Preparing for my breast reconstruction



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You will soon have surgery (with an implant or flap) to reconstruct one or both breasts. This fact sheet will help you prepare for your hospital stay and your return home.

What precautions should I take **BEFORE** each surgery?

> **Stop using nicotine** in any form (tobacco, electronic cigarettes, patches) 6 weeks before your surgery. Your care team can advise you on this.



- > Follow the orders you have received regarding your medications. Certain medications or natural health products should not be taken before an operation. Discuss this with your physician or with the nurse at the Pre-Admission Clinic.
- > Stop taking hormones like Tamoxifen, **if** you are taking any, before and after each surgery, as recommended by your doctor. These drugs increase the risk of blood clots in a vein (phlebitis).

- > Have a special X-ray, called an "angiogram" (DIEP flap surgery only).
- > Bring 1 or 2 support bras with front closure and 1 or 2 abdominal girdles (in the case of free TRAM or DIEP flap) the morning of your surgery. You will need to take them with you to the operating room.
- > Ask your surgeon how to complete your insurance forms.

There are fact sheets on how to prepare for your surgery. Consult those.

What precautions should I take **AFTER** each surgery?

- > Continue avoiding nicotine in any form for 6 weeks.
- > Relieve your pain by taking the analgesics (painkillers) your surgeon has prescribed. The pain is strongest in the first 3 or 4 days after the flap is inserted. It then gets easier day by day. On a scale of 0 to 10 (see the notepad on page 6), if your pain is more than 4, tell the nurse quickly. These drugs can cause constipation. Talk to your care team.

- > When in bed, lie in a position that doesn't stretch your incisions. Consult the fact sheet on your type of reconstruction (flap, implant).
- > Do your breathing exercises as soon as possible after the operation to prevent lung problems. The nurse will explain the best way to do them. See the fact sheet on this subject (French only) as well as the one on: Taking care of yourself after breast reconstruction.
- > Get up, walk, move.

If your breast was reconstructed with a flap:

- You will have to stay in bed for 24 to 48 hours. You will have a urinary catheter and wear pneumatic leg sleeves that compress your legs at regular intervals. You will take blood-thinning drugs (anticoagulants) to prevent blood clots from forming in a vein (phlebitis).

Patient with pneumatic leg compression sleeves.

- Then you will be able to sit in a chair and wear support (anti-embolism) stockings.
- Afterwards, you will be able to get up and walk with the help of a member of your care team.

If you received an **implant** (without flap): you will be helped to get up quickly after your day surgery.



CAUTION

A member of the care team must be present the first time you get out of bed. You may feel dizzy. If necessary, ask for pain medication 20 to 30 minutes before getting up.

You will begin your exercises as recommended by your care team. This is important so that your arm on the operated side can go back to moving as it did before. Consult the physiotherapy fact sheet relating to your type of reconstruction.



> Wear a girdle or support bra

You will need to wear an abdominal girdle (if you had free TRAM or DIEP flap surgery) and a support bra at all times for the first 3 weeks then only during the day for another 3 weeks.

How do I take care of my drains?

See the fact sheet <u>Taking care of a drain after</u> <u>surgery</u> for more information on this.

- > You will have from 1 to 4 drains. These tubes remove the fluid from your incisions. The nurses will show you how to take care of them at home.
- > When you're home, if your drain container suddenly fills with a clear red liquid after the drain flow had started to slow down, go to the emergency room.

How do I take care of my incisions?

- > You will have bandages at your breast(s) and at the place where the flap was taken from. Keep these very clean. The hospital or CLSC care team will explain how to change them.
- > All your incisions will be closed with stitches that will fall out on their own. After your first visit to the clinic, these will be covered with wound closure dressings (Steri-Strips).
- > If your reconstruction was done with a flap, you could have a blue stitch. This shows where the blood vessels that nourish the flap are attached.

> You can take a shower 2 days after the drains are removed, if your doctor agrees. The wound closure dressings will come unstuck gradually. You can remove them when they no longer stick to your skin. You can take a bath after 3 weeks.



Will I be able to I eat normally?

Not right away. You will get back to your usual diet gradually, depending on your condition.

