



AMERICAN SOCIETY OF
PLASTIC SURGEONS®



BREAST RECONSTRUCTION PLANNER

TIPS TO MANAGE A SPEEDY RECOVERY

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WHAT'S INSIDE:

If you're reading this, you're beginning to plan for your breast reconstruction. While this is a very positive step in your recovery from your mastectomy, it is another journey that you will go through. In an effort to make recovering from breast reconstruction easier for you, we've included a lot of tips on the following pages. These are things that we've learned from taking care of other patients like you. In fact, most of the best tips have come from other patients. By both listening to them well, and accumulating pointers from our own experiences, we hope to provide you with some best practices to allow you to have a smooth recovery from breast reconstruction.

And as you go through your recovery from breast reconstruction you will want to assemble your home team: the friends, family, and caregivers who will help you recover. Think of this Breast Reconstruction Planner as your team's plan for a smooth recovery. And the better prepared you are, the better things will go.

(There is a lot of very good information on the following pages. Our goal is to give you some helpful tips particularly about things you may not have thought about. However, every plastic surgeon has some specific instructions or preferences about your care. If something written here doesn't make sense or contradicts something you've been told, always consult with your own surgeon.)

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IT'S A PROCESS.

It is hard not to be overwhelmed after you receive your diagnosis of breast cancer, or when you make the decision to proceed with a mastectomy and reconstruction. But please understand that this is normal. If you felt in perfect control of everything in your life right now, we would question your sanity! This is sort of the starting point for many women undergoing treatment of breast cancer and breast reconstruction.

As you begin your journey through breast reconstruction, it is important to remember that it is a process. Breast reconstruction can take multiple surgeries performed during the course of 6 months to a year. The first surgery will create the breast mound and subsequent surgeries may be necessary to achieve symmetry, improve contour, or reconstruct the nipple/areola complex.

However, this process will require teamwork between you and all of your physicians – these may include a general surgeon, an oncologist, a radiation oncologist, and a plastic surgeon. During the course of the next several months, all of these physicians will work together to coordinate your treatment plan which may include chemotherapy and radiation therapy in addition to your breast surgeries.



REMEMBER that you have a team of very concerned people who will take care of you. Your plastic surgeon and his/her staff will always have your back. Never worry about asking a question or asking for help to understand your options or help making your decisions. These people are there for you.



TIME TO HEAL

These recovery times are the average time patients take off from work to recover from their surgeries. If your job is physically strenuous or requires heavy lifting, you'll need more time.

It is also important to listen to your body. Some individuals may bounce back quicker than others. Also, some people may have the flexibility to return to work on a part-time basis or to work from home.

- **Placement of Tissue Expanders** – 2-3 weeks, but you will require weekly expansions until you are the appropriate size
- **TRAM flap** – 8 weeks
- **DIEP flap** – 6 weeks
- **Latissimus flap** – 4 weeks
- **TUG flap** – 3 weeks
- **Removal of tissue expanders and placement of implant** – 1 week
- **Fat Grafting** – 1 week or less depending on the extent of grafting
- **Nipple/Areola Reconstruction** – 1 week or less

IT IS ALWAYS BETTER TO SCHEDULE **MORE** RECOVERY TIME THAN YOU THINK YOU'LL NEED.

It will be a nice surprise if you can back to your routine early, and you'll avoid the stress of worrying about whether or not you'll be ready. Trying to get back to your normal routine before you are ready can cause your recovery to take longer.



THE RIGHT MINDSET

Most breast reconstruction patients have been looking forward to restoring the shape of their breasts and their bodies. It is normal to be excited and at the same time very nervous and apprehensive. After all, big changes are coming your way.

Your positive mental attitude will go a long way in ensuring that you recover well and have the outcome you've always wanted. We do have some suggestions that work well to manage those nerves so you can show up the day of your surgery relaxed and ready to go.

ONE OF THE BIGGEST CAUSES OF ANXIETY IS THE FEAR OF THE UNKNOWN.

Expect that as your surgery date gets closer, you're going to have more questions that come up. Write them down as you think of them so you don't forget to ask when you visit your doctor. This goes for your pre-op appointment, the day of your surgery or any of your follow-up visits. Remember your plastic surgeon is there for you, just a phone call away.

THE INTERNET **IS** AND **IS NOT** YOUR FRIEND.

Once you've made your decision to have breast reconstruction and are comfortable with your choice of physician, don't go second-guessing yourself. If you have a concern, ask your doctor, not Google. Now is not the time to torture yourself by searching online for bad plastic surgery outcomes.



What is right for you in terms of breast reconstruction may not be what's right for someone else. And it can be somewhat surprising how much other people will share their experience with you and suggest that you do what they did, or what someone else they know did. Don't let this throw you. You have worked with your plastic surgeon to come up with a good plan. So take comfort in this, and try not to get derailed by what other well-intended folks may say.

