Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

Breast Reconstruction Using a Tissue Transfer

This information explains how to care for yourself after your breast reconstruction surgery using a tissue transfer.

This information is meant to add to, not replace, talks with your healthcare providers. Some of the information may not apply to you. Ask your plastic surgeon or nurse if you have any questions.

About breast reconstruction using a tissue transfer

After your mastectomy, you will have a breast reconstruction surgery using a tissue transfer. This surgery uses fat, skin, and sometimes muscle from another part of your body to create a new breast. The place the tissue is taken from is called the donor site. The donor site can be your abdomen (belly), back, buttocks, or inner thigh.

There are a few kinds of breast reconstruction surgeries that use a tissue transfer. These are the 2 most common:

- **Free-flap reconstruction surgery.** This is when your

surgeon disconnects tissue from your donor site. They attach this tissue to the tissues near your breast area.

- **Pedicle-flap reconstruction surgery.** This is when your surgeon moves tissue under your skin to your breast area. They do this without disconnecting the tissue completely from the donor site.

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 (pee) from your bladder. It will be removed on the day of your surgery.
- An intravenous (IV) line. You will get fluids, antibiotics, and pain medicine through your IV.
- A blood thinner. If you had a free-flap reconstruction, you may get a pill or an injection (shot) of blood thinning medicine. Blood thinners help prevent blood clots from forming in your body. You will keep taking the blood thinner when you're discharged (released) from the hospital.
- Venodyne® compression 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). These drains collect fluid from around your incisions after surgery. They will be secured with a suture (stitch). JP drains usually stay in place for 1 to 3 weeks after surgery.
- Depending on how you're healing, you may also have a nasal cannula. This is a thin tube that rests below your nose. It helps provide moist air and oxygen to your lungs.

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 will be taken to your hospital room the evening of your surgery, or the morning after.

If you had a free-flap reconstruction, your healthcare providers will watch the blood supply to your reconstructed breast. They will use a Doppler ultrasound machine to do this. They will also check the flap's temperature and color. These exams are very important and will continue during your hospital stay.

JP drains

Depending on the type of reconstruction surgery you have, your surgeon will place 1 or more JP drains.

Your nurses and nursing assistants will care for your JP

drains while you're in the hospital. You will still have the drains when you leave the hospital. Your nurses will teach you how to care for them at home.

They will also give you the resource *Caring for Your Jackson-Pratt Drain* (www.mskcc.org/pe/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-video to watch this video.

Breast incisions

Depending on the type of reconstruction surgery you have, your surgeon will make 1 or more incisions.

The incision across your breast will be closed with sutures placed inside your body. These sutures will dissolve and do not need to be removed. You may see some redness and slight bloodstains on the gauze pad covering your incision. You may also feel tenderness and have some bruising around the incision. This is normal.

While you're in the hospital, your healthcare provider will examine (look at) your reconstructed breast every day. Before you go home, look at and feel your breast and incision when your nurse is with you. This will help you become familiar with it.

Pain and sensations (feelings)

After your surgery, you will have some pain and tightness around your incisions. You can take pain medicine when you need it. Be sure to ask your healthcare provider for it. Controlling your pain will help you recover better and 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.

Other common feelings you may have after your surgery are:

- Numbness (less feeling) under your arm and over your chest on the affected side. Your affected side is the side of your surgery.
- Warmth in your arm on the affected side.
- A feeling of water trickling down your arm or chest on the affected side.

These feelings are caused by nerves being cut or moved during your surgery. They will slowly get better over time. But some amount of numbness may be permanent (does not go away).

Caring for yourself at home

Depending on your surgery, your surgeon may or may not want you to wear a surgical bra. If they do, a member of your care team will give you one. Many people leave the hospital without anything covering their incisions.

For about 6 to 8 weeks, your reconstructed breast and donor site will look a little swollen. This is part of the healing process. Over time, they will get smaller.

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 medicine your doctor prescribed can help relieve the tightness. Your surgical sites may also feel itchy as they heal. This will get less itchy 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.

Do not use hot or cold water bottles, heating pads, or hot or cold 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. This is a medicine you

will swallow.

Taking blood thinner medicine

If you had free-flap reconstruction surgery, your doctor will give you medicine to take home with you. They will give you either a pill called rivaroxaban (Xarelto®) or an injection called enoxaparin (Lovenox®). These are medicines that help prevent blood clots after surgery.

You will need to take this pill or give yourself this injection every day when you're home after surgery. Make sure you take the pill or give yourself the injection exactly how your doctor told you to.

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 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 do not have to.

Before you shower:

- Your doctor may have told you to wear a surgical bra. If so, take the bra off before you get in the shower.

- Your JP drains can get wet, but they should not dangle (hang) freely. Place the drains in the Cath-Secure® tab or in another device that keeps them secure while you shower.
- Check the temperature of the water first with your back or hand. Numbness may keep you from feeling heat in the affected area.

