



Reconstructive Breast Surgery

Patient Education



SERIOUS MEDICINE. EXTRAORDINARY CARE.®

Table of Contents

Breast Cancer: Questions to Ask About Reconstructive Breast Surgery	2
Breast Reconstruction: A Decision Making Tool.....	4
Breast Reconstruction with Tissue Expanders/Implants	6
Breast Reconstruction with Abdominal Tissue.....	8
Breast Reconstruction with Latissimus Muscle Flap.....	10
Nipple Reconstruction	12
Nipple/Areola Tattooing	13
Breast Reconstruction Drain Care	14
Wound Drainage Record Sheets	16
General Instructions to Prepare for Breast Reconstruction Surgery.....	18
Getting Your Skin Ready for Surgery	20
Cancer Surgery: Precautions for Use of Dietary/Herbal Supplements	22
Nutrition and Wound Healing.....	23
General Home Care After Breast Reconstruction Surgery	25
Plastic Surgery Internet Resources	27

Breast Cancer: Questions to Ask About Reconstructive Breast Surgery

Here is a list of questions you may wish to ask your doctor about breast reconstructive surgery. This may help you know what to ask. It is good to have important questions written down so they won't be missed when you talk with the doctor. This sheet also has space to take notes. Later you can read your notes when you are in a relaxed situation. It can be helpful to have a family member or friend to go with you to the doctor. That person can help you listen, take notes and later help you recall what was said.

Answers to these questions will help you **understand reconstructive surgery**.

What are the types of reconstructive surgery?

What type is best for me and why?

What chance is there of rejection and/or infection of any implant?

Are there any other risks or side effects to consider?

When is the best time for me to have reconstruction? At the same time as the mastectomy?
Sometime after surgery? After chemotherapy?

If I do not choose reconstruction, what prostheses, or breast forms, are available?

Answers to these questions will help you **prepare for your reconstruction and follow up.**

How many operations are needed? How long will I be in the hospital? How much time is needed for recovery after each? Are there any medicines to avoid before surgery?

Is there pain after surgery? For how long?

Are special bras needed after surgery? Where do I buy them?

How can I expect the reconstruction to look and feel? How will the reconstructed breast compare in appearance with my healthy breast? Will anything need to be done to the healthy breast?

Can I detect a possible recurrence after reconstructive surgery?

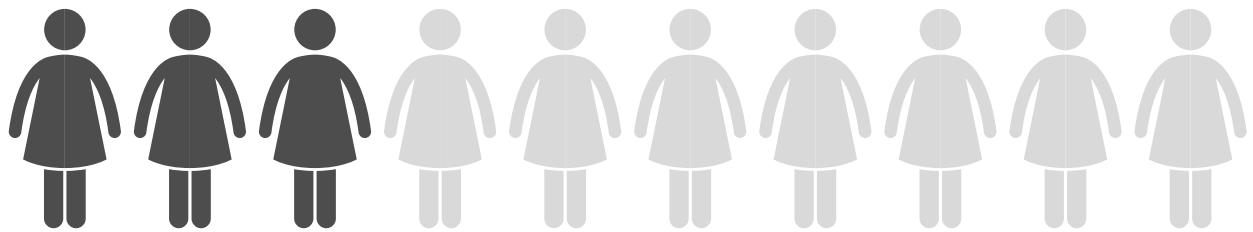
Will my health insurance cover this type of surgery?

Adapted from: Questions to Ask Your Doctor, National Cancer Institute.

Breast Reconstruction: A Decision Making Tool

Breast reconstruction surgery can be done after a mastectomy to create the appearance of a breast. The goal of reconstruction is to have a normal appearing breast in a bra or under clothes, but not when you are naked. Your reconstructive breast may look different than your natural breast. Breast reconstruction can be done during your mastectomy (immediate reconstruction) or at a later time (delayed reconstruction). There is a reduced risk of complications following a delayed reconstruction.

There are risks with any type of surgery. About 3 out of 10 women have complications after breast reconstruction surgery. It is important to talk with your doctor to learn about your potential risk for complications.



Breast reconstruction may include a number of steps and multiple surgical procedures. It is important to talk with your plastic surgeon about each type of breast reconstruction surgery to help you decide which surgery is best for you.

Things to Consider	Tissue Expanders/ Implants	Abdominal Tissue Flap	Latissimus Flap
Length of surgery (not including mastectomy)	1 hour	6 to 10 hours	4 to 6 hours
Time spent in hospital	1 day	3 to 5 days	2 to 3 days
Recovery period	2 to 4 weeks	6 to 12 weeks	4 to 6 weeks
Use of implant	Always	Rare	Often
Final appearance	<ul style="list-style-type: none"> • Sometimes excellent • Increased chance of firmness • Increased chance of asymmetry • Breast is round and does not droop 	<ul style="list-style-type: none"> • Often excellent • Most natural • Soft to touch • Flatter belly (abdomen) • If unilateral reconstruction is done, revision of other breast is possible for symmetry 	<ul style="list-style-type: none"> • Often excellent • More natural appearance than implant only

