PREPARATION & INSTRUCTIONS FOR YOUR PARTIAL BREAST RADIATION CATHETER IMPLANTATION

Please familiarize yourself with the following information prior to your procedure. This will help ensure the best possible results.

1- Prior to the Procedure: Do not take Aspirin, Advil, Motrin, Aleve, Vitamin E, Alka Seltzer, Herbal Tea and all vitamins and supplements for 7 full days. Coumadin, Plavix, Aspirin or other medications that thin the blood must be stopped before the procedure with clearance and specific instructions from your medical doctor.

2- The day of the Procedure: Arrange for someone to drive you to and from the office. Wear a comfortable two piece outfit with a button down top. Plan to be in the office on procedure day for about 2 hours and make sure to inform your driver of the same.

3- Following the Procedure: Leave the dressing and snug bra on 24/7 unless instructed otherwise. The Radiation Oncologist will remove and replace the bandages. Discoloration, mild discomfort, pressure, minor oozing and swelling at the procedure site are possible. If excessive swelling or bleeding occurs, notify our office immediately. THIS AREA AND CATHETER MUST REMAIN COMPLETELY DRY. DO NOT TAKE A SHOWER WHILE THE CATHETER IS IN PLACE.

4- Pain Medication: In most cases, Tylenol (Acetaminophen), 2 tablets every 6 hours, is sufficient for relief or discomfort (if not allergic). Avoid Aspirin, Advil, Aleve, Motrin, and similar medications. We will submit a prescription for an Antibiotic to your pharmacy. Be sure to take every Antibiotic pill as directed. AVOID DRIVING AND ALCOHOL CONSUMPTION IF YOU ARE IN PAIN OR TAKING PAIN MEDICATIONS.

5- Activity: You may resume most activities immediately. Avoid strenuous exercise, heavy work, lifting and reaching until after the catheter is removed. You may return to work the next day. Use common sense. Avoid direct contact/pressure on the catheter and chest area. No sleeping on your stomach.

6- Post-procedure Appointment: You will be given an appointment to be seen in the office in about two weeks’ time. In most cases, no immediate post-procedure visit is needed. YOU NEED TO SEE THE RADIATION ONCOLOGIST WITHIN THE NEXT SEVERAL DAYS.

7- Questions or Confusion: Please call our office if you need any further information or clarification.

8- I certify that these instructions have been fully explained to me. I fully understand the information and confirm that all of my questions have been answered to my satisfaction.

Thank you for your cooperation.

Name ___________________________ Signature ___________________________ Date _____ Time _____