



## Hybrid Reconstruction: Hospital Course

Following surgery, you will be transported to the recovery room. You will be awake and aware. You will be under close nursing observation. To ensure the safety and viability of the flap post-surgery, you will be monitored with a special tissue oximeter called ViOptix. This is a non-invasive device that ensures the transplanted tissue is getting the oxygen and nutrients it requires in order to stay healthy. The most devastating, but least common, complication in flap reconstruction is clotting of the artery or vein that feeds the flap. This occurs in less than 1% of patients, but the flap may not survive if it does happen. The risk is highest during the first 48 hours after surgery, and then significantly drops off. After two weeks, the risk of flap loss is essentially zero.

The first night you will be obtaining fluids through an intravenous line (IV). Special stockings connected to a pneumatic pump will be placed on your legs so that you don't get a blood clot. These will be removed when you begin to walk. The hospital bed will be flexed. This will take the tension off the abdominal incision. Early the next morning, the nursing team will assist you in getting out of the bed. You will start eating and drinking by mouth.. First you will go to sitting in a chair. Based on how you do, the Foley catheter will be removed. This will have been placed in the operating room while you were under anesthesia. Removal of the catheter is simple and painless. By removing the catheter, we are allowing you to walk to the bathroom.

There will be drains from the abdomen and chest. These are about the thickness of a pencil and go from inside your body to an outside collection device that looks like a grenade. The drains are used to remove fluid that is normally produced by the body after surgery. They are removed in the office (after discharge from the hospital) when they stop draining which is usually at one to two weeks after the surgery.

In the operating room, long acting nerve blocks will be performed. This will eliminate the need for pain pumps and narcotic medications. Nonetheless, if you still experience some pain and discomfort, pain medications will be given for you to take by mouth.

Your IV will be removed once you are able to drink enough fluids. When you are ready, you will be given solid food to eat. Caffeinated beverages, such as soda and coffee, are allowed but hydration with water is encouraged. Most women may also experience constipation due to the pain medication, anesthesia, and limited activity. Once your return to your regular daily diet and activity level, this problem should resolve. Adequate hydration and a high fiber diet will help with constipation.

Patients will typically be discharged from the hospital and go home on the second or third day following surgery. While you are going home, activity restrictions will be in place to ensure that the breast reconstruction is not injured. Detailed discharge instructions will be provided.

## Flap Reconstruction: Discharge Instructions

In an effort to make you more comfortable with discharge home and to answer any questions you may have, I have prepared an instructional sheet for you. However, you may call the office at any time with additional questions or concerns.

### **For the Breast:**

You have just undergone a hybrid breast reconstruction with a flap and prepectoral implant. Your breast will likely have bruising and possibly some blistering on the skin, which is expected after a mastectomy. You have a small patch of skin on your breasts, which is a different color than the surrounding breast skin. This paddle of skin comes from the abdomen and is an indicator of how the flap is doing. It is important to check this skin paddle daily. The skin should remain the same color. If the color of the small patch changes (i.e blue, purple, pale), please call the office immediately.

### **For the Abdomen:**

Your incision and belly button are covered in a special medical grade sealant, which will come off in the office, 2-3 weeks after surgery.

### **Incisions:**

No separate wound care is required for the incisions. Application of ointments, dressings, or lotions is not necessary. Do not massage the incisions until we instruct you in the office (6 weeks after surgery).

### **Drains:**

Both the breast and abdomen will have drains. It is important to empty the drains twice daily and record the outputs. Please bring this sheet to your appointment after surgery. Based on the output, the drains will be removed 1 to 3 weeks after surgery. For the drains to be working appropriately, the bulbs need to be collapsed to create a light suction. The nurse in the hospital will review the drain care with you and your family prior to discharge home. It is best to safely secure the drains to your clothes with a safety pin.

### **Sleep**

Sleep on your back for the first two weeks after surgery.

### **Showering:**

- You may take sponge baths following discharge. Pat dry. We will instruct you to shower once you have drains removed from your breasts in the office.
- Do not take a bath or submerge yourself in water.
- You will have special adhesive glue or tape over the incisions. Do not take these off.

**Pain Control and Prescriptions:**

- A prescription for pain medication will be sent to your pharmacy. Take this pain medication as prescribed as needed for moderate to severe pain. For less severe pain, you may take over the counter Tylenol (acetaminophen), instead of the prescribed pain medication.
- Your prescription pain medication may contain acetaminophen. For example, Percocet (oxycodone/acetaminophen) contains 325mg of Tylenol. Do not exceed 4000 mg of Tylenol (acetaminophen) from all sources in a 24-hour period.
- Narcotic pain medication can be constipating, so drink plenty of water and non-caffeinated beverages to help with regular bowel movements. It is important not to strain to have a bowel movement. Any straining can jeopardize your safety and recovery.
- You may be prescribed an antibiotic and another pain medication (Toradol/ketorolac). Take this medication as prescribed.
- Take an over the counter baby aspirin (81mg) daily for 3 weeks.
- Please do not drive while taking narcotic pain medication

**Activity:**

- Rest at home during the first few days after surgery.
- Walking is encouraged, but strenuous exercise is not allowed until 6 weeks after surgery. Sitting in a comfortable chair is better than sitting in bed.
- You will stand slightly hunched over at the waist for the first few days after surgery. This will help decrease the stress and tension on your abdominal incision. You will stand more erect when you feel it loosen.
- Avoid strenuous activity. Do not lift your arms above your head. Do not lift more than 5-10 pounds.
- Return to work varies depending on your type of job. Many patients return to work after approximately 6-8 weeks with light duty or restriction.

**Call the Office:**

Do not hesitate to call the office with any concerns or questions. A doctor is available to answer your questions 24 hours a day. Please notify us immediately if:

1. You have increased swelling, pain, or color change in the breast.
2. One breast becomes suddenly significantly larger than the other breast.
3. You have a sudden increase in swelling of the abdomen.
4. You have redness develop around the incisions.
5. You have a fever greater than 101 F.
6. You develop sudden increase in pain.
7. You develop drainage, spreading redness or foul odor
8. You have any questions.