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# **After Your Autologous Breast Reconstruction**

**DIEP Flap**

**TRAM Flap**

**Latissimus Dorsi Flap**

**TAP Flap**

**Other Flaps**



**Capital Health**

# **After Your Autologous Breast Reconstruction**

## **What is autologous breast reconstruction?**

Autologous breast reconstruction is surgery to restore the breast after mastectomy or lumpectomy using your body's own (autologous) tissues.

## **Why do autologous breast reconstruction?**

Autologous breast reconstruction is preferred by many since it provides natural tissue which is very similar to the breast.

## **Your breast reconstructive surgery**

You are going to have autologous breast reconstruction surgery. Autologous means using your own tissue instead of implants.

There are several different types of autologous breast reconstruction surgeries performed at the Queen Elizabeth II Health Sciences Centre.

**Flap:** A flap simply means a portion of your body which is transferred with its blood supply.

**Pedicled Flap:** If the flap remains attached to its origin, it is a pedicled flap.

**Free Flap:** If the flap is removed and then the small blood vessels are reattached, it is called a free microvascular flap.

**DIEP (Deep Inferior Epigastric Perforator) Flap:**

This is the most common type of flap used for autologous breast reconstruction.

Skin is taken from the abdomen (belly), which usually improves the shape of the abdomen. The muscles of the abdomen are preserved. The DIEP Flap results in a long scar across the lower abdomen.

**TRAM (Transverse Rectus Abdominis Myocutaneous) Flap:**

Skin is taken from the lower abdomen and the rectus abdominis muscle. The shape of the abdomen is usually improved. The TRAM Flap results in a long scar across the lower abdomen.

### **Latissimus Dorsi Flap (Lat Dorsi Flap):**

A section of skin and muscle (latissimus dorsi muscle) is taken from the back on the same side as the mastectomy or lumpectomy. The muscle, skin and fat are detached and slid around through a tunnel under the skin to form a new breast. Usually, a breast implant is also used to fill the reconstructed breast to the correct size.

### **TAP (Thoracodorsal Artery Perforator) Flap:**

The TAP Flap is similar to the Lat Dorsi Flap. However, only the skin and fat from the back are used to form the new breast. A breast implant may also be used to fill out the breast size.

### **Other Flaps:**

There are a number of other flaps which can be used to reconstruct the breast, including the **DCIA (Deep Circumflex Iliac Artery) Flap**, the **PFA (Profunda Femoris Artery Perforator) Flap**, the **SGAP (Superior Gluteal Artery) Flap**, the **IGAP (Inferior Gluteal Artery) Flap** and the **Lumbar Artery Flap**.

Your surgeon will talk with you about the best type of breast reconstruction for you.

## **Before your surgery**

### **Stop smoking**

Your reconstructed breast uses very small blood vessels. Smoking constricts these vessels, which makes the surgery more difficult and lowers the odds of success.

**If you smoke, it is extremely important that you stop at least 4 weeks before your surgery.** Your family doctor can prescribe a nicotine patch, if needed. However, nicotine also makes the blood vessels smaller, so you will need to stop using the patch at least 1 month before surgery.

### **Lose weight**

Your surgery is best performed when you are at your ideal weight. Check your BMI (body mass index) and lose weight until you are in a normal range. Your BMI should be 27 or less before your surgery to get the best results. Consult with your family doctor to get on a weight-reducing diet if needed. It may not be possible to do your surgery if you are obese and it may make the results worse if you are overweight.

## **Keep fit**

Your breast reconstruction surgery is a big operation and you should get ready by exercising and keeping fit. For example, if you do abdominal muscle strengthening exercises before your abdominal flap operation for breast reconstruction, your recovery will be much easier and your results will be much better.

## **Medication**

Do not take aspirin or anti-inflammatory medications such as Advil® or Ibuprofen® for 2 weeks before your surgery, as this may increase the risk of bleeding.

Tell your plastic surgeon about all medications you are taking, prescribed or not.

## **Diet**

Do not eat or drink any foods that contain caffeine (such as regular coffee, tea, chocolate or dark-coloured pop) for 10 days before your surgery. Read labels to be sure.

