



Transforming Post-Surgical Recovery in Breast Cancer Surgery A Better Tool for Better Patient Experience and Outcomes

“My patients love the Somavac device. They specifically inquire about it before surgery and are relieved to know that they will not have to make contact with or empty bodily fluids nor worry about making a mistake re-setting the suction of the drain bulbs of the past. Somavac has been an incredible advancement in patient care and satisfaction for my practice.”

- Marc E. Walker, MD, MBA, FACS

Songcharoen Chair of Hand Surgery

Director, Jabaley-Songcharoen Center for Hand, Upper Extremity, & Nerve Surgery

Associate Professor of Plastic Surgery and Orthopaedic Surgery

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Breast cancer continues to be the number 1 cancer in women, accounting for over 30% of all newly diagnosed cancers in women in the US and worldwide. In 2025 it is estimated there will be over 300,000 new cases in the US, and new indicators show an increase of the diagnosis in younger women.¹

Unlike most cancer diagnoses, breast cancer is usually completely unexpected, with no symptoms, and discovered through a routine mammogram. This can make receiving a breast cancer diagnosis or a positive genetic test even more shocking and stressful. For most women, their greatest fear is realized. Frequently there is little time to process information and prepare for breast surgery and all it entails.

As a Clinical Nurse Specialist in Oncology, Cancer Center Administrator, and Breast Center Consultant, I have been working with healthcare systems across the country developing comprehensive Breast Centers of Excellence. Through specialized clinical expertise and support throughout the continuum of care, we have been able to change the trajectory of experience, treatment options, and outcomes for this dreaded disease. We have focused on coordinated breast cancer care from diagnostic screening to surgery, through treatment and into survivorship. However, one area that continues to be overlooked is surgical recovery following breast surgery, particularly the negative patient experience with old fashioned, inefficient² bulb evacuators connected to surgical drains. Many patients and caregivers speak of this as “the worst part” of the surgical experience.

SOMAVAC® Medical Solutions, Inc. offers a post-surgical recovery solution that has not advanced since **1971**. That’s when Drs. Jackson and Pratt introduced their device, the J-P bulb reservoir, which was considered an innovative tool at that time.³ However, in years of working with breast cancer patients, management of bulb drains has been a consistent post-operative complaint and stressful burden for patients and caregivers, adding to the overall trauma of dealing with a breast cancer diagnosis and surgery.

Depending on the surgery, patients are sent home with multiple drains from various surgical sites, each connected to a bulb. These bulb evacuators are often attached to the patients’ clothing with safety pins. With little or no instructions, patients and their caregivers must care for and manually empty the bulbs for weeks, adding to the anxiety at home for the entire family. Dealing with leakage of bloody fluid, pain from moving the drain tubes, and having to empty each bulb manually to measure and dispose of fluid can be overwhelming. Milking the drain tubes to prevent blockage, along with fears of pulling out the drains adds even more unnecessary patient and caregiver stress. Patients are consumed and immobilized by this experience, especially during a time that should be devoted to **recovery, healing, and time with loved ones**.

¹ American Cancer Society. Key Statistics for Breast Cancer. Cancer.org.

² Khansa, I., Khansa, L., Meyerson, J., & Janis, J. E. (2018). Optimal Use of Surgical Drains: Evidence-Based Strategies. Plastic and reconstructive surgery, 141(6), 1542-1549.

³ Jackson, Frederick E.; Pratt, Richard A. (1971). “Technical report: A silicone rubber suction drain for drainage of subdural hematomas”. Surgery. 70 (4): 578-9.



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Surgeons and patients now have a powerful new tool to navigate the post-surgical recovery experience. SOMAVAC® provides a deep tissue, negative pressure, continuous suction device for post-operative seroma management. This modern, FDA-cleared, surgical device provides negative pressure to the surgical wound, reducing the time required with drains. It is simple to use, discreet to wear, and provides clinical benefits and increases patient satisfaction and comfort.

The clinical benefits of negative pressure wound management have been well established, such as improving wound healing and reducing surgical site complications. At SOMAVAC® we also recognize the importance of hearing directly from patients. With our mission to revolutionize post-surgical recovery, the patient is at the heart of all we do. We seek to find solutions to address and enhance their overall experience by creating better tools to improve therapeutic results and make recovery much easier.

Patient benefits of the SOMAVAC® negative pressure system include:

- 30% reduction in duration of drain⁶ use leading to earlier mobility
- Simple to use, reducing fear and anxiety
- Less burden on patients and caregivers to manage drains
- 24/7 Call Center to answer concerns and questions
- Less discomfort from manipulating drains
- Safe from back flow, clogging, and need to milk drains
- Reduced potential infection from closed system
- Non-touch removal of disposable fluid with precise measurement
- Confident and carefree use in returning to daily living sooner
- Secure, sleek belt with snug fit and no leaks
- Earlier mobility which leads to earlier exercise and PT therapies

Benefits for Surgeons:

- Prevention of seroma leading to better wound healing
- Earlier drain removal due to continuous negative pressure
- Better patient compliance and reliability with drain care
- Reduced patient calls, complaints, and office visits related to drain issues
- Increased patient satisfaction, comfort, and mobility
- Earlier mobility leading to earlier PT and other therapeutic treatments
- Market differentiator for early adopters which can lead to increased referrals by patients locally and regionally

The great news is that we now have a better tool to replace the cumbersome, inefficient bulbs of the past, and a better tool for better outcomes. We have listened to the patients and surgeons and provided a much-needed solution that will change the future of post-surgical recovery once again. And isn't it about Time?

Jane Berz, MSN, RN, FNCBC
Chair of the Board
SOMAVAC Medical Solutions, Inc
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⁴ Cagney, D., Simmons, L., O'Leary, D. P., Corrigan, M., Kelly, L., O'Sullivan, M. J., Liew, A., & Redmond, H. P. (2020). The Efficacy of Prophylactic Negative Pressure Wound Therapy for Closed Incisions in Breast Surgery: A Systematic Review and Meta-Analysis. *World journal of surgery*, 44(5), 1526-1537.

⁵ Staniszevska S, Söderholm Werkö S (2021). Mind the evidence gap: the use of patient-based evidence to create "complete HTA" in the twenty-first century. *International Journal of Technology Assessment in Health Care* 37, e46, 1-7.

⁶ Data on file