That said, if you really have doubts or questions about what you are planning to do, you should take some more time to discuss this with your surgeon.





THE EMOTIONAL ROLLER COASTER

Ready or not, your emotions will feel out of control as you begin your treatment process. After the initial confusion of deciding “what to do,” you will likely experience many highs and lows. And hormones and chemo certainly don’t help.

Surgery affects each person’s emotions differently. The most common reaction is to be excited but nervous before surgery. After surgery, you may be uncomfortable and down in the dumps because you’re not feeling the way you want, you don’t look the way you thought, or the recovery isn’t as quick as you would like. You may even ask yourself if you made the right decision. Many women start to feel guilty for putting their families through another stressful event just so that they could have breasts. These emotional highs and lows are normal during the breast reconstruction process. But remember that things do get better and soon you’ll see the light at the end of the tunnel.



START LINING UP YOUR SUPPORT TEAM.

Most women are very independent and let's face it- they're used to being the ones who provide support for others. So when you are planning on having breast reconstruction, it can be uncomfortable asking others for help. But this is one thing that you cannot do alone.

The amount of help you'll need really depends on your situation. Many patients take care of others as a normal part of their routine. If you have young children or elderly parents at home you'll need double- duty support....for you and for them.

At the bare minimum, and we mean the very barest minimum, you'll need someone to drive you to and from your surgery, stay with you for 48 hours after your procedure and drive you to your first post-operative appointment. For more involved breast reconstruction surgeries, you'll need someone to stay with you for at least the first week.

ASK A POSITIVE PERSON TO BE YOUR CAREGIVER

You know who they are: the people in your life who always lift your spirits. You want someone who's really going to put your needs first. Get someone supportive and caring because you're really going to need that.





MAINTAIN A HEALTHY DIET.

Many things can affect your appetite and your weight. Stress, chemotherapy and radiation can play havoc on your appetite and sense of well-being. If you have gained weight, now is not the time to try to lose it. If you have lost weight keep in mind that your body needs protein, iron, nutrients and yes, even fat, to heal properly.

So, in either case, do your very best to eat a healthy and balanced diet. You can worry about your weight later. Right now, your nutritional health is more important.



EXERCISE WISELY.

Before your surgery is not the time to start a new aggressive workout routine. You'll want to maintain your level of fitness while avoiding injuries, so don't over-do-it. Instead, think about light cardio, low-weight strength training and particularly stretching. Barre workouts, yoga and Pilates classes are great choices because they concentrate on your overall well-being and posture.

Sometimes the best thing for you to do is to get outside and walk. Go ahead and breathe in the fresh air and enjoy some sunshine. It will lift your spirits. You may be cooped up in the house for a while after your surgery.





KIDS AND FAMILY

As busy women, all of us will have many responsibilities to coordinate and delegate prior to surgery – work, kids, pets, and partners. As you begin this process, one concern will be how it will affect your family. All families will respond differently to the stress of an illness.

Initially, everyone may be ready to accept the added responsibility of helping you during your recovery. But the process of recovering from cancer treatments and completing the reconstructive journey may start to seem long even to the most understanding family. Every family member, including you, will handle these stressors differently.

Some women may find it helpful to speak with other women through support groups; your spouse and children may also desire outside support. Regardless of what method you and your family find to deal with the changes in your life, it is important that you and the other members of your family communicate openly.



START THINKING ABOUT YOUR PETS.

Throughout this process, don't forget about your pets. While they have the unique ability to sense our moods and cheer us up when we are down, they also will require care. Pets like to jump up to greet you, shower you with kisses, and sleep in your bed. Plus, they are easy to trip over. And they need to be let out, fed, watered and taken for a walk.

So, if you have pets, be sure to take them into consideration when you are preparing for your surgery. You won't feel like getting out of bed any more than you have to for the first couple of days. Nor will you want their fur or saliva to contaminate your drains and incisions.

WE **KNOW** THEY LOVE YOU
AND WANT TO HELP, BUT...





SERIOUSLY, WE DON'T WANT YOU TO HAVE ANY PROBLEMS HEALING AFTER YOUR SURGERY. WE CAN'T EMPHASIZE THIS ENOUGH. YOU ARE NOW A NON-SMOKER.

AND NO
E-CIGARETTES EITHER

JUST QUIT SMOKING!

It's no secret that smoking is bad for you. Most people are aware that it can hinder your recovery after any surgery, but not many people understand that this is a much bigger issue when you're having plastic surgery. This is because plastic surgical operations, live on the edge of your blood supply.

When doing these operations, plastic surgeons are really operating at the limit of what the circulation to the skin and other tissues will allow; living on the edge so to speak. But, in order to have adequate circulation, they not only need to leave enough blood vessels intact, they must also make sure that the blood which flows through these blood vessels is sufficient.