Things to Consider	Tissue Expanders/ Implants	Abdominal Tissue Flap	Latissimus Flap
Highly recommended for patients who:	<ul style="list-style-type: none"> • Want a shorter surgery and recovery time • Do not have enough back or abdominal tissue • Have small breasts 	<ul style="list-style-type: none"> • Want the most natural looking breast • Are healthy enough for long surgery • Have enough time for recovery • Have enough abdominal tissue • Have had radiation 	<ul style="list-style-type: none"> • Have enough back tissue • Are healthy enough for moderate surgery • Have enough time for recovery • Have had radiation
Less recommended for patients who:	<ul style="list-style-type: none"> • Smoke or use nicotine products and have no plan to quit • Want the most natural looking breast • Find weekly visits for tissue expansion a problem • Who have had radiation therapy 	<ul style="list-style-type: none"> • Smoke and have no plan to quit • Are not comfortable having a long surgery • Had abdominal surgery before, not including C-sections 	<ul style="list-style-type: none"> • Smoke and have no plan to quit • Are not comfortable with implants

Breast Reconstruction with Tissue Expanders/Implants

Breast reconstruction with tissue expansion and implants can be a one or two step process. Your doctor will talk with you about what option is best for you. The first step uses a silicone balloon like device called a tissue expander. This is put under your skin and chest muscle. Saline is injected into the filling chamber of the tissue expander. It can take three to six months to fully expand. This process lets the tissues of your chest stretch over the expander to create the shape of a breast. Once the expansion is done, the filled expander is left in place for two to three months to let the tissues remain permanently stretched. After your skin has been stretched enough, the expander is surgically removed and replaced with a permanent breast implant.

The shape and size of your breasts before surgery will determine the placement of the tissue expander and the final shape of your reconstructed breast. Tissue expander breast reconstruction is not able to create an exact copy of your removed breast. In order for your breasts to be similar in size and shape, you may want to have surgery on your other breast. This surgery can be done during your permanent breast implant procedure or at a later time.

How long will I be in the operating room?

This type of surgery (breast reconstruction with tissue expanders and implants) will take about an hour. An immediate breast reconstruction surgery includes a mastectomy and will take longer.

How long will I be in the hospital?

You may have to stay in the hospital overnight after your tissue expander surgery. The surgery to remove your tissue expander and place a permanent implant is generally done as an outpatient procedure and you will be able to go home the same day.

Where will my scars be?

Your plastic surgeon will use the same incision used for your mastectomy.

What are the advantages?

Since your mastectomy incision is used to insert the tissue expander and implant, there are no additional scars made on your body. When compared to other types of breast reconstruction, tissue expanders have the shortest surgery time and the shortest recovery time.

What are the risks?

The risks involved with breast reconstruction with tissue expanders and implants include:

- **Short term risks**

- » Infection – the most common risk with this surgery is infection. If the skin on your reconstructed breast becomes infected, surgery may be needed to remove the skin or implant. If this happens, the breast reconstruction process can start again after you have healed from the surgery and the infection has been fully treated
- » Bleeding
- » Slow healing – this can increase your risk of infection

- **Long term risks**

- » **Capsular contracture** – scar car tissue that tightens around the implant and causes the breast to change shape and become hard
- » **Asymmetry** – the size, shape or level of the breasts look uneven
- » **Malposition** – the breast implant is not in the correct position
- » **Breast implant associated anaplastic large cell lymphoma (ALCL)** – a rare type of cancer that can happen with breast implants

How are a nipple and areola made?

The last part of breast reconstruction is to make a nipple and an areola. The areola is the colored area around your nipple. The nipple reconstruction is done about three months after your permanent breast implant has been inserted.

Your nipple is made using skin on your new reconstructed breast. This skin is lifted up in a way that causes it to project outward, making it look like a natural nipple. Once your new nipple is healed, your breast is ready for the new areola.

A new areola can be made in the following ways:

- Tattoo only
- Local flap with tattoo
- Local flap with skin graft
- Nipple sharing/graft

Breast Reconstruction with Abdominal Tissue

An abdominal tissue flap can be used to make a new breast. A flap is a piece of tissue (skin, muscle, and/or fat) that is moved from one area of your body to another. There are different ways that this flap surgery is done. Your doctor will talk with you about the options that may work for you.

This handout will describe the different types of flaps that use abdominal tissue for breast reconstruction.

What are the types of abdominal tissue flaps?

There are two basic ways to move tissue from your abdomen (belly) to your chest for breast reconstruction:

- Microvascular flap
- Nonmicrovascular flap

The **microvascular flap** is also called **free flap**. This procedure moves tissue that includes skin, fat or muscle from your abdomen to your chest. The tiny blood vessels that supply blood to these tissues are also moved and then reattached by your surgeon using a microscope. That is why it is called a microvascular flap. This type of flap causes less change in your abdominal wall.

The **nonmicrovascular flap** also called a **pedicled flap**, does not move or cut your blood vessels. In this surgery, one end of your muscle stays attached to your rib cage. Your surgeon will tunnel fat and the free end of your muscle under your skin to the area of your breast. This type of flap causes more change to your abdomen.

Types of microvascular free flaps

Transverse rectus abdominis musculocutaneous (TRAM) refers to the muscle in your abdomen (belly) that is used in breast reconstruction flap surgery. The type and amount of muscle tissue used may be different. The type of flap you will have may not be determined until during your surgery.

