

NICHOLAS T. HADDOCK, M.D.

DIEP Flap Breast Reconstruction

Patient Care Instructions

General Information

Breast reconstruction using your own skin and fat from your abdomen with a DIEP flap has the advantages of forming a natural appearing and feeling breast that will last forever. The abdominal tissue is removed with its blood vessels and transplanted to the chest vessels to assume a new role as living tissue under the breast skin. Dr. Haddock promotes the healing of the new breast with close observation for approximately 24 hours. The flap is typically monitored with a Doppler ultrasound, which detects a pulse and blood flow within the tissue, and an oxygen sensor. Most patients will be hospitalized for one night. 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 an extensive experience 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 two to three days.

Protein supplementation can be started one to two weeks before surgery and should include over 30 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 are unsure if you can stop a medication, then please call the prescribing provider to confirm if this is medically safe.

If you have any additional questions that were not addressed during your consultation, then please call Dr. Haddock's nurse at (214) 645-2353. MyChart is also an easy way to contact our office with non-urgent questions and is typically preferred to phone calls.

For your convenience, we have included a *Suggested Shopping List* in the addendum to these instructions (page 7).

Pre-Operative Guidelines

Smoking should be stopped a minimum of eight weeks prior to surgery. Smoking should be avoided for at least six weeks after surgery as well. Smoking can greatly interfere with healing and lead to postoperative complications. Secondhand smoke is just as bad as a patient smoking themselves.

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 two weeks before surgery and held for two 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.

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 second-hand smoke delays healing and increases the risk of complications.

Get plenty of rest. The general anesthesia, muscle relaxants and pain medication can promote insomnia; therefore, a sleep aid may be taken if needed. Please call Dr. Haddock's nurse 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 four 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.

If given a binder wear it as much as tolerated for four to six weeks after your operation. You may take it off to shower. Avoid allowing the binder to migrate upwards towards your reconstructed breasts. Most patients do not require a binder and will not receive one.

Activity Restrictions

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

It is important to walk slightly “stooped over” bent at the hips for 7 to 14 days to reduce tension on the lower abdominal incision. This helps to protect the incision as it heals and improves the scar long-term. With time you will progressively be able to stand straight.

Keep your head elevated to about 40 degrees (two pillows) with knees slightly bent and hips in flexed position. A recliner or back wedge pillow can be helpful to make this position tolerable for one week.

The Physical Therapy (P.T.) team will see you on your first day in the hospital. They will ensure your mobility is appropriate before you are discharged home.

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

Do not drive for approximately 10 to 14 days or until you are no longer taking oral pain medications or muscle relaxers. Additionally, your reflexes should be fast enough to be safe. Everyone is different with this restriction as some people are not safe to drive for even four weeks.

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

Light cardiovascular exercises can be resumed gradually after four weeks.

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

Incision Care

You will have clear skin glue dressing on the abdominal incision.

The glue will protect the incision for approximately three weeks.

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

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

If given an abdominal binder, then it should be removed for showering, but it should otherwise be worn at all times. Any gauze and tape can be discarded and need not be replaced after the first shower.

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

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

Do not wear a bra (unless discharged from the hospital with a surgical bra) for at least four weeks or until instructed by Dr. Haddock as this can compress the flap and cause permanent injury to the tissue.

Sleep with pillows under your knees. Some women choose to sleep in a recliner or lounge chair.

Options for scar care can be found at the patient supplies page on Dr. Haddock's website. This can be started roughly four weeks after surgery.

Drain Care

Dr. Haddock will place one or two small silicone tubes under the skin in the area of surgery (breast and 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 two to six drains total. 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. It is very important to accurately record each individual drain output.

Generally, drains will remain until individual daily drainage is 30 cc or less. A sheet is provided to you for recording these amounts. It is very important to accurately record each drain output.

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

Umbilical/Belly Button Care

Currently we typically recommend removal of the umbilicus at the time of the DIEP flap. This has been shown to reduce complication rates, allow improved correction of muscle diastasis/separation, and ultimately a better cosmetic outcome. An umbilical reconstruction can be done at the time of breast revisionary surgery if desired.

What to Expect after Breast Reconstruction Surgery with a DIEP Flap

The reconstructed breast will have moderate swelling which may look larger than then the final result, especially if radiation therapy was performed.

In most situations the reconstructed breast will have two different skin tones due to the use of abdominal skin.

Moderate swelling of the abdomen is expected. This will subside over the first few months.

It is common to have discomfort of the abdomen and chest. Mild burning around the incisions after breast reconstruction surgery is normal and will improve shortly after surgery.

Discomfort in the areas of the abdominal surgery and muscle repair may worsen with increased activity and relates to internal sutures that Dr. Haddock places to shape this area of the abdomen. This will relax with time and can be relieved with maintaining the flexed position and utilizing medication for muscle spasms (Valium).

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 abdomen and breast that should 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 as 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. It will help avoid this if you are able to stop the narcotics quickly after the operation.

The most common complications can include bleeding, infection, wound healing and tissue necrosis. The most common issue is a wound of the abdominal incision. Rarely does this require any specific care but if this occurs the team will guide you on how to manage this. One of the most concerning potential complications is tissue necrosis due to issues with blood flow. If this occurs, then it is almost always identified in the hospital by the care team.

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 on the abdomen. 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 eight 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 Dr. Haddock's nursing team at (214) 645-2353

Dr. Haddock will be contacted 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 4:00pm.

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

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

There are two nurse practitioners on Dr. Haddock's team. Jennifer Bell, MSN, APRN, AGACNP-BC, works in the hospital setting and Kristi Elliott, APRN, FNP-C, is in the clinic setting. They may both 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 Dr. Haddock's nursing team at (214) 645-2353 or MyChart out office. MyChart is the preferred way to communicate with the team for non-urgent concerns. These messages are not typically answered after hours.

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

DIEP Flap Breast Reconstruction

Visit <https://www.drnicholashaddock.com/supplies/> for links to purchase some of below.

- 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)
 - Keflex (Antibiotic)

- Bacitracin or Neosporin Ointment

- Gatorade or another low calorie alternative, such as water with electrolytes

- Protein Supplements

- Stool softener / laxative (choose one):
 - Docusate (Colace) 100 mg orally 2 to 3 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