Certain things can affect this blood flow and the biggest and baddest of these is cigarette smoke. Although the nicotine in the cigarette smoke is the most dangerous element, the carbon monoxide and the hydrogen cyanide don't help much either.

We're seeing more and more patients who are using electronic cigarettes. Although they may contain less toxins for your lungs, they DO contain nicotine, which is what delays healing.



STOP TAKING THESE OVER-THE-COUNTER DRUGS AND VITAMINS!

Aspirin, diet pills and common vitamin supplements can cause bleeding after surgery, increase swelling, raise blood pressure or alter your sugar levels. Two weeks before your surgery, you should quit taking aspirin, all herbal supplements and everything listed below until at least two weeks after your surgery.

DON'T TAKE:

- Aspirin, Advil or Motrin
- Any diet pills or herb blends designed to control appetite
- Vitamin E
- Chromium
- Garlic
- Ginger
- Ginkgo
- Goldenseal
- Flaxseed
- Fish oil
- Echinacea
- Licorice
- Saw Palmetto
- Ephedra
- Ginseng
- Feverfew
- Kava-Kava
- St. John's Wort
- Valerian Root

IF YOU TAKE THE DIET PILL
PHENTERMINE, YOU MUST
STOP IT AT LEAST
4 WEEKS PRIOR TO
YOUR SURGERY DATE.



DETAILS, DETAILS, DETAILS.

LAB TESTS

Prior to your surgery, you may require a few lab tests. These tests may be done in the hospital where you will be having your surgery or at an outpatient lab facility. If another physician's office has arranged for your lab work, you'll want to follow up with your plastic surgeon to make sure that they have received the results before your pre-op appointment.

If you are receiving chemotherapy during your tissue expansion process, be sure to tell your plastic surgeon about your chemo schedule. Chemo can make your white blood cell counts drop, and these cells are necessary to fight infection. If your white blood cell count is low, your surgeon may choose to delay your expansion for a particular week until your counts rise again.

MEDICAL RECORDS

As you have discovered, you will have multiple physicians who are coordinating your care during the reconstructive process. You may have to complete a records release form so that your plastic surgeon can obtain your records from your other physicians. Please check with your plastic surgeon to ensure that he or she has your necessary health information. Also, be sure to communicate your entire treatment plan – including chemo, radiation, and other treatments – with your plastic surgeon.

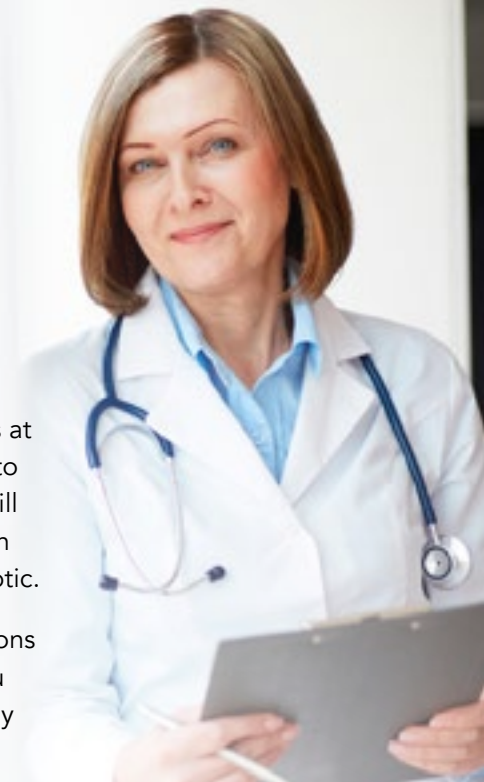
PRESCRIPTIONS

You may receive your prescriptions at your pre-op appointment or prior to discharge from the hospital. You will likely receive a prescription for pain medication and possibly an antibiotic.

It is important to read the instructions and become familiar with what you have and call your surgeon with any questions or concerns.

Be sure to come up with a system of how you are going to keep track of what medications you've taken and when because it's easy to lose track when you're groggy.

YOU SHOULD KNOW: There is a difference between taking prescriptions "as directed" and "as needed." "As directed" medications are the ones you take for a set period of time until they are all gone, for example, your antibiotics. "As needed" medications are taken to treat a symptom, for example, your pain pills and nausea medication. If you don't need them, great! If you do need them, don't take them more frequently than what is instructed on the bottle.



SURGERY SHOPPING LIST:

We've put together a list of supplies you'll want to have on hand to make your recovery as comfortable as possible. It is broken down into the "must-haves" and "nice-to-haves". All of the "nice-to-haves" are suggestions from previous patients about what worked well for them.

Must Haves

HIBICLENS SKIN CLEANSER: This is an excellent cleanser to use 1-2 days prior to your surgery to decrease the chance of infections. It does tend to dry out your skin so we don't recommend it for use after your surgery.

DIAL ANTIBACTERIAL FOAMY SOAP: You'll understand why we recommend this unscented foamy soap after your procedure. You can be very gentle with it and still get everything clean.