- **Free TRAM flap** – A short part of your muscle, along with skin and fat are cut from your abdomen and moved to your chest to make a breast. The muscle flap keeps its own blood supply. This helps feed the tissue that makes your new breast.
- **Muscle sparing free TRAM flap** – A small amount of muscle, along with the some skin and fat are cut from your abdomen and are moved to your chest to make a breast. Only a small portion of your muscle is used in order to keep the blood supply to your skin and fat. This helps feed the tissue that makes your new breast.
- **DIEP (deep inferior epigastric artery) flap** – Fat, skin and blood vessels, including your epigastric artery, are cut from your abdomen and moved to your chest to make a breast. No muscle is removed during this surgery.
- **SIEA (superficial inferior epigastric artery) flap** – Like the DIEP flap, fat, skin and blood vessels are cut from your abdomen and moved to your chest to make a new breast. No muscle is removed during this surgery.

Types of nonmicrovascular flaps

- **The pedicled TRAM flap** – Your abdominal muscle, lower abdominal skin and other tissue are tunneled under your skin and move to your chest to make a breast. The muscle flap keeps its own blood supply. This helps feed the tissue that makes your new breast. This type of procedure may be delayed and can require a second surgery.

How long will I be in surgery?

Microvascular surgery takes about eight hours. Nonmicrovascular surgery takes about four to six hours. The length of your surgery will depend on whether your surgery includes one or both breasts.

How long will I be in the hospital?

You will be in the hospital three to five days after surgery.

Where will my scars be?

Your plastic surgeon will make an incision around your belly button and from hip to hip below your belly button. Your surgeon will use your mastectomy incision to insert the abdominal flap.

What are the risks?

The most common risks for this surgery are infection and fluid buildup in your abdominal area. If you have an infection, your doctor will order antibiotics. If you have fluid buildup, your doctor can drain it with a needle.

The most common risks involved with breast reconstruction with abdominal tissue include:

- **Short term risks**
 - » Partial or total flap loss – the flap tissue dies after it has been moved to your chest and will need to be removed. If there are signs of partial or total flap loss, your doctor will do an immediate surgery to try to save the tissue
- **Long term risks**
 - » Problems with your abdominal wall, such as bulging and hernias
 - » Weakness and pain
 - » Asymmetry – the size, shape or level of your breasts look uneven

To help with healing after surgery, it is important that any time you get up from lying down, you turn on your side and then push up with your arms to a seated position. **Do not** raise yourself up like you are doing a situp.

There are risks with any operation. Talk to your doctor about any questions you may have with this type of surgery.

Breast Reconstruction with Latissimus Muscle Flap

A new breast can be made with the muscle from your back. This is called a **latissimus dorsi musculocutaneous flap**. The muscle, fat and skin located on your back is moved to your chest to make a new breast. The muscle flap has its own blood supply to feed the tissue that is moved to your chest wall. Your doctor will talk with you about whether or not a tissue expander or implant will be placed during your surgery or at a different time. This may help make your breast look and feel more natural.

How long will I be in the operating room?

You will be in the operating room four to six hours. This does not include the time it takes to remove the breast during your mastectomy.

How long will I be in the hospital?

You will be in the hospital for two to three days after your surgery.

Where will my scars be?

The plastic surgeon will make a diagonal incision on one side of your back along your bra line. Once your incision is healed, your bra may hide a portion of the scar line.

What are the risks?

The most common risks for this surgery are infection and fluid buildup in the area of your back where the muscle was removed. If you have an infection, your doctor will order antibiotics or may need to remove the tissue expander or implant. If you have a fluid buildup, your doctor can drain it with a needle.

There are other risks with any surgery. It is important to talk with your doctor about any questions you may have with this type of surgery.

The most common risks involved with breast reconstruction with latissimus muscle flap include:

- **Short term risks**

- » Infection
- » Bleeding
- » Slow healing
- » Partial or total flap loss – the flap tissue dies after it has been moved to your chest and will need to be removed. If there are signs of partial or total flap loss, your doctor will do an immediate surgery to try to save the tissue

- **Long term risks**

- » **Capsular contracture** – scar tissue that tightens around the implant and causes your breast to change shape and become hard
- » **Asymmetry** – the size, shape or level of your breasts look uneven
- » **Malposition** – the breast implant is not in the correct position
- » **Breast implant associated anaplastic large cell lymphoma (ALCL)** – a rare type of cancer that can happen with breast implants

How are a nipple and areola made?

The last part of breast reconstruction is to make a nipple and an areola. The areola is the colored area around your nipple. The nipple reconstruction is done about three months after your permanent breast implant has been inserted.

Your nipple is made using skin on your new reconstructed breast. This skin is lifted up in a way that causes it to project outward, making it look like a natural nipple. Once your new nipple is healed, your breast is ready for the new areola.

A new areola can be made in the following ways:

- Tattoo only
- Local flap with tattoo
- Local flap with skin graft
- Nipple sharing or nipple graft

Nipple Reconstruction

On your breast, the colored area around your nipple is called the areola. Your nipple and areola are normally removed in a total mastectomy. The last steps in a complete breast reconstruction are to make a new nipple and areola. These steps are most often done in the plastic surgery office treatment room, but may be done during surgery if other procedures are needed at the same time.

The following information will tell what you can expect and how you can prepare for a nipple reconstruction.

How is it done?

Nipple reconstruction is done about three months after your breast reconstruction. You should wear a loose fitting shirt the day of your procedure.

