



PATIENT & CAREGIVER EDUCATION

Breast Reconstruction Using Tissue Transfer

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

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

About Breast Reconstruction Using a Tissue Transfer

After your mastectomy (surgery to remove your breast), you'll have a breast reconstruction surgery using a 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. The donor site can be your abdomen (belly), back, buttocks, or inner thigh.

There are several kinds of breast reconstruction surgeries that use a tissue transfer. Two common kinds are listed below.

- For a **free-flap reconstruction surgery**, your surgeon disconnects the tissue from your donor site and attaches it to the tissues near your chest.
- For a **pedicle flap reconstruction surgery**, your surgeon moves tissue under your skin to your breast area without disconnecting it completely from the donor site.

What to Expect After Your Surgery

After your surgery, you'll wake up in the Post-Anesthesia Care Unit (PACU). You will have:

- A Foley catheter (thin, flexible tube) that drains urine (pee) from your bladder. It will be removed on the day of or day after your surgery.
- An intravenous (IV) line. You'll get fluids, antibiotics, and pain medication through your IV.
- A blood thinner. If you had a free-flap reconstruction, you may get an injection (shot) of a blood thinner. Blood thinners keep 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 move blood through your legs and prevent blood clots.
- Small plastic drains, called Jackson-Pratt® (JP) drains, below or near each incision (surgical cut). They collect fluid from around your incisions after surgery. The drains are secured with a suture (stitch) and usually stay in place for 1 to 3 weeks after surgery.

Your PACU nurses will answer any questions you have. Your family will be allowed to visit you for a short time in the PACU. You'll be taken to your hospital room the evening of your surgery or the morning after.

If you had a free-flap reconstruction, your doctors and nurses will monitor the blood supply to your reconstructed breast using a Doppler ultrasound machine. They'll also check the flap's temperature and color. These exams are very important and will continue during your hospital stay.

JP drains

Your nurses and nursing assistants will care for your JP drains while you're in the hospital. You'll still have the drains when you leave the hospital. Your nurses will teach you how to care for them and give you the resource *Caring for Your Jackson-Pratt® Drain* (www.mskcc.org/pe/caring_jackson_pratt). You can also watch the video below. Your drains will be removed 1 to 3 weeks after your surgery.



Please visit www.mskcc.org/pe/jackson_pratt to watch this video.

Breast incision

The incision across your breast will be closed with sutures. These sutures will dissolve and don't need to be removed. You may see some redness and slight bloodstains on the gauze pad covering your incision. You may also feel tenderness around it. These are normal signs after surgery.

While you're in the hospital, your doctor or nurse will examine your reconstructed breast every day. They'll change the dressing as needed. If needed, a surgical bra or paper tape will be used to hold the breast dressing in place. Before you go home and with your nurse present, you should look at and feel your breast and incision during the dressing changes to help you become familiar with it.

Pain and sensations

After your surgery, you'll have some pain and tightness around your incisions. You can take pain medication when you need it. Be sure to ask your doctor or nurse for it. Controlling your pain will help you recover better and become active as soon as possible.

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

Other common sensations you may experience after your surgery include:

- Numbness under your arm and over your chest on the affected side (side of your surgery).

- Warmth in your arm on the affected side.
- A feeling of water trickling down your arm on the affected side.

These sensations happen because some of your nerves were cut or moved during your surgery. They'll slowly get better over time, but some amount of numbness may be permanent.

Caring for Yourself at Home

When you leave the hospital, your incisions might be covered with gauze pads. Depending on your surgery, your surgeon may or may not want you to wear a bra. If they do, a member of your healthcare team will give you one. Many people leave the hospital without anything covering their incision.

For about 6 to 8 weeks, your reconstructed breast and donor site will look slightly swollen. This is part of the healing process. They'll gradually decrease in size. You may also have some tightness in your skin. This is normal. Your skin at the donor site needs time to stretch. Warm showers and the pain medication your doctor prescribed can help relieve the tightness. Your surgical sites may also feel itchy as they heal. This will decrease over time.

While it's important for you to return to your normal activities, you must balance some rest with activity. This is to prevent exhaustion or muscle spasms at the donor site.

Don't use hot or cold water bottles, heating pads, or cold or hot compresses on your surgical sites. The areas may be numb, and you can burn yourself or affect your blood flow.

When you leave the hospital, your doctor may give you a prescription for an oral antibiotic (antibiotic you'll swallow).