BACITRACIN OR POLYSPORIN ANTIBIOTIC OINTMENT AND Q-TIPS: These are widely available, dirt cheap and generic is fine. Neosporin is **NOT** recommended because it gets quite irritating to the skin after a couple of days use. You can find these in the first aid section of your pharmacy.

MILK OF MAGNESIA: Pain medication can be quite constipating so it's good to have some of this in your medicine cabinet. Probiotics do help with this, but if you need it, you'll be glad it's there.

Nice to Haves

COLGATE WISPS: Brush your teeth and freshen your mouth without water.

RAZORS WITH BUILT-IN

SHAVE BARS: When you are shaving after your surgery, you'll want it to be as easy as possible. Our two favorites are Venus Breeze or Schick Intuition.

EXTRA CLOTHING: You may not fit into your normal clothing after surgery because of drains, dressings and swelling. So it's good to have some larger shirts that button in the front and pants with elastic waistbands.

DRESSINGS: You'll need dressings for your incisions. You don't want to use regular gauze because that sticks. Guess what's inexpensive and works great? Maxi pads or panty liners.

FLEX STRAWS: These little guys make drinking in bed so much easier.

TRACTION SOCKS: If you like to wear socks around the house, score a pair of these cool socks with no-slip bottoms.



SURGERY SHOPPING LIST:

Nice to Haves

ABOUT SHOWER CHAIRS:

You are going to need help taking a shower--another reason to choose your caregiver wisely ;). If you have a seat built into your shower, you're in business. If not, shower chairs are available on Amazon starting at \$40 and may be a good investment particularly if you have had a TRAM or DIEP flap.

SINGLE-SERVE NUTRITIOUS SNACKS AND MEALS:

You'll get hungry and won't feel like cooking. Think soup, jello, Power bars, fruit, nuts, real fruit popsicles, etc. Single servings of carrot dippers, apple dippers or hummus also work great. If you are super-industrious, consider cooking ahead and freezing some individual portions of your favorite meals that you can defrost and eat after your surgery.

Definitely don't plan on working in bed for the first couple of days. Seriously. When you're taking pain medication, you may not remember very much later.

RECOVERY ENTERTAINMENT:

This is the time to stock up on books, magazines, DVD's, apps, audiobooks and Netflix downloads you enjoy. Pick things that are light and fun and cheer you up. It's a perfect excuse to binge-watch episodes of nostalgic TV shows! Be careful with your favorite laugh-out-loud comedies because laughing after surgery hurts for a while.

Keep in mind that you'll probably be falling asleep in the middle of whatever you're watching or reading, so don't plan on digesting anything complicated and heavy, like *War and Peace* or *The Usual Suspects* (we're still trying to figure that movie out!).



A close-up photograph of a nest made of dry, brown twigs. Inside the nest are several speckled eggs in shades of white, light brown, and dark brown. The background is a blurred wooden surface.

PREPARE YOUR NEST.

There are many little things you can do now to make your home more recovery-friendly. It's kind of like child-proofing your house only you get to reap the benefits. All of these suggestions are from previous patients, so hopefully you'll find some good ideas for your "nest". You may not need all of these ideas immediately after surgery, but when you are on your own after your caregiver leaves, you'll be glad to have them.

- Move a table next to your bed (or recliner) and put all the things you think you may need on it: remote control, iPad, cell phone, chargers, magazines, books, drinks, flex straws, light snacks, chapstick, Colgate wispis, pony-tail holders or a head scarf and a notepad and pen to write down questions as they come up. You should also keep this guide and any pre-op instructions handy.
- Be sure you've picked up all of your prescription medications and keep them together on your bedside table.
- If you have drains, put a little measuring cup next to your bathroom sink.
- Make sure all of your important phone numbers are programmed into your phone. Especially your plastic surgeon's number, your caregiver's and the phone numbers of people who cheer you up.
- Have lots of pillows and throw blankets near your bed. If you have a rocking chair, bring it close to where you'll be hanging out.





