

## BREAST RECONSTRUCTION:

# Free Tissue Flap DIEP (Deep Inferior Epigastric Perforator)

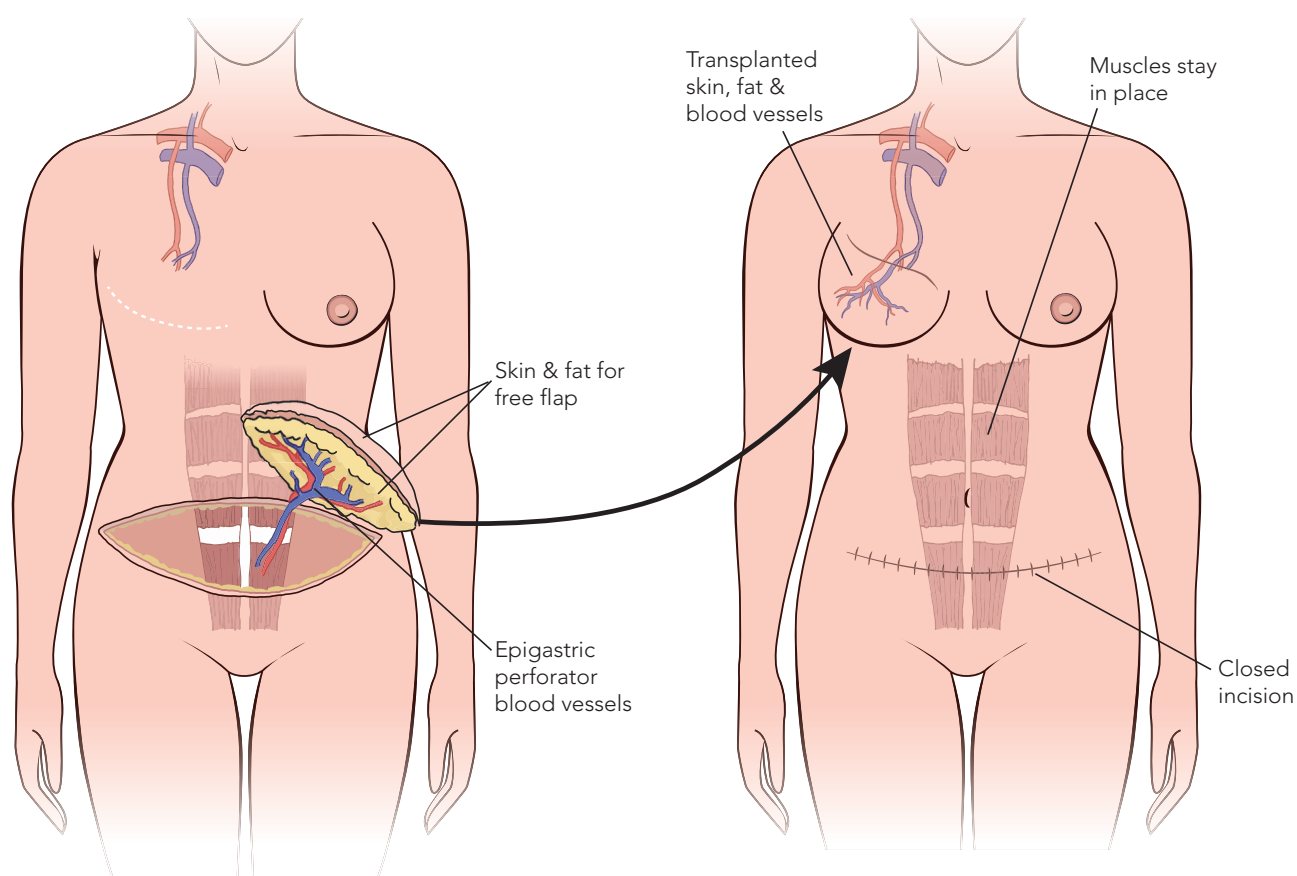


Diagram: Free Tissue Flap DIEP (Deep Inferior Epigastric Perforator)

## What to Expect

Abdominal tissue is used to recreate a breast shape.

### OPERATION DURATION

This operation is performed under general anaesthetic and usually takes 5-8 hours, depending on whether 1 or 2 breasts are being created.

### RECOVERY TIME

Driving 4 weeks,  
Office work 6 weeks,  
Strenuous work/exercise 2-3 months.  
(Please note these are approximate times only.)

## HOSPITAL STAY

Depending on your recovery, you will be in the hospital for 4 – 7 days. Everyone is different, and your recovery will be tailored to you.

