

TRAM Flap Breast Reconstruction

**Instructions for Before and
After Surgery**



Dartmouth-Hitchcock
MEDICAL CENTER

This information serves as a general guide, but your situation or treatment plan may be different. Talk to your doctor if you have any questions.

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Timeline for Your Treatment Plan

After a mastectomy, surgeons can use different techniques to create a breast that as closely as possible matches the shape, size and feel of your breast. In terms of timing, there are two options for you and your plastic surgeon to consider: immediate breast reconstruction or delayed breast reconstruction.

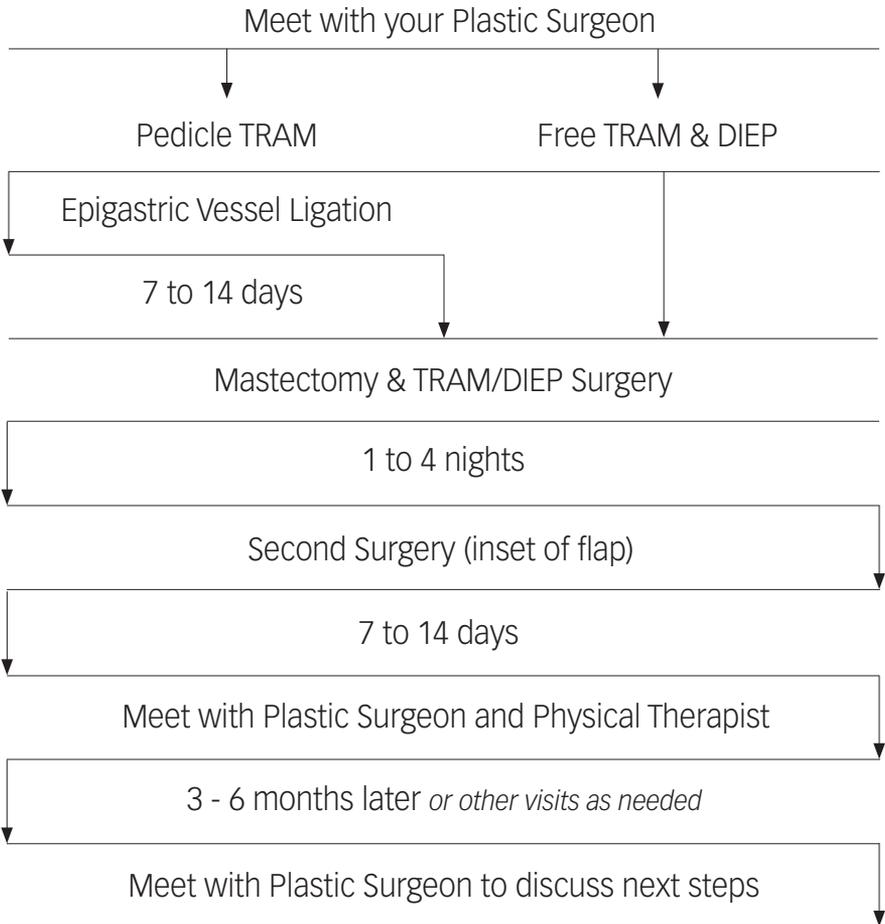
Here are some definitions of terms we refer to in this booklet:

- TRAM flap: Transverse rectus abdominis myocutaneous (TRAM) flap surgery involves construction of a breast from the lower abdominal skin and fatty tissue attached to the abdominal muscle. TRAM flap procedures may be **pedicled or free**.
 - Pedicled TRAM: In a pedicled TRAM flap procedure, the blood supply remains attached to the lower abdominal tissue, which is rotated into position on the chest. The tissue is tunneled under the skin to the chest area, where it is brought through the mastectomy incision.
 - Free TRAM: In a free TRAM flap procedure, the skin and all tissues are completely disconnected from its blood supply, moved to the area of the breast, and then reconnected to different blood vessels. These very small blood vessels are often sewn together under a microscope.
- DIEP flap: A type of breast reconstruction in which blood vessels called deep inferior epigastric perforators (DIEP), and the skin and fat connected to them are removed from the lower abdomen and transferred to the chest to reconstruct a breast after mastectomy without the sacrifice of any of the abdominal muscles.

