Breast Reconstruction Using Tissue Transfer

This information will help you learn how to care for yourself after your breast reconstruction surgery using tissue transfer.

Breast reconstruction using a tissue transfer is a surgery that uses fat, skin, and sometimes muscle from another part of your body (called the donor site) to create a new breast after your mastectomy. The donor site can be the abdomen, back, buttocks, or inner thigh.

There are several kinds of breast reconstruction surgeries that use tissue transfers. One type is free-flap reconstruction. In this type of surgery, your surgeon will disconnect the tissue from your donor site and attach it to the tissues near your chest. In pedicle flap surgery, your surgeon will move tissue under your skin to your breast area, without disconnecting it completely from the original site.

This resource is meant to add to, not replace, discussions with your doctors and nurses. Some of the material may not apply to you. Be sure to ask your plastic surgeon or nurse if you have any questions.

What to Expect After Your Surgery
After your surgery, you will wake up in the Post-Anesthesia Care Unit (PACU). You will have:

- A Foley® catheter (thin, flexible tube) that drains urine from your bladder. It will be removed 1 or 2 days after your surgery.
- An intravenous (IV) line. You will receive fluids, antibiotics, and pain medication through the IV. If you had a free-flap reconstruction, you may also get anticoagulants (blood thinners) through the IV. Anticoagulants 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 your legs and prevent blood clots.
- Small plastic drains, called Jackson-Pratt® (JP drain) drains, below or near each incision. They collect the fluid that normally develops around the incisions after surgery. The drains are secured with a suture (stitch) and usually remain in place for 1 to 3 weeks after surgery.

Your PACU nurses will answer any questions you may have. Your family will be allowed to visit you for a short time in the PACU. You will be taken to your room the evening of your surgery or the morning after.
If you had a free-flap reconstruction done, your doctors and nurses will monitor the blood supply to your reconstructed breast using a Doppler ultrasound machine. They will also check the temperature and color of the flap. These exams are very important and will continue during your hospital stay.

**Jackson-Pratt drains**

Your nurses and nursing assistants will care for your Jackson-Pratt drains while you are in the hospital. Many people go home with drains in place. If you go home with drains in place, your nurses will teach you how to care for them and give you a resource called *Caring for Your Jackson-Pratt Drainage System*. You can also watch a video that shows you how to care for your drains:

Please visit [www.mskcc.org/pe/jackson_pratt](http://www.mskcc.org/pe/jackson_pratt) to watch this video.

Your doctor or nurse will remove your drains when the amount of drainage is less than 30 mL (1 fluid ounce) in 24 hours, per drain. Most people describe the drain removal as a slight pulling or stinging sensation that lasts only a few minutes and usually does not require pain medication.

After the drains are removed, some fluid may continue to leak from the drain sites. Cover the area with a sterile gauze pad or Primapore™ dressing that your nurse gave you and change it if it becomes damp. This drainage is normal and can be expected for 24 to 48 hours. By that time, the drain sites are usually
healed.

**About your incision sites**

**Incisions**

The incisions (surgical cuts) across your reconstructed breast and donor site will be closed with dissolvable sutures. You may see some redness or black and blue areas around the incisions. These are normal signs of healing after this type of surgery.

While you are in the hospital, your doctor or nurse will examine your reconstructed breast every day. They will change the dressing as needed. If necessary, a surgical bra or paper tape will be used to hold the breast dressing in place. We encourage you to look at your breast and incision during the dressing changes, which will help you become familiar with how it looks. Before you are discharged and with your nurse present, we would like you to gently touch your new breast.

**Pain and sensations**

After your surgery, you will have some pain and tightness around your incisions. You can take pain medication when you need it. If you don’t have a patient-controlled analgesia (PCA) pump, be sure to ask for pain medication so you can stay comfortable. Relieving your pain will also help you become active as soon as possible.

You will feel some tightness, tenderness, and swelling around your new breast and lower rib cage. This is normal.