PREPARE YOUR NEST. continued

- If you normally carry a heavy purse, go through it and be brutal. Remove everything that you don't really need (most of it we don't really need all the time, right?). You may even go crazy and switch to a small bag, just this once. When you start getting back into your normal routine, you'll tend to want to do too much, and carrying a heavy purse all over the place just tires you out more.
- Put the recovery clothes that you're going to want to have easy access to in the front part of your closet and your top dresser drawers so you won't have to bend over to get anything. Loose elastic pants and even yoga pants are comfy after surgery. You'll want loose button up shirts and PJ tops so you don't have to pull things over your head. Loose slip-on shoes are best to wear after surgery so you won't have to bend over to adjust laces or buckles. Don't wear anything super-nice because the bacitracin ointment tends to get on your clothes and you are more likely to spill things while taking pain medication.
- Have some cash handy so your caregiver can run out and pick up things at the store as needed. You might want to make sure your car has a full tank of gas so your caregiver doesn't have to mess with that while running errands for you.
- Organize all the items in the fridge you think you'll need on the top shelf or the shelf that you can access most easily. The same goes for the freezer section because you don't want to fight to lift things. If you use milk, buy half gallons, rather than full gallons. Same goes for other drinks you like; get the smaller size for now.
- Put paper plates, cups and bowls on your counter along with plastic silverware. It's light and it won't be a big deal if you drop it. Also you won't have to wash anything. Nice, huh? Consider leaving the pots you use out on the burners; so much easier than bending over to get them.
- Same thing with your bathroom. Put everything you'll be using on the bathroom counter: deodorant, toothbrush and toothpaste etc. Also make sure you're stocked with toilet paper and tampons if you think you'll need them.
- A little "pampering". Some patients mentioned they used Charmin wipes because you can't reach as well to wipe, and kept a spare pair of underwear and a spare tube of bacitracin ointment within reach of the toilet.



PRE-SURGERY PRIMING

Ladies, let's face it, when you are recovering from surgery, any surgery, your beauty routines are going to suffer. After surgery, one sure sign that you are feeling better is when you are ready to start wearing make-up (or even heels). Nevertheless, sometimes it's smart to get a few things done before your surgery date, especially if you know these things would otherwise bug you while you're healing.

- Go ahead and color or highlight your hair, and get a good haircut. If you will require chemo after your surgery, it will usually start about 4 weeks after surgery, and you may start to lose your hair at that point. Once chemo starts, every woman will approach the loss of her hair differently—some will embrace the bald look, others have fun with a different wig for each day of the week, and still others enjoy the scarves and hats. If it tends to get you down, as one patient wisely said, "This too shall pass." As your hair grows back after chemo, you may find that it is different at first—more gray or white and more coarse. But eventually, you will get your hair back.
- Give yourself a pedicure. You might not want to be staring at raggedy toenails after surgery. If you want a manicure, pick out a pretty pale nail polish color so that the light will reflect through the pulse oximeter during your surgery (however, you may want to avoid acrylic nails—they have a higher risk of infection).



- Shave or wax now because it's hard to do when you're uncomfortable. Underarms can be difficult to reach after breast reconstruction, so an underarm wax ahead of time might be something you want to consider. Remember, if you do have a wax before surgery, have it done at least 3 days beforehand to give your skin enough time to heal!



IT'S GETTING CLOSE: THE DAY BEFORE SURGERY

- Eat healthy and drink lots of fluids today, and by lots of fluids, we don't mean alcoholic beverages.
- You'll be getting a pre-anesthesia call from the hospital or surgery center today if you haven't heard from them already.
- Remove dark-colored nail polish on your fingernails. Light colored nail polish with no decals or designs is fine. Shellac and artificial nails are fine as long as the polish is light. The pulse oximeter needs to be able to shine through it. Your toes are fine.
- Confirm your arrival time and your route to and from the hospital or surgery center with your caregiver who is driving you.

- Take off all of your jewelry and remove all piercings now so you don't forget in the morning. And we mean ALL piercings!
- Do not eat or drink anything after midnight tonight! Anything more than a small amount of water to brush your teeth or take your medication is a big no-no and could be unsafe during your surgery. This includes candy, gum and mints. There is no wiggle-room here.
- Most of you will be staying at least one night in the hospital.

ALSO REMEMBER:

- Your driver's license and insurance card.
- Eye glasses and an eyeglass case because you won't be wearing contacts. If you're having outpatient surgery you'll want to have these in the car for the ride home.
- Crackers to eat if you have some nausea on the ride home.
- Pillow and throw blanket to make you more comfortable for the ride home.



Almost Time!



DAY OF SURGERY: A CHECKLIST **TODAY'S THE DAY.**

- ☐ You haven't eaten or drank anything since midnight last night.
- ☐ You showered and washed your body with Hibiclens soap either last night or this morning.
- ☐ You haven't put on any makeup, perfume, hair spray or panty hose.
- ☐ You know where you're going and you have someone to drive you, pick you up and stay with you for at least 24 hours after surgery.
- ☐ You're wearing loose fitting clothing with a loose shirt that buttons up the front and slip-on shoes that are easy to walk in. No Jimmy Choo's.
- ☐ You're giving yourself plenty of time to get to the hospital or surgery center on time.
- ☐ You're not wearing any contact lenses, jewelry or have dark fingernail polish or any piercings anywhere on your body.
- ☐ You have your ID, insurance card, eye glasses and glasses case on you and the crackers, pillow and throw blankets are in the car.
- ☐ You're taking a car that's easy to get in and out of, like an SUV. Leave the sports car at home. It will be easier for you whenever you leave the surgery center or hospital.

OK. It's time to go.