Immediate Breast Reconstruction

Immediate breast reconstruction is done at the same time as your mastectomy. It can have both emotional and visual advantages. Some women find that waking up from a mastectomy with two breasts helps to ease the grief caused by losing a breast. Another advantage is that your surgeon can use a technique that results in less scarring.

Timeline: Immediate Breast Reconstruction

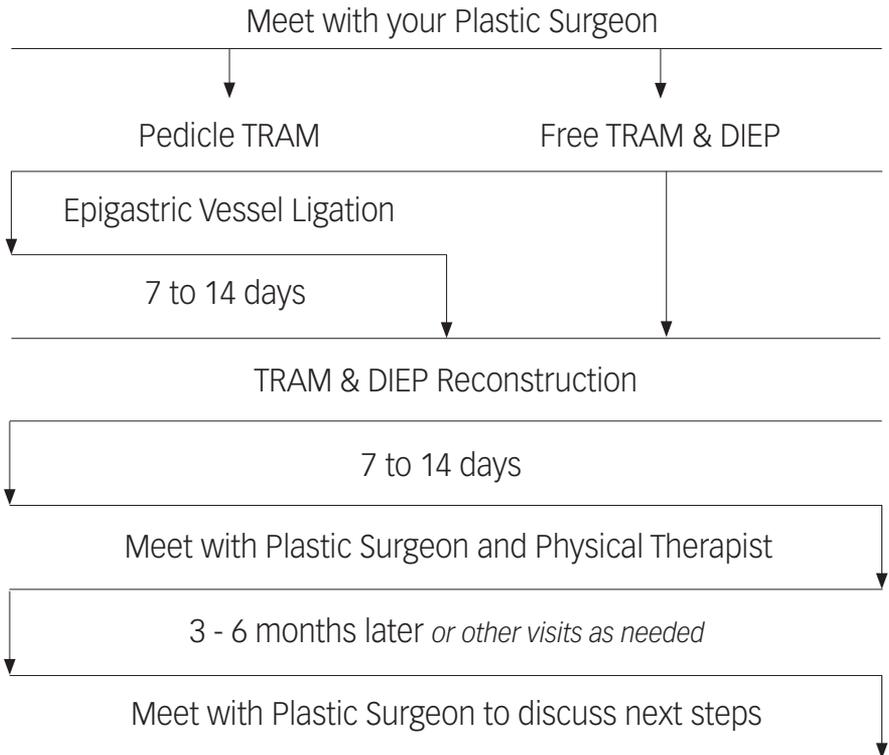


Delayed Breast Reconstruction

With delayed breast reconstruction, the surgery is done at a later date. One reason why you may choose to wait is because it allows you more time to explore your options. Also, waiting allows you to complete other treatments such as chemotherapy or radiation. You should be six months post radiation therapy and four weeks post chemotherapy.

Delayed breast reconstruction can be performed weeks or even years after having a mastectomy.

Timeline: Delayed Breast Reconstruction



Preparing for Surgery

Here are some steps you can take for a smoother recovery:

- Read your office brochures we give you. We also recommend the following website:
surgery.med.umich.edu.
- Keep your weight steady. Being significantly overweight (a Body Mass Index of 30 or more) increases your risk for problems with healing. However, dieting before surgery can also lead to healing problems. Log on to weightwatchers.com for more information about Body Mass Index.
- Arrange to have family and/or friends help you at home for the first few weeks after you leave the hospital. You will need help with transportation, shopping, cooking and housework.
- It will be helpful to have pre-made dinners and paper plates on hand. Also, make sure milk, juice, and water are in small containers. One gallon jugs will be too heavy for you at first.
- Have crackers available to take with your medication.
- Plan to wear button down or zippered shirts, loose pants, camisoles, large cotton undershirts and slip on shoes.
- Have extra supplies on hand, such as a gentle laxative or stool softener, thermometer, extra Aquaphor® and extra gauze. Nursing or maxi pads also make good dressings.

