FORM
CAMPUS
DR. RON SOMOGYI, MD, FRCSC · DR. CORY GOLDBERG, MD, FRCSC · DR. MICHAEL BRANDT, MD, FRCSC

POST-OPERATIVE INSTRUCTIONS

DIEP Flap Breast Reconstruction

The following after-care information will help make your surgery safe and uneventful. It is important that you understand it all. If you have any questions, please ask your surgeon or our team. In some cases there will be variations to these instructions, and these will be discussed with you.

POSTOPERATIVE DRESSING

When you leave the hospital, your abdominal scar will be covered with steri strips (white tapes) and you will be wrapped with an abdominal binder. You can take the binder off and shower daily. No soaking in baths or pools is allowed until the drains are out and the wounds are completely healed. Occasionally blood seeps onto the steri strips. This is no cause for alarm and will not irritate the skin. If blood is leaking out from beneath the tape, apply a clean gauze dressing. If the bleeding continues, contact us for instructions. Once you begin showering, the tapes will slowly lift off on their own. All the tapes should have come off or be removed by 2 weeks after surgery. All the stitches are underneath the skin and do not need to be removed. Occasionally, there is a stitch knot tied along or at the end of the incision. This will dissolve on its own. If a visible stitch is still present after 2 weeks, you can pull the stitch lightly and cut it at the level of the skin with clean scissors.

The breast and belly button will not require a formal dressing, but you will need to apply Polysporin daily for at least 2 weeks. You can cover these areas with light gauze to keep the Polysporin off your clothes. You can start wearing a bra (no wires) after 2 weeks.

PAIN PILLS

Most patients are pleasantly surprised by how limited their postoperative discomfort is by the time they leave the hospital. You have been prescribed Tylenol Extra Strength, Celebrex (Celecoxib), which is an anti-inflammatory, Hydromorphone, which is a strong narcotic pain killer, and Gabapentin (or Lyrica), which helps with nerve-related pain. The Tylenol should be taken on schedule, every 6 hours. For the first 2 weeks, the Celebrex is to be taken every 12 hours and the Gabapentin (or Lyrica) every 8 hours. The Hydromorphone is to be taken as needed, but not more often than every 6 hours. This combination of anti-inflammatory (Celebrex) and analgesic (Tylenol Extra Strength or a stronger pain pill) is now recognized as the most effective way of treating postoperative discomfort. Both can be stopped when the discomfort subsides. Please note that all pain pills cause constipation. If you are prone to constipation, you should consider a stool softener such as Colace 200 mg twice a day, and a laxative such as Milk of Magnesia, 15 to 30 cc at nighttime. Drinking plenty of fluids and eating fruit also reduces constipation.

EATING AFTER SURGERY

Patients may experience nausea after a general anesthetic. It is therefore wise to drink clear fluids (apple juice, black tea, flat pop) until the stomach feels settled. Then try eating clear soup and crackers. A normal diet is usually possible the next day. On rare occasions, a patient may feel nauseated for a few days after surgery. Gravol tablets may then be helpful.

HEMATOMA

On rare occasions, a hematoma (blood collection) can develop. This is due to continued bleeding underneath the skin. It presents as an enlarging, painful, firm swelling of the entire breast, typically in the first 24 to 48 hours after surgery.

> A hematoma may require surgery, and an urgent evaluation by your surgeon or one of the emergency room physicians at North York General Hospital is necessary.

BRUISING

Bruising is the typical "black and blue" appearance of tissue after any surgery. How much patients bruise varies greatly: some bruise very little, others more. As noted in your preoperative instructions, Aspirin, blood thinners, anti-inflammatories and vitamins can contribute to bruising and should be stopped for two weeks before surgery. These medications can be resumed the day after surgery. The bruising typically subsides within two weeks, but in some patients can last longer. As it dissolves and becomes more yellowish in colour, it may appear to be "spreading". This is normal and no cause for alarm. It is common to have more bruising and swelling on one side than the other. This will even out with time.

ARNICA FOR BRUISING

Arnica has been shown to help decrease bruising and reduce the length of time bruising is visible. We recommend a combination of oral pellets and topical gel, but if you would like to use only one, the pills are likely more effective. The pills should be started two days before your procedure and continued for 3-5 days after your procedure. The gel can be started as soon as massaging it in is tolerable, and can be continued until the bruising has subsided. Storing the gel in the fridge also provides a cooling, soothing effect on the bruised area. **Do not** take off the dressing, and **do not** apply the gel on the actual incision until it has completely healed. Apply it around the procedure area to minimize swelling and bruising. **Do not** use Arnica if you are allergic to the daisy flower.

EARLY FEVER

A low-grade fever (up to 37.8°C) is not uncommon the day after surgery. It usually occurs after a general anesthetic and results from small collections of mucus in the lungs. It is therefore important after a general anesthetic to take frequent deep breaths and to cough deeply. Coughing clears the lungs and corrects the low-grade fever. Failure to clear the lungs adequately can, on rare occasions, lead to a lung infection.

