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POST-OPERATIVE INSTRUCTIONS

DIEP Flap Breast Reconstruction

The following after-care information will help support a safe recovery and give you greater confidence in caring for yourself after surgery. 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 or a Specialized Tape Dressing (Prineo Dermabond or Sylke tape), your breast incisions will be covered with light gauze dressings and, occasionally a Tegaderm, and you will be wrapped with an abdominal binder. You may shower daily with regular soap and water, even with your drains. Leave the specialized tapes or steri strips in place until they begin to lift or come off on their own. If they start to lift off or roll before you see your surgeon, it is completely appropriate to remove or trim these.

For any incision not covered by tape, after you shower or clean the area, spray it with the hypochlorous spray, apply a small amount of Polysporin ointment for the first week then plain Vaseline after the first week, and cover it with light gauze or a clean pad.

You can shower daily. No soaking in baths or pools is allowed until the drains are out and the wounds are completely healed – usually around 4 weeks. Occasionally blood seeps onto the tapes. 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. 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.

At your first clinic visit, about 10 days after surgery, all remaining bandages, including the Tegaderm on the breast, will be removed and not replaced. From then on, the incisions can be left open to the air.

JP DRAINS

You will go home with one or more JP drains, which collect fluid from the surgical sites. Empty each drain and record the output daily in your drain log. A drain is removed once its output is less than 30 cc for 2 consecutive days. Home care nursing can remove the drain when it is ready, or we will bring you back to the office to have it removed.

COMPRESSION GARMENTS

Wear a soft, non-wired bra together with the abdominal binder continuously for the first 6 weeks, removing them only to shower or clean. It is helpful to get a post-surgical bra with Velcro shoulder straps and a front closure. It should fit as snugly as your regular bra, providing a similar level of support. To avoid skin irritation, wear a soft layer such as a t-shirt, towel, cotton pad or foam underneath the binder. After 6 weeks, continue to wear the binder or Spanx with a bra for any major physical activity or exercise until 3 months after surgery.

After 6 weeks, you can wear any type of comfortable non-wired bra that provides good support and is comfortable.

PAIN PILLS

Most patients are pleasantly surprised that their postoperative discomfort has improved 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 Lyrica (Pregabalin), 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 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.

These instructions are general guidance. Your surgeon or provider may give you instructions specific to your care, and those take priority.

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.

EARLY FEVER

A low-grade fever (up to 38°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.

MONITORING YOUR FLAP

Your reconstructed breast should stay soft, warm and a normal pink colour. Contact us right away if you notice any change in the colour, temperature or firmness of the reconstructed breast, a sudden increase in drain output, or a change in the character of the drainage (colour, smell or consistency). These signs, together with fever, spreading redness, increasing wound drainage or uncontrolled pain, always require prompt evaluation by our team.

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 indication of 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.

Small openings along the scar are quite common and not a cause for concern. As long as these are small (1-2cm) and the discharge is low and generally clear/yellow, this will heal with daily washing, Polysporin ointment and gauze dressing.

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 behind your back and 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 CARE

Any scars that are uncovered (Steri Strips or Specialized tapes have come off) should be treated with daily washing, hypochlorous spray and Vaseline for the first 4 weeks. After 4 weeks, you can continue with this routine but replace the Vaseline with a Silicone Scar Gel (you can get this from the office).

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 gel in these areas until the wounds have completely healed, after which scar gel can be applied there too. While these small areas are healing, continue to use scar gel on the remaining incision lines.

While the scar gel is being applied, gently massage the incision lines as well. Each passing week, this massage can become more firm and vigorous, with deep rotary motions along the incision line and onto the breast and abdomen 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 18 months for scars to fully mature, becoming flat and lighter in colour.

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 tapes, available in most pharmacies and online, can improve the quality of the scar. To be effective, these silicone tapes need 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. We will discuss this with you at your post-operative appointment 2-3 months after surgery.

ACTIVITY AND 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. Arm movements and walking should start right away and progress as tolerated. Prolonged periods of bed rest are discouraged. Lying in bed can increase the rare but ever-present risk of developing blood clots. 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. Until 6 weeks after surgery, avoid strenuous activity such as lifting more than 5lbs and exercise. At 6 weeks, you can progress to full activity, including exercise. Start slowly, as you will be weaker than you think. Until 3 months, remember to wear your binder or Spanx with a supportive bra (any non-wired bra) for any major physical activity or exercise.

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.

FOLLOW-UP APPOINTMENTS

We will see you in the office at 10 days, 4 weeks and 3 months after your surgery. At these visits we will check your incisions and drains, review your healing and answer any questions. If you are unable to keep an appointment, please call the office so it can be rescheduled.

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.