drive for at least 24 hours, or longer if advised by your care team.
- A responsible adult must stay with you at home for 24 hours after surgery.

## Day of Admission Surgery (DAS) or Same Day Surgery (SDS) Patient

- If you are a DAS patient, you will be moved to your surgical-unit hospital room after PACU.
- You can have visitors once you are settled into your room.
- Your nurse will monitor your vital signs, your surgical area and your condition during your stay.
- You can expect to see some bruising and swelling in the surgical area.
- The side rails of your bed may be raised for your safety.
- You will have an IV left in until you are eating and drinking well. Sometimes, your IV line will be left in to give you medication as needed. The IV will be removed before you go home.
- After surgery, you may have trouble passing urine. This is usually temporary. Rarely, a catheter may be used to help drain your bladder.
- You can expect to be sitting up and walking the same evening as your surgery. **DO NOT** get up without help from your nurse if you feel dizzy or lightheaded.
- You will be asked to do deep-breathing to help reduce the risk of lung infections after surgery.
- You will be asked to do foot and ankle exercises to help reduce the risk of blood clots.
- The care team will closely monitor your recovery and use set criteria to decide when it is safe for you to continue recovering at home.
- Most patients who stay overnight go home the morning after surgery. If you are having reconstruction, you may need to stay longer.

## Rest and Sleep

- Rest is very important for your recovery. You may feel more tired and will need plenty of rest during the day, not just at night.
- Limiting visitors can help you get the rest you need to heal.

## Wound and Incision Care

- Your dressing will be checked frequently and changed as needed.
- It is normal for your incision to feel tender, tight, itchy and numb.
- During surgery, a drain may be placed near your incision to help remove extra fluid. It will stay in for a short time and be emptied as needed. See page 37 for more information about drains.
- Your surgical site can be sore for several weeks after surgery.
- Your wound should be kept clean and dry. If your healthcare team is concerned it is not healing properly, wound care management may be arranged once you are home.
- If you have any sutures or staples, the removal will be arranged, if necessary.

## Nutrition

- You can start eating solid foods when your appetite improves, unless you are told otherwise. It is common to have a poor appetite after surgery.
- Eat protein-rich foods at each meal and snack. Good choices include lean meat, fish, poultry, milk, cheese, yogurt, eggs, nuts, nut butter, or tofu.
- Eating five small meals instead of three large meals can help support healing.
- Snacking between meals can also help you meet your nutritional needs after surgery.
- Drink plenty of fluids—aim for 6 to 8 glasses (1500 to 2000 mL) each day. Choose water most often.

### High-Protein Snack Ideas

- ⇒ Hard-boiled eggs
- ⇒ Hummus with crackers or carrot sticks
- ⇒ Trail mix with nuts, seeds, and dried fruit
- ⇒ Muffins made with seeds, nuts, and dried fruit
- ⇒ Smoothies or shakes made with yogurt and fruit
- ⇒ Peanut butter or cheese with crackers or fruit (such as banana or apple slices)

## Surgical Drains

You may have a surgical drain at the incision site to remove extra fluid and decrease your risk of infection. The drain is held in place with one or two stitches. You may go home with a drain and will be taught how to empty and milk the drain before discharge. The drain is usually left in place until there is less than 25-30 mL [2 tablespoons] being drained in 24 hours. The drain is removed by your surgeon or nurse.

### How to empty the drain:

- It is recommended to empty the drain when it is approximately half full.
- Wash your hands thoroughly with soap and water.
- Remove the plug on the bulb.
- Squeeze the fluid into a container and keep track of how much fluid you emptied.
- Squeeze the air out of the bulb until it is mostly flat and then put the plug back in. You want there to be constant, gentle suction on the drain.
- Keep record of the amount of fluid drained per day (in millilitres/mL).
- Wash the container you drained the fluid in with hot, soapy water.

### How to milk the drain:

- Wash your hands thoroughly with soap and water
- Using one hand, hold the tube close to where it exits your body (keeps it steady, so it can't be pulled out)
- Use your thumb and forefinger on your other hand to pinch the tube firmly a few inches below where you are holding it with your other hand
- Use your thumb and forefinger to squeeze along the tube from the top to the bottom, pushing out any clots or fluid down toward the bulb
- If the tube isn't fully clear, you can repeat the milking motion a few times until it becomes clear
- Make sure fluid is flowing well into the bulb and that the bulb is still compressed, allowing for suction

### Contact your healthcare team if:

- **The drain falls out (place a clean dressing or band aid over the site)**
- **Redness or swelling develops beyond the incision or drain site**
- **Significant change in the type of fluid draining, or if there is a foul-smelling odour**
- **You develop fluid buildup or increased discomfort around the incision or drain site**

## Deep Breathing and Circulation Exercises

### Deep Breathing

1. Sit or lie down
2. Inhale deeply through your nose
3. Without exhaling, take three small “sniffs” to fill your lungs even more
4. Hold for two to five seconds, and then exhale
5. Repeat this 10 times every hour that you are awake while in hospital.



### Circulation Exercises

1. Lay on your back and pump your feet up and down.
2. With your legs straight out in front of you, squeeze the muscles on the front of your thighs and your buttocks muscles.
3. Hold for 3 seconds, relax. Repeat often while awake.
4. Do ankle circles in each direction.



