

DIEP Flap Breast Reconstruction

This booklet will give you information about:

- DIEP Flap breast reconstruction
- Care after surgery
- Who to call with questions for psychosocial support

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What should I know about DIEP flap breast reconstruction?

DIEP stands for Deep Inferior Epigastric Artery Perforator. DIEP flap breast reconstruction is an operation that uses your own fat and skin from the abdomen (tummy) to form a breast mound.

Sometimes it may be necessary to take a small patch of muscle as well (this is called a muscle-sparing free TRAM flap). This decision is made during the surgery.

What will happen to me during DIEP flap breast reconstruction?

Your surgeon will mark your breasts and your abdomen (your surgical areas) with a purple marker before you are put to sleep for the operation.

While you are asleep, sequential compression devices will be placed on your legs to help prevent blood clots during surgery. These will be worn until you leave the hospital. You will also be given blood thinners.

The tissue is completely detached from the tummy and moved to the chest area to form a breast mound. A microscope is used to help the surgeon reconnect the blood supply. This operation results in a tightening of the lower abdomen, similar to a “tummy tuck,” but with a slightly longer and higher scar.

How will I feel during the operation?

You will not feel pain during the surgery as you will be asleep under anaesthesia.

How long is the operation?

The operation will last about 8 hours if one breast is being reconstructed and 10 hours if both breasts are being reconstructed.

What do I need to know before having DIEP flap breast reconstruction?

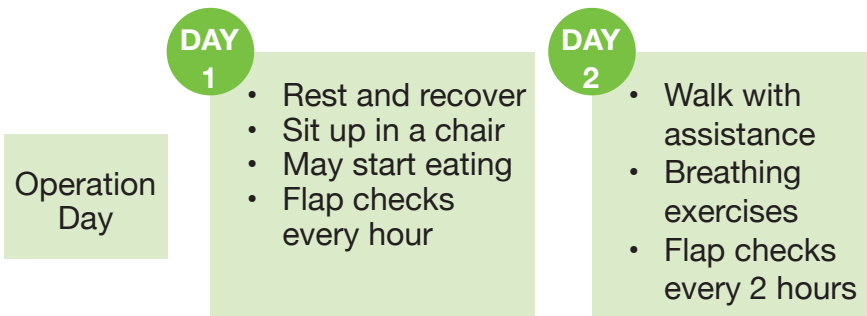
- Recovery from this operation takes about 8-12 weeks.
- You will have a scar across your tummy area and around your belly button in addition to your breast(s).
- You will not have normal breast sensation and will also have some numbness on your abdomen. These changes are permanent.
- If you have one breast reconstructed, re-shaping of the other breast may be recommended at the time of the DIEP flap surgery, or at a second surgery after you have healed.
- You will not be able to work for at least 8 weeks.
- You may have to arrange for help with shopping, housework, and care of small children for about 3 weeks after surgery.
- You will not be able to drive after your operation until you are off all pain medications and you have normal ability to twist and turn to check blind spots.
- On the day of surgery, bring loose-fitting comfortable clothing and supportive slip-on shoes to wear home (shirts with buttons/zippers in the front are easier to put on after surgery).
- You will need to bring toiletries and a robe for your hospital stay.
- If you drink coffee or other drinks with caffeine, you should wean off of these entirely before surgery, as caffeine can negatively affect your reconstruction by causing vessel narrowing.
- If you are on Tamoxifen, you should stop 3 weeks before your surgery. You may start to take Tamoxifen again when you return home from the hospital.
- You should stop taking any supplements, vitamin E, or anti-inflammatory medications 10 days before surgery.

Post-operative Instructions

What will happen during the hospital stay?

- You will stay in the hospital for 3 or 4 nights after your operation*.
- You will be told to avoid putting pressure on the flaps (do not lie on either side of your body or on your tummy).
- You will sleep on your back in a 'V-shaped' or 'lounge-chair' position.
- You will get pain medication while you are in the hospital.
- You will get blood thinner injections.
- You will have drains in your reconstructed breast (and abdomen), which will be in place for 1-3 weeks.
- You will have a bladder catheter for at least one day.
- A nurse will check the blood flow of your flap very frequently. This will mean that you may be woken up when they check the colour of the flap and the sound of the blood flow with a small Doppler Ultrasound machine. This process is called a "flap check".
- A physiotherapist or occupational therapist will see you in the hospital and give you advice on exercise and resuming your daily activities.

