Taking care of yourself after breast reconstruction



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You're going home soon, after having breast reconstruction. This fact sheet gives you information to help you take care of yourself in the weeks ahead.

IMPORTANT points to know

- When you leave the hospital, make sure you have someone to take you home.
- During the 48 hours after your surgery, it is advisable to have someone at home to help you.
- Wear a bra without underwire and with hook closures in the front. If you've had a DIEP flap or free TRAM flap breast reconstruction, you'll also need to wear an abdominal girdle. You must wear these undergarments 24 hours a day for 3 weeks, then only in the daytime for the following 3 weeks. After that, you can wear them as long as you feel the need or according to your surgeon's advice.
- Don't take nicotine in any form (cigarettes, electronic cigarettes, patches, chewing gum) for another 6 weeks.



Is it normal to have pain?

Yes, your incisions can hurt. The pain will be strongest in the 1 or 2 days after surgery, or up to 3 to 4 days if you've had a flap reconstruction. It will then get easier day by day.

Most pain medications (painkillers) prescribed by your doctor provide good pain relief. After a few days, an over-the-counter pain reliever such as acetaminophen (Tylenol or Atasol) may be sufficient. See the pain management chart on page 8. These drugs can cause constipation. Talk to your care team.



CAUTION

As pain increases, it becomes harder to relieve. Take your medicine before the pain gets too strong. **Don't endure the pain.** The less pain you have, the faster you can become active and recover.

It's normal to have some swelling at the surgical sites. This can last for 1 or 2 months and will go away on its own.

Never apply ice or heat, such as with a *Magic Bag*, to the breast. You have lost all or most of the sensation in your breast. You could burn yourself. If you had a flap reconstruction, you could lose the flap.

How should I take care of my incisions and bandages?

> Stitches

Your incisions have been closed with dissolvable stitches. These will go away on their own in time. Sometimes, some of the stitches don't dissolve. The surgeon will remove those.



The surgeon may also apply adhesive wound closure dressings. They help the skin to heal. Don't remove them. They fall off by themselves most of the time or the surgeon will remove them.



If your reconstruction was done by flap, you may have a blue stitch. This shows where the blood vessels that feed the flap are attached. The surgeon will remove it at your follow-up appointment.

If you have a scar under your arm, place your forearm on a pillow while sitting or lying down, for the first week. The air will circulate better, and the wound will stay dry and heal better.

> Bandages

You will have a bandage on your breast(s). If you have had a flap reconstruction, you will also have one on your abdomen or back. Keep them very clean. Under no circumstances should you change your bandages yourself. The surgeon will remove them at your follow-up appointment. In some cases, the bandages will be changed by a nurse from your CLSC.

What should I do if fluid collects around my incision?

Often, after drains are removed, fluid collects under the skin near the incision. This can form a lump that is more or less soft. It is safe. This is a "seroma" that will go away on its own in the weeks to come. If the seroma is large and bothers you a lot, talk to your assigned nurse. The doctor can remove the fluid with a syringe, if necessary.

How do I take care of my drains?

- > You will need 1 to 6 drains. They will stay in place for 7 to 10 days, or until there is almost no more fluid being drained. You will need to take care of the drain(s). Consult the fact sheet <u>Taking care of a drain after surgery</u> for more information on this.
- > 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.

Can I take a bath or shower?

For as long as you have a bandage or drains:

- Don't take a bath or shower.
- Wash yourself with a washcloth.
- After the drains are removed, wait another 48 hours before taking a shower.

When there is no bandage or drain:

 You can take a bath or shower. Don't point the shower jet at the incision. You can let the water run gently over it. This will keep it clean.



In all cases:

- Don't take a bath
 for at least 2 weeks after surgery to reduce
 the risk of infection. When you can take a
 bath, make sure the incision is fully closed. If
 needed, ask your assigned nurse for advice.
- For one week after the surgery, don't put soap directly on the incision. Afterwards, use a mild soap, without oil or perfume. Rinse the incision thoroughly with clean water. Use this soap until your incision is completely healed.