Your doctor will inject numbing medicine into your skin where the nipple will be made. Your nipple is made using skin on your new reconstructed breast. Your skin is lifted and folded in a way that causes it to project outward, making it look like a natural nipple.

Your new nipple will heal in about a month. Once your new nipple has healed, your breast is ready for the new areola. Your doctor will talk with you about the ways your new areola can be made.

Care Instructions After Your Nipple Reconstruction

It is important to wear your dressing, or bandage, for two days after your surgery. Do not remove your dressing until day three.

Starting on day three, change your dressing each day or if it gets wet or soiled. Take the dressing off when you shower or bathe. To decrease the risk of infection, it is better to shower than to take a tub. Let the water run over your nipple. Do not scrub or rub your nipple. Gently pat your skin dry.

Keep a dressing on your nipple for a total of 14 days. Use antibiotic ointment on your nipple for the first five days.

Your dressing will have an opening in the center to prevent pressure on your nipple. **To change your dressing, follow these steps:**

1. Wash your hands with warm water and soap. Dry with a clean towel.
2. To make a new dressing, cut a hole in the center of a stack of gauze (4 to 5 4x4 squares of gauze).
3. Remove the dressing from your skin.
4. If needed, put antibiotic ointment on your nipple.
5. Place the new dressing over your nipple. Use a solid 4x4 square of gauze on top.
6. Tape the dressing to your skin.

Call the plastic surgery office at 402.596.4000 if you have any questions or any of the following problems:

- Fever of 100.4 degrees Fahrenheit (38 degrees Celsius) or higher
- New or increased pain at the nipple site
- Drainage or pus from the nipple site
- Signs of infection, including redness and skin that is hot to the touch
- Darkening or change in color

Nipple/Areola Tattooing

What it is?

On your breast, the colored area around your nipple is called the areola. Your nipple and the areola are normally removed in a total mastectomy. The last step in a breast reconstruction is to make a new nipple and areola. These steps are most often done in the plastic surgery office treatment room, but may be done during surgery if other procedures are needed at the same time.

The following information will tell you what you can expect and how you can prepare for areola tattooing.

How is it done?

Areola tattooing is done after your nipple has healed, about one to two months after you nipple reconstruction. You do not need to wear any special clothing for this procedure.

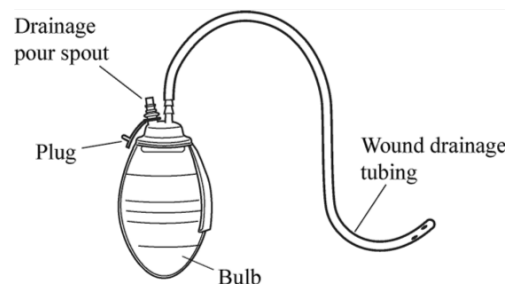
A new areola is made by tattooing. The medical name for tattooing is **micropigmentation** (my-krow-pig-men-ta-shun). The tattoo artist will try to match the color and shape of your natural areola as closely as possible.

The tattoo artist will use a special machine to make the tattoo. A sterile needle, held by the tattoo machine makes several injections of the dye into your skin to create the areola. It usually takes under an hour to apply the pigment and complete the process.

You will have a bandage taped to the tattooed area after your procedure.

Breast Reconstruction Drain Care

When you go home after surgery, you may have one or more drains in place to help your wounds heal. Your wound drain(s) is/are held in place with stitches and helps to drain fluid and blood from the site of your surgery. These drains are called **Jackson Pratt (JP)** or **Blake drains**.



Taking Care of Your Drain(s)

You will need to clean the area of your skin around the drain tubing. Your doctor or nurse will give you instructions about how to take care of your drains at home. You will be taught how to “strip” the tubing and empty and measure the fluid from your drain(s). You will need to check your drainage fluid and call your doctor if you notice any problems.

You do not need to use a dressing over your drain site. If you prefer to have your drain site covered, you may put a split gauze dressing around the tube when it exits your skin. Tape the dressing to your skin to hold it in place.

“Stripping” or Clearing Your Drain Tubing

You will need to “strip” or clear your drain tubing at least twice each day. It is important to move and break up any clots or clogs and to keep fluid from sticking and drying inside your tubing.

Your drain tubing needs to be stripped in the morning and evening and if:

- You can see a clot blocking the tubing
- Fluid is leaking from around the area where the tubing exits your skin
- You have a spongy or slushy feeling area around where the tubing exits your skin

How to “Strip” Your Drain Tubing

1. Use your hand to firmly hold the top of your drain tubing where it exits your skin. This will prevent the drain from being pulled out.
2. With your other hand, pinch the tubing with your thumb and first (index) finger closest to where the tubing exits your body. Squeeze the tubing firmly enough so it becomes flat.
3. Slowly, but firmly, pull your pinched thumb and index finger down your tubing towards the bulb. **Do not** use your fingernails as they may damage the tube. If you see a clot, stop and start as often as needed to move the clot through the tubing. It may help to use a cloth or alcohol swab around the tubing. It is normal to see a clot move down, but not out of the tubing. This keeps clots from sticking and drying in your tubing.
4. **Stop** if you are pulling on the tubing so much that it hurts. **Do not** pull the tubing so hard that you pull it out.
5. When you reach the bulb, release your fingers closest to the bulb. Then release your hand that was holding the drain tubing in place, closest to your body.
6. Repeat if needed.

