Breast Reconstruction Using Tissue Transfer: A Guide to Care After Surgery

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Introduction

This booklet is designed to help you care for yourself during the first stage of your breast reconstruction. This surgery uses fat, skin, and sometimes muscle from another part of your body to create a new breast. It can be from the abdomen, back, or buttocks. A final stage is reconstructing the nipple and making the other breast a similar size and shape. Your other breast may be reduced or enlarged, or its shape can be changed. These steps are up to you. Information in this booklet is meant to add to, not replace, discussions with doctors and nurses. Some of the material may not apply to you. Be sure to ask your plastic surgeon or nurse about the details of the surgery you have decided to have. Topics in this booklet include:

1. What to expect after surgery
2. Caring for your incision
3. Exercise
4. Clothing hints
5. Completion of breast reconstruction

After Surgery

When you wake up in the Post-Anesthesia unit (PACU), you will have:

- A Foley® catheter that drains urine from your bladder. This catheter is removed two or three days after your surgery.
- An intravenous (IV) line. You will receive fluid, antibiotics, and pain medicine through the IV. If a free flap reconstruction is done, you may also get anticoagulants through the IV. These are to prevent your body from forming blood clots in the surgical area.
- A humidifier mask to provide moist air and oxygen to your lungs. It will cover your nose and mouth.
- Venodyne® boots on your legs. They gently squeeze your calves to help circulate blood through the legs.
- Small plastic drains near each incision line.

You will not feel some of these at all and you may not even know you have them. Your PACU nurses will answer any questions you may have. You may stay in the PACU overnight for observation. When possible, your family will be allowed to visit you for a short time in the PACU. If a free flap reconstruction is done, doctors and nurses will monitor the blood supply to your reconstructed breast (FLAP). They use a machine called a Doppler®. It is noisy, but does not hurt. The nurse and the doctor also check the temperature and color of the flap. These assessments are very important and will continue for seven days. You will be transferred to your room the evening of the surgery or the next morning. Your nurse will help you out of bed and into a chair the first day after surgery. If your surgeon does not want you to be up, your nurse will tell you.

After your operation, your nurses and nursing assistants will care for your drains. Small drains are often placed below or near each incision line. The drains collect the fluid that normally develops around the operated site after surgery. They are secured with a stitch and usually remain in place for 10 to 15 days. Many patients go home with one or two of their drains. Your nurses will instruct you in the care of your drains before your discharge. While the drains are in place and you are in the hospital, you will receive antibiotics through your IV. After your discharge you will take the antibiotic by mouth. Your doctor or nurse will remove your drain(s) when you have less than 30 cc (one ounce) of drainage in 24 hours. Most patients describe a slight stinging sensation when the drain is removed; it may last only a few minutes and usually does not require pain medicine. After the drain is removed, some fluid may continue to leak from the drain site. Cover the area with a sterile gauze pad and change it if it becomes damp. This drainage is normal and can be expected for 24–48 hours. By that time, the drain site is usually healed.

Pain Control

After surgery it is normal to have some pain and tightness around the incision lines. You can have pain medicine when you need it. If you do not have the PCA (patient-controlled analgesia) pump, be sure to ask for pain medicine so you can stay comfortable. Relieving your pain will also help you become active as soon as possible. You will also feel some tightness, tenderness, and swelling around the new breast and lower rib cage. These sensations are normal.

You will have new sensations after your surgery. You may feel as if water is trickling down the arm on the side of the new breast. You will most likely have some numbness in the upper and inner arm and at the donor site. These sensations are the result of the mastectomy, axillary node dissection, and surgery at the donor sites. They may last up to a year or even longer. Some degree of numbness and change of sensation may be permanent. Do not use a hot water bottle, heating pad, or hot compresses on your surgery sites as they could result in bad burns. Itching is a sensation that often accompanies healing. It will decrease over time.