Can I eat normally?

How soon you can go back to your usual diet will depend on your condition and the type of reconstruction you had.

In all cases:

 Eat high fibre foods (fruits, raw vegetables, whole grain bread and cereals), unless otherwise specified.

If you've had flap surgery:

- No coffee, tea, herbal 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.

When will I be able to do sports again?

Follow the advice on pages 5 and 6 to resume your activities at your own pace and in a safe way.

You can only drive after 2 to 3 weeks. You must be able to move all your limbs and not be on any pain medication. Some medications cause drowsiness or decreased attention. Talk to your pharmacist.

When will I be able to engage in sexual activities again?

It's better to wait 2 weeks. Then you can resume activities, as soon as you feel ready. Adapt your sexual activities to your physical condition and the sensitivity of your incisions.

Some women are not interested in sexual activity after breast reconstruction. Many see their bodies in a new way. Talk with your partner about it. You can also discuss this with your assigned nurse or your doctor. A sexologist is also available to help you.



What symptoms should I watch for?

- > Make an appointment with your plastic surgeon if you have:
 - Pain in your breasts or in the surgical incisions (abdomen, back) that does not go away with medication, or that comes back.
 - A lump (bulge) in the abdomen (if you had flap reconstruction).
- > Go to the **emergency room** if you have:
 - Severe pain or swelling in a leg or difficulty breathing (you may have a blood clot).
 - Fever lasting more than 2 days at 38.5°C (101°F) or higher.



- An incision that becomes redder, warmer, or more swollen, or that is leaking yellow or greenish fluid, or that smells bad.
- Bleeding that doesn't stop.
- A breast that becomes swollen after the drains are removed.
- An implant that is visible to the naked eye through your breast (extrusion).
- Any change in the colour, texture, or temperature of the flap.

Will I be followed after my surgery?

You will see your plastic surgeon at least 1 week after your discharge from hospital. Make sure this appointment is set up when you leave the hospital. After that, the plastic surgeon will follow you for about 3 months.

> If you had your breast reconstruction at the same time as your mastectomy (immediate reconstruction):

When you are discharged from hospital, it will be up to you to make an appointment to see your oncology surgeon in about 1 month.

The oncology surgeon will then have the pathology results and can decide if other treatments are needed (chemotherapy, radiotherapy, etc.).

> If you had your breast reconstruction some time after your mastectomy (delayed reconstruction):

When you are discharged from hospital, you won't have to make another appointment with your oncology surgeon. You will be seen according to the appointments already set up.

You will be followed by a CLSC nurse if necessary (bandages, drains, etc.).

Who can I contact for help or to ask questions?

Contact your assigned nurse or your care team.



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

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.



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APPENDIX 1: RESUMING YOUR ACTIVITIES

When you are back home, you can resume your daily activities as much as you are able. Observe the following instructions.





Don't lift anything that weighs over 2.5 kg (5 pounds, such as a full purse) with your arm on the operated side until after your next visit with your plastic surgeon.



Do your physiotherapy exercises. There are exercise leaflets for each type of breast reconstruction (see the useful resources).



FGet help for tasks that are less easy or take too long (washing the floor, standing too long, etc.).



Avoid positions or movements that stretch your wounds for 3 to 4 weeks and until your incisions are well healed. For example, women who have had breast reconstruction with DIEP or free TRAM flaps should avoid stairs whenever possible.



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APPENDIX 2: RESUMING SPORTS

Physical activity will help you recover faster from your operation. Follow these guidelines:



As soon as you get home.

Get up, walk, move.



Until your incisions are completely healed.

Don't bathe in public pools, lakes, or spas.



For 7 to 8 weeks after the surgery.

Do light activities that don't cause pain and that don't involve large movements of the breasts. Avoid golf, tennis, aerobics, etc. Walk instead. After that, you can do all activities, but avoid those that cause you pain.





e	Questions	Write down any questions you want to ask your care team so you don't forget anything.
		Write down observations you feel are important: your symptoms, treatments,
	Observations - Comments	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:

- 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.