Lovenox® injections

If you had free flap reconstruction surgery, your doctor will give you enoxaparin sodium (Lovenox) injections to take home with you. Lovenox is a blood thinner used to prevent blood clots after surgery. You'll need to give yourself a Lovenox injection every day for the first week you're home after your surgery. Your doctor will give you more information if you need to do this for a longer period of time.

Showering

Depending on your surgery, you may be able to shower 48 hours (2 days) after your surgery. Some people may need to wait until 24 to 48 hours (1 to 2 days) after their JP drains are removed. Your surgeon will tell you when you can shower.

When you can start showering, take a shower every day to help keep your incisions and drain sites clean. Some people find it helpful to use a shower chair, but you don't have to.

Before you shower:

- If your doctor told you to wear a bra or cover your incision with a gauze pad, take the bra and gauze off before you shower.
- Your JP drains can get wet, but they shouldn't dangle freely. Hook them to a waterproof belt (such as a lanyard or belt from a robe) tied loosely around your waist so they're secure while you shower.
- Check the temperature of the water with your back or hand. Your reconstructed breast might be numb and unable to feel if the water is too hot.

During your shower:

- Don't aim the shower stream directly at your reconstructed breast. Aim it at your upper back or arm so it runs softly over your reconstructed breast.
- Wash with warm water and a gentle, fragrance-free soap. Let the soap and water run over your incisions and drain sites. Then, rinse well.

After your shower, pat your incisions dry with a clean towel. Don't rub them.

Don't take tub baths until your incisions and drain sites are fully healed. Soaking them may increase the risk of infection. You may be able to take tub baths about 6 to 8 weeks after your surgery, but speak with your doctor before you do.

Check your incisions and drain sites

After your shower, look at 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 have any of the following:

- A fever of 100.4 °F (38 °C) or higher
- 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

If your surgeon told you to wear a bra or cover your incision with a gauze pad, put on the bra or gauze pad after you finish checking your incisions and drain sites.

Shaving

You can shave under your arms about 2 weeks after your surgery. Only use an electric razor to shave under your arm 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.

Deodorant

Don't use deodorant until your drains have been removed.

When you can use deodorant, make sure you apply it after you put your bra on. This will keep the deodorant from getting on your incisions and causing an infection. Don't use deodorant on the side of your surgery if there's any break in the skin there.

Exercise

Regular exercise is important in your recovery. However, until your doctor says it's okay, follow these guidelines:

- Don't do high-impact aerobics
- Don't jog
- Don't lift weights
- Don't swim
- Don't do abdominal or core exercises (if you had surgery on your abdomen)

Follow-up Appointment

Your first follow-up appointment will be 1 week after you leave the hospital. This is a good time to ask any questions about your reconstructed breast or donor site. You'll 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.
- JP drain removal

During this appointment, your plastic surgeon and nurse will examine your breast incision to make sure it's healing well. They'll also remove your JP drains if the amount of drainage is less than 30 mL (1 fluid ounce) per 24 hours, per drain. Most people describe the drain removal as a slight pulling or stinging feeling that lasts only a few minutes. You won't need to take pain medication for the drain removal process.

After the drains are removed, some fluid may continue to leak from the drain sites. Cover the area with a sterile gauze pad or the Primapore™ dressing your nurse gave you. Change your gauze and dressing if they become damp. This drainage is normal and can be expected for 24 to 48 hours (1 to 2 days) after your surgery. By

that time, the drain sites are usually healed.

After the drains are removed, you can keep wearing the surgical bra (if you had one) or you can wear your own supportive bra. If you wear your own bra, it should:

- Be comfortable.
- Not be too tight.
- Not have an underwire.

Clothing Tips

During the different stages of your breast reconstruction, you can pad your bra to help balance your appearance. One way to do this is to use a soft breast form. A breast form is a lightweight nylon pouch filled with cotton fluff. You can add or remove fluff from the pouch to adjust the size to match your opposite breast. You can also line your bra with soft gauze, which you can get from your nurse. Replace the gauze often to make sure it's always clean.

You can buy a breast form from the Breast Boutique at the Evelyn H. Lauder Breast and Imaging Center (BAIC). 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
- Button-up, loose-fitting dresses
- Robes

If you have any questions, contact a member of your healthcare team directly.
If you're a patient at MSK and you need to reach a provider after 5:00 PM,
during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

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