

**Post-Operative Discharge Instructions**  
**Breast Reconstruction with TRAM flap**

**Diet:**

Resume your regular diet. Start slow and bland (crackers, toast), then work up to normal foods.

A higher protein intake is recommended to help your body heal. Consider adding protein bars, powder, or shakes to your daily intake.

It is important to drink plenty of fluids so that you do not become dehydrated.

**Wound Care:**

You have dissolvable sutures under your skin and medical glue or tape on top. Leave this in place until it falls off on its own. This usually takes 3-4 weeks. It is okay to trim any edges that start to peel up.

It is okay to remove any other bandages and shower in 48 hours with indirect water onto your incision (soap and water can lightly run over area, but do not soak area or submerge under water). Drains can get wet – hang from a lanyard or string while showering. After your shower, pat areas dry and apply new, clean dressings.

Your surgeon may or may not give you an abdominal binder to start wearing 4-7 days after surgery. Do not use a binder if your surgeon did not specifically give you one. If your surgeon does want a binder used- this should cover only the lower two-thirds of your abdomen. You want to **make sure** there is **no pressure** on the **upper abdomen or fold under** your newly reconstructed **breast** as this may impair circulation to your flap. Wear the binder when up and out of bed. It is okay to unvelcro or loosen at night when sleeping, but it needs to be put on before sitting up or getting out of bed.

Inspect the skin flap on your reconstructed breast 2-3 times per day. Some mild bruising is expected. Call immediately if any significant redness, drainage, pale/white or dark discoloration

Do NOT smoke or use tobacco products. It WILL impair your healing and increase your complications.

**Drain Care:**

Empty all drains at least daily, and/or when the bulb gets half full (50mL). Initially you may need to do this several times per day, but it will lessen as your body begins to heal.

Have someone help you with this.

Note how much fluid is in the drain bulb prior to emptying. Record these drain outputs each time (recommend using log sheet provided). Bring recording of daily totals to your follow-up office visit.

To begin, wash your hands with soap and water

Use one hand to hold the tubing tightly near your body (to prevent pulling out the tube). Put a small drop of water or soap on the thumb & index finger of your other hand, pinch the tubing and squeeze the fluid through the tubing toward the bulb.

Open drain bulb cap, record volume, and pour out drainage into a clean measuring cup.

Flush drainage down toilet.

Squeeze the bulb tight and replace the cap to restart suction.

Secure the bulb(s) to clothing, bra, or binder so there is no tugging on the drain tubing.

Anticipate the color to slowly change from a deep red, to a lighter pink/red, and finally a yellowish watery color. It is normal for several large pieces of bloody clot to make their way through the tubing throughout your drain course.

*- If drainage becomes heavy (more than 200mL per drain in one day) or has redness or swelling at the incision or drain site(s), notify your surgeon's office as soon as possible. If one breast suddenly becomes much larger than the other notify your surgeon at once.*

**Activity:**

Make sure you get out of bed and take frequent, short walks around the house. This will help you be less sore, and help prevent blood clots from forming in your legs.

Flex and point your toes (step on the gas) 100 times per day. This muscular pumping action of your calves will also help prevent blood clots from forming in your legs.

No strenuous activity or straining until cleared by your surgeon at follow-up.

Do not lift anything heavier than ~5 pounds for the first 2 weeks (1/2 gallon of milk for reference). Your surgeon will likely progress lifting restrictions to ~10 pounds from 2-4 weeks postop, and ~15 pounds from 4-6 weeks postop.

It is normal to have some abdominal soreness. You may not be able to stand or walk fully upright for a few days to weeks after surgery as you heal. Do not over-do it and stop if you sense pulling or pain. No back bends. You will gradually and slowly return to the upright position.

Avoid activities that may risk injury to your surgical site.

No driving while taking narcotic pain medications.

**Medications:** See Patient Visit Summary for list of medications. Do not take pain medications on an empty stomach as this may increase nausea. Avoid Aspirin and NSAIDs (motrin, advil, ibuprofen, aleve) for the first week after surgery, then okay to start taking.

**Pain medication:** You may be prescribed Percocet or Norco for postoperative pain unless allergic or intolerant.

**Muscle Relaxant:** Valium may be prescribed to help ease tightness in your abdomen.

**Antibiotic:** You will likely have an antibiotic for 1 week after surgery.

If you are taking narcotic pain medications you may experience some constipation. Drink plenty of water and eat plenty of fiber in your diet. Consider a fiber supplement such as Metamucil®, FiberCon®, or Citrucel®. It is okay to take over the counter stool softeners once or twice daily such as Docusate or Colace® found at your local drug store. It is also okay and recommended to take MiraLAX® to help relieve postop constipation for the first 1-2 weeks until you feel regular again. Milk of Magnesia and Magnesium Citrate are additional over the counter items that can help with temporary constipation.

**Follow up:** Your surgeon in 5-10 days. Call office for specific appointment date and time if you do not already have one.

**Office contact number:** 314-501-9100

**Other Instructions:**

**Should you experience any of these symptoms call the office:**

- Fever of 102 degrees Fahrenheit or greater
- Persistent pain, nausea, or vomiting.
- Persistent bleeding.
- Shortness of breath.
- Significant redness or drainage from your incision.
- Significant leg swelling or calf pain
- Any other questions or concerns.

**During business hours (9am – 4:30pm) call:**

Chesterfield Plastic Surgery Office: 314-501-9100

**On nights or weekends call:**

Hospital exchange: 866-830-0636

### **General Postsurgical Instructions**

You may expect to feel dizzy, weak, and drowsy for as long as 24 hours after receiving the medicine that made you sleep (*anesthetic*). The following information pertains to your recovery period for the first 24 hours following surgery.

**Do not** drive a car, ride a bicycle, participate in physical activities, or take public transportation until you are done taking narcotic pain medicines or as directed by your caregiver.

**Do not** drink alcohol or take tranquilizers.

**Do not** take medicine that has not been prescribed by your caregiver.

**Do not** sign important papers or make important decisions while on narcotic pain medicines. Have a responsible person with you.