

NICHOLAS T. HADDOCK, M.D.

Lumbar Artery Perforator Flap Breast Reconstruction

Patient Care Instructions

General Information

Breast reconstruction using your own skin and fat from your lower back with a LAP flap has the advantage of forming a natural appearing and feeling breast. The lower back skin and fat is removed with its blood vessels and transplanted to the chest vessels to assume a new role as living tissue under the breast skin. We typically use two blood vessels from the abdomen as well to provide additional length to the blood vessels. The blood vessels and tissue are fragile and can be injured very easily. Dr. Haddock promotes the healing of the free flap with close observation for the first 24 hours. The flap is monitored with a Doppler ultrasound, which detects a pulse and blood flow within the flap. Most patients will be hospitalized for one to two nights but this varies for the individual patient. Dr. Haddock uses an ERAS (Enhanced Recovery After Surgery) approach, which greatly improves the patient experience and postoperative pain. While this operation is technically complex, Dr. Haddock has one of the largest experiences in the world with LAP flaps and is constantly striving to streamline the procedure and make the recovery period easier on his patients.

Things to handle prior to your surgery

Arrange for someone to drive you home from the hospital and stay with you for at least 2 to 3 days.

Protein supplementation can be started one to two weeks before surgery and should include over 20 grams of additional protein daily.

Have electrolyte containing fluids such as Gatorade or electrolyte water on hand.

Have stool softeners/laxatives on hand, such as Colace, Biscodyl, Milk of Magnesia. These can be purchased at your local pharmacy.

Review the attached list of medications not to take during the perioperative period. If you have any further questions that were not addressed during your consultation then please call Dr. Haddock's nurse (Molly Mazie, RN) at (214) 645-2353. If you are unsure if you can stop a medication, then please call the prescribing provider to confirm if this is medically safe.

For your convenience, we have included a [*Suggested Shopping List*](#) in the addendum to these instructions (page 6).

Pre-Operative Guidelines

Smoking should be stopped a minimum of 8 weeks prior to surgery. Smoking should be avoided for at least 4 weeks after surgery as well. Smoking can greatly interfere with healing and lead to postoperative complications. Secondhand smoke can be just as bad as firsthand smoke.

Do not eat or drink anything after midnight the night before surgery. This includes no water, gum, or hard candy. Blood pressure and/or heart medications can be taken with a sip of water as directed by your prescribing physician.

If you take medication for diabetes, then confirm with your prescribing physician how to manage these medications prior to surgery.

If you are prone to nausea or motion sickness let your anesthesiologist know on the day of surgery. Medications can be started prior to surgery or during surgery to help improve your postoperative experience.

Tamoxifen should be stopped 2 weeks before surgery and held for 2 weeks following surgery

Post-Operative Care

Medication will be prescribed on the day of the operation. This can either be collected at the hospital or sent to your home pharmacy. Take pain medication and muscle relaxers as prescribed. Often these medications are necessary for the first two days and then on an as needed basis. Do not drink alcohol with these medications.

Continue Aspirin 81mg every day for a total of 4 weeks.

Take a suggested stool softener/laxative until bowels begin to function normally after surgery. A combination of anesthesia, muscle relaxants and pain medications usually make these necessary for a few days.

Do not smoke or be around smoking as even secondhand smoke delays healing and increases the risk of complications.

Get plenty of rest. The general anesthesia and pain medication can all promote insomnia; therefore, a sleep aid may be taken if needed. Please call Dr. Haddock's nurse (Molly Mazie, RN) at (214) 645-2353 if you feel this would benefit you.

A surgical bra is acceptable but avoid wearing any other bras or any compressive clothing on your chest.

Follow a well-balanced diet, which includes protein and is limited in salt intake. A high salt diet or meal can lead to increased swelling and prolonged recovery. It is best to continue the protein supplementation for approximately 3 weeks after surgery.

Oral hydration should include the use of electrolyte containing fluids such as Gatorade or a low-calorie substitute. Limit the amount of caffeinated beverages as they can promote

dehydration; however Dr. Haddock recommends you maintain your daily average of caffeine to avoid headaches.

Activity Restrictions

Walking is encouraged shortly after the operation and can be increased over the first 2 weeks. Light cardiovascular exercise can be resumed after 4 weeks with all activities to be resumed at 6 weeks.

Do not lift anything heavier than 10 pounds for 4 weeks.

Do not drive for 7 to 10 days or until you are no longer taking oral pain medications or muscle relaxants and your posterior thigh is comfortable.

Do not run, lift weights, play tennis or golf for 6 weeks after surgery. It is important to keep your heart rate under 100 beats per minute for 4 weeks.

Heavy lifting/stretching (Yoga) can be resumed after 6 weeks.

Incision Care

You will have a clear skin glue dressing on incisions.

The glue will protect the incision for 3 weeks.

If you have persistent sutures, they will be removed at your follow-up visit.

You may shower 2 days after the operation. Make sure someone is with you at your first shower.

You may gently begin washing your incisions with mild soap and water but do not submerge the incisions for at least 4 weeks.

Do not use a heating pad; heat may burn the area.