Caring for Your Incision

While you are in the hospital, your doctor or nurse will examine the reconstructed breast every day. They will change the dressing as needed. We encourage you to look at your breast and incision lines during the dressing changes. That helps you become familiar with their appearance. Before your discharge and with your nurse present, we would like you to gently touch the new breast. The incision lines across the new breast and the donor site are closed with stitches and sometimes with small paper tapes called Steri-Strips®. The Steri-Strips will fall off on their own; do not pull them off. You may see some redness or black and blue areas around the incisions. These are normal signs after this type of surgery. After examining the area, the nurse will place a fresh gauze pad over the incision lines. If necessary, the surgical bra or paper tape will hold the breast dressing in place.

When you leave the hospital, your sutures and paper tapes will still be in place. They will be covered by a gauze pad. You can wear the surgical bra that you received in the hospital. You can also wear any support bra (with no under wire) as long as it does not press tightly on the new breast. Pantyhose or cotton briefs can be used to keep the donor site dressing in place if necessary.

Two days after the drain is removed, you can take full showers unless otherwise indicated by your doctor. Daily showers will help keep the incision line clean. (Tub baths should be avoided until your incision is fully healed because soaking may increase the risk of infection.) Before entering the shower, remove your bra and the gauze pad. Check the temperature of the water with your back or the opposite side because numbness may prevent you from detecting heat in the affected area. Wash with lukewarm water and plain non-perfumed soap. Gently clean the incision line and skin. Rinse well. The shower stream should not be directed at your reconstructed breast. It should be directed at your upper back or your arm and run softly over the reconstructed breast. Pat the incision line dry with a clean towel; do not rub it.

Use only an electric razor under your arm on the side of your operation. You may shave a week after you go home from the hospital or about two weeks after your surgery. Deodorant might cause irritation or infection if it gets into the incision. To prevent this, apply it only after putting on your bra. Do not use it under your arm on the mastectomy side if there is any break in the skin.

After your shower, inspect the incision line and drain site carefully. Stand in front of a mirror in a room with good lighting. Call your plastic surgeon or ambulatory care nurse if you notice any of the following:

- Increased redness or change in the color over the breast, around the donor site, or both
- New drainage from the incision lines
- A temperature above 100.4° F (38° C)

After you inspect the site, place a clean gauze pad over the incision line. If you need more gauze pads or surgical bras, contact your ambulatory care nurse.

For about six to eight weeks, the new breast and donor site will have a slightly swollen appearance. This is caused by the healing process. They will gradually diminish in size. Some degree of tightness is normal. Your skin at the donor site needs time to stretch. Although it is important for you to return to your normal activities, you must balance some rest with activity to prevent exhaustion or spasm of your muscles at the donor site. Warm showers and the medicine your doctor prescribed can help relieve the tightness.

What to Expect During the First Few Weeks After Surgery

Your first postoperative visit will be one week after you go home from the hospital. This is a good time to bring up any questions you may have about the newly constructed breast or the donor site incision lines. You will also be able to discuss issues such as:

- Resuming intimate relationships
- Going back to work
- Talking with family and friends
- Any other concerns

At this visit, your doctor or nurse will examine the breast area for fluid. Fluid can collect at or near the incisions. It creates a full or heavy sensation. This fluid is called a seroma. It is often a normal part of the healing process. If it develops before or after this first visit, make an appointment to see your ambulatory care nurse. If you become uncomfortable after 5 p.m., on a weekend, or a holiday, call (212) 639-7900 and ask to speak to the doctor on the Plastic Service. Your nurse or your doctor can easily remove the seroma with a needle and syringe. This may need to be done several times during your recovery period. It does not hurt since the area is numb from the surgery. Remember that a seroma is normal. It is temporary and is not a complication. You will see the doctor again only if you need to. However, you can make an appointment to see or speak to your ambulatory care nurse as often as you wish. Contact him or her through your plastic surgeon's office.

Exercise

Regular exercise is important in your recovery. However, until your doctor says they are okay, do not:

- Do high-impact aerobics
- Jog
- Lift weights
- Swim

Do the simple exercises shown at the end of the booklet. They will help to increase your comfort and the range of motion in your shoulder and arm. They do not require special equipment and can be done at home or at work. During your ambulatory care visits, your nurse will review your progress with them. While you are in the hospital, your nurse will invite you to a breast surgery program. Part of the program is on exercises. Some of them are for patients who have not had reconstruction. Your exercise program is different. You should do the exercises your ambulatory nurse will teach you. You will also be given a DVD or video showing the exercises you should do. Ask your surgeon when you can actually begin to do the exercises.

