



## Preparing for your Surgery

At this point you have probably decided on the type of procedure you are having and your surgery is now scheduled. There are some important things you need to know and do prior to, and after, your surgery. These tips will help you prepare for your surgery and will give you some general guidelines for recovery. If you have any questions about *any* medications, vitamins or lotions you are using please talk to your doctor or nurse.

We do ask that patients coming from out-of-state arrive *at least 24 hours* before their scheduled surgery. Patients that have been immobile during a flight or very long drive are at increased risk of suffering a blood clot after surgery. This increased risk is reduced if at least 24 hours have passed since the trip. We care about your health and want you to have the best recovery possible.

Smokers should quit smoking altogether prior to surgery. To decrease the risk of complications, smoking should be stopped at least six weeks prior to surgery, and for at least six weeks after surgery (including exposure to second hand smoke). Cigarette smoke contains toxins which decrease blood flow after surgery, impair healing, and increase the risk of complications. Nicotine testing begins 6 weeks prior to surgery and is performed every other week until surgery is performed. **A positive result will delay your surgery until further testing reveals you have remained nicotine-free for at least 6 weeks.**

### ***Two to Three Weeks before your Surgery:***

- Do not take aspirin or medications containing aspirin. Aspirin interferes with normal blood clotting and aspirin used prior to surgery can lead to bleeding complications. If you have pain of any kind prior to surgery use Tylenol.
- Do not take any over the counter vitamins or supplements. Do not stop prescription medications without reviewing with your nurse.
- Your nurse will provide you with a list of medications that work like aspirin or that contain aspirin. If you are in doubt about whether a medication may be taken prior to surgery, please do not hesitate to call your nurse.
- Discontinue alcohol.
- Report any signs of cold, fever, infection, sore throat, boils or other infections that appear two weeks prior to surgery.
- Have your prescription for pain medication and/or antibiotics filled before surgery. You will need to have these medications available as you will need to begin taking them when you are back home after surgery.

***Arrange for someone to drive you home after your surgical procedure and/or hospital stay.***



### ***The Night Before Surgery:***

- Shower with antiseptic soap (4% chlorhexidine, Hibiclens). Give special attention to the breasts, chest, abdomen, and underarm areas.
- Do not use any powder or deodorant in the underarm areas after bathing and avoid all lotions and perfume.
- Do not eat solid foods or drink any fluids after midnight prior to the day of surgery. You may be allowed to take routine prescription medications with a sip of water on the day of your surgery. Your doctor or practice nurse will instruct you in this regard.

### ***The Day of Surgery:***

- Shower again with antibacterial soap.
- Do not eat solid foods, drink any fluids or take any medications, unless instructed by your nurse.
- Do not take any new or non-prescribed medications that your doctor or nurse is not aware of.
- Wear comfortable, loose fitting clothes, which do not have to be put on over your head. Please do not wear leggings, jeans or tights. The hospital will provide you with the post-surgical bra and abdominal binder.
- Arrive at the hospital at least two (2) hours before the scheduled procedure. This time is needed to complete necessary forms and to perform blood work or additional tests ordered by your doctor. Make sure that the nursing staff at the hospital or surgical facility has a family member or friend's name, home and/or work phone number, mobile phone number or pager number.
- Have prearranged plans for someone to drive you home from the hospital following your hospital stay. If you have any questions please call our main office number at (210) 692-1181 or toll free at (800) 692-5565. If you have a medical emergency after hours, please call our main number to have the on-call surgeon paged.

### ***After Your Surgery***

- Continue to increase activity. We recommend walking at least 5 times per day for a minimum of 15 minutes each time.
- Drink plenty of fluids. Avoid liquids with alcohol for 3 weeks. It is very important to stay very well hydrated to avoid sudden drops in blood pressure.
- You may eat a regular diet as tolerated. We recommend foods high in fiber and protein.
- You may be required to take antibiotics when you get home from the hospital. Your doctor will instruct you if this will be necessary. Some pain medications may cause constipation. You should have an over the counter stool softener (Colace) available at home. Take this regularly to prevent constipation rather than waiting to become constipated before starting it.



