

Breast reconstruction using your own tissues

DIEP flap



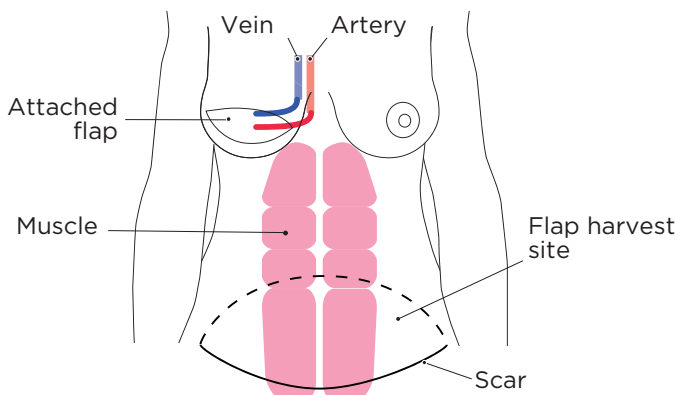
Your plastic surgeon has proposed to reconstruct one or both of your breasts using the “DIEP” flap technique. This fact sheet describes the steps of the surgery and how to prepare for it.

What does this surgery involve?

The surgeon takes a piece of skin and fat (a flap) from between your belly button (navel) and your pubic bone. No muscle in your abdomen is removed. DIEP stands for “*deep inferior epigastric perforator*” flap, which refers to the tissues that are taken from the abdomen.

This flap is completely detached from your body and attached to your chest. The surgeon connects the blood vessels in the flap to those in your chest using a microscope (microsurgery). Then the surgeon gives this flap a breast shape.

The opening in your abdomen is closed by pulling the skin above your navel downward. Throughout the surgery, you are “asleep” (that is, under general anaesthesia). This surgery is only performed in specialized hospitals.



Why is the surgeon recommending this surgery?

If your breast has been completely removed, it is a very good option. This flap is often large enough to reshape the volume of one or two breasts without having to insert an implant.

When can this surgery be done?

It can be done the same day as your mastectomy (**immediate reconstruction**). In this case, your breast(s) will look better.

It can also be done later, at the time of your choice (**delayed reconstruction**). But keep in mind that the skin of the operated breast(s) will shrink over time. Because of this, the appearance of the reconstructed breast(s) could be a little less successful.

Will I have any pain?

Pain varies from one person to another. It will be strongest in the first 3 or 4 days after the surgery.

See the fact sheet [Preparing for my breast reconstruction](#) for more information

What are the benefits of this surgery?

The main benefits are:

- > Your breast will look natural. It will be soft to the touch.
- > Reconstruction can be done after radiation therapy treatments if you have already received any.
- > Reconstruction can be done at the same time as your breast is removed, even if radiation therapy is planned.
- > The DIEP flap lasts a lifetime. It doesn't degenerate. If you gain weight, it gets larger. It ages along with you.
- > Since this flap comes from your own body, there is no risk of rejection.
- > No muscle is removed from your abdomen, so you will recover faster.



Will my breast(s) look the same as before?

No, a breast reconstructed using a DIEP flap looks natural but is **never** the same as the original breast or the other breast.

- It will be a different colour because the skin of the flap comes from another part of the body.
- You will have scars on your breasts and abdomen. The scarred areas will be less sensitive to touch (numbness).
- You will not have erogenous sensations in the nipple (original or reconstructed).
- You will not be able to breastfeed.

How should I prepare myself BEFORE reconstruction?

You will need to have an X-ray (an "angiogram") to locate the blood vessels.

You can attend a teaching session that will help you prepare and take care of yourself after the operation.

You will need to buy 1 or 2 girdles to support your abdomen. You will also need to bring with you 1 or 2 support bras that close in the front.

You will be able to meet with your plastic surgeon several times before surgery.

Your surgeon will tell you:

- If immediate reconstruction is possible.
- If an implant will have to be added to the DIEP flap. See the fact sheet on [Breast reconstruction with an implant](#) for more information on this.
- If another surgery will be needed to make your breasts as similar to each other as possible ("symmetrization").

