

DIEP Flap Breast Reconstruction

What to expect and how to prepare

This handout explains what to expect from DIEP flap breast reconstruction, how to prepare for your operation, and how to plan for your recovery.

What is DIEP flap breast surgery?

DIEP stands for *deep inferior epigastric perforator*. In this operation, your surgeon will use a *flap* (skin and fat) from your lower abdomen to rebuild your breast. Your abdominal muscle is only slightly affected.

First, the flap from your abdomen is moved to your breast area. The blood vessels in the flap are then sewn into blood vessels in your chest wall to keep the flap alive. This flap becomes your new breast.

How do I prepare for surgery?

- For 1 week before your operation, do **not** take any aspirin or other products that affect blood clotting. Two of these are ibuprofen (Advil, Motrin) and naproxen (Aleve, Naprosyn). See attached sheet for more information.
- Do not shave any part of your body that you do not already shave every day. If you normally shave near your surgical site, do **not** shave that area for 2 days (48 hours) before your surgery.
- Be prepared to stay in the hospital for 3 to 5 days after your operation.
- When you leave the hospital, you will need someone to help you with meals and your daily activities for 1 to 2 weeks.



You will be recovering in the hospital for 3 to 5 days after your operation.

The Day Before Your Operation

- **Meals:** The day before your operation, eat only light foods that you can digest easily.
- **Take 2 showers:** Take 1 shower the night before, and a 2nd shower the morning of your operation:
 - Use the antibacterial soap your nurse gave you to wash your body.
 - Do **not** use the antibacterial soap on your face and hair. Use your own soap and shampoo on your face and hair.
 - Use clean towels to dry off, and put on clean clothing.
- **Arrival time:** The pre-surgery nurse will call you by 5 p.m. the night before your operation. If you are having surgery on a Monday, the nurse will call you the Friday before. If you do not hear from the pre-surgery nurse by 5 p.m., please call 206.598.6334.

The nurse will tell you when to come to the hospital and will remind you:

- Not to eat or drink after a certain time
- Which of your regular medicines to take or not take
- To sip only enough water to swallow your pills

Day of Surgery

At Home

- Do **not** eat or drink anything. This includes gum and mints.
- Take your 2nd shower using the antibacterial soap.
- Follow the instructions the pre-surgery nurse gave you about what medicines to take or not take. Remember to sip only enough water to swallow your pills.

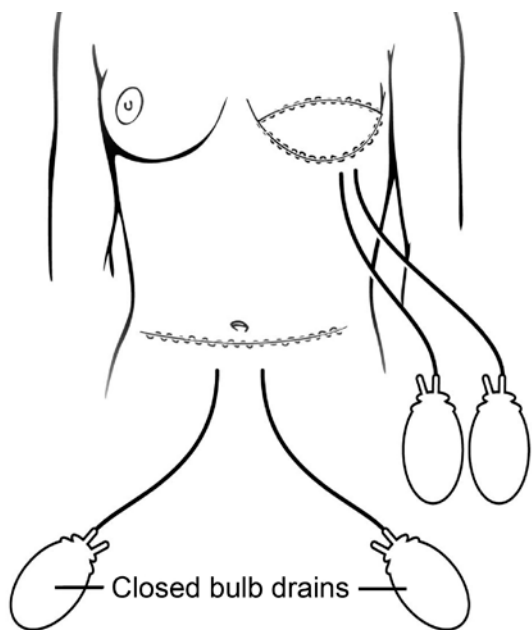
At the Hospital

- You will be covered with a heating blanket to warm your body while you wait to go into the operating room. This helps reduce your risk of infection. Ask for a heating blanket if you do not receive one.

After Your Operation

You will wake up in the recovery room. You will feel sleepy. You will have:

- A thin tube called an **intravenous line** (IV) in your arm. The IV is used to give you medicine for pain and nausea.



DIEP flap breast reconstruction incisions and drains.

- A **catheter tube** inserted into your bladder to drain your urine. This tube is put in place while you are asleep in the operating room.
- **Sequential compression devices** (SCDs) on your legs. You will feel these devices fill with air from time to time. This pressure helps blood move through your leg veins. SCDs help prevent blood clots while you are in bed and not as active as usual.
- Several **closed bulb drains** coming from your incisions (see drawing at left). Please read the handout “Caring for Your Closed Bulb Drain” to learn more about these drains.
- A small wire called a **Doppler wire** in your flap where the blood vessels are attached. This wire helps the nurses watch the blood flow to your flap. The wire will be removed 2 to 3 weeks after your operation, during your 1st or 2nd follow-up visit.

Recovering in the Hospital

You will stay in the hospital for 3 to 5 days after your operation. The first 24 to 48 hours, you will be in the Intensive Care Unit (ICU). When your surgical team sees that the blood flow to your flap is staying strong, they will move you to a bed in a regular care unit in the hospital.

Bed Rest

You will rest in bed the day after your operation. The head of the bed will be slightly raised to lessen the strain on your abdomen. While you rest:

- A warm blanket will be placed over you to help keep your blood moving.
- From time to time, you will feel the SCDs gently squeezing your legs.
- Your nurses will check the blood flow to your flap often in the first 24 hours.

Incisions

All of your incisions will be covered with gauze right after your operation.

- Your **abdominal incision** will be above your pubic hairline. It will go from hip to hip.
- Where your **chest incision** is will depend on the type of mastectomy you had.

Diet

Most patients cannot eat or drink anything by mouth for 24 hours after surgery. You will receive fluids and nutrients through your IV during this time.

Breathing Exercises

Your nurse will help you do breathing and coughing exercises every 1 to 2 hours while you are awake. These exercises will keep your lungs clear and help prevent pneumonia.

Pain Control

You will use a pump called *patient-controlled analgesia* (PCA) to give yourself pain medicine for 1 to 2 days after your operation. You will push a button to get pain medicine through your IV when you need it so that you stay comfortable.

If you need pain medicine after you go home, take the pain medicine your doctor prescribed for you.

Bladder Catheter

You will have a catheter in your bladder for 1 to 2 days. This will allow you to rest in bed. It will also lessen the strain on your abdomen.

Drains

Your nurse will give you a handout called “Caring for Your Closed Bulb Drain.” Please read it carefully and ask your nurse any questions you have.

You will have drains in your abdomen and in the area of your breast reconstruction (see the drawing on page 3). You will go home with them in place.

Before you leave the hospital, your nurse will teach you how to take care of your drains. You will be taught to:

- Strip them every 8 hours so that they do not clog
- Empty them
- Record the amount of drainage that collects

When drainage from your DIEP flap drains is less than 30 cc in 24 hours for 2 days in a row, your drains can be removed. You can wait until your follow-up visit to have this done, or you can schedule a visit with a nurse to have them removed. Call 206.598.1217 to make an appointment with a nurse.

Precautions and Self-care at Home

Breast Support

- Do **not** wear a bra for 3 weeks after your operation. Wear something that is supportive that does not constrict your breasts.
- You may wear a surgical camisole for breast support. These have removable pockets for drains. Regular camisoles and tank tops are OK, too.
- Do not wear an underwire bra until your breast incisions are fully healed.

Abdominal Support

For 3 to 4 weeks after your operation, we advise you to wear either:

- **High-waisted bike shorts** or
- **Compression panties**

These will support your abdomen with light, even pressure. This helps keep fluid from collecting in your abdomen. You can buy the shorts at sporting goods or other stores, and the panties at clothing stores.

Shower

- You may shower with your drains in.
- Do **not** take a bath, sit in a hot tub, or go swimming until:
 - Your drains are removed.
 - Your incisions are fully healed without any scabs, drainage, or incision openings.

Activity Limits

- For 4 weeks after surgery, do **not** lift anything that weighs more than about 5 pounds. (A half-gallon of milk weighs a little over 4 pounds.)
- For 4 to 6 weeks after surgery, do not do any gardening, vacuuming, aerobic activities, or anything else that pulls on your incision.
- Take short walks for exercise and to keep your blood moving.
- For 4 to 6 weeks, while the incision in your abdomen is healing, you will not be able to stand up straight. This can put stress on your back. If you have had back problems in the past, you may want to walk with a cane or other support during this time.

Return to Work

How much time you take off work depends on what you do for a living. Most people take 1 to 2 months off to recover.

Follow-up Visits

1st Follow-up Visit

You will visit your surgeon 2 to 3 weeks after your operation. At this visit:

- Your drains may be removed if drainage has decreased enough.
- We will ask how your pain is and how you are doing at home.
- Your Doppler wire(s) may be removed, if ready.

2nd Follow-up Visit

At your 2nd visit, 5 to 6 weeks after surgery:

- We will remove your remaining drains if drainage has decreased enough.
- We will ask how you are doing at home, what your pain level is, and how much pain medicine you are taking.
- If your Doppler wire was not removed at your 1st follow-up visit, it may be removed at this visit, if ready.

When to Call

Call your nurse or doctor if you have:

- Bleeding or drainage that soaks your dressing
- A fever higher than 100.5°F (38°C)
- Shaking and chills
- Any sign of infection in your incision:
 - Redness
 - Increasing pain
 - Swelling
 - Bad-smelling drainage
 - A change in the type or amount of drainage
- Nausea, vomiting, or both
- Concerns or questions that cannot wait until your follow-up visit

Please see phone number to call in the “Questions” box on this page.

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Weekdays from 8 a.m. to 5 p.m., call the Center for Reconstructive Surgery at 206.598.1217.

After hours and on weekends and holidays, call 206.598.6190 and ask for the resident on call for your surgeon to be paged.