The flow chart below will give you an idea of what will happen during your stay in the hospital:



*Note: Length of hospital stay may change if there are complications during your operation

What happens after I leave the hospital?

Pain Medication

Your surgeon will give you a prescription for pain medication before you leave the hospital. Use as directed. It is important to be comfortable enough to keep moving.

As your pain gets better or is less over time, you may want to **stop** the prescribed **narcotic** pain medication **or use it** only at bedtime.

Continue to take Extra Strength Tylenol **every 6 hours** and after you finish your Celebrex, **you can also take** Advil as needed every 4-6 hours.

Drains

You will wake up from surgery with drains that will remain in place for 1-3 weeks.

Drains are inserted to help prevent the buildup of fluid and blood at the operative site and held in place by a small suture that will be removed when the drain is removed.

Number of Drains

You will have 1 drain per breast and may have 2 drains in your abdomen.

Your drains will be numbered with tape so you can keep track of each drain's output.

DAY 3

- Walk without help
- Go to the bathroom without help
- Control pain with pills only
- Flap checks every 4 hours
- You may be ready to discuss drain care and go home

DAY 4

You may need this extra day to be ready to go home

Drain Care

Community nursing can be arranged to help you to care for your drains.

A small piece of gauze will cover each drain site. This gauze only needs to be changed if it becomes wet. The community nurse or the clinic nurse can help you with dressing changes.

You may shower 2 days after surgery (unless you are told otherwise). Do NOT take a bath, or sit in a tub of water.

Follow these instructions for **drain care** at home:

1. Measure your drain output 2 times per day (12 hours apart) and record the amounts of fluid drained into the bulb. Record each drain's amount separately and record the total output per 24 hours.
2. When a drain's output is less than 30 mL for 2 days in a row, the drain is ready to be taken out. Some drains may have to stay in longer than others depending on how much fluid is being drained. The community nurse or clinic nurse will remove the drains for you. A small bandage with antibiotic ointment will be placed over the opening where the drain was removed. The drain site will close in 1-2 days.



This is what a drain looks like. The white part is the part that is under your skin. The clear tube comes out from your skin. The bulb holds any fluid that comes out. The blue part is a clip to hold the bulb to your clothing.

Activity Restrictions

After about 2 weeks, most patients are able to resume most of their day-to-day activities, with some exceptions (see below). The length of time for activity restrictions may be different for each patient. Make sure that you are comfortable and ready before resuming your normal activities.

Use the following restrictions as a guideline:

For 2 weeks:

- Do not lift your arms above shoulder height until your surgeon says it is okay (usually after your first follow-up visit 2 weeks after surgery).
- Avoid activities that cause sudden increases in your blood pressure.

For 4-6 weeks

- Avoid pushing and pulling with your arms and repetitive shoulder movements.
- Avoid activities such as high impact aerobics, jogging, swimming, etc. for 6 weeks or until all wound edges have healed.

For 3 months

- Do not lift more than 10 lbs.
- Do not do exercises that involve strengthening of your chest muscles or abdominal muscles.

Bathing Instructions

- Unless you are told not to, you may take a shower 2 days after your surgery.
- Avoid using very hot water.
- Avoid using any perfumed soaps or lotions around your incisions until they are completely healed.
- Do not use peroxide or antibacterial soaps.
- After you shower, pat the incisions dry with a clean towel.
- Do not take a bath or use a pool or hot tub until all your wounds have completely healed.

Wound Care

Apply Vaseline or Polysporin ointment (NOT cream) to all your incisions (belly button, abdomen, breasts if open to air) twice a day until your first follow-up appointment.

Do not use heating pads or cold compresses on your breasts or tummy area. Your sensation is altered by the surgery.

The tissue may be very firm initially on the upper edge of the breast – this is normal breast swelling and will soften over time. You can start massaging the area after 2 weeks.