Clothing Hints

When you leave the hospital, you may wear the surgical bra, your own bra, or no bra. If you wear your own bra, it should:

- Be comfortable.
- Not be too tight.
- Have no under wire.
- Not press directly on the new breast.

During the different stages of breast reconstruction, your bra can be padded to help balance your appearance. One way to fill the bra is to use a soft breast form. Ask your nurse where you can obtain one. This form is a lightweight nylon pouch, and its size can be adjusted to match the opposite breast by adding or removing the cotton fluff inside. It can be laundered using a mild soap such as Woolite® or Ivory®. It should be washed once a week and then air-dried. Another way to achieve a balanced look is to pad your bra with shoulder pads, which come in a variety of shapes and sizes. You may also line the bra with a soft gauze, also available from the nursing staff. Replace the gauze frequently to make sure that it is always clean.

For about four to six weeks, we suggest that you wear loose blouses, tops, and sweaters. You might try wearing a dark-colored knit top underneath a looser open blouse, cardigan sweater, or blazer. Diagonally striped tops and asymmetrical prints are also useful. A neck scarf or shawl can help to balance your appearance.

Conclusion

We hope this booklet will help during the first stage of your breast reconstruction. Call your plastic surgeon or nurse if you have any questions.

Plastic Surgeon _____

Telephone_____

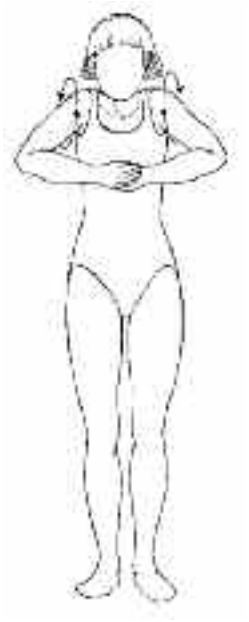
Ambulatory Care Nurse _____

Telephone_____

Exercise Guide

The specific exercises listed below may be delayed or modified if you have free-flap reconstruction. Your plastic and reconstructive surgeon and your nurse will tell you before you start your exercise program.

Shoulder Roll



Stand with your hands clasped loosely in front of you. Lift your shoulders and rotate them in a forward circular motion. Repeat the exercise, rotating your shoulders in a backwards circular motion.

When To Start:

Second day after the day of surgery

How Often:

5 repetitions, 5 times a day or as often as needed

Purpose:

Releases tension in the shoulders and upper back and relieves discomfort caused by tense muscles

Make Wings

Make wings up to shoulder height.

1. Bend both elbows. Place both hands in front of your waist.
2. Lift your elbows upwards on each side.
3. Make wings up to shoulder height.

When To Start:

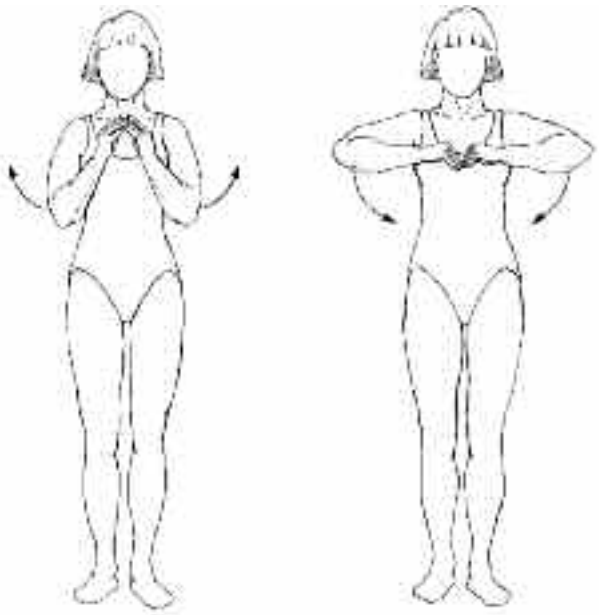
Second day after the day of surgery

How Often:

5 repetitions, 5 times a day

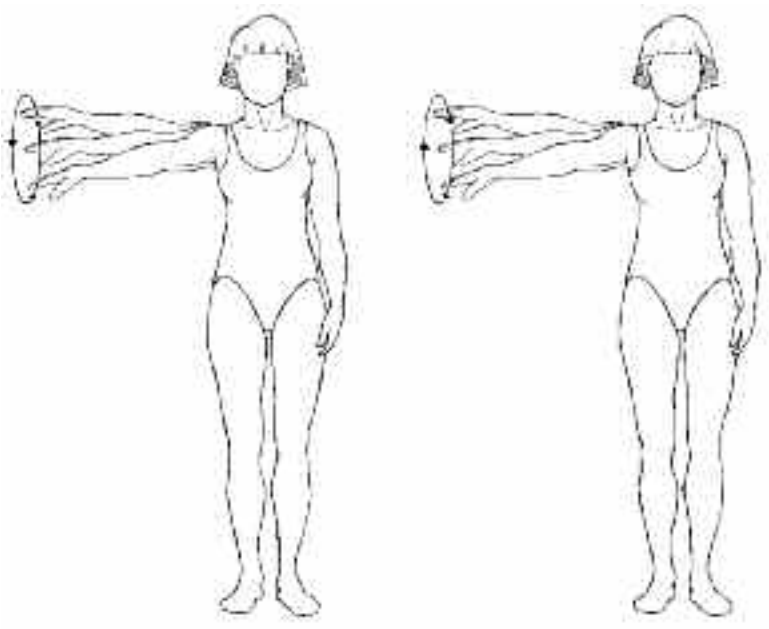
Purpose:

Helps to stretch the neck, upper back, and upper arms



Arm Circles

Stand with one arm stretched out to the side. Rotate the outstretched arm in a clockwise motion in a circle. Repeat the exercise with the same arm rotating in a counterclockwise motion. After you finish the repetitions, switch arms and do the exercise with your other arm.



When To Start:

Second day after the day of surgery

How Often:

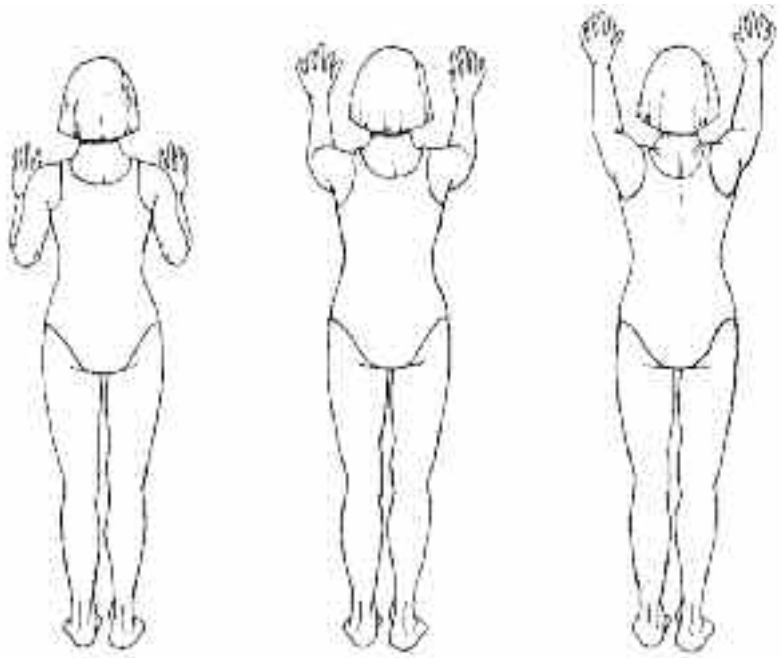
5 repetitions, 5 times a day

Purpose:

Improves range of motion and prevents stiff or frozen shoulders

Wall Crawl

Face the wall and stand approximately one foot away from it. Bend your elbows and place your hands flat against the wall at about shoulder height. Slowly move your hands up as far as you can. The goal is to reach a point when extending the arm on the operated side will be comfortable.



When To Start:

One month after the operation

How Often:

5 repetitions, 5 times a day

Purpose:

Helps to stretch the neck, upper back, and upper arms

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