

WESTCOUNTRY

Patient Information for :

PEDICLED TRAM (*Transverse Rectus Abdominis Myocutaneous Flap*) **BREAST RECONSTRUCTION**



Dr. Terence Myckatyn &
Dr. Marissa Tenenbaum

Surgery Scheduling Secretary/Dr. Tenenbaum – Carol – 314-996-3040
Surgery Scheduling Secretary/Dr. Myckatyn – Michelle – 314-996-3028
Plastic and Reconstructive Surgery Nursing Staff – 314-996-3201
Marilyn Bennett and Patty McCune

OR DAY/TIME: _____ PLACE: _____ ARRIVAL TIME: _____

During office hours, questions can be answered by our office staff at 314-996-8800. During off hours, please call Barnes hospital at 314-362-5000 and ask for the “Plastic Surgery Resident on call.”

Please note that our website (www.westcountyplasticsurgeons.wustl.edu) has detailed descriptions of most procedures. This form is available from our website by navigating to: Patient Resources > Patient Forms.

BEFORE SURGERY

AS LONG AS POSSIBLE BEFORE SURGERY:

1. **Smoking affects healing.** Please **stop smoking or ANY nicotine products for as long as possible before and after surgery.** If needed, we can prescribe Chantix to help you quit.

TWO WEEKS BEFORE SURGERY:

1. Some medications can interfere with anesthesia and cause undesirable side effects that could affect your surgery. Please read over the enclosed **“Medication and Supplement Alert List”** and let us know if you take any of them. You should refrain from using Aspirin for 2 weeks prior to surgery. Tylenol is a good medicine to take for any aches or pains you may have prior to your surgery.
2. If you develop a cold, facial sore, or any other illness prior to surgery, please notify us.

EVENING BEFORE SURGERY:

1. Have some jello and/or soup available for after surgery. Stock the freezer and cupboards with easy meals so you don’t have to cook or shop for a week.
2. Get a good night’s rest.

DAY OF SURGERY

Arrive at the Hospital at: _____

1. Do not eat or drink anything starting the midnight before surgery. **DO NOT SMOKE.**
2. Do not wear contact lenses, wigs, hairpins, hairpieces or jewelry. Dress in old, loose, comfortable clothes. Do not wear pullover tops or pantyhose. Remove all body piercing jewelry from all locations. Wear slip-on shoes.
3. Have someone drive you to your surgery and make certain someone will be available to take you home and stay with you for 24 hours. Put a pillow and blanket in the car for the trip home.

AFTER SURGERY

HOSPITAL CARE AFTER SURGERY:

1. **Diet.** You will only be allowed to consume ice chips and small amounts of clear liquids for the first 24 hours after your surgery. This is because your abdomen will be tender and we want to minimize your risk of vomiting which can be uncomfortable. Your diet will be slowly advanced on the second postoperative day with more clear fluids and then light foods. Please be sure to consume a diet rich in protein once you are discharged home after surgery. This will encourage wound healing and may reduce your risk of post-operative seromas (collections of fluid that your drain tubes otherwise have to deal with).
2. **Blood Clot Prevention.** To reduce the risk of blood clots after surgery you will be treated with a drug called *Lovanox*. This drug, also known as *low molecular weight heparin* is injected under the skin of the abdomen daily for about 5 days after surgery. You will also have specialized stockings on your lower legs that intermittently massage your ankles. These also reduce the risks of blood clots.
3. **Improving Circulation in Your Reconstruction.** To improve blood flow to your reconstruction, you will specifically NOT WEAR any restrictive garments like bras, abdominal binders, or girdles for at least several days after your surgery. We will advise you on when it is safe to start wearing anything other than very loose clothing.

A *warm environment* can help dilate blood vessels and improve circulation to your reconstruction. Your *hospital room will be kept quite warm after surgery*. Additional warming pads or blankets may be kept near your reconstruction as well to help warm it and improve circulation.

The nursing staff will carefully monitor circulation to your reconstruction every few hours. They will check if the reconstruction is warm, and if it “pinks up” when it is touched.

4. **Pain Control after Surgery.** You will be provided with a PCA after surgery. This means that you can hit a button and a monitored and safe amount of pain medicine will be given to you intravenously. As your pain improves you can take oral pain medicine.