## **Sports Bra**

You will need a good sports bra and an abdominal binder to wear home on the day of discharge. The abdominal binder can be purchased at a home health care centre such as Lawtons or Pharmasave.

## After your surgery

- Your surgery may last 4-8 hours.
- A nurse from the plastic surgery unit (ward 4.2) will check your breast flap(s) when you arrive in the recovery room with the recovery room nurse.
- Once you are fairly awake and comfortable, you will be taken to your room on ward 4.2. You will stay there for 2-5 days depending on how you feel.
- While on the plastic surgery unit, you will be connected to a number of monitoring devices. These include a cardiac monitor, an oxygen saturation monitor (a small clip placed on your fingers or toes to measure the oxygen in your blood), one or more intravenous (IV) lines, drains (tubes which carry the drainage from under your incision to the Hemovac container) and a urinary catheter (a small tube placed in your bladder to drain urine).
- When you wake up, you will have a bandage on your belly or back where tissue was taken. You will also have T.E.D.™ stockings on. T.E.D.™ stockings are long white stockings placed on your legs from your toes to your groin. They help prevent the blood from pooling in your feet. Moving your feet back and forth regularly will also help.

- You will not be able to eat or drink anything for about 24 hours in case you must return to the Operating Room. If your flap is doing well after 24 hours, you will be able to start clear fluids such as water and apple juice.
- You will be on bedrest for the first night after your surgery. If you and your flap are doing well, your doctor will increase your activity level. It is very important for you to stay on your back, relatively still, so you do not disturb your flap. Even small movements that may seem harmless should be checked with your nurse.
- Your nurse will check your breast every 15 to 30 minutes for the first 24 hours. This includes touching the flap to see if it is warm and soft, checking the color of the flap and using a Doppler to check for a pulse. A Doppler is a hand-held sonar device that hears a pulse through the skin. After 24 hours, the flap will be checked every hour for the next few days.
- Your nurse will also check your pulse, blood pressure and temperature every hour to make sure that there is good blood flow to your flap. You must be kept warm to ensure good blood flow to the flap. Do not use a fan or open a window. If your temperature goes below 37°C, your nurse will cover you with warm blankets and turn up the heat in the room. Warmth is important to keep the small blood vessels open and flowing normally to keep the tissue healthy.

- Several methods can be used to control pain. You may get medication in the form of pills or a small needle, or you may get pain medication through your IV which you can control with the push of a button. Your doctor will decide which way is best for you.
- Nausea and vomiting are common after surgery. Please let your nurse know if you feel sick to your stomach. They can give you medication to help.
- After surgery, patients often subconsciously take small, shallow breaths due to pain in the incision. It is important to take your pain medication regularly and do the deep breathing exercises which your nurse will teach you. You should do these exercises every hour while you are awake. The nurse will also help you learn how to use a breathing machine called an incentive spirometer. This will help prevent pneumonia. Try to take deep breaths often to fill out your lungs and prevent pneumonia.

## **At home**

- You will be discharged with a prescription for pain medication, although discomfort is often minimal and is easily controlled by Tylenol® and Advil®.
- You will have a clinic appointment to see your plastic surgeon within the next 10 days.
- You may shower 3 days after your surgery if you feel strong enough and if the drains have been taken out. Otherwise you must wait until the drains are out.
- You should continue your caffeine-free diet for 1 week.
- You may do light housework in 4-6 weeks.
- You should continue to wear your sports bra and abdominal binder for 6 weeks.
- You may vacuum and do other household chores in 6 weeks.
- Do not do any heavy aerobic exercises for the first 6 weeks. It is OK to walk and do light stretches after the first week or so.
- Check with your plastic surgeon about when you may be able to drive (usually in about a week).
- Talk about a return to work date with your plastic surgeon as well.

If you feel unwell with a fever or nausea, begin bleeding or have unusual swelling or drainage, contact your plastic surgeon.

If you are unable to contact your surgeon, please call the plastic surgery resident on call at the QEII at 902-473-2220.

**Looking for more health information?**

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For more information go to <http://library.novascotia.ca>

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