YOUR HOSPITAL STAY

Most first stage reconstructive surgeries will require a short hospital stay. While this varies, on the average, you can expect your time in the hospital to be:

- **TISSUE EXPANDERS/IMPLANTS:** 1 night
- **DIEP FLAP:** 3-5 nights
- **TRAM FLAP:** 3-5 nights
- **LATISSIMUS DORSI FLAP:** 2-3 nights
- **TUG FLAP:** 3 nights

Many patients wonder what their recovery will be like once they have left the hospital and arrive at home. It's hard to tell you exactly what to expect because each woman's recovery is different, but there will be some similarities.

Many women want to see improvement in terms of their recovery with each day. But this is not always the case. Sometimes it's taking two steps forward and one step back where you'll have a couple of good days followed by one where you don't have as much energy. Don't get thrown by this. Remember this is a journey and your overall progress, moving forward week by week, is what's important.



RECOMMENDATIONS FOLLOWING SURGERY

REST. Don't just stay in bed. Even though you won't want to, it's important that you are ambulatory, meaning walking on your own, with your caregiver next to you if you need help or feel woozy. Get up at least every 2-3 hours, walk around a bit and use the restroom.

ELEVATE YOUR HEAD AND CHEST. That's 2-3 pillows behind your back. If you've had a TRAM or DIEP flap, you'll also want to prop up your knees with pillows or settle into a recliner.

START YOUR MEDICATIONS. Take them according to your pre-op instructions.

DEEP BREATHE, COUGH AND STRETCH. Your lungs need to wake up after anesthesia to prevent you from accumulating fluid. So at least once an hour, take five deep cleansing breaths. Then put a pillow on your tummy and hold it close to you. Cough three times.

DRINK. DRINK. DRINK. Fluids are critical after surgery. Drink at least 8 ounces every two hours of non-carbonated, non-caffeinated and non-alcoholic beverages like water and Gatorade. You should have to pee every couple of hours. If you don't, you're not drinking enough.

AVOID SALT. Eating salty foods increases swelling during your recovery. Try to stay away from it.

EAT SOMETHING LIGHT. You'll want to ease back into eating. Start with "comfort" foods like jello, soup, crackers and toast until you feel up to more substantial meals. It may take you a couple of days.

DON'T SMOKE. If ever there was a time not to smoke, this is it. Smoking will greatly impair your ability to heal after surgery. Don't do it. And no second-hand smoke either.

RELAX.

REMEMBER, YOU JUST HAD SURGERY!

Don't do anything stressful. Just let your caregiver take care of you. Yes. This means you.

Only rely on the advice of your own doctor who is familiar with your medical history and care. Always call your doctor's office with specific medical questions.



WARNING SIGNS THAT REQUIRE IMMEDIATE ATTENTION

Occasionally, after surgery, you may need to contact your physician after hours or you may have an emergency requiring immediate medical attention.

CALL 911 IMMEDIATELY IF YOU HAVE:

- Chest pain.
- Trouble breathing.
- Loss of consciousness.
- Any other medical emergency.

IF YOU SHOULD EXPERIENCE ANY OF THE FOLLOWING, CONTACT YOUR SURGEON'S OFFICE IMMEDIATELY:

If it is after hours, go ahead and call to speak with the physician on-call for instructions.

- A high fever (over 101), severe nausea and vomiting, continued dizziness or incoherent behavior such as hallucinations.
- Any pain that cannot be controlled by your pain medication.
- Bright red skin that is hot to the touch.
- Excessive bleeding or fluid seeping through the incisions or drains.
- One breast that is much larger than the other or bruising that is localized to one breast or region of the chest.
- Inability to urinate.
- A suspected reaction to one of your medications.
- One of your drains has fallen out or is no longer holding suction.
- An area of skin that has turned purple or black.

Only rely on the advice of your own doctor who is familiar with your medical history and care. Always call your doctor's office with specific medical questions.



WHAT TO EXPECT AFTER YOUR RECONSTRUCTION

As you know, there are several different types of operations that can be done for breast reconstruction. And while the goal of each is to recreate the breast mound, how this is done, and what the recovery is like, can be quite different. The following sections will give you an idea of what to expect as you recover from these operations.

TISSUE EXPANDERS. After you are discharged from the hospital following the placement of tissue expanders, you will experience some muscle soreness and spasm. Sometimes your upper back will also be sore because your back muscles will try to compensate. Most women feel the worst in the mornings, but as their muscles loosen up, they usually feel better. It is often helpful to do gentle range of motion exercises to avoid shoulder stiffness – these may be as simple as brushing your teeth or brushing your hair. However, you will not want to lift anything heavier than a gallon of milk.

You will also likely have at least one drain from each breast. Each surgeon will have a different protocol for removing drains, but they will likely remain in place for about a week. You will receive instructions on how to care for your drains prior to leaving the hospital.