How to Empty Your Drain(s)

You will need to empty your drain bulb at least twice a day, once in the morning and again in the evening. If the bulb is heavy and filled with fluid, you may need to empty it more often. Your drain(s) will be labeled based on the location on your body (LB = left breast, SP = supra-pubic) and numbered if more than one drain is in one area. Empty each bulb, one at a time, and measure the amount of fluid drained. It is important to keep track of which bulb the drainage came from.

Supplies needed:

- Measuring cup
- Wound Drainage Record Sheet and pen or pencil

Steps to empty drains:

1. Wash your hands with warm water and soap.
2. Loosen the safety pin or clip that holds the bulb to your clothes.
3. Open the plug on the bulb.
4. Turn the bulb upside down over the measuring cup and gently squeeze until all the fluid has drained out.
5. Squeeze the bulb until it is flat. Without letting go, replace the plug.
6. Reattach the bulb to your clothes. It is important to attach the bulb lower than where the tubing exits your body. Make sure the tubing lies flat under your clothes without kinks.
7. Use the markings on the side of the cup to measure the amount of drainage in milliliters (mL). Check the drainage for color and smell. If you notice a bad smell (like rotten eggs), call your doctor or nurse right away. Empty the drainage in the toilet and flush.
8. Use your **Wound Drainage Record Sheet** to write down the date, time and the amount and color of the drainage.
9. Wash your hands with soap and water.

Only one drain at each site can be removed at one time. It is normal for your drainage to increase in your remaining drain(s) after a drain has been removed. A drain(s) may be removed when the amount of drainage in a 24 hour period is less than 30 mL for a few days. If your drain(s) falls out, it is not an emergency. Tape a gauze dressing over the site and call the surgeon's office during regular business hours.

When to Call the Doctor

Call your surgeon's office at 402.596.4000 if you have any of these problems:

- Fever of 100.5 degrees Fahrenheit (38.1 degrees Celsius) or higher
- New or increased pain
- Redness, swelling, or unusual drainage where the tubing exits your skin
- Drainage that smells bad
- A sudden increase in the amount of drainage (greater than 40 mL)
- You are unable to clear clots out of your tube
- There is little or no drainage in your bulb and fluid is leaking where the tubing exits your skin
- The bulb will not stay pressed together after you have emptied it
- The drain pulls out of your skin

Wound Drainage Record Sheets

It is important to bring this record sheet with you to all surgical follow up appointments.
Write in the date, time, amount and color of the fluid from each drain every time you empty a drain.

Date	Drain # _____ <i>Amount and color of fluid</i>		Drain # _____ <i>Amount and color of fluid</i>		Drain # _____ <i>Amount and color of fluid</i>	
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General Instructions to Prepare for Breast Reconstruction Surgery

Follow these general instructions to help prepare for your plastic surgery.

Important Medicine Information

Talk to your doctor about any medicines you take to thin your blood or prevent clots. You may need to change these medicines or adjust the amount you take before surgery.

These medicines include:

- Aspirin
- Clopidogrel
- Prasugrel
- Ticagrelor
- Apixaban
- Ticlopidine
- Warfarin
- Enoxaparin
- Dabigatran
- Fondaparinux
- Rivaroxaban
- Cilostazol
- Edoxaban

- **If you have a stent, do not stop taking your medicines to prevent clots** without first talking to the doctor who put in the stent. For more information, ask a member of your health care team for the patient education handout on protecting your stent
- If you take aspirin or medicines like aspirin for arthritis pain, your doctor may have you take a different medicine in the weeks before your surgery or procedure
- If your surgery or procedure is canceled for any reason, call your doctor because you may need to restart the medicines you take to thin your blood or prevent clots
- **Do not** take any aspirin or products that contain aspirin for one week after your surgery
- **Do not** take any herbal supplements for two weeks before surgery and for one week after your surgery. Your surgeon will tell you when it is okay for you to take them again.
- Tell your doctor if you are taking any other medicines. Your doctor will tell you if you can take these medicines the morning of the surgery with a sip of water

Diet

- **You will be given specific instructions for eating or drinking the night before your surgery. It is imperative you follow these instructions or your surgery may be canceled**
- **Do not** take anything by mouth the morning of surgery. This includes:
 - » Ice
 - » Mints
 - » Gum
 - » Antacid tablets
 - » Cough drops
- If you have a free flap surgery, your doctor may limit your caffeine for one week after surgery.

Ask your nurse for more information.

Hygiene

- You need to shower with CHG soap or foam **six times** before your surgery: Starting five days before your surgery:
 - » Shower once a day for four days and use the CHG soap or foam to wash only the area where you will have surgery
 - » Shower on day five and use the CHG soap or foam on your whole body from your neck down. This should be the evening before your surgery
 - » On the morning of surgery, shower one last time and use the CHG soap or foam on your whole body from your neck down
- When you finish showering the morning of surgery, **do not** put on lotions, deodorant or makeup
- **Do not** wear jewelry to the hospital or surgery center
- Wear a loose fitting, front closing shirt and elastic waist pants to the hospital or surgery center
- Wash your hair before surgery with your regular shampoo
- If a plastic surgeon draws markings on your body in office the day prior to surgery, **do not** wash or scrub them off.