Dr Taylor will not visit you daily while you are in the hospital. You will have 24/7 hour specialist Registered Nursing care, and if you have any concerns, you can talk to them, and they will contact Dr Taylor. Dr Taylor will phone your nurses for daily updates and provide over-the-phone instructions. He will come in to see you if you have any issues.

## What Complications May Occur With This Procedure?

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### GENERAL POSSIBLE COMPLICATIONS OF ANY PROCEDURE

- Bleeding during or after surgery
- Infection at the surgical site
- Allergic reaction to equipment, materials or medication
- Blood clot in your leg or lungs
- Chest infection

### SPECIFIC POSSIBLE COMPLICATIONS OF THIS PROCEDURE

- Wound healing problems
- Swelling/ mass developing under the wound, caused by blood collecting (haematoma). This may require further surgery to drain
- Swelling/ mass under the wound, caused by fluid collecting (seroma). This may require further surgery to drain
- Flap Loss - partial or complete, normally known within the first week
- Fat necrosis - reduced blood supply to fatty tissue, causing hard or firm areas
- Mastectomy skin necrosis - where some of the skin at the edge of your wound dies as a result of reduced blood flow
- Contour deformity - a difference in shape, size and appearance
- Abdominal weakness - bulge or hernia in the muscular wall of the abdomen

## CONSEQUENCES OF THIS PROCEDURE

- Breast Sensory change - numbness to the surface of the reconstructed breast
- Abdomen Sensory change - numbness to the surface of the abdomen (often temporary for the first 6 - 12 months)
- Scarring - abdominal and breast

## How to Prepare for Your Procedure

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### HOW LONG SHOULD YOU BOOK OFF WORK

This depends on your profession - If you work in an office/non-strenuous job 4 weeks, however, if you have a physically demanding job 6 weeks - 3 months, depending on the type of work.

Your specific requirements will be discussed with you on an individual basis. If you require a medical certificate, please email [admin@drduncantaylor.com.au](mailto:admin@drduncantaylor.com.au).

### DIAGNOSTIC REQUESTS

You will be given a request form to have this scan completed. The results will give your surgeons a 'map' showing whether your blood vessels are suitable and, if so, their location, to assist during your surgery. Not all institutions offer this; please check when making your booking.

**Blood Tests:** You will be given a request form to complete blood tests. This must be done 5-7 days prior to surgery.

**Photographs:** You will be required to have pre and postoperative photos, at a minimum, for your medical records. If you would be happy for Dr Taylor to use these photos for educational purposes or advertising, you elect this on our photography consent form.

### DRUGS FOR BREAST CANCER TREATMENT

If you are taking medication for your breast cancer treatment (i.e. Tamoxifen or Herceptin), this will usually be stopped 1 - 4 weeks prior to your surgery date, depending on the medication type. You will be informed of when to stop based on your requirements. Normally you can then recommence taking this medication 7 days after your surgery. This medication can interfere with your wound healing or blood clotting, and this is why a break in treatment for a short period is recommended.

## ANTI-COAGULATION (BLOOD THINNER)

You will be required to self-administer a Clexane injection into your thigh at 4-6pm the day before surgery. If you are admitted to hospital the day before, this injection will be administered by the nurses on the ward.

Our nurse will educate you on giving yourself this injection at your clinic appointment 2 weeks before your surgery. If you feel uncomfortable doing this, you can make an appointment with your GP nurse to have them assist you with this injection.

Clexane will help reduce your risk of developing deep vein thrombosis. Administering this will continue whilst you are on bed rest in the hospital and in some cases Dr Taylor may also discharge you home with some form of blood thinning medication.

## FASTING

You are required to fast for General Anaesthesia. You cannot have any food or fluids (including lollies and chewing gum) 6 hours prior to your surgery.

You can have some sips of water only up to 2 hours prior to your surgery and nothing after this time.

If you take regular medication, please check with our nurse to see if you should be taking your medication in the lead-up to/on the day of your surgery. Some medications should be withheld.

You can drink immediately after your surgery (once you are awake enough following your general anaesthetic. Normally, solid food is started the following morning after your surgery.)

## PRE-OP WASH

Please purchase a pre-op chlorhexidine wash from the pharmacy. Use this whilst showering, the day before and the morning of your surgery.

## SURGICAL GARMENT

You will need 2 post-surgery breast compression garments and an abdominal binder prior to your surgery. You will be given a brochure informing you what garments to purchase and where from. Please bring these with you on the day of surgery.