Could there be complications?

Yes, as in any surgery.

The most common complications are:

- Blood clot in a vein (venous thrombosis) or going into the lung (pulmonary embolism).
- Infection in the breast or abdomen (antibiotics are prescribed to prevent this).
- Bruising of the breast or abdomen (ecchymosis).
- Fluid collecting around the operated breast or in the abdomen (seroma).
- Scar too wide or scar re-opening (dehiscence).
- Weakness or bump on the inner wall of the abdomen (bulging).
- Poor blood flow in the fat of the flap, which then becomes harder (fat necrosis).



- Poor blood flow in the flap, which partially or totally destroys it (necrosis).
- If the surgeon also inserts an implant, you may have other complications. See the fact sheet on this subject.

Some women may also have:

- More intense pain that can last more than 3 months.
- Swelling in the breast or abdomen (edema).
- An unexpected treatment or surgery.

If you have **severe pain, a swollen leg, or problems breathing** (which could be a sign of a blood clot) or if there is a change in the flap (colour, texture, temperature), **go to the emergency room**.

In all other cases, contact your care team.

To reduce complications, stop smoking for 6 weeks before and 6 weeks after each surgery. Nicotine (including electronic cigarettes and patches) constricts the blood vessels. This slows down blood flow and impairs healing. There are resources to help you quit smoking. Talk to your care team.



CAUTION

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

What other information do I need?

Surgery time	5 to 8 hours per breast. Add 1 or 2 hours if the flap is inserted on the same day as your breast is removed, and if both your breasts are operated on.
Length of hospital stay	3 to 7 days.
Getting out of bed	After 24 to 48 hours depending on how well the flap is healing.
Drains	You will have drains in your breasts for 7 to 14 days. These are tubes inserted at the time of the surgery. They extend outside your body and are held in place by stitches. They prevent fluid from collecting in your incisions.
Position for sleeping	Half-sitting (hips bent at 45 degrees) or knees bent, for 5 to 7 days or as recommended by your surgeon.
Convalescence (time off work)	6 weeks minimum.
Physical activities	Start 6 weeks after surgery or as recommended by your physiotherapist.
Abdominal girdle and bra	To be worn at all times for the first 3 weeks and only during the day for the next 3 weeks.

Who can I contact for help or to ask questions?

If you have questions, talk with your care team and your assigned nurse.

Call them as soon as possible, **BEFORE** the date of your surgery, if you want to:

- change the type of surgery
- postpone your surgery



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.qc.ca

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

Centre des maladies du sein

Deschênes-Fabia : (French only)

> centredesmaladiesdusein.ca

Breast Cancer Action Québec:

> bcam.qc.ca

Canadian Breast Cancer Network (young women's section):

> cbcnc.ca

Canadian Cancer Society:

> cancerconnection.ca

Breast Reconstruction Awareness Day (BRA Day):

> bra-day.com

Une musicienne et son chirurgien de Danielle Ouellet, Éditions du passage. (French only)

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.



Examples of questions you might ask your plastic surgeon or nurse

- > Is the risk of complications the same if the DIEP flap reconstruction is immediate or delayed?
- > Where will the scars be on my body? How long will they be?
- > How will my pain be controlled during my hospitalization? When I get home?
- > What effect will this surgery have on my everyday life?
- > Can I have DIEP flap surgery if I want to have children? Or if I've had previous abdominal surgery?



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.



Use this chart to manage your pain level.
You can print out full-page charts from:
chumontreal.qc.ca/painchart.pdf

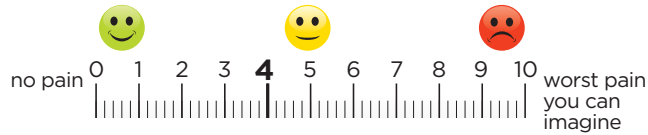


Pain management

Examples

Date / Time	Pain (level))	Activity, medication, etc...	Comments (effects on pain, etc.)
12-05, 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



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



Things to do

Write down things you need to do: start exercising, change a bandage, change a lifestyle habit, etc.



Date / Time	Action to take

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