You will also have new sensations after your surgery. You may
feel as if water is trickling down the arm on the side of your new breast. You will most likely have some numbness in your 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.

**Caring for Yourself at Home**

When you leave the hospital, your incisions may be covered with gauze pads. Depending on your surgery, your surgeon may or may not want you to wear a bra. Ask your surgeon if you should wear a bra. If you wear your own bra, it should:

- Be comfortable
- Not be too tight
- Have no under wire

For about 6 to 8 weeks, your reconstructed breast and donor site will look slightly swollen. This is caused by the healing process. They will gradually decrease in size. Some amount of tightness is normal. Your skin at the donor site needs time to stretch. You may also experience itching as your surgical sites heal. This will decrease over time.

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 pain medication your doctor prescribed can help relieve the tightness.

Do not use a hot or cold water bottle, heating pad, cold or hot compress on your surgical sites, as this could result in a burn.

After your discharge, your doctor will give you a prescription for an antibiotic that you will take by mouth.

**Showering**

Depending on your surgery, you may be able to shower 48 hours after your surgery. Some people may need to wait until 24 to 48 hours after the drains are removed. Your surgeon will tell you when you can shower.

When it is safe for you to shower, take a shower every day to help keep your incisions and drain sites clean. Before entering the shower, remove your bra and the gauze pad. Check the temperature of the water first with your back or hand because numbness may prevent you from detecting heat in the affected area.

Wash with lukewarm water and a gentle, fragrance-free soap. Gently clean your incisions and drain sites and 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 your reconstructed breast. Pat the incision dry with a clean towel. Don’t rub it.

After your shower, inspect your incisions and drain sites
carefully. To do this, stand in front of a mirror in a room with good lighting. Call your plastic surgeon or nurse if you notice any of the following:

- Increased redness or change in the color of your breast, around the donor site, or both
- Increased swelling of your reconstructed breast
- New drainage from your incisions
- A temperature of 100.4° F (38° C) or higher

When you have finished the inspection, place a clean gauze pad over your incision, and put on your bra if you were instructed to wear one.

Don’t take tub baths until your incisions and drain sites are fully healed because soaking may increase the risk of infection. Most people can take tub baths about 6 to 8 weeks after your surgery, but speak with your doctor before you do.

You can shave under your arms about 2 weeks after your surgery. Only use an electric razor to shave under your arms on the affected side. This is to prevent getting a cut, which you may not feel due to numbness. A cut could lead to an infection. Speak with your surgeon about shaving at your follow-up visit.

Don’t use deodorant until after you have put your bra on. This will prevent the deodorant from getting on your incision and causing an infection. Don’t use deodorant on the side of your surgery if there is any break in the skin there.
Exercise
Regular exercise is important in your recovery. However, until your doctor says it’s okay, do not:

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

Clothing Tips
During the different stages of your 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. This breast form is a lightweight nylon pouch, and the size can be adjusted to match your opposite breast by adding or removing the cotton fluff inside. You can also line your bra with soft gauze, which you can get from your nurse. Replace the gauze frequently to make sure that it is always clean.

You can buy the breast form from the Breast Boutique at the Evelyn H. Lauder Breast Center. The Breast Boutique is located at 300 East 66th Street, at 2nd Avenue. To reach the boutique, call 646-888-5330.

Some other clothing tips for the first 4 to 6 weeks after your surgery include wearing:

- Loose blouses, tops, and sweaters
Dark knit tops under a looser open blouse, sweater, or blazer
Tops with diagonal stripes
Asymmetrical prints
A neck scarf or shawl

**Follow-up Visit**

Your first visit after your surgery will be 1 week after you go home from the hospital. This is a good time to ask any questions about your reconstructed breast or donor site. You will also be able to discuss issues such as:

- Resuming intimate relationships.
- Going back to work.
- Talking with family and friends.
- Any other questions or concerns.
If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 AM to 5:00 PM at ______________________. After 5:00 PM, during the weekend, and on holidays, please call_____________________. If there’s no number listed, or you’re not sure, call 212-639-2000.