One Month Before Surgery

- You will be asked to make an appointment with your primary care doctor for a history and physical within 30 days of your surgery date.
- Stop tobacco use and avoid being around anyone who smokes for at least one month before your surgery. Continue to avoid tobacco for three months after your surgery. Smoking may cause problems with healing and can lead to infection. If you smoke, we will perform a urine test on the day of your surgery to test for byproducts of smoking. If the test is positive, your surgery may be cancelled. *There are several support groups for smokers (see your "Smoking Policy" brochure). We offer a no cost Tobacco Dependence Treatment Clinic at DHMC. You can call (603) 653-9456 to make an appointment.*

Two Weeks Before Surgery

- If you use nicotine patches or gum, stop two weeks before surgery and for at least five days after surgery.
- If you take birth control pills, Estrogen or Tamoxifen, discuss holding off of taking this medication prior to and after surgery. These products can increase your risk of developing blood clots.
- Depending upon your age and health, you may be given an appointment with Pre-Admission Testing. You will be asked to fill out a questionnaire and may have some additional tests such as blood work, EKG, chest x-ray or stress test.
- Stop taking aspirin and ibuprofen products for two weeks before surgery and for at least two days after surgery, unless your doctor tells you otherwise. These products

may increase your risk of bleeding. (See your “Medications That May Increase the Risk of Bleeding” brochure.) Other blood thinning products to avoid are:

Vitamin E

Garlic supplements

Ginseng

Ginkgo Biloba

St. John’s Wort

Fish Oil

Continue to take your prescribed medications unless otherwise advised by your doctor. If you have questions about your medications, ask your doctor or pharmacist.

- If you need medicine for pain relief, we recommend you only take acetaminophen (Tylenol®) in the two weeks before your surgery.
- If you are having a pedicled TRAM flap reconstruction, you will be scheduled for an epigastric vessel ligation seven to 14 days before your surgery. This procedure will be scheduled in Same Day Surgery with General Surgery under general anesthesia.

The Day Before Surgery

- A representative from Same Day Surgery will call you in the afternoon the business day before your surgery. You will be given the time of your surgery. You will also be told when to stop eating and drinking, and what medications you should take, if any. If you have questions, you may call Same Day Surgery at **(603) 650-5300**.
- Do not shave three days before your surgery.
- Shower the night before and the morning of surgery with an antibacterial soap. Do not put on deodorant, powder or lotion.
- Do not wear jewelry or nail polish. Please remove all body piercings and sculptured nails may have to be clipped.

The Day of Surgery

- You will be evaluated by your anesthesiologist. You will also meet with your physician. He or she will measure and mark your breast(s) for surgery.
- Your surgery will take approximately four to seven hours. After surgery, you will go to the recovery room, where you will stay for one to two hours until you are stable. Once you are stable, you will be taken to your hospital room.

Your Hospital Stay

- You will stay in the hospital for one to four nights, depending upon your surgeon and the type of surgery you have. While in the hospital, you will have drains in your breast and abdomen, a catheter in your bladder, an IV and sequential compression stockings (a device that squeezes your legs to prevent blood clots). You will also be asked to use an incentive spirometer throughout the day. This is a device you breathe into to help keep your lungs clear. Everything but your drains will be removed before you leave the hospital.
- The head of your bed will be raised for your hospital stay.
- Getting out of bed: By the first day after your surgery, you will get out of bed to sit in a chair. Later you will walk with the nurses, and when you are able, you will walk on your own. You will be asked to walk bent over (in a flexed position) until you are comfortable standing upright, in approximately one to two weeks.
- Eating: After surgery you will have IV fluids. You will then go to a clear liquid diet, then on to a regular diet.

- If you had a TRAM flap reconstruction, you will meet with a physical therapist before you are discharged to go home.
- You will meet with a social worker to discuss support systems available to you.
- You will also meet with a Clinic Resource Coordinator to determine if you will need a visiting nurse when you go home.

What to Expect After Surgery

The healing process after breast reconstruction surgery varies with each person. You should expect to feel tired for the first two to three weeks due to anesthesia and the healing process.

Pain (short-term and long-term)

- With any surgery there is some discomfort or pain. You will most likely experience more pain, pulling and tightness in the abdomen than discomfort at the breast and rib cage.
- While in the hospital, you will receive a narcotic pain reliever through an IV. Before you go home, you will be switched from the IV to an oral narcotic. We will give you a prescription for a narcotic pain pill to take at home. We will also recommend using an anti-inflammatory (ibuprofen). Take pain relievers as prescribed and only as needed.
- Please review your “Narcotic Use and Post Op Pain” handout for proper use of and weaning off of your pain medications.
- We recommend taking an over-the-counter stool softener, such as Colace® (docusate) while taking your narcotic pain reliever to maintain bowel regularity. Drink plenty of water.