**Doing deep breathing and circulation exercises, and getting up and walking as soon as you're able can help your recovery after surgery.**

## After Surgery Exercises

### Exercises within your tolerance level

- Exercise is an important part of your treatment and recovery. It will help to maintain movement, improve muscle tone, increase lymphatic drainage and circulation, decrease stiffness, and reduce pain.
- Everyone heals at their own pace. Simple exercises can usually begin right after surgery. Exercises that move your joints through a larger range of motion are added as you continue to heal. Strengthening and general conditioning exercises are introduced later, once your range of motion has improved.
- Walking is also an important part of your recovery. Take short walks often, and slowly increase how long and how fast you walk as you feel able.

**Exercise instruction is included in a separate booklet. Please speak to your BHC Physical Therapist for the booklet if you did not receive one during your BHC visit.**

**Contact information:**

- **BHC Regina Physical Therapy: 306-766-0160**
- **BHC Saskatoon: 306-655-8686 (ask for Physical Therapy)**



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# Hospital Discharge Checklist

## Make sure you check all the boxes before you go home:

- I have confirmed my ride home.
- I know how to take care of my incision(s).
- I know what my medications are supposed to do and when to take them.
- I have an exercise program to follow.
- I know the warning signs that mean I need medical attention right away.
- I have information about my follow-up appointments.
- I have signed and kept a copy of my discharge instructions.
- I have all my belongings.

## When to Seek Help

**If you experience any of the following symptoms at home, call your family doctor or go to the nearest medical centre or emergency department:**

- Increased pain, swelling, tenderness or redness in your arms, legs, ankles or feet that is not relieved by rest and icing the area
- Your incision becomes red, hard, hot, swollen, begins to drain, or has a bad odour
- Chills and a fever (above 38.5° C or 100.4° F)
- Skin changes in your arm(s) or leg(s) such as discoloration, thickening or warmth
- Blood in your stool, urine, or sputum, and increased bruising
- Other infections, such as a chest cold or bladder infection
- Pain in your chest, difficulty breathing or shortness of breath - Go to the nearest emergency department.

## Incision and Drain Care at Home

- Keep your dressing clean and dry
- Always wash your hands with soap and water before and after caring for your incision
- Sponge bath or tub bath with water below the level of the incision
  - ⇒ Do not soak the incision for the first few weeks after surgery
- Avoid hot tubs and swimming until staples/sutures are removed
- Pat incision gently with a clean towel after showering; do not rub
- You may be instructed to let wounds air dry depending on your surgery
- It is normal for the incision to be itchy, tender, tight and numb while healing.

## Resources



### Breast Health Centre – Saskatchewan Health Authority

#### Regina

Phone: 306-766-0160

Email: [bhcregina@saskhealthauthority.ca](mailto:bhcregina@saskhealthauthority.ca)

#### Address:

109 - 1621 Albert St  
Regina, SK  
S4P 2S5

#### Saskatoon

Phone: 306-655-8686

Email: [bhcnursing@saskatoonhealthregion.ca](mailto:bhcnursing@saskatoonhealthregion.ca)

#### Address:

701 Queen St.  
Saskatoon, SK  
S7K 0M7

<https://www.saskhealthauthority.ca/your-health/conditions-diseases-services/breast-health-centre>

## Surgical Waitlist

#### Regina

Phone: 306-766-0460

Toll Free: 1-866-622-0222

TTY Access: 1-866-312-7674



#### Saskatoon

Phone: 306-655-0567

Toll Free: 1-866-543-6767

Please refer to [www.saskatchewan.ca/sasksurgery](http://www.saskatchewan.ca/sasksurgery) to find answers to your questions about every step of the surgical care journey.

## Healthline



Phone: 811

#### Website:

<https://www.saskatchewan.ca/residents/health/accessing-health-care-services/healthline>

## Cancer Resources – Provincial

### Regina

Inpower Regina

Email: [inpowerregina@gmail.com](mailto:inpowerregina@gmail.com)

Website: [www.inpowerregina.com](http://www.inpowerregina.com)



### Saskatoon

Saskatchewan Cancer Agency

Phone: 639-625-2010

Website: [www.saskcancer.ca](http://www.saskcancer.ca)



## Cancer Resources - National



Canadian Cancer Society

Phone: 1-888-939-3333

Email: [info@cancer.ca](mailto:info@cancer.ca)

Website: [www.cancer.ca](http://www.cancer.ca)



Canadian Breast Cancer Network

Phone: 1-800-685-8820

Email: [cbcn@cbcn.ca](mailto:cbcn@cbcn.ca)

Website: <https://www.cbcn.ca/en/>

## Other Resources

### Canada's Food Guide

Web:

[www.healthcanada.gc.ca/foodguide](http://www.healthcanada.gc.ca/foodguide)



### LiveWell Saskatchewan

Phone: 1-877-LIVE-898 / 1-877-548-3898

Web:

<https://www.saskhealthauthority.ca/your-health/conditions-illnesses-services-wellness/all-z/chronic-disease-management/livewell-saskatchewan>

### Smoker's Helpline

Phone: 1-877-513-5333

Web: [www.smokershelpline.ca](http://www.smokershelpline.ca)





**CS-PIER-0343**

***Healthy People, Healthy Saskatchewan***

The Saskatchewan Health Authority works in the spirit of truth and reconciliation, acknowledging Saskatchewan as the traditional territory of First Nations and Métis People.

**PIER—Patient Information and Education Resource**

**APRIL 2026**