

# DIEP FREE FLAP BREAST RECONSTRUCTION

## (DEEP INFERIOR EPIGASTRIC PERFORATOR)

### PROCEDURE

Autologous breast reconstruction consists of transplanting a portion of tissue and skin from the abdomen (free tissue transfer) to form new breasts. Vessels are carefully identified in the free tissue flap and in the chest. These vessels are then used by a new re-attachment using a microscope to restore blood flow to the tissue.

### PRE PROCEDURE CARE

**TESTS** Pre op bloods - arranged by Dr Taylor's clinic & results sent through to the anaesthetist. Full blood count, group & hold, coagulation profile & urea/ creatinine/ electrolytes.

**PREPARATION**

- Wash the night prior & morning of surgery with chlorhexidine pre op wash
- Clean umbi with swabsticks
- 40 mg subcutaneous Clexane into thigh evening prior to surgery - in clinic or self administered (approximately 6pm)
- Bair hugger in holding bay (over chest and abdomen)
- Patient must be in the holding bay 30 minutes prior to theatre start time, to allow for surgical marking
- Dr Taylor will mark breasts and abdomen in the holding bay whilst the patient is in a standing and lying position
- Send the patients garments to theatre with them (especially the bra)
- TED Stockings - Flowtrons as below

**HAIR REMOVAL** Nil

### MECHANICAL VTE PROPHYLAXIS

Indicate preference in the appropriate box		Required (Yes / No)	Comments
TED Stockings	Thigh Length	No	
	Knee Length	Yes	Entire hospital stay
FLOWTRON Boots		Yes	Until ambulating

### POST PROCEDURE CARE

#### FLAP OBSERVATIONS

Frequency	Time
30 minutely	Immediately post op for 6 hours
1 hourly	From 6 hours until 2200 Day 1
2 hourly	2200 Day 1 to 2200 Day 2
4 hourly	2200 Day 2 to Discharge

Flap observations include:

**Capillary refill** - 2 to 3 seconds (if <2 seconds then call Dr Taylor for assessment for possible venous compromise).

**Colour** - should be pale (if white or bright pink phone Dr Taylor).

**Temperature** - warm to touch, comparable with normal skin. If abnormal (>2 degrees different to sternal skin temperature), phone Dr Taylor for a review.

**Turgor** - plump or well filled (but must be soft and not tense), demonstrable on compression.

**Doppler** - audible arterial signal (pulsatile – arterial). If absent, phone Dr Taylor immediately for a review.

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## CONTINUED...

<b>SURGICAL GARMENTS</b>	Compression bra to be placed immediately post surgery and <u>worn 24/7 including in the shower</u> . To change this garment the patient must lay back in the bed and support the free flap, dry around and immediately place a new bra. <b>DO NOT remove bra whilst the patient is sitting upright or standing.</b> The weight of the flap will pull down on the newly joined vessels. Abdominal binder to be worn 24/7 - this can be removed for showers.
<b>WOUND CARE</b>	Bair hugger immediately post op in recovery until 2200 Day 1  <b>Breasts</b> - Surgical tape & glue will be applied directly to the breast wounds (dermabond prineo) - this is to remain in situ for 2-3 weeks. If a simple outer dressing was applied during the surgery, this can be removed 2 days after surgery.  <b>Abdomen</b> - Prevena VAC dressing to remain in situ for 2 weeks post surgery (reinforcement with additional film dressing sometimes required post drain removal). Please ensure this dressing does not get soaked in the shower. Some light inadvertent splash is fine, but do not soak in water.
<b>DRAINS</b>	2 x abdomen (high suction) & 1 x each breast (medium suction) Please discuss drain removal with Dr Taylor prior to actioning the following: Day 3 - if drains output is less than 30 mls/ 24 hour period, then remove 1 x abdominal drain and breast drains. Day 4 - if the remaining abdominal drain output is less than 30 mls/ 24 hour period then remove. Drains must be clamped/ suction turned off for >30 minutes, prior to removal
<b>PAIN MANAGEMENT</b>	PCA - aim to cease by the end of day 1. Rectus sheath catheters for regional infusion - remove 72 hours post op.
<b>NUTRITION &amp; HYDRATION</b>	Diet & Fluids as tolerated
<b>ELIMINATION</b>	IDC - can be removed on day 2 if ambulating well. Aim for a urine output of .5mls/kg.
<b>PHYSICAL THERAPY</b>	Deep breathing & leg exercises as soon as tolerated post op Daily physiotherapist reviews Patient will need to ambulate in a bent position Ambulate out of bed on day 1 - sit in a chair for meals & walk around the room. Slowly increase - should be mobilising around the ward, without a frame prior to discharge.
<b>OTHER</b>	Clexane 6 hours after surgery into the thigh , then a once daily dose whilst an inpatient Remain rest in bed on the day of surgery (day 0). Hb check morning after surgery. Patient must remain in a bent position - head of bed up 30 degrees and pillows under knees. . IVABS for 48 hours and then switch to 5 days of oral antibiotics

### DISCHARGE

- In-patient for 4 - 7 nights (most patients discharged on day 5)
- Dr Taylor will phone for a review to discharge patients
- Usually home with oral pain relief and oral antibiotics
- No HITH required, unless patient discharge with drains
- Remove stitch marking location of vessel for flap observation, prior to patient discharge
- Dr Taylor clinic review in 1 week