Do not wear a bra (other than a surgical bra, if given) for at least 4 weeks or until instructed by Dr. Haddock as this can compress the flap and cause permanent injury to the tissue.

Drain Care

Dr. Haddock will place one or two small silicone tubes under the skin in the area of surgery (breast, lower back, and possible the abdomen). These will be connected to a suction bulb. These drains help collect fluid, which can normally occur in the area of healing. You may have 2 to 6 drains total while in the hospital. They will each be removed when ready.

Care for the drains will be reviewed by the nurse on discharge.

Keep your drainage bulbs collapsed to create a mild suction. Record the time and amounts of drainage over a 24-hour period.

Generally, drains will remain until the daily drainage is 30 cc or less. A sheet is provided to you for recording these amounts.

Call the clinic at (214) 645-2353 to make an appointment with Dr. Haddock's nurse (Molly Mazie, RN) to have these removed once they meet the above criteria.

What to Expect after Breast Reconstruction Surgery with a LAP Flap

The reconstructed breast will have moderate swelling which may look larger than the other side, especially if radiation therapy was performed on that side.

The reconstructed breast will have two different skin tones due to the use of thigh skin.

Moderate swelling of the lower back and breast is expected. This will subside in the first few months.

It is common to have discomfort in the operative areas. Mild burning around the incisions after breast reconstruction surgery is normal and will improve shortly after surgery.

You can expect some slight bloody oozing from the suture lines and swelling of the incisions. Gauze may be applied if it is bothersome. However, you should call the clinic if you have continuous bleeding, significantly more swelling on one side than the other, or any severe pain associated with swelling.

There may be a feeling of numbness of the lower back that will subside with time. The reconstructed breast may regain some sensation over time.

Red discoloration of the incisions may occur if there is significant swelling, especially in the area of the sutures. This will resolve when skin glue comes off and the incisions heal.

Constipation is common after any operation, and is secondary to the anesthetic, pain medication and dehydration. Please stay well hydrated and use the recommended stool softener and/or laxative until bowels return to normal.

When to Call the Office

If you have increased swelling, firmness and/or color change of the reconstructed breast. In bilateral reconstructions, if one side is significantly different from the other. This may signify a change in the flap circulation which is serious, and you should contact the clinic or Dr. Haddock.

If you have increased swelling and bruising of one thigh or the other. Remove any covering/dressing to make this determination. This may represent a hematoma (collection of blood) or a seroma (collection of clear fluid).

If you have significantly increased drain output over an 8-hour period of more than 150 cc.

If you have increasing redness or swelling around the incision.

If you have severe pain not relieved by pain medication.

If you have any side effects from the medication: rash, nausea, headache, vomiting.

If you have fever over 101.

If you have yellow or greenish drainage from an incision or notice a foul odor.

If you notice some vaginal burning and itching as a result of the antibiotics used during and after surgery.

For medical questions, please call: Molly Mazie, RN at (214) 645-2353.

Dr. Haddock will be paged/called on his cell phone for any urgent or emergent medical issues.

Follow-up Care and Appointments

Drains will remain in the breasts and abdomen until totals are 30 cc or less for 24 hours. You will need to measure drainage amounts and record these on the provided sheet. Please call the clinic when any drain is ready to be removed.

Drains can be removed by nursing personnel Monday through Friday from 8:30am to 5:00pm.

You will be seen by Dr. Haddock approximately 10 to 14 days after discharge from the hospital. In some situations, phase 2 surgery will be discussed at this visit. In other situations, we will wait for swelling to subside before discussing phase 2.

Call to schedule your appointments at the UT Southwestern Medical Center Plastic Surgery Clinic at (214) 645-2353.

Dr. Haddock's NP, Kristi Elliott, APRN, FNP-C, may also be involved in your perioperative care.

For any surgical scheduling concerns, insurance questions, or FMLA paperwork, please call: Lindsay Bolger at (214) 645-3118

For medical questions, please call: Molly Mazie, RN at (214) 645-2353

Outpatient Surgery Center | Department of Plastic Surgery | UT Southwestern Medical Center
1801 Inwood Road | Dallas, TX 75390-9132 | (214) 645-2353
www.drnicholashaddock.com

Suggested Shopping List

Items to have on hand prior to surgery

LAP Flap Breast Reconstruction

- Prescriptions will be called into your local pharmacy as ordered by Dr. Haddock. Typical medications are as follows but these will be tailored to your needs.
 - Tylenol #3 or Tramadol (pain medication)
 - Valium (muscle relaxant and anti-anxiety medication)
- Gatorade or another low calorie alternative, such as water with electrolytes
- Protein Supplements
- Aspirin 81 mg (should be taken for 4 weeks after surgery)
- Thigh compression garments/gridle made of Spandex or Lycra with or without zippers (can be obtained at a department store such as Nordstroms, Dillards or Neimans).
- Stool softener / laxative (choose one):
 - Ducosate (Colace) 100 mg orally two to three times daily when taking pain medication
 - Milk of Magnesia 30cc/1 Tablespoon twice daily when taking pain medication
 - Prune juice or Sorbitol orally
 - Biscodyl or Magnesium Citrate as needed for constipation
- Arnica montana and Bellis perennis can be taken to help with drain outputs, bruising, and swelling