After the first two weeks, you should start to feel better. Depending on whether you will require chemotherapy, your surgeon will likely start expanding your breasts 2-3 weeks after the placement of the tissue expanders. When you come to the office to be expanded, your surgeon will find the port to the tissue expander using a magnet. He or she will then use a needle to inject sterile saline into the expander. Expect to be sore for at least 1 or 2 days after each expansion. Many women prefer to be expanded on Friday, so that they have the weekend to recover.

DIEP/TRAM FLAPS. Following a DIEP flap or TRAM flap, most of your discomfort is typically localized to the abdomen. Since your abdominal skin and fat has been removed, you will likely have to walk in a bent over or flexed position for 1-2 weeks. You will also go home with drains. Typically, the first two weeks after surgery are the worst with regards to pain, discomfort, and drains.

Since these surgeries are long, your surgeon will usually have you start walking in the hallways the day after surgery. And as your recovery progresses, you will gradually be able to increase how much you walk. However, it will be close to 6 weeks before you will be able to resume an aggressive cardio routine and 3 months before you will be able to lift any weights.

Because of the pain medications and surgery, some women may find that they are constipated. It is usually a good idea to take probiotics or Greek yogurt or other natural sources of “healthy bacteria” to get your intestinal system back on track.

LATISSIMUS DORSI FLAP. Following a Latissimus flap, you will also go home with drains in your breast and in your back. Typically, the drains will stay in place for 1-2 weeks. As with the DIEP flap, the first two weeks after surgery are usually the worst with regards to pain and discomfort.

If you are having a tissue expander placed under the flap at the same time, your surgeon will likely start expanding you two weeks after surgery as well.

While you will likely start walking in the halls immediately after surgery, you will also want to avoid any heavy lifting for 4-6 weeks after surgery.



SHOWERING AFTER SURGERY

This is the area that patients and their caregivers have the most questions about, but it's actually pretty straightforward. You can bathe or shower the day after your surgery if you feel up to it.

You'll need some help from your caregiver in case you get dizzy in the shower. This is also when a shower chair comes in handy. If you don't have a seat in your shower or a shower chair, you can use a plastic outdoor chair or a folding chair covered by a garbage bag.

Go ahead and take everything off down to the skin and sutures. This includes all the dressings covering your incisions, but not your drains if you have them, because they are sewn in. Go slow and sit down if you start getting woozy.

Shower using your antimicrobial foamy soap gently on your incision sites and around your stitches. You may wash your hair.

After you get out of the shower, gently dry off. Apply antibiotic ointment to your incision sites and cover them with the non-adhering dressings, panty liners or maxi pads depending on your procedure. Use a bit of tape to hold in place if you want. Then put on your loose-fitting comfy clothes. Done!

Repeat tomorrow :)



5 REASONS TO CALL YOUR DOCTOR'S OFFICE AFTER SURGERY

Even though breast reconstruction surgery is old hat to your surgeon, it is new to you. It is much better that you call with questions than lose sleep over the details.

- 1.** You can't remember exactly what was said during your pre-op visit, or what you were told before leaving the hospital. No worries...this happens, after all, you have a lot on your mind and a lot of information to absorb. If you can't quite remember how to take your medicine or when you can get back to a certain activity, just call.
- 2.** You are not sure if you can go back to (or start) a certain activity. For the first few weeks following a procedure you will most likely be restricted in areas such as exercise and other medications. If you have a hankering to start back with an activity but worry that it might be too early, just call. P.S. This also works well if you are trying to get out of a certain activity like household chores. Just say "So sorry, I'm disappointed too, but my surgeon says I can't vacuum for at least 6 more weeks!"
- 3.** You have a spot/area/incision that looks a little different than the rest. It is completely normal for some areas to heal a little differently than others, however, if you are concerned, it's better to find out for sure. Just call and let them know what's going on.



- 4.** You feel a lot worse than anticipated. This is most likely temporary, and tomorrow will be a new day. However, if your general experience is not lining up with the information you were given, it's wise to make the call. Often your doctor can figure out what is amiss, and may have a few tips to help you get back on the healing path.
- 5. MOST IMPORTANTLY:** If you are running a fever, vomiting, have an area that is hot to the touch, unusual pain in the legs or chest or trouble breathing, or any other alarming symptoms...These could be signs of something serious. Call your doctor or go to the nearest emergency room right away.



DRAINS: A NECESSARY EVIL

After your surgery, you will have at least one drain placed beneath your incisions. Most of the time you will be dealing with them for at least a week. It is important that you keep track of how much fluid you empty from each drain over a 24-hour period.

Here is a link to a video by an ASPS Member surgeon and his nurse discussing how to manage your drains. It's a good idea to watch this with your caregiver.





SWELLING AFTER SURGERY

One of the most common patient complaints following surgery, is that they are “puffy” after their procedure. It’s a natural concern.

Swelling has a mind of its own and the best treatment for swelling is patience. That’s probably not what you want to hear, so here are a few things to keep in mind.