- Your doctor may recommend a muscle relaxant for abdominal cramping, if necessary.
- Do not use ice or heat on your incisions. Your ability to feel hot or cold at the incision will be abnormal for several months.
- You will have nerve pain after your surgery because the nerve endings have been disturbed. Nerve pain may feel like a burning sensation, itching or a shooting, electric shock pain. This is normal and will get better as you heal. However, some women can have nerve pain even years after their surgery.

Swelling

- Moderate bruising and swelling of the breast(s) is normal in the first few weeks after surgery. This swelling will last for one to three months and increase with activity. The swelling will gradually go down, but it may remain for three to six months.
- In the first six months, expect your breast(s) to feel firm and to appear larger because of swelling. They will also feel lumpy because of scar tissue.
- **Note:** Weight gain or loss will affect your breast size (flap) just as it does your abdomen.
- Pedicled TRAM patients: You will notice a swollen area under your reconstructed breast. This is where your abdominal muscle is tunneling to the breast. This muscle will usually shrink/flatten during the next six months.
- If you had nipple reconstruction, expect the nipple to look too large at first. This is done on purpose as the nipple will shrink with time.

Drains

- You will have a drain(s) placed at the reconstructed breast(s) and two at the abdomen to prevent fluid from collecting under your skin. While in the hospital, the nurses will teach you how to care for your drains (See your Drain Care handout) as you will be discharged with the drains still in place.
- Make sure your drain tubes are not kinked or clogged, especially after changing your clothes.
- **Note:** When each drain is draining 30 ml or less in a 24 hour period for two days in a row you may call the clinic for an appointment to remove your drains. Drain removal is usually not painful and only takes a few seconds. Most women have their drains for one to two weeks.
- **Note:** To hold your drains, try a fanny pack, small draw-string bags, diaper pins, a camisole with pockets or a bathrobe turned inside out (so that drains may be placed in the pockets).

Showering

You may shower 48 hours after your surgery whether you have drains in place or not. **Do not** take a bath or use a hot tub until the drains are out and your skin is completely healed (approximately three weeks).

Incisions

- Expect to have some red, pink or thin (not thick) yellow/clear drainage from your incisions for the first one to two weeks. Place dry dressings at the incisions while you have drainage to prevent your clothes from irritating them.

Some women prefer to wear a cotton camisole or t-shirt as their dressing.

- Expect redness at the incision line for several weeks as your absorbable stitches are dissolving. If the redness begins to spread away from the incision, you should call the clinic.
- Spitting sutures: Sometimes a dissolving stitch becomes irritated and pushes to the surface. The stitch is clear or white and looks like fishing line. It may cause an area of redness and tenderness. If this occurs, it is not an emergency. You may clip the stitch or call the clinic for an appointment with the nurse.
- If you had nipple reconstruction, apply Aquaphor® and dressings once a day for five to seven days until healed. Minimize the amount of pressure you put on your nipple.
- Scarring is a natural part of the body's healing and an unavoidable side effect of surgery. Your incisions will get red and bumpy in the first three months as your body builds scar tissue. This is the best time to talk to your doctor about scar massage (see the scar massage handout). We recommend you begin scar massage when your incision is stable, usually four to six weeks after surgery. By your six month appointment, the scars will have lightened and flattened. However, it takes at least a year for your scars to finish maturing.
- Protect your incision line from the sun for at least six to twelve months by using sunblock and protective clothing.

Sensation and Touch

- Loss of sensation is an unfortunate result of a mastectomy. How much feeling is regained will be different for each person. Most women regain some feeling in their new breast as the nerves grow back. Typically some areas remain numb permanently, but most numbness improves with time.
- For nipple reconstruction, the new nipple is purely cosmetic. It remains numb because it lacks nerve tissue and muscle fibers needed to receive sensation.

Compression Garments

- Bra:
 - For patients with a DIEP flap: You may be sent home from the hospital with a special bra.
 - For patients with a TRAM flap: You may be provided with a special bra to wear, if you so choose, at your first post operative visit in seven to 14 days. The bra is provided for your comfort and will provide light support with activity.
- Binders or panty girdle: There is no evidence that these compression garments help with healing. Therefore, if provided, they are for your comfort only. If you are using a binder, remove it while you are sitting so it does not press on fragile tissue. Make sure your incision is at the midpoint of the binder and not touching your breasts. Check your drain tubing to make sure there is no kink. Wearing a shirt under the binder may help reduce irritation to your incision.

Note: Do not wear an underwire bra for three months as your skin may still be numb from surgery.

Activity (“If it hurts, don’t do it”)

- You will meet with a Physical Therapist seven to 14 days after discharge, and you will be given a home exercise program. This appointment will be scheduled for the same day as your first appointment with the doctor. If you do not receive this appointment, please notify us.
- For the first one to two weeks, when pushing yourself up to get out of bed, avoid using the arm on the reconstructed side. If your abdominal muscles were involved in your surgery, they will be weak. You should not use them to change position at first. Instead, roll to your side and gently push yourself up to a sitting position. **Let common sense and comfort be your guide.**
- Do not drive for one to two weeks while you are on a narcotic pain reliever or if driving causes you pain. Wear your seat belt safely by placing a small pillow over your chest to pad the area.
- Do not engage in sexual intercourse for the first six weeks.
- Do not sleep on your side or stomach for one to three weeks.
- For patients with DIEP and TRAM flaps: Do not lift anything that weighs more than five pounds for six weeks.
- If you have had a TRAM flap, you can not lift anything that is heavier than ten pounds for three months.
- You will also be advised not to perform sit-ups or any strenuous exercise (tennis, aerobic, jogging) for three months. Instead, feel free to walk as much as you want. Walking improves circulation, respiratory function and healing. Don’t focus on strengthening your first three months.

- Most women return to light duty work in four to six weeks.
- Expect to go home on a blood thinner medication. You will be instructed how to use this medication for several weeks after your surgery to prevent blood clots.
- Traveling is fine but you may want to stay close to your doctor in the first few weeks in case there are any complications.

Doctor Appointments

- You will see your surgeon **seven to 14 days after your surgery**. At this appointment:
 - ⇒ the suture knots at the end of your incisions will be clipped
 - ⇒ you may be given a fitted bra (if you would like one)
 - ⇒ your drains may be removed, if they are still in place and if they meet our criteria
 - ⇒ you will also see our Physical Therapist for a home exercise program
- Depending on your surgeon, your next appointment may be as early as six weeks or as late as three to six months, unless there is a complication or questions. Your surgeon will examine your breast(s) and abdomen. The six month appointment would also be the time to talk about any revisions or further reconstruction needs (such as nipple reconstruction and/or tattooing).
- **Mammogram:** If you had a complete mastectomy, you no longer need a mammogram on the mastectomy side. If there is breast tissue remaining, you will continue to schedule your yearly mammograms. However, you should wait six months following your surgery.

Complications

- Call your doctor with the following signs of infection:
 - ⇒ A temperature over 100.4° F or 38° C.
 - ⇒ Redness at the incision line that spreads away from the incision after the first 48 hours.
 - ⇒ Thick, yellow, foul-smelling drainage.
 - ⇒ Increasing pain that is not relieved by your pain medicine.
- Call your doctor if one breast becomes hard and/or is much larger than the other.
- Even if the surgeon does a perfect job, it may not last forever. If you gain or lose weight one breast may grow or shrink differently from the other. Scar tissue can change the shape. Speak to your doctor about a breast insert or shaper for your bra to assist with symmetry.

Contacting Your Doctor

During office hours:

Monday through Friday from 8:00 am to 5:00 pm

Call **(603) 650-5148**

On weekends or after office hours:

Call **(603) 650-5000** and ask the operator to page the Plastic Surgery Resident on call.

Prescription Line

Call **(603) 653-3905** from 8:00 am to 4:00 pm, Monday through Friday for prescription refills. Narcotic renewals will not be honored after hours or on weekends. Make your request a few days before you run out, as it may take up to 24 hours for physician approval.

**For a listing of providers, events, support groups
and health information visit Dartmouth-Hitchcock.org
Manage your health online at myD-H.org**

Dartmouth-Hitchcock Medical Center is a charitable organization and has a financial assistance policy.

DHMC is a Smoke-Free and Tobacco-Free campus.



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