5. **Preventing Infections after Surgery.** A limited course of antibiotics are typically prescribed after surgery. The type of antibiotic depends on several factors including which allergies you have.
6. **Preventing Fevers after Surgery.** Deep breathing helps keep your lungs inflated and prevent fevers after surgery. When flap tissue is taken from your abdomen, post-operative pain can make it hard to take deep breaths but it is important to do it anyway. To help coach you to take big breaths you will be provided with an *incentive spirometer*. This device has a mouthpiece attached to a hose that you take big breaths into. It shows you how big a breath you are taking and provides you with direct visual feedback to see how you are doing and to motivate and remind you to continue to take big breaths.
7. **Blood Transfusions after Surgery.** On occasion, blood transfusions are required to restore your blood counts following pedicled TRAM flap breast reconstruction surgery. The decision to transfuse you is made when the risk of a blood transfusion (allergic reaction, or the very low risk of transmission of an infection) is outweighed by the risks of having a blood count that is too low (stress on the heart, kidneys, and brain).
8. **Drains** are used to draw off any accumulating fluid after surgery. The bulb should be kept collapsed at all times. There will be two drains in the abdomen and one or two drains per reconstructed breast. The fluid will need to be removed when the drain is no longer collapsed. Please keep a record of *when* and *how much* fluid is emptied from the bulb in *milliliters*. Record the output from each drain separately. Bring this record with you to each office appointment while you still have drains. Usually, drains are removed when they make less than 30 cc within a 24 hour period. On average, they will stay in for 2-3 weeks.

Drains may be cumbersome. To avoid having them dangle or tug you may wish to purchase a “fanny pack” that is worn round the waist and can function as a receptacle for your drains or a belt to which you can safety pin your drains.
9. **Wound Glue.** The wounds have been sealed with Dermabond. No wound care except cleaning is required. Do not use ointment over Dermabond glue as it will dissolve the glue.
10. **Showering.** You may shower as soon as you are discharged home. The incisions can get soapy and wet, but avoid soaking them or applying full showerhead pressure to them.
11. **Bras.** Your surgeon will inform you once its okay to wear a surgical bra. Please avoid wearing underwire bras until approved by your surgeon or one of our office clinical staff.
12. **Arm activity.** Do not put any pressure on or immediately below your breast reconstruction as this may compromise its blood flow. Once you are instructed by your surgeon you may begin gentle range of motion exercises with your arm on the side of your reconstruction. This can include making small and then progressively larger circles by rotating your arm at the shoulder or by walking your hand up and down a wall with your elbow straight and only moving your shoulder joint.
13. **Abdominal binder.** You may be given an abdominal binder to take pressure off of your abdomen just prior to discharge from the hospital, after blood flow to your TRAM is clearly established. We will request that you wear the binder frequently for at least 6 week to take pressure off of your abdomen.

OTHER POST-OPERATIVE INSTRUCTIONS

1. You may gradually resume normal daily activities once you are discharged home, being careful to avoid any activity that causes pain or discomfort. Strenuous or sexual activities and exercises are to be avoided for 4 to 6 weeks – your doctor will guide you on when to advance your activity. If it hurts, back off. Start slow and progress as tolerated.
2. Driving may be resumed when a sharp turn of the steering wheel will not cause pain and when you are off regular narcotic pain medicine.
3. Bruising and swelling are normal. This will disappear with time.
4. Unusual sensations like numbness, sharpness, and burning are common during the healing process. These sensations may last several weeks to months and will gradually disappear.
5. If you have any questions, sudden onset of extreme pain, fever, or redness, or a new wound, please call Dr. Myckatyn or Dr. Tenenbaum's office at **314-362-4263** or **314-996-8800**.

RETURNING TO WORK:

1. Working from home : 4 weeks
2. Desk job : 4 to 6 weeks
3. Up on your feet a lot : 6 to 8 weeks
4. Manual labor : 8 to 10 weeks

GENERAL INFORMATION:

1. Strenuous activity/heavy lifting of objects greater than 10 lbs should be avoided for 6 weeks.
2. All incisions will be extremely sensitive to sunlight for one year. Direct sun contact is to be avoided and