- Avoid salty foods which increase swelling.
- You will probably be more swollen at the end of the day.
- Engage in light physical activity such as walking, as much as you can.

One thing that you should NOT do is to take diuretics. Diuretics after surgery don’t help the swelling, but they do cause dehydration, which will further set you back. So even if you think it’s a good idea, it’s not.



SEX AFTER BREAST RECONSTRUCTION:

GLAD YOU ASKED

From time to time during post-operative consultations, a patient or her spouse will ask when they can resume normal sexual activity. For many people, this is not an easy subject to bring up. It seems like an embarrassing topic to discuss with your plastic surgeon. But this too is a part of your recovery and it's something your plastic surgeon can help you with.

So, when can you resume normal sexual activities after breast reconstruction? This is not a question you will find an answer to in a text book.

But, the answer in many cases would be sooner than you think. It really depends upon a couple of things: the surgery you have had, how much discomfort you are in, and when you as the patient feel ready for this.

Few people will be ready for sexual activity the day after surgery. And if there are drains involved, or special positioning after surgery is indicated, this probably is not the right time for physical romance. The time you will need to wait will be longer for more involved operations. For instance, you may want to wait several weeks after a TRAM or DIEP flap but probably not as long after less involved procedures.

Pain can be a real turn off. If you're hurting, or needing narcotic pain medication, making love to your partner may not feel too good. And, after all, you want to enjoy your sexual activity. So, wait until you're not hurting. In many cases you may need to be somewhat inventive with



positioning to enjoy sex. Having someone's body weight on an area that is healing may be uncomfortable. But, if you can position yourselves to prevent this, all systems may be go.

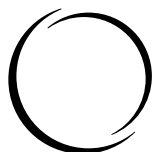
Perhaps the most important consideration is when you, as the patient, feel ready for sex. You are the only one who can determine this. At times this may call for patience. At other times, you may find physical closeness (even if it does not involve sex) is comforting and something that really makes you feel better. On the other hand if you are completely healed, and you are in doubt about how you feel about yourself due to scars, or changes in your body, be honest with your partner and work through this together. Understanding and reassurances can go a long way here. And once you have taken the plunge—so to speak, you may feel much better about some of these concerns.

There is no right or wrong answer to the question of when to resume sexual activity after plastic surgery. Many people are thrilled with the restoration of their body and want to get back at it pronto. Others take longer to feel ready. But common sense will often rule the day: if it doesn't feel good, don't do it. The most important thing to remember is that you can always ask your plastic surgeon. He or she probably enjoys sex as much as you do, and will be very understanding of your concerns. In fact, they will probably welcome the question.



LAST BUT NOT LEAST

HELP US GET THE WORD OUT!



AMERICAN SOCIETY OF
PLASTIC SURGEONS®

See that logo right there? You may not know it yet, but that logo is a sign of protection. Here's why: whenever you see that logo, you know the doctor behind it is certified by the American Board of Plastic Surgery. Believe it or not, there are doctors performing breast reconstruction who are not trained as plastic surgeons. It can happen anywhere because there is no law against it.

So this logo helps give you an idea about the credentials of the doctor you're considering. The credentials don't guarantee a successful outcome, but at least when you choose an ASPS member surgeon, you can be sure of these things:

- ✓ Has at least six years of surgical training, with 3 years specifically in plastic surgery.
- ✓ Is certified by the American Board of Plastic Surgery.
- ✓ Operates only in accredited medical facilities.
- ✓ Adheres to a strict code of ethics.
- ✓ Fulfills continuing education requirements, including patient-safety techniques.

This is all you have to remember,
FOUR LETTERS:
ASPS.

So now you know to look for that logo. If you can't find it easily, the doctor probably doesn't have it.



BRADAYUSA.ORG

PLASTICSURGERY.ORG





BRA Day USA

closing the loop on breast cancer

National Breast Reconstruction
AWARENESS DAY
OCTOBER 16, 2013

Unfortunately, not every woman knows that breast reconstruction is an option following mastectomy. In fact, research shows that only 33 percent of breast cancer patients had a general surgeon discuss breast reconstruction with them during the surgical decision-making process for their cancer. In an effort to educate women about breast reconstruction, the American Society of Plastic Surgeons and The Plastic Surgery Foundation launched Breast Reconstruction Awareness (BRA) Day USA in 2012.

BRA Day USA is an initiative designed to promote education, awareness and access regarding post-mastectomy breast reconstruction, and occurs annually on the third Wednesday in October.

Joining the BRA Day USA movement demonstrates an interest in and desire to educate others about breast reconstruction and women's health. Becoming a BRA Day USA supporter helps shed light on the role that plastic surgeons play in performing breast reconstruction.

Please visit **BRADayUSA.org** to learn more about how you can help raise awareness of breast reconstruction and close the loop on breast cancer.



BRADAYUSA.ORG

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