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, 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.

About Breast Reconstruction Using a Tissue Transfer

After your mastectomy (surgery to remove your breast), you will 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 the abdomen (belly), 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 disconnects the tissue from your donor site and attaches it to the tissues near your chest.
Another type of tissue transfer is pedicle flap surgery, which is when your surgeon moves tissue under your skin to your breast area, without disconnecting it completely from the original 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 1 or 2 days after your surgery.
- An intravenous (IV) line. You will receive fluids, antibiotics, and pain medication through the IV.
- A blood thinner. If you had a free-flap reconstruction, you may get an injection (shot) of a blood thinner. Blood thinners 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 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 may have. Your family will be allowed to visit you for a short time in the PACU. You’ll 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’ll also check the temperature and color of the flap. 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. 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 Drain* ([www.mskcc.org/pe/caring_jackson_pratt](http://www.mskcc.org/pe/caring_jackson_pratt)). Your drains will be removed 1 to 2 weeks after your surgery. You can also watch the video below to learn how to care for your drains.

![Play button](https://via.placeholder.com/150)
Please visit [www.mskcc.org/pe/jackson_pratt](http://www.mskcc.org/pe/jackson_pratt) to watch this video.

**Incisions**

The incision across your breast will be closed with sutures (stitches). 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 will change the dressing as needed. If necessary, 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 will 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 will 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
These sensations are caused by nerves being cut or moved during surgery. They will 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 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 underwire

For about 6 to 8 weeks, your reconstructed breast and donor site will look slightly swollen. This is part of the healing process. They will 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 antibiotic that you will take by mouth.

**Lovenox** Injections

If you had flap surgery, your doctor will give you enoxaparin sodium) Lovenox injections to take home with you. Lovenox injections are blood thinners used to prevent blood clots after surgery. You will 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 after your surgery. Some people may need to wait until 24 to 48 hours after the drains are removed. This is usually 1 to 2 weeks after your surgery. 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. Before showering, 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 feeling heat in the affected area.

Wash with warm water and a gentle, fragrance-free soap.
Gently clean your incisions and drain sites and rinse well. Don’t aim the shower stream directly at your reconstructed breast. Aim it at your upper back or your arm and run softly over your reconstructed breast. Allow soap and water to run over your incisions and drain sites, and rinse well. Pat the incision dry with a clean towel. Don’t rub it.

Don’t take tub baths until your incisions and drain sites are fully healed because soaking 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

When you finish checking your incisions and drain site, place a clean gauze pad over your incision and put on your bra, if your surgeon told you to wear one.

**Shaving**
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.

**Deodorant**

Don’t use deodorant until after your drains have been removed. When you can use deodorant, make sure you apply it after you 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, 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

**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. 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’s always clean.

You can buy the 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

**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 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.

**JP drain removal**

During this appointment, your plastic surgeon and nurse will examine your breast incision to make sure it’s healing well. If you went home with a JP drain(s), your doctor or nurse will remove it if 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 feeling that lasts only a few minutes. You will not 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 that 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 surgery. By that time, the drain sites are usually healed.

After the drain(s) is removed, continue to wear the surgical bra or you can wear your own supportive bra. It should:

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