

BREAST RECONSTRUCTION WITH TISSUE EXPANDERS

POST-OPERATIVE INSTRUCTIONS

INTRODUCTION

The following is a list of general expectations and instructions for your care prior to and following your breast reconstruction surgery. Please thoroughly read these instructions, as most of your questions should be answered here. Instructions for your care will be also reviewed with you the morning after surgery. Following these instructions carefully should help you get the best results from your surgery.

PREOPERATIVE

- Please read your entire pre-op packet.
- Plan ahead to ensure a more relaxed recovery; stock the house with comfort foods and arrange a comfortable place to sleep.
- Set up a support system, someone reliable to drive you to postoperative appointments and help with postoperative care.
- NO SMOKING one month before and one month after surgery.
- Stop blood thinners (aspirin, Advil, Aleve, Motrin, ibuprofen, Plavix, etc.) one week prior to your surgery, unless otherwise instructed.

POSTOPERATIVE CARE

Hospital Stay

After this surgery, most patients stay one night in the hospital. If both breasts are being operated on, you may need to stay in the hospital two nights. You will be able to go home once you are able to eat and take pain medications on your own.

Help at Home

It is very important to have a strong support system during the post-op period. You must have someone available to drive you home after surgery and stay with you through the night. We will not perform surgery if these arrangements have not been made. Breast reconstruction with tissue expanders is a major operation done on an outpatient basis, therefore it is very important that you have another responsible person available to care for and assist you during the first three days. It is normal for a patient to become light-headed when rising from a sitting or lying position or when removing dressings; this is why it's important to have someone with you to help.

Medications

- A prescription for a narcotic pain medication will be given to you before you leave the hospital. If you have a history of nausea while taking narcotic pain medications, you may also get a prescription for this. You will also be given a prescription for an antibiotic, which you will be taking until your drains are removed. Please take these medications as directed when needed, beginning the day of surgery. If you are unable to take any of these medications, please contact our office so we can arrange for other medications to be prescribed.
- If you are prescribed oxycodone, you can also take two extra-strength Tylenol (acetaminophen) every six hours.
- If you are prescribed a version of hydrocodone (Norco, Lortab, Vicodin), this has Tylenol in the pill, and extra Tylenol should not be taken. You may take Tylenol instead of the hydrocodone pill.
- If you experience nausea or vomiting, it is most likely due to the narcotic in the prescription pain medication. Please try to take the prescription with food; if symptoms persist, please contact our office.
- Prescription pain medications can cause constipation. If you feel that you may be getting constipated, take a gentle laxative, such as Milk of Magnesia, or call our office for a stool softener or laxative prescription.
- Unless you have reason not to, start taking ibuprofen (Advil/Motrin) the day after surgery. Take a full dose according to the package for at least three weeks after surgery.
- You will begin your oral antibiotics at your first meal once you are home, and you will continue them until the day after your drains are removed.



Dressings

You will go home from the hospital in a surgical bra. Two days after your surgery, you may remove the surgical bra and launder it. At this time, you may also start to remove your dressings and shower. You will need to replace the dressings you removed with a new dressing or dry gauze. Place the gauze around the incision and drain sites, in order to collect any drainage that may occur. After you replace the dressings, you will need to reapply the surgical bra, or you may wear a loosely fitting bra with no underwire instead. You will have Dermabond, a type of skin glue, on the incisions on each breast. After two weeks or so, you may start to notice the glue beginning to flake off; this is normal.

Drains

You will have a surgical drain placed in each breast, and if you had all of your lymph nodes removed, you will have an additional drain in your armpit. These drains are in place to prevent extra fluid from accumulating within the surgical areas. The nurse taking care of you after the operation will demonstrate to you and your friends and family how to empty and recharge the drains. The suction from the drains comes from the shape of the drain bulb. If the drain bulb is in the shape of an egg, it is not providing suction and the bulb needs to be emptied, squeezed and the cap should be replaced. The drain bulb should remain collapsed.

With help from a friend or family member, you will need to empty and record the drain output one to two times daily. Initially the fluid will look like blood, but with time the fluid will become clear. Your drains will be removed when the output is less than 30 milliliters (or 1 oz.) a day for two days in a row;; for most this is two to three weeks after surgery. You will need to remain on antibiotics as long as the surgical drains are in place.

Activity

During the first 24 hours after surgery, you will need to rest. During this time, it is also important to frequently get up and walk around; this will reduce your chances of developing a blood clot in your legs. Avoid lifting anything greater than 10 pounds for the first three weeks and there will be no overhead lifting for the first six weeks. You may start gentle range motion exercises one week after surgery. Take it easy and avoid any strenuous activity for the first six weeks after surgery. After that point, you may resume "normal" activities such as walking, shopping and light chores as tolerated. Do not drive until you are off your prescription pain medication and have good body coordination; this is about a week for most people. You may walk on a treadmill starting one week after surgery. After four weeks, you can do low-impact aerobic activities (bicycle, stair-stepper, etc.). No weight lifting, skiing or high-impact aerobics for two to three months after surgery.

POSTOPERATIVE APPOINTMENTS

Your first post-op visit to our office will be one week after your surgery. If this appointment was not made at your preoperative visit, you will need to call our office the day after your surgery to schedule the appointment. Your second post-op visit will be two weeks later, this is usually the first visit in which we start expansion of the tissue expander. Expect a modest amount of discomfort after each visit for expansion. Usually ibuprofen is adequate for pain control, but if it is not, Dr. Lewis will give you another option. You will then return every two weeks until you and Dr. Lewis agree that the expansion is complete.

CALL DR. LEWIS IF:

- Temperature is greater than 101.5
- Pus coming from incision
- Shortness of breath
- Redness around incision
- Severe or sudden swelling
- Heavy bleeding
- Increasing pain that is intolerable
- Swelling in one or both legs

Please do not hesitate to ever contact our office

804-267-6009