Wear both garments **24/7 for 6 weeks (including in the hospital)**. It is essential to fit these to a setting that allows the free flap weight to be adequately supported so no weight pulls on the new vessel join. This is

specifically important for the breast flap.

The abdomen should feel firmly supported during ambulation/ movement and provide adequate compression to the abdominal tissue to prevent seroma formation.

**Showering in the bra** is essential for the first 4 weeks post-surgery to support the vessel join of your Breast Flap Reconstruction.

Before getting into the shower:

1. Get prepared by laying a towel onto propped-up pillows on your bed and your dry bra next to this.
2. After your shower, lay down in a bent position, leaning back so the weight of your breasts is not pulling straight down.
3. Support your breasts whilst you remove your bra, dry your skin and replace it with a dry bra.

*PLEASE NOTE: You may require assistance, especially for bilateral reconstruction patients in the initial first days following surgery.*

**Abdominal binder fit** is also very important, please ensure your abdominal binder is not riding up onto the breasts at any stage and pressing on your new breast/s reconstruction. The top of this garment should sit at the bottom of your ribs\*.

**2 weeks post-op**, our nurse will remove your abdominal VAC dressing in the clinic, and you will need to go for a fitting for your high-waisted open crotch, knee length, compression shorts. It is best to go straight from your clinic appointment to get these. You do not need to book an appointment; the store is open from 10 am – 4 pm Monday – Friday.

**After 4 weeks**, you may remove your abdominal garment/ shorts at night, but they must remain on during the day for support and transition back to normal activity and light sport. They can then be removed completely at 6 weeks. At 6 weeks, you may change your breast compression garment to a support/sports bra and continue wearing the support/sports bra for at least 12 weeks postoperatively.

If you have any revision surgery, you will use these same garments again, so please keep them.

\*The abdominal binding does not need to be worn when in bed or when resting in a chair, only when ambulating/mobilised.

## Perioperative Instructions

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### THE MORNING OF SURGERY

You will be provided with your admission details during your pre-operative nurse consultation. Some patients are required the day prior to surgery.

Dr Taylor will see you in the pre-operative area before you go into theatre. He will mark out your abdomen and chest for your surgery; this must be completed whilst you are awake, as he requires you to be standing. This can be a confronting step for some patients, though it is necessary for the success of the surgery, and he is respectful and timely throughout.

### FREE FLAP OBSERVATIONS

Immediately following your surgery, you will wake up with a warm air-filled blanket (Bair Hugger) on your chest, keeping the newly transferred tissue warm.

You will have a nurse dedicated to monitor you and your free tissue transfer very closely (in most cases, this means you will require an ICU bed).

Your nurse will complete observations on your new breast/s initially;

- every 30 minutes for the first 6 hours,
- and then every hour until 2200, Day 1.
- 2200, Day 1 observations will change to 2 hourly,
- 2200, Day 2 observations will change to 4 hourly,
- and this will continue until you are discharged.

They will be looking at the colour, temperature, and capillary refill and using a Doppler to listen to the flow of the newly attached vessels.

### DRAINS

You will have drains inserted into your breast and abdomen during your operation. These drains will be removed before your discharge from the hospital, and this is usually staggered, with the first drains removed at approximately day 3.

You will have an indwelling catheter inserted to drain your bladder during surgery. This will be removed once you are mobilising well, usually on day 2-3.

## Post-Operative Instructions

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### ACTIVITY

Immediately after your surgery, you will be monitored closely and must strictly rest in bed until day 1 (the day after surgery).

**Day 1** - you will begin to sit, stand, mobilise around your room and do some gentle leg exercises with the assistance of the physiotherapists. You will mobilise in a bent position, usually using a frame at first, due to the tightness of your abdomen. Whilst in your room, you should regularly participate in deep breathing exercises throughout the day.

**Day 2** - a walk around the ward with the frame and assistance from the physiotherapists. Continue your leg exercises and deep breathing whilst in your room.

**Day 3 & 4** - multiple walks around the ward with the frame and assistance from the physiotherapists. Continue your leg exercises and deep breathing whilst in your room.

**Day 5 until discharge** - prior to discharge, we would like you to be walking around the ward without the frame for assistance.

**1 to 3 weeks.** You will slowly be able to straighten up over the first 1 to 3 weeks (depending on how tight your abdomen closure is). In these initial 3 weeks following your surgery, we would like you to rest as much as possible to assist with your wound healing. Pottering around the house is fine, though do not start going for walks or doing housework etc., during this time.