- Swelling and bruising around the incisions is normal and will subside with time. There may be a loss of sensation over the breast skin. If this occurs, it usually will improve with time but the loss of sensation may be permanent. The area of skin corresponding to the tissue transferred from the donor site may not have sensation in the immediate postoperative period.
- Take your medications as prescribed. It is very important to follow the medication protocol provided to you by your nurse.
- Clean your incisions with regular soap and water. Do not continue to shower with Hibiclens. Please shower every day, but avoid bathing or hot tubs until all incisions are healed. No ointments or lotions should be used on the incisions until instructed by the physician or practice nurse.
- **Do not smoke after surgery.**
- Wear the surgical bra 24/7 after surgery, except when showering. The bra will be provided to you by the hospital. This will help give the reconstructed breast support and it will help with breast shaping.
- Wear the abdominal binder for 24/7. The binder will be provided to you from the hospital. This garment will give you abdominal support and will help reduce swelling in the abdominal area. After all of your drains have been removed, you will switch to an abdominal girdle instead of the surgical binder for a period of time determined by your practice nurse.
- Both garments may be machine washed occasionally. Please air dry to prevent the garments from shrinking.
- We recommend you wear a t-shirt underneath your surgical garments. This will help protect your incisions from the seams of the garments. You will change the t-shirt every day so there is always something clean against your skin. This will decrease the need to wash the surgical garments.
- Please check with the practice nurse prior to changing into a regular bra or girdle. She will be able to help with suggestions (regarding different brands and places to shop).

***Call the Office if You Have Any of the Following:***

- Severe pain not responding to pain medication.
- A change in skin color of the reconstructed breast. This may include severe bruising and/or a bluish discoloration.
- Severe swelling of the reconstructed breast or abdominal areas.
- *The reconstructed breast suddenly turns very cold.*
- Signs of infection from the incision sites including redness, drainage and/or fever.

**If you are concerned about anything or have any questions, please call the office immediately.**



### **Activity Suggestions**

- Do not lift anything greater than 10 pounds. Avoid overhead lifting for approximately three (3) weeks. You may begin upper extremity exercises two (2) weeks after surgery. Your nurse will give you the go-ahead for these exercises.
- Do not drive a car until instructed by your physician or nurse (typically 3-4 weeks).
- Do not sleep on your stomach or side for 4–6 weeks.
- Do not sit in the sun or heat for 3–4 weeks. This could cause excessive swelling and firmness.
- Do not perform repetitive motions including vacuuming, sweeping, mopping, dusting, ironing, doing dishes or laundry.

*Recovery is usually 4-6 weeks, but varies depending on procedure. Your doctor and the practice nurse will help you decide on the timing for your return to work.*

### **What to Expect After Your Surgery**

- Discomfort to surgical sites: This may include soreness around the incision, a feeling of tightness, occasional shooting or sharp pains. All of these symptoms will subside over a one to two month period following surgery.
- Firmness of the reconstructed breast: This will gradually subside. The reconstructed breast will become softer and will settle in the 2–3 month period after surgery.
- Stiffness or Soreness: You will experience stiffness and/or soreness in the upper extremity of the side of the mastectomy and reconstruction. This will gradually subside once you begin your range of motion exercises and upper extremity strengthening program. Your physician or practice nurse will advise you when to begin this program.
- Fatigue: You may find that as a typical day progresses that you will get tired in the afternoon.
- Depression: You may experience periods of feeling “down” or “blue”. Some patients may develop signs and symptoms of clinical depression (these feelings, if they do occur, may not develop until two to four weeks after your surgery). Do not hesitate to discuss these feelings with your doctor and/or the practice nurse. It is normal to have a period of feeling down in the wake of breast cancer surgery and breast reconstruction.
- Drains: You will be discharged from the hospital with a drain, the drainage may initially decrease and then increase as your activity level increases. Almost always this brief rebound in the amount of drainage will be followed by a decrease. The chest wall/breast drain on average, is in place for 10-14 days, sometimes longer. The abdominal drain on average, remains in place for 2-4 weeks, sometimes longer. In general, the drains will be removed when each drain's output is less than 30cc in a 24 hour period for at least 2 consecutive days. The drain may stay in until you see your practice nurse. The practice nurse will provide instructions on care of the surgical drains.



### **Follow-up**

- The first office visit will be 10–14 days after the date of your surgery with the practice nurse. This appointment will be made at the time of your preoperative appointment. Some sutures will be removed at this time. Some drains will be removed. It is very important to remember to bring your drain output sheet for the practice nurse to review.
- You will see the practice nurse 2–3 times post-operatively prior to seeing your physician.
- Your doctor will direct long-term follow-up visits. Revisions of the reconstructed breast, nipple reconstruction and/or micro-pigmentation of the nipple-areola will all be performed between 3–6 months after your initial breast reconstruction. These procedures are performed in an outpatient surgical facility or in our office using local anesthesia.