

# DIEP Flap Breast Reconstruction

## Patient Care Instructions

### ***General Information***

Breast reconstruction using your own body's tissue from your abdomen to reconstruct one or both breasts. This is referred to as "Autologous" reconstruction, and has advantage of forming a natural appearing and feeling breast. The abdominal tissue is removed with its blood vessels and transferred to the chest where the blood flow is re-established surgically. The reconstruction is vulnerable during the first few days and because of this, you are admitted to the hospital and will be placed under close surveillance to monitor the flaps closely. Most patients will be hospitalized anywhere from three to five days, depending unilateral or bilateral reconstruction, as well as other factors.

### ***Pre-Operative Guidelines***

Smoking should be stopped a minimum of 6 weeks prior to surgery. Smoking should be avoided for at least 6 weeks after surgery as well. Smoking can greatly interfere with healing and lead to postoperative complications.

Do not eat or drink anything after midnight the night before surgery. This includes no water, gum or hard candy. Blood pressure and/or heart medications can be taken with a sip of water as directed by your prescribing physician.

If you take medication for diabetes, then confirm with your prescribing physician how to manage these medications prior to surgery.

If you are prone to nausea or motion sickness let your anesthesiologist know on the day of surgery. Medications can be started prior to surgery or during surgery to help improve your postoperative experience.

**Tamoxifen** should be stopped 4 weeks before surgery and held 2 weeks following surgery.

Do not take ibuprofen (Motrin, Advil) at least one week before surgery.

Take a baby aspirin on the eve of surgery.

Two days and the day before surgery take a laxative to empty your bowels.

The day before surgery stay on a liquid diet. May take high protein shake. Avoid solid foods.

Practice taking deep breaths for a week before surgery. Best way to do it to blow balloons – lots of balloons.

### ***Post-Operative Instructions***

Take pain medications and muscle relaxants as directed. Do not drink alcohol with these medications. Do not take pain medicines on an empty stomach. You need to take a daily aspirin which will be prescribed for you. You may resume all your home medicines as you normally take them.

Do not use a heating pad; heat may burn the area.

Take a stool softener/laxative, such as Colace, or Biscodyl, until bowels begin to function normally after surgery. You will have abdominal incisions which can make any straining painful in the event of constipation.

Do not smoke or be around smoking as even secondhand smoke delays healing and increases the risk of complications.

You may resume a normal diet after surgery. Do follow a well-balanced diet and drink plenty of fluids.

### ***Activity Restrictions***

Walking is encouraged soon after your operation and can be increased over the first couple of weeks. You may ambulate as much as tolerated.

Light cardiovascular exercise can be resumed after 4 weeks and all other activities at 6 weeks.

Please refrain from any strenuous activity. Absolutely no jogging, swimming, or lifting anything more than 5-10 lbs. for 6 weeks.

You will need to walk slightly bent at the hips for about a week. This will reduce the tension on the lower abdominal incision. This helps protect the incision as it heals and improves the scar long term. Sleeping in a recliner or a wedge pillow or pillows behind the knees will help make this position more tolerable.

Please do not sleep on your Chest for at least 3 weeks after surgery. This will keep any unnecessary pressure off your reconstructed breasts that may otherwise compromise blood flow.

## ***Incision Care***

You will have skin glue/tape over your abdominal incision after surgery that is waterproof. You will have Xeroform and bacitracin over your breast incisions. These dressings should be replaced daily. You will additionally have four drain tubes (one on each side of reconstructed breasts and each hip) covered with a plastic dressing. The plastic dressing can be changed if needed. Aquaguard waterproof dressings can be purchased over the counter and are good dressings to replace them with. The glue will start to lift over time, you may peel it off or use a pair of clean scissors to cut any glue that has lifted off the skin. Do not peel the glue unless it has started to lift from the skin.

You can shower 2 days after surgery. Make sure you have someone with you at your first shower. **Do not bathe or soak in a tub for at least 4 weeks.** You may cleanse the incisions, but please keep the drain sites dry. You may re-enforce the drain dressings with Aquaguard over the counter dressings if needed.

Drains will remain in place until total for each drain is 30 mls or less for 24 hours. You will be given a drain output log to record the output. Please bring this log to your post-operative appointments

The belly button site should be cleansed daily with soap and water and cared for by placing a thin layer of bacitracin over the surgical site, followed by Xeroform, followed by gauze and tape. This should be changed daily.

A surgical bra is acceptable but avoid any garments that will compress your chest. If you are given a binder, wear it as much as possible for 2 to 3 weeks after your operation. Take it off only to shower. Do not allow the binder to migrate up towards your reconstructed breasts.

## ***Post-Operative Expectations***

After reconstruction your breasts will swell significantly, this is normal. You may also have some asymmetry that can be addressed at a later time; especially true if you have had radiation therapy performed on one side.

In most situations the reconstructed breast will have two different skin tones due to the use of abdominal skin. This is to be expected, and can be revised to a certain extent at a later date.

Swelling of the abdomen and a sensation of abdominal fullness is normal and will subside around 6-9 weeks.

Discomfort of the abdomen and chest is common. Mild burning around the incisions after surgery is normal and will improve shortly after surgery.

You can expect some slight bloody oozing from the suture lines and swelling of the incisions. It is not uncommon for some saturation of the dressings to occur. Gauze may be applied as needed.

Please call the clinic or present to the ER you have continuous bleeding, significantly more swelling on one breast, or any severe pain associated with swelling.

Tightness of the abdomen is a normal feeling after this surgery. This may worsen over the first 2 days but will relax with time. Maintaining the flexed position and compression along with medication for spasms will help alleviate some of this.

If you have increased swelling, firmness and/or color change of the reconstructed breast. In bilateral reconstruction, one breast significantly different than the other. Remove the bra to make this determination. Change in color could mean loss of circulation to the flap and it is crucial that you notify the office.

If you have increased swelling and bruising to the abdomen. Remove and clothing or dressing to make determination. This may represent a hematoma (a collection of blood) or a seroma (collection of clear fluid).

If you have swelling or redness around the incision.

If you have severe pain not relieved by pain medication.

If you have any side effects from medication: rash, nausea, headache, vomiting.

If you have fever over 101.

If you have yellow or green drainage from an incision or notice foul odor.

If you notice some vaginal burning and itching as a result of the antibiotics used during and after surgery.

For medical questions please call 817-702-9100 or JPS patients call 817-702-8300 or send a message via myChart.

### ***Follow-up Care and Appointments***

You will be seen approximately 1 week after your surgery. If for some reason you do not have an appointment scheduled, please call 817-702-9100 or JPS 817-702-8300.