Smoking

- Smoking can seriously affect blood circulation and healing
- **Do not** smoke for four weeks before surgery and for four weeks after your surgery
- Use of a nicotine patch or gum is not recommended

Transportation

If your surgery is outpatient, you will go home the same day. If you have general anesthesia or sedation, an adult must come with you and drive you home. If you live more than an hour or hour and a half away, you may want to spend the night in a local hotel. If you need assistance finding a hotel, please ask your nurse who will be able to help you find one.

Reminders

- Wear loose fitting clothing that does not have to be pulled over your head
- Arrange for an adult to be with you the first night after your surgery

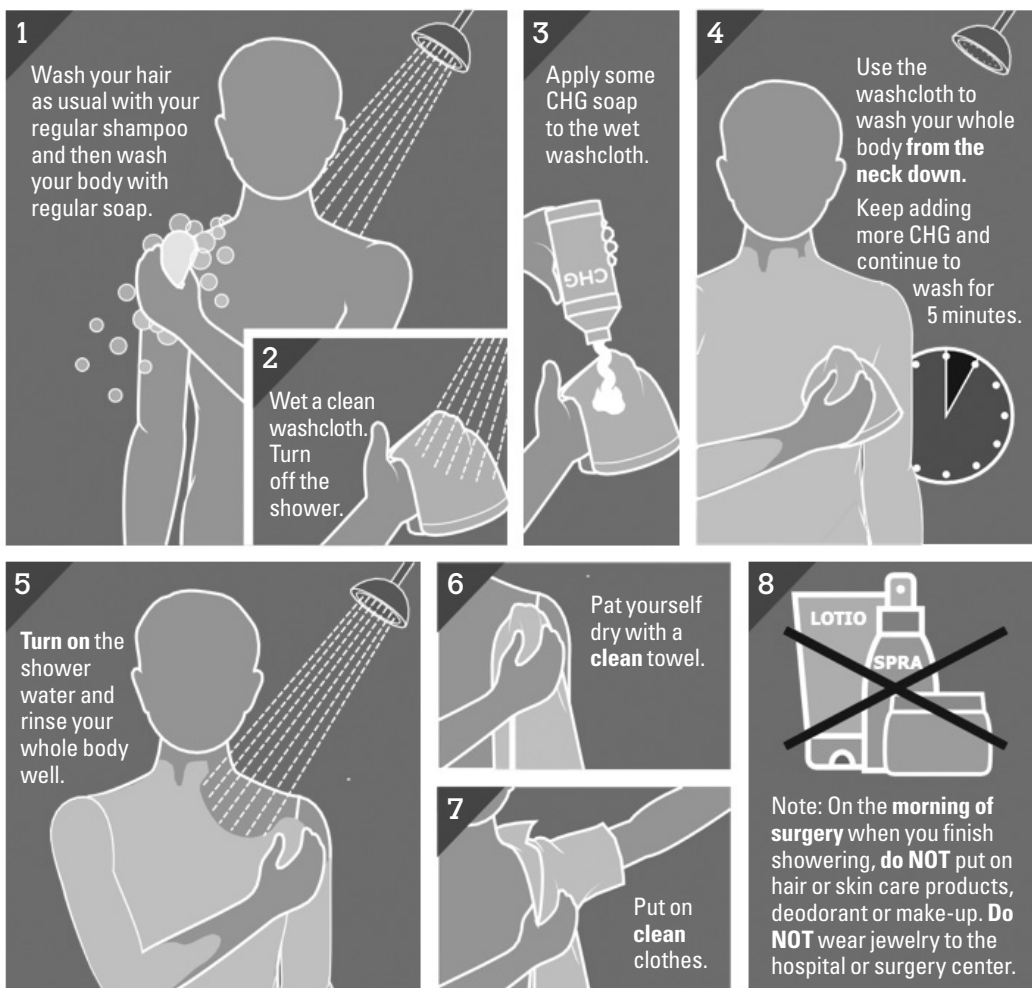
Getting Your Skin Ready for Surgery

Your surgery involves cutting through your skin. Because germs live on everyone's skin, there is a chance of getting an infection. To lessen your chance of an infection, you need to wash your skin with a special soap or foam, called 4% chlorhexidine gluconate (CHG), before your surgery.

Follow these instructions:

1. For one week before your surgery, do **NOT** shave near the site where you will have your surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection. If needed, your nurse will trim the hair on the site where you will have surgery with electric clippers before you go into the operating room.
2. **You need to take two showers using CHG soap or foam:** Wash your whole body from the neck down with CHG soap or foam the night before your surgery and then again the morning of your surgery. **Use four ounces (½ cup) of CHG liquid soap or four to five pumps of CHG foam each time you shower.**

How to shower with CHG soap



Only certain lotions can be put on your skin after you clean it with CHG soap or foam. Ask your nurse for the list of lotions that may be used with this special soap or foam.

If you are not able to shower:

If you do not have a shower or you are not able to get into a shower, do a sponge bath each time to clean your body. Do not use CHG soap or foam on your hair unless you are told to do so by your doctor or nurse.