WOUND INFECTION

Wound infections are uncommon. Minor leakage of clear yellowish fluid from the stitches may occur and persist until the stitches have dissolved. This fluid is not an infection, and is managed with soap and water washes two to three times a day, followed by Polysporin ointment and a light

dressing. If the drainage from the wound becomes "soupy" and smells, or is associated with increasing redness, pain and swelling, a deeper infection may be developing. Do not hesitate to phone the office, or see your family doctor, if this happens. You will need to be seen, as you may need antibiotics.

SLEEPING POSITION

You should try to sleep on your back for the first 3-4 weeks after surgery. For the first 2 weeks, you will want to stay slightly bent at the waist. Two pillows below your knees is usually enough. At 4 weeks, you can move onto your sides. We suggest that you do not sleep on your stomach for 6 weeks after surgery.

SCAR CREAM

Once the tapes are off the scar line, a scar gel should be used. First massage the gel onto the incision lines. Then apply additional scar gel to the scar lines, allow it to dry and cover it with paper tape. Repeat this process every other day. You can shower over the tape on the days in between. The scar cream we recommend is available in our office.

POLYSPORIN OINTMENT

Occasionally, there are small areas of drainage along the incision line. These little areas of delayed healing can open up slightly, and a clear yellowish fluid may drain out. This is not an infection. Wash these areas with soap and water twice a day, followed by Polysporin ointment and gauze. Avoid scar cream in these areas until the wounds have completely healed, after which scar cream can be applied there too. While these small areas are healing, continue to use scar cream on the remaining incision lines.

WOUND MASSAGE

Once the scar cream is being applied, 10 to 14 days after surgery, gently massage the incision lines as well. After another week, this massage can become quite firm and vigorous, with deep rotary motions along the incision line and onto the breast itself. Firm massage helps to desensitize the scars, making them less painful, and also reduces the normal thickness and lumpiness of a scar after surgery.

SCAR REDNESS

All scars are initially reddish and thickened. This is part of the normal healing process, and they will eventually smooth out. It takes 9 to 12 months for scars to fully mature, becoming flat, light in colour and somewhat more spread.

TANNING

Fresh scars and areas that have been bruised should not be tanned for at least four months after surgery. Early tanning can cause permanent hyperpigmentation (darkening) of the scar and the surrounding areas. Normal tanning can resume after four months, but please remember that tanning causes premature skin aging and skin cancers.

SILICONE SHEETING

Some studies have suggested that silicone sheeting, available in most pharmacies and online, can improve the quality of the scar. To be effective, the sheeting needs to be on the skin day and night for at least six months. It is not recommended for routine use, as it appears to have little value when scars are healing normally. We do recommend silicone sheeting (Cica-Care or Scar Away) for wounds showing evidence of prolonged redness or abnormal scar maturation. This applies to less than 5% of patients.

MOBILITY

We will help you while you are in hospital, but it is important to be up and walking regularly and on your own by the time you go home. Prolonged periods of bed rest are discouraged. Lying in bed can increase the rare but ever-present risk of developing blood clots in the calves, which in turn can cause pulmonary emboli. It is good to go for short walks and to have frequent naps if you are feeling tired. For the first two weeks, avoid any excessive stretching of the wound, but even the day after surgery you can gently raise your arms and comb your hair. You should be back to all your daily activities within 4-5 weeks. You can start exercising 8 weeks after surgery. Start slowly, as you will be weaker than you think.

DRIVING A CAR

Do not drive if you are having any pain, as the pain may cause you to jerk the steering wheel and lose control. You must also avoid driving if you are tired, are taking narcotic medication that makes you feel sedated, or if your mobility is restricted in any way, as this may compromise safe driving. On average, it will be 3-4 weeks before you feel comfortable trying to drive after DIEP reconstruction.

FATIGUE AND "FEELING DOWN"

While the results of reconstructive plastic surgery are typically gratifying and uplifting, it is not uncommon for patients to have "down" times. Early on, there is the residual effect of the anesthetic, coupled with discomfort, swelling and bruising at the surgical site. This is followed by the typically slow maturation of the scar itself. These frustrations can all weigh on you, making you question why you had the surgery in the first place. You are not alone in these thoughts, and they are entirely normal. Rest assured that the vast majority of patients are pleased with the results of their surgery, and the apprehension and "down" times are eventually replaced by feelings of satisfaction and confidence.

QUESTIONS OR PROBLEMS

Every effort is made to provide you with a surgical experience that is safe and as comfortable as possible. Any suggestions you have that might improve the experience are much appreciated. If you have any questions, concerns or problems, please call the office at 416-447-6176.

> If there is an urgent situation and we are not immediately available, please go to the emergency department at North York General Hospital or your closest emergency department.

We hope you have a speedy recovery from your surgery.