- Eat high fibre foods (fruits, raw vegetables, whole grain bread and cereals), unless otherwise specified.
- If you've had flap surgery, don't have any coffee, tea, Coca-Cola, Pepsi, energy drinks, or chocolates for 1 month. These contain caffeine, which constricts blood vessels and interferes with blood flow in the flap.
- Drink plenty of water, unless otherwise instructed. This helps maintain blood flow in the flap.



Never apply ice or heat, such as with a *Magic Bag*, to the breast. You could lose the flap or burn yourself.



What should I expect **AFTER** I return home?

- Massage your scars regularly, every day (beginning in the 3rd week). See the fact sheet Taking care of my scars with massage.
- > Follow your nurse's advice on:
 - taking medication (antibiotics, pain medication, and constipation medication)
 - driving; you can only drive after 2 to 3 weeks. You must be able to move all your limbs and no longer be on any pain medication
 - resuming sexual activities: wait 2 weeks after your surgery

Consult the fact sheets on physiotherapy after a reconstruction and the fact sheet that corresponds to your type of reconstruction.

What symptoms should I watch for?

Make a **clinic** appointment if you have:

- pain that stays for more than 3 months, is not relieved with medication, or keeps coming back
- a bump (bulge) in the abdomen (if you had flap surgery)



Go to the **emergency** room if you have:

- severe pain, swollen legs, or difficulty breathing (you may have a blood clot)
- persistent fever of 38.5°C (101°F) and over



- yellow or greenish discharge from the incision
- bad smell from the incision
- bleeding that doesn't stop

- a breast that becomes swollen after the drains are removed
- an implant showing through the skin (extrusion)
- any change in the colour, texture, or temperature of the flap

For more advice, see the fact sheet <u>Taking</u> care of yourself after breast reconstruction.

Will I be followed after my surgery?

You will see your plastic surgeon at the clinic at least 1 week, 3 weeks, and 3 months after your reconstruction. You will be followed by the CLSC nurse if necessary (bandages, drains, etc.).

Who can I contact for help or to ask questions?

Contact your care team or your assigned nurse.



USEFUL RESOURCES

Quebec Breast Cancer Foundation:

> rubanrose.org/en

The Quebec Breast Cancer Foundation is proud to help inform and support women during breast reconstruction, thanks to a grant for this project.

Breast reconstruction at the CHUM:

> cicc.chumontreal.gc.ca

Click on: I have cancer → Breast (CICS) → Reconstruction

Other health sheets published by the CHUM are available. Ask for those that might fit your situation.



You can also find them on our web site chumontreal.qc.ca/fiches-sante

The content of this document in no way replaces the recommendations and diagnoses made, or the treatment suggested by your health professional.

To find out more about the Centre hospitalier de l'Université de Montréal **chumontreal.qc.ca**







Questions

Write down any questions you want to ask your care team so you don't forget anything.



	s of questions you might ask your ask your care team or nurse
• Where	e can I get bras and girdles?
> How w	rill my pain be controlled right after the surgery? During my recovery? How long will it
> What i	if I have no one to help me when I return home?
> Who c	an help me if I have questions about my sexual activities?
> Who v	vill check the notebook in which I'm supposed to record every day how much fluic
flowin	g from my drains?
> Can I d	contact another patient who has had the same surgery as me? Who went through
recove	ery period?

Use this chart to:

- keep track of your pain level (on the scale)
- keep track of what's done to relieve your pain
- note the effects on your pain (on the scale)



Examples

Pain management

Date / Time	Pain (level)	Activity, medication, etc	Comments (effects on pain, etc.)
2-05, 9 p.m.	7	2 Tylenols	A bit better. Pain = 5/10
12-05, 9:30 p.m.	5	Relaxation - reading	Feeling better. Pain = 3/10
		Pain scale	

Pain scale



You want to keep your pain level at **4** or lower. Unrelieved pain will be harder to control.

0	Observations - Comments	Write down observations you feel are important: your symptoms, treatments, follow-up, energy level, spirit, etc.
	Upcoming appointments	
	Resource people and contacts	Write down phone numbers, email addresses and websites that could be useful.

To find out more about the Centre hospitalier de l'Université de Montréal **chumontreal.qc.ca**