Dietary Restrictions

Do **NOT** consume caffeine (coffee, tea, cola or chocolate) for 2 weeks after surgery.

Scar Management

Scar management after DIEP flap breast reconstruction surgery is important for the final appearance and softening of your scars. You can use vitamin E oil or cream on the scars twice daily **once the incisions have healed completely** and at this point you can start massaging the scars in a circular motion twice a day.

Protect your scars from the sun for at least 12 months.

What signs of complications should I look for?

A list of possible complications including signs to look for at home is given below. Contact your surgeon's office if you think that you may have a complication.

Hematoma is a collection of blood under the skin. You may notice a change in the breast(s) or abdomen where it becomes full, firm, and looks more bruised. You may need to have surgery to remove a hematoma.

Seroma is a collection serous fluid behind the breast or abdominal wall that might cause new swelling or pain after a drain has been removed. If large, a seroma can be drained.

Wound Infection can occur after any surgical procedure. Signs of infection include redness and tenderness at the site, fever, and generally feeling unwell. You will be given antibiotics when you are staying in the hospital and a prescription will be sent home with you if necessary.

Deep vein thrombosis (DVT) is a blood clot in the legs. This is a possible complication following surgery and bed rest. Signs of DVT include pain, tenderness, and swelling in the legs. You will be encouraged to get out of bed to a chair with help the morning after surgery. You **NEED** to keep moving when you are at home to prevent late clots from forming. If a clot travels to the lung, this can be life-threatening. **If you have shortness of breath or pain when breathing, go to the emergency department.**

Wound Breakdown happens when healing is slow because of poor blood supply to the area, poor nutritional status and/or infection. Signs of wound breakdown include areas of crusting or opening of the wound. If this happens, your surgeon will follow you regularly in the clinic.

Flap Failure occurs when there is poor blood supply to the flap or part of the flap. This is rare, but is most common within 24-48 hours after surgery. Your flap will be monitored throughout your hospital stay. **If your flap feels cool and gets dark purple patches when you are at home, contact your surgeon immediately.**

Hernia is caused by weak tummy muscles. If this happens to you, you may have severe pain in the abdomen, a visible bulge and possibly nausea. You may need another surgery to repair a hernia.

Fat necrosis is a benign process where fat cells in the breast become damaged and turn into hard scar tissue. Fat necrosis will feel like a hard section of thick skin in the breast. Unlike cancer, it does not grow and it is usually painless. Fat necrosis is usually left alone to soften over time with massage. Tell your surgeon about any hard or abnormal tissue you find.

Follow-up Care

You will have an appointment to see your surgeon 2 weeks after you leave the hospital. After this, follow-up appointments will be based on your healing. You can be seen at any time if you have a complication.

What are the next steps in breast reconstruction?

If you had just one breast reconstructed, you may be scheduled to have a breast lift or breast reduction of the other breast to help the breasts look more similar. This can be done several months after your DIEP flap has healed.

If you want nipple reconstruction, it can be done once the shape of both breasts is similar.

Call your plastic surgeon if you have any of the following:

- Increasing or severe pain.
- Swelling, redness or discharge.
- Temperature of 38°C (100.4°F) or higher for over 24 hours.
- Shortness of breath, chest pain, trouble breathing.

It's important to remember:

- Do not use ice or heating pads on any of the areas that have had surgery.
- Heat can cause burns on skin that does not have normal feeling.
- This includes sunbathing in a dark bathing suit.
- These precautions are permanent.

What if I need additional emotional support?

If you need additional emotional support, call your surgeon's office and ask for a referral for support services. Your surgeon will refer you to a psychologist or social worker in the Odette Cancer Centre.

Notes:

Who do I contact with questions?

Louise Temerty Breast Centre Nursing Line: 416-480-5000

Plastic Surgeon's Office: 416-480-6069

Who do I call after hours or on the weekend?

If you have questions or concerns after clinic hours, there is always a plastic surgery resident on call. Call Sunnybrook Locating at 416-480-4244 and ask for the plastic surgery resident on call. If you cannot reach the resident, go to your nearest emergency department.

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