During your shower:

- Do not aim the shower stream at your reconstructed breast. Aim it at your upper back or your arm. Let the water run 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. Do not rub them.

Do not take tub baths until your incisions and drain sites are fully healed. Soaking in a tub may raise your risk of infection. You may be able to take tub baths about 6 to 8 weeks after your surgery. Talk with your doctor before you do.

Checking 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 these:

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

Your doctor may have told you to wear a surgical bra. If so, put on the bra after you finish checking your incisions and drain sites.

Shaving or waxing

You can shave under your arms about 2 weeks after your surgery. Only use an electric razor on your affected side. This is to prevent getting a cut, which you may not feel due to numbness. A cut could lead to an infection.

Another option is to wax your underarms before your surgery. Waxing often lasts longer and causes fewer skin injuries than shaving. Make sure to wax at least a few days before your surgery. This will help lower the risk of skin irritation or infection.

Using deodorant

Do not use deodorant until your drains have been removed.

When you can use deodorant, make sure you apply it after you put your surgical bra on. This will keep it from getting on your incisions and causing an infection.

Do not use deodorant on your affected side if there is any break in the skin there.

Exercising

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

- Do not do high-impact aerobics.
- Do not jog.
- Do not lift weights.
- Do not swim.
- Do not do abdominal or core exercises (if you had surgery on your abdomen).

First follow-up visit

Your first follow-up visit 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 will also be able to talk about other things, such as:

- When you can start sexual activity (having sex) again.
- When you can go back to work.
- How to talk with family and friends about your surgery.
- The process to remove your JP drains.
- Any other questions or concerns you may have.

During this visit, your plastic surgeon and nurse will check your breast incisions to make sure they're healing well. They will also remove your JP drains if each drain has less than 30 mL (1 fluid ounce) of drainage a day for 2 days in a row.

JP drain removal

Most people describe the drain removal as a slight pulling or stinging feeling that lasts only a few minutes. You will not need to take pain medicine for the drain removal process.

After your drains are removed, some fluid may still leak from your 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 after your drains are removed. By that time, the drain sites are most often healed.

After your drains are removed, keep wearing the surgical bra (if you had one) or 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 change the size to match your other breast by adding or taking out the cotton fluff.

You can buy a breast form from a mastectomy boutique. Read *Resources, Clothing, and Support After Breast Surgery* (www.mskcc.org/pe/resources-clothing-support-breast-surgery) to find a list of stores in your area.

You can also line your bra with soft gauze. You can get the gauze from your nurse. Replace the gauze every day to make sure it's always clean.

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 or asymmetrical (uneven) prints
- A neck scarf or shawl
- Button-up, loose-fitting dresses
- Robes

After you finish your breast reconstruction using a tissue transfer

Revision surgery

After a breast reconstruction using a tissue transfer, many people have another surgery called a revision surgery. It's done to improve the size and shape of your reconstructed breast.

Some people may also have a matching procedure done during their revision surgery. The procedure is done to make your natural breast look more symmetrical (even) with your reconstructed breast.

You will be able to go home once you've recovered from anesthesia (medicine to make you sleep during surgery). This will be the same day as your surgery, most often about

3 to 4 hours after surgery.

Nipple reconstruction and fat grafting

The last stages of reconstruction include nipple reconstruction and fat grafting, if needed. These procedures can be done during your revision surgery or at a later time.

About fat grafting

Fat grafting is when fat is taken from a part of your body and injected (put) into your breast area. It's done to improve your breast area's shape. The fat is most often taken from your thighs, abdomen, or breast. To learn more, read *Fat Injection After Breast Reconstruction* (www.mskcc.org/pe/fat_injection_breast).

About nipple reconstruction

Some people also want to have nipple reconstruction to recreate their nipple and areola. Options for nipple and areola reconstruction are:

- **3D nipple and areola tattoo.** In this procedure, a physician assistant will recreate your nipple and areola by giving you a tattoo. The tattoo will not be raised. It will have color and shading to make it look like a natural nipple. To learn more, read *About Your Nipple and Areola Tattoo Procedure: What You Should Know* (www.mskcc.org/pe/nipple_areola_tattoo).

- **Nipple and areola reconstruction.** In this procedure, your nipple will be reconstructed using your breast skin. Sometimes, your areola will be reconstructed using a skin graft. A skin graft is when tissue is moved from 1 part of your body to another part during a surgery. The place the tissue is taken from is called the donor site. The place it's moved to is called the recipient site.

  Nipple and areola reconstruction can be done either in the operating room or in your surgeon's office. To learn more, read *Nipple and Areola Reconstruction Using a Skin Graft* (www.mskcc.org/pe/nipple_skin_graft).
- A blend of these 2 procedures.

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

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

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