**After 3 weeks,** you can begin taking short/slow walks and slowly increase from 3 - 6 weeks post-op.

**Please do not do any physical activity or heavy lifting** over 5kgs for 4-6 weeks - no rigorous activities, including tennis, horse riding, golf or aerobics, for 3 months.

**You can drive after 4 - 6 weeks,** depending on your recovery and when you feel strong enough to. You should also refer to your car insurance policy for individual guidelines.

### PAIN RELIEF

You should not be in significant pain after your surgery. You may have a patient-controlled analgesia device (PCA), which will deliver strong pain relief. You will also have rectus sheath catheters in your abdomen,

delivering local anaesthetic for 3 days. If you have pain on top of this, you should ask for additional pain medication, which will be prescribed on your drug chart.

You will not be discharged from the hospital until your pain is well managed on oral medications. Please take paracetamol regularly and your stronger pain relief, if required. If you have severe pain that is not responding to the pain relief, please phone our nurse during office hours.

Most women complain of back pain from being bent in an awkward position during the initial postoperative phase, which will ease after the first week.

**Do not take aspirin.**

## ANTIBIOTICS

You will be on IV antibiotics whilst in the hospital for 48 hours and then you may have a course of oral antibiotics. Depending on how long you remain in the hospital, you may be discharged home with some remaining antibiotics, or you may have completed these prior to discharge. Please take the full course.

## ANTI-INFLAMMATORIES

You will be prescribed some anti-inflammatories whilst you are in the hospital, and you will also be discharged with some. Please take the entire course, even if you are not in pain. Please take this medication as prescribed on the box by your anaesthetist.

## INFECTION

If your wound becomes hot, swollen, oozes pus, or you are spiking temperatures, the wound may be infected. Please phone our nurse immediately.

## REMOVAL OF SUTURES & DRESSINGS

Most sutures used during these procedures do not require removal and will dissolve on their own. Your nurse will remove any sutures that do require removal at your clinic appointment.

You will have a Prevena VAC dressing applied to your abdomen, as this wound will be tight, which helps support the wound during the initial healing process. This dressing will be removed in the clinic with our nurse 2 weeks post-op - this dressing is designed to remain in place for the entire 2 weeks and does not require changing during this time.

This dressing is 'waterproof', so a small amount of water and splashing is fine, but please do not run water over this directly whilst you are in the shower. Water can creep under this dressing. The best practice is to keep the shower head angled at your back and sponge around your front area.

After your 2 week appointment with the nurse, your abdominal wound will be covered with a simple dressing, or in most cases it will be ready to be left open.

You will have dermabond prineo (surgical tape + glue) on the breast wound. This remains insitu for 3-4 weeks, then can be peeled off. It is waterproof.

## WOUND CARE

Do not immerse the wound in water i.e. swimming or bathing for at least 6-8 weeks or until wounds are completely healed.

Bruising takes around 2-4 weeks to resolve and swelling can take 3-6 months to resolve completely. Do not apply ice packs or heat packs to your wounds or new breast/s.

## MASSAGING FOR SCAR REDUCTION

Commence massaging your scars once your dressings are removed and wounds have healed – approximately 3-4 weeks post-op.

It is recommended that you massage your scars with a good moisturiser (e.g. Sorbolene or QV) or Bio-Oil for 2 minutes, twice daily.

Wipe off any excess product, then apply either:

- A silicone gel (e.g. Strataderm), which dries to form a protective film over the scar, or
- Silicone tape.

Continue this treatment for 3–6 months.

## SLEEP

Initially, you will need to sleep in a slightly bent position whilst your abdomen is stretching out. This will predominantly be whilst you are in the hospital; your bed will be positioned to assist this. Most patients are still tight and in a bent position when they are discharged from the hospital. We suggest propping your head up on multiple pillows and pillows under your knees until you have stretched out.

Do not sleep on your stomach for 3-4 months. You may sleep on your side after 4 weeks, as long as your breast wounds are not being squashed. If you are a stomach sleeper, you may like to use a body/pregnancy pillow to prevent you from rolling onto your stomach.

## Other Useful Tips

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The power outlet in your hospital room is often quite far away from your bed - we suggest bringing a long charging cable for your phone so that you can keep it within reach.

You will be in a patient gown for the first couple of days. When you are ready, if you would like to, you can then change into your own clothes/pj's. Loose pants and button down top is useful. Most patients also like to take their toiletries, dressing gown and slippers into hospital with them.

## Your Follow Up

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The following follow up appointments will be scheduled for you:

- 2 and 3 week post surgery Nurse check-up for wound checks and dressing changes.
- 6 weeks post surgery review consultation with Dr Taylor.