How to take a sponge bath:

1. Bathe with a clean washcloth, water and regular soap. Rinse well with clean water.
2. Wet a new, clean washcloth with water.
3. Put some CHG soap or foam on the wet washcloth.
4. Use the washcloth to wash your whole body from your neck down.
5. Add more CHG soap or foam and continue to wash for five minutes.
6. Rinse well with another clean washcloth and clean water.
7. Pat yourself dry with a clean towel.
8. Put on clean clothes.

If you have any questions about cleaning your skin, call your surgeon's office.

Cancer Surgery: Precautions for Use of Dietary/Herbal Supplements

Tell your health care team if you use any herbs, supplements, vitamins, minerals or other remedies. Bring them in their original bottle or container with you to each doctor's appointment.

Many dietary/herbal supplements and other natural medicines or products can cause complications with surgery. It is important to know that if a supplement or product is labeled as "natural," it does not mean it is safe or does not have harmful side effects. Supplements or products may interact with your anesthesia or other medicines used during your surgery or cause bleeding, clotting or blood pressure problems.

Limited information is available about some dietary/herbal supplements and natural medicines or products. Many of these products have not been tested in clinical studies in humans and the effects they may cause are unknown.

For these reasons, we recommend that you do not take dietary/herbal supplements or other natural products for at least two weeks before your surgery. Foods with these substances are normally not harmful, if taken in limited amounts as part of your regular diet.

The following list includes supplements or products that can cause problems with your surgery. **This is not a complete list. Dietary/herbal supplements may be known by other names. It is important to read package labels and ingredient lists carefully. Talk to your health care team about your use of dietary/herbal supplements and other natural medicines or products.**

- Aloe
- Astragalus
- Berberine
- Bishop's weed
- Black pepper
- Black tea
- Blue-green algae
- Burdock root
- Cat's claw
- Chamomile
- Coleus
- CoQ10
- Danshen
- DHEA
- Echinacea
- Ephedra
- Essiac (sheep sorrel)
- Evodia
- Fennel
- Feverfew
- Fish oil: more than 3g/day
- Garlic
- GBC, BD, GHB
- Ginger
- Ginkgo
- Ginseng
- Glucosamine
- Goldenseal
- Green tea
- Guggul
- Higenamine
- Hu zhang
- Mangosteen
- Marijuana
- Melatonin
- Pomegranate
- Pseudoginseng (Panax)
- Quercetin
- Red clover
- Reishi mushrooms
- Schisandra
- Selenium
- Tahitian noni
- Tiratricol
- Tree turmeric
- Turmeric (curcumin)
- White pepper
- Wolfberry (Goji juice)

It is important to talk openly with your doctor, pharmacist or nurse about all dietary/herbal supplements or natural medicines or products you use before your surgery. To keep you safe, it is important for your health care team to know how often you take supplements and how much you take.

If you are unable to stop your use of supplements or products at least two weeks before your surgery, bring them with you in their original bottle or container to show to your doctor.

Nutrition and Wound Healing

Nutrition is incredibly important for your pre and postoperative wellbeing. Surgery creates wounds and without the appropriate care, wounds cannot heal. **Good nutrition is needed to help heal any type of wound.**

What You Need to Know

Eating a variety of healthy foods is needed for wound healing. Your body needs more calories, protein, vitamins A and C, and the mineral zinc to help with the healing process.

Increase the amount of calories you eat. If you are overweight, talk to your doctor or a dietitian about the amount of calories you should eat.

- Eat four to six small meals a day
- Eat a variety of foods for a balanced diet, so you get enough calories, protein, vitamins and minerals

Increase your protein intake. Your body needs extra protein to heal your wounds.

- Eat at least two to three servings each day. A serving equals two to three ounces of meat, one cup of cooked beans, one egg or two tablespoons of peanut butter
- Eat protein rich foods at every meal and snack. Foods high in protein include meat, poultry, fish, eggs, dairy, beans, nuts and soy foods
- Protein supplements, such as powders or liquids like Ensure, can help you get enough protein.

Get enough vitamins A and C and zinc. Try to eat foods that have these vitamins and minerals in them. Eating a balanced diet should help you get enough vitamins and minerals

- Good sources of vitamin A include: liver, egg, sweet potato, carrot, peas, broccoli, kale, spinach, collard greens, pumpkin, winter squash, cantaloupe, apricot, papaya and mango. Eat at least one serving a day
- Good sources of vitamin C include: citrus fruits, orange juice, tropical fruits such as guava, papaya and mango, red and green peppers, broccoli, spinach, collard greens, strawberries, tomatoes and peas. Eat at least one serving a day
- Good sources of zinc include: meat, poultry, some seafood like lobster and crab, liver, eggs, milk, whole grains, tofu and fortified cereals

Take a daily multivitamin that is for your age and gender.

Control your blood sugar. High blood sugar makes it harder for your wound to heal. Check your blood sugar levels as directed if you have diabetes or if you have a history of high blood sugar levels.

Drink plenty of fluids unless directed otherwise by your doctor. Drink at least eight, eight ounce cups of caffeine free liquid each day. Water is best.

Sample Menu

Meal or Snack	Food	Grams (g) of Protein
Breakfast	Two scrambled eggs cooked in a teaspoon of olive oil	14
	A cup sliced strawberries or orange	3 to 6
Snack	A container Greek yogurt with less than 10 grams of sugar	10 to 15
Lunch	½ sandwich with:	
	Three ounces baked meat or poultry	21
	A slice cheese	7
	Tomato, onion and lettuce	0
	A teaspoon lite mayonnaise	0
	A cup slice vegetables, such as peppers and carrots, with:	0
	¼ cup hummus, <i>or</i>	4
	Two tablespoons lite ranch dressing	0
	A small orange or apple	0
Snack	A cup cottage cheese	25
	½ cup pineapple chunks	0
Dinner	Three to five ounces grilled, broiled, or baked meat, poultry, or fish	21 to 35
	A cup cooked broccoli with two teaspoons olive oil or butter	3
	A medium baked sweet potato	3
Snack	¼ cup any type of nuts	7
	A cup diced cantaloupe	0
Total grams of protein = 102 to 139		

If you would like more help to meet your nutrition goals, ask your doctor for a referral to see a registered dietitian (RD).

General Home Care After Breast Reconstruction Surgery

Your Follow Up Visit

Call 402.596.4000 to schedule an appointment after your surgery. You will follow up with your surgeon every week while you have drains in.

Wound Care

- If you have a surgical dressing over your incision when you leave the hospital, you should remove the dressing two days after your surgery, unless you have been told otherwise by your doctor or nurse
- After the dressing is removed, clean the area with soap and water and pat dry
- Wear your postoperative garment at all times, until you have been told otherwise by your doctor or nurse. Do not wear the garment when you bathe
- You may have small amounts of bloody drainage from the incision site, two to three days after your surgery. You can cover the site with a dry bandage. Do not put anything on your incision unless you have been told to do so by your doctor

Showering or Bathing

- You may shower
- Do not** shower, take a sponge bath only
- Other _____

Do not let your incision or drains go under water when you take a bath. Do not swim or use a hot tub until your doctor has said it is okay for you to do so.

Diet

Start with a light diet and slowly advance to your regular diet. The pain medicine you are taking may cause constipation and you may be told to take a stool softener. If you continue to have constipation, you may need a laxative. Call your surgeon's office to talk with a nurse about your symptoms.

Activity

- If you have drains in place after surgery, do not lift anything over _____ pounds.
- When your drains are removed, do not lift anything over _____ pounds for _____ weeks.
- If you do not have drains in place after surgery, do not lift anything over _____ pounds for _____ weeks.
- Do not raise your arm above the level of your shoulder.

General light activity and walking is encouraged. Do not work out or do strenuous activity, including housework, until you have talked with your doctor.

What to Expect After Surgery

- Have someone stay with you for the first 24 hours after you are home
- You may have swelling, tenderness, numbness and drainage at the incision site. These symptoms may last for several weeks after your surgery

Medicines

- Take your medicines as ordered by your doctor
- Do not take any blood thinners for seven days after your surgery
- Surgery can cause pain that requires opioid pain medicines like oxycodone, hydrocodone or acetaminophen with codeine. Your doctor will decide if you need a prescription for this medicine
- The office does not refill prescriptions during the night or on weekends. Call your surgeon's office during regular business hours to let the nurse know your pain medicine is running low

Smoking

- Smoking can seriously affect blood circulation and healing
 - » Do not smoke for four weeks before surgery and for four weeks after your surgery
 - » Do not use nicotine patches or nicotine gum

When to Call Your Doctor

Call your surgeon's office at **402.596.4000** if you have any of these problems:

- Fever of 100.4 degrees Fahrenheit (38 degrees Celsius) or higher
- Pain that is not relieved by your pain medicine
- Redness around your incision site
- Increased amount of drainage or drainage that has changed

If you call after office hours, an answering service will take a message. The answering service will contact the doctor on call, who will then call you back.

Plastic Surgery Internet Resources

The following websites provide information and resources about plastic surgery. It is important to use caution when you look up health information on the internet. Make sure the information is from a reliable and up-to-date source. The internet should be used for information purposes only. Always talk to your doctor about any information you find on the internet.

Authority

Who is providing the information? What are their qualifications? Look for an "About us" or an "About this site" section for answers to these questions.

Bias

Is the information based on fact or is it an opinion? Is the website trying to sell you something?

Current Information

Is the information current? Look on the website to find when it was last updated and if the links have current information.

Content

Does the information make sense? Is it complete? Does the content, links and resources appear to be good?

Internet Sites and Descriptions

The American Society of Plastic Surgeons (ASPS)

www.plasticsurgery.org

Choosing to have plastic surgery is an important decision, so is selecting a plastic surgeon.

The American Society of Plastic Surgeons (ASPS) website can help you locate an ASPS member surgeon.

The American Society for Aesthetic Plastic Surgery (ASAPS)

www.surgery.org

The American Society for Aesthetic Plastic Surgery (ASAPS) is the leading professional organization of plastic surgeons certified by the American Board of Plastic Surgery. This website has medical education, public education and patient advocacy information.

Breast Implant Safety

www.breastimplantsafety.org

This website provides unbiased, science based information on breast implant options. This website provides complete implant information to help you make the choice that is right for you.

WebMD

www.webmd.com

WebMD provides valuable health information, tools for managing your health and support to those who seek information. The content is up-to-date and reliable.

Fred & Pamela Buffett Cancer Center

NebraskaMed.com/Cancer

This site has information and links about cancer, the cancer center, cancer prevention, detection, treatment, support programs, clinical trials, clinical trials matching and survivor news. You can link to patient education materials or be referred to a doctor.



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