

Office Practice Hours

Location: Dubin Breast Center

Breast Surgery Suite

1176 Fifth Ave

Dr. Port: M 8:30-1:00, W 8:30-5:00

Dr. Weltz: M 1:00-5:00, Th 9:00-5:00 (Wed afternoon for add-ons)

Breast Conference

Location: Dubin Breast Center Conference Room

Tuesday 8:00-9:00

Resident Case Presentations:

Twice a month, the 2nd and 4th Tuesdays, there will be Multi-disciplinary tumor board discussing cases selected by the attendings. We will only present two cases a week, and priority will be given to cases with prospective management questions.

Cases will be presented by the 2nd year surgery resident (for surgical cases) or the medical oncology fellow (for medical oncology cases). The second year surgery resident will prepare a short slide presentation on the case similar to the approach taken in the weekly surgical M and M conference. And as with surgical M and M, at the conclusion of the case, the resident will discuss one or two papers with specific citations, relevant to the salient issue of the case. Discussion can then be generated guided by specific literature. The attending surgeon of record should feel free to guide the surgical resident regarding the issue to be discussed, and the paper(s) to be presented. Here are the following guidelines:

- Resident presented cases
- 2 cases per week (3 max)

- information regarding case (either MRN to access information from EPIC or actual office chart) provided by prior Thursday to 2nd year breast resident so that the resident can prepare a brief presentation.
- Appropriate radiology studies supplied to resident or radiology attending by prior Thursday as well.
- Pathology prepared for only these 2 cases, allowing for more detailed discussion of each.
- No cases will be presented without appropriate radiology films and pathology, so if the films, path, and material for preparing slide presentation to resident are not supplied to the appropriate people by Thursday before, the case will not be discussed. We want to avoid last minute chaos and lack of preparation.
- Attending can guide literature discussion of 1-2 relevant papers on the topic, or resident selects relevant papers.

Once a month, the first Tuesday, will be an attending-led discussion regarding a specific topic of interest. The conference can be a slide presentation or lecture (such as providing an update from a recent national conference, ASCO, SSO, ASBD, etc), A pre-prepared lecture given recently on a current topic, or a journal club type format on a topic of interest with informal discussion led by attending and 2 papers supplied. The topic will be selected by the attending.

Finally, once a month, the 3rd Tuesday, will be divided among the following: Invited speaker (4 dates/year) ,Dubin faculty operations meeting (4 dates/year), M&M (4 dates/year). Invited speakers can include the following:Genetics, Oncofertility, basic science or translational topics, BHRG, tomosynthesis, radiation topics, etc.

Proposed Calendar

June 7 MDTB

June 14 attending lecture

June 21 Invited speaker

June 28 MDTB

July 5 attending lecture

July 12 MDTB

July 19 Dubin Faculty meeting

July 26 MDTB

August BREAK

September 6 attending lecture

September 13 MDTB

September 20 No Conference

September 27 MDTB

October 4 Attending lecture

October 11 MDTB

October 18 Invited Speaker

October 25 MDTB

November 8 Attending lecture

November 15 MDTB

November 22 Dubin faculty meeting

November 29 MDTB

December 6 Attending lecture

December 13 MDTB

December 20 M and M RT

Contact Information

Surgery

Dr. Port Office: x43806; Dubin x45799

Dr. Weltz Office: x43956; Dubin x45483 or x40741

Alyssa Fanno PA: x41748, cell 516-946-1823; Dubin x40741

Lynn MacDougall RN – Nurse for Dr. Port: x44757; Dubin x40777

Lois Shanahan RN – Nurse for Dr. Weltz: *#TBD*

Melissa Bellino – Practice Manager: x45908

MAs in Dubin office practice – x40793

Radiology

Dr. Margolies: x44802, x45655

Dr. Szabo: x41923

Dr. Patel: x44782

Dr. Herman: x44803

Pathology

Dr. Bleiweiss: x49159

Dr. Nagi: x41632

Dr. Jaffer: x41951

Med Onc

Dr. Adelson: 212-241-2299

Dr. Raptis: 212-241-2298

Dr. Holland: 212-824-7434

Dr. Port's Post-Op Orders

Surgical Excision or Lumpectomy w/w out SLN bx – patients go home the same day.

Script for Percocet given in office.

Discharge/Post-op instructions given in office

Lumpectomy w/ Axillary Dissection or Ax Dissection alone – patients typically go home same day

Script for Percocet given in office

Discharge/Post-op instructions given in office

No post-op abx

D/C patients with measuring cups to track JP drain output

Note: *Pts that are reconstructed with a tissue expander typically covered by breast resident*

Pts that are reconstructed with a flap are typically covered by plastics resident

****Please email Dr. Port each morning after rounding when she has patients staying on the floor.
Please give a brief update on each patient and the current room #.**

Elisa.port@mountsinai.org

Unilateral Mastectomy – (One night stay in hospital)

IV Toradol q6h for first 24h and IV morphine for first night then d/c and switch to PO Percocet

-Diet: clear liquids advance as tolerated

-IV to hep-lock when tolerating PO

-No sq heparin – just SCDs and early ambulation as tolerated, unless high risk for clots

- No labs, no foley

-Out of bed to bathroom as tolerated, with assistance first time

-Check JP drain output q8h or every shift

- Pts are given script for Percocet in office to use after d/c

-Discharge/Post-op instructions given by plastics or in office

-Check that tissue expander pts are d/c with abx (usually given by plastic surgeon) – otherwise no post-op abx

- D/C patients with measuring cups to track JP drain output

Bilateral Mastectomy – (2 night stay in hospital)

IV Toradol q6h for first 24h and PCA for first night then d/c and switch to PO Percocet

-Diet: clear liquids advance as tolerated

-IV to hep-lock when tolerating PO

-No sq heparin – just SCDs and early ambulation as tolerated, unless high risk for clots

- No labs, no foley

-Out of bed to bathroom as tolerated, with assistance first time

-Check JP drain output q8h or every shift

- Pts are given script for Percocet in office to use after d/c

- Discharge/Post-op instructions given by plastics or in office

-Check that tissue expander pts are d/c with abx (usually given by plastic surgeon), otherwise no post-op abx

- D/C patients with measuring cups to track JP drain output

Dr. Weltz's Post-Op Orders

Surgical Excision or Lumpectomy w/w out SLN bx – patients go home the same day.

Patients get Percocet script from Dr. Weltz. (DEA # needed on all scripts)

Discharge/Post-op instructions given by Dr. Weltz.

Lumpectomy w/ Axillary Dissection – patients typically go home same day

Patients get Percocet script from Dr. Weltz. (DEA # needed on all scripts)

Discharge/Post-op instructions given by Dr. Weltz.

Note: For any patient having reconstruction after mastectomy please defer to plastics for all inpatient orders. *The majority of patients having mastectomy without reconstruction will go home the same day.*

****Please email Dr. Weltz each morning after rounding when she has patients staying on the floor.
Please give a brief update on each patient and the current room #.**

Christina.weltz@mountsinai.org

Unilateral Mastectomy/Bilateral Mastectomy – Pain medicine – resident's choice.

Otherwise patients should be managed as if they went home that night – i.e. normal diet, no heparin, no labs, etc.

All ambulatory patients are given the following instructions sheet in the office before surgery (Dr. Port) or at time of discharge (Dr. Weltz):

Post Operative Instructions for Breast Surgery

Wound Care

- Apply ice if you wish for 20 minutes every 2 hours. Do not apply ice directly to skin. Do not ice after 48 hrs.
- Minor bruising and swelling is normal.
- Wear your sports bra for 72 hours after surgery or longer if it is more comfortable.
- Remove your outer dressing(s) 48 hours after surgery. Leave the steri-strips in place. You may shower after you remove the outer dressing. Make sure the incision area is dry after your shower.
- Do not use deodorant or shave on the operative side(s) if you have an incision in your armpit.
- If you have a drain, follow the instructions you received from the office, "*Care of the Jackson Pratt Drain*".

Pain

- Take Extra Strength Tylenol for mild pain.
- Take the narcotic pain reliever for moderate to severe pain. Take with food.
- If your pain is not controlled, call the office and ask to speak with the nurse.
- Do not take aspirin or non-steroidal anti-inflammatory medication (ibuprofen, advil etc), at this time.

Activity

- Do not lift anything > 10 pounds.
- You should be up and about, participating in social activities.
- Walking is encouraged at this time.
- Do not participate in jumping activities such as jogging, running or aerobics. Do not swim.

Diet and Bowel Habits

- You may resume your regular diet.
- Narcotics can cause constipation. If you are taking the prescribed narcotic pain reliever be sure to drink plenty of un-caffeinated beverages, eat plenty of fruits and vegetables and increase your fiber intake.
- Do not resume herbal medications or vitamins until after your post op visit.

When to Call the Doctor

- Increased redness at the incision site.
- Drainage from your incision.
- Temperature of 101 F (32.3 C), or higher.

Epic Discharge

Please complete the medication reconciliation when discharging patients in Epic. All patients should discontinue use of ASA, NSAIDs, multivitamins, vitamin E, herbal supplements (fish oil, red yeast rice), hormone therapy (estrogen/progesterone) until they come back for their post-op appointment.

If patients have any further questions regarding which medications to continue/discontinue please refer them directly to their surgeon's office.