

DIEP Flap CareMap

How to prepare and what to expect after your surgery

Getting Ready for Surgery

Planning

- ☐ Meet with your surgeons and other members of your breast surgery care team. Decide if you will have surgery.
- ☐ Work with the plastic surgery Patient Care Coordinators (PCCs) to set your surgery date.
- ☐ Have CT scan of blood vessels in your abdomen to prepare for flap surgery.
- ☐ You may talk with the Anesthesia or Internal Medicine team to be cleared for surgery
- ☐ Meet with the plastic surgeon or APP (nurse practitioner or physician's assistant) for a pre-operative visit
- ☐ If you use nicotine products, **you must STOP right away.** You **must** not use nicotine products for at least 6 weeks before and 6 weeks after your surgery.

2 Weeks Before Surgery

- ☐ If you are taking certain medications (Tamoxifen, Verzenio, etc.), we will ask you to stop these

7 Days Before Surgery

- ☐ Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen, naproxen, aspirin.

1-3 Days Before Surgery

- ☐ We will call you to give you your arrival time
- ☐ Stop anti-coagulation medications

Night Before Surgery

- ☐ Shower with antibacterial soap
- ☐ Do **NOT** eat anything after midnight
- ☐ You may drink clear liquids up until 2 hours before your arrival time



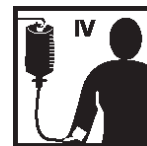
Before you leave home:

- ☐ Take another shower with antibacterial soap

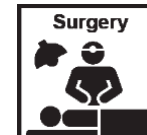


At the hospital:

- ☐ Check in at Surgery Registration no later than your assigned arrival time
- ☐ A nurse will call you to come to the Pre-Op area
- ☐ You may have one person with you
- ☐ An IV tube will be placed in your arm to give you fluids and antibiotics
- ☐ An anesthesiologist will talk with you about anesthesia you will receive during surgery
- ☐ Meet with a member of the Surgical team to ask any questions and sign the surgery consent form
- ☐ Meet with pre-op and operating room (OR) nurses to review questions about your health
- ☐ You will be given a heating blanket to keep you warm
- ☐ Stickers with wires (leads) will be placed on your chest to monitor your heart during surgery
- ☐ The Anesthesiology team will take you to the operating room



Surgery Day

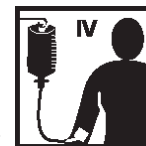


After surgery, you will:

- ☐ Wake up in the intensive care unit (ICU)
- ☐ We will give your contact person an update

You will have:

- ☐ An IV in your arm to give you fluids and antibiotics
- ☐ Compression devices on your legs to prevent blood clots
- ☐ A Foley catheter in your bladder to remove urine



Your nurse will:

- ☐ Make sure your pain is in control
- ☐ Check your flaps (reconstructed breast) every hour
- ☐ Teach you how to use your incentive spirometer. Do this 10 times each hour every day while you are in the hospital.

Day 1: Intensive Care Unit**Day 2: Plastic Surgery Unit****Discharge (Day 3)****Medicines and Treatments**

- ☐ Nurses will check circulation to your flaps every hour via doppler wires
- ☐ Nurses will carefully watch your vital signs
- ☐ Pain controlled by: _____
 - Local numbing medication (used during surgery)
 - Opioid pain medicine
 - Acetaminophen (Tylenol) and NSAIDs
- ☐ Take laxatives to help you have bowel movements
- ☐ Compression devices will be on your legs to prevent blood clots

**Diet**

- ☐ If your flaps remain stable overnight, you will start drinking clear fluids this morning

**Activity**

- ☐ Meet with occupational therapist (OT) to:
 - Learn about range of motion and activity precautions for activities of daily living (ADLs) and mobility.
 - Learn how to roll to your side to get in and out of bed
 - Meet the goal of sitting up in a chair and walking as able throughout the day with help from the staff.



- ☐ For **4 weeks** after surgery, **DO**:

- Move your arm(s) very gently
- Avoid repetitive motions

DO NOT: _____

- Lift your affected arm(s) above shoulder height (90 degrees) in front of you and out to the side
- Reach behind your back, other than for using the toilet
- Lift anything that weighs more than 8 pounds (about a gallon of water)
- Aerobic exercise that makes you breathe hard or your heart beat faster
- Push or pull on anything

Drains and Catheters

- ☐ Your drains will be emptied 2 times a day and the amount of drainage will be recorded
- ☐ Foley catheter in place until you can get to the commode or bathroom

Medicines and Treatments

- ☐ Nurses will check the circulation to your flaps every 2 hours

Diet

- ☐ If you are stable, start eating a normal diet
- ☐ Your IV will be removed if you can drink enough fluids by mouth

Activity

- ☐ Aim to get out of bed to sit in a chair, walk to the bathroom, and walk in the hallway with help as needed from staff
- ☐ Shower with assistance
- ☐ Day 2 or 3: Practice stairs with OT, if needed.

Drains and Catheters

- ☐ Foley catheter will be removed by now

Medicines and Treatments

- ☐ Nurses will check the circulation to your flaps every 4 hours

- ☐ Nurses will make sure you know how to manage your dressings and drains

Diet

- ☐ Normal diet

**Activity**

- ☐ Aim to get out of bed to sit in a chair, walk to bathroom, and walk in hallway with help as needed from staff
- ☐ You may be ready to leave the hospital if:
 - You can get out of bed by yourself and move around
 - You can care for your drains

- Your pain is under control with acetaminophen, ibuprofen, and opioid pain medicine
- Incisions and flaps remain stable

| After Discharge: Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | Week 6 |
|---|--|--------|--|---|--|
| Medicines <input type="checkbox"/> Pain controlled by: – Opioid pain medicine – Acetaminophen and NSAIDs <input type="checkbox"/> Start to decrease (taper) your opioid dose as you can, taking acetaminophen or NSAIDs instead <input type="checkbox"/> Keep taking laxatives every day until you have stopped taking opioids | Medicines <input type="checkbox"/> Start taking certain medications (tamoxifen) again | | | | |
| Diet <input type="checkbox"/> Normal diet | | | | | |
| Activity <input type="checkbox"/> Shower every day <input type="checkbox"/> Take short walks often <input type="checkbox"/> Aim to be out of bed most of the day <input type="checkbox"/> For 4 weeks after surgery, DO: – Move your arm(s) very gently DO NOT: – Lift your affected arm(s) above shoulder height (90 degrees) in front of you and out to the side – Reach behind your back, except when using the toilet – Lift anything that weighs more than 8 pounds (about a gallon of water) – Aerobic exercise that makes you breathe hard or your heart beat faster – Push or pull on anything | Activity <input type="checkbox"/> Take daily walks. Slowly increase how far you walk. | | | | |
| Follow-up <input type="checkbox"/> Visit with breast cancer surgeon 1 to 2 weeks after surgery if reconstruction was done at the same time as your mastectomy: – Review pathology report – Drains will be removed when drainage is less than 30 ml in 24 hours for 2 days in a row – If needed, talk about more medical or radiation treatments | Follow-up <input type="checkbox"/> Visit with plastic surgeon or APP 2 weeks after surgery: – Check incisions – Drains removed if drainage less than 30 ml in 24 hours for 2 days in a row – Remove Doppler wires | | <input type="checkbox"/> You may drive if you have stopped taking opioids and you feel comfortable sitting behind the steering wheel | <input type="checkbox"/> Start to use your arm(s) more fully and drop lifting limits Follow-up <input type="checkbox"/> You may start physical therapy and massage | <input type="checkbox"/> Resume normal activities. It may take a few weeks to build back tolerance and for fatigue to improve. Follow-up <input type="checkbox"/> Visit with plastic surgeon 6 to 7 weeks after surgery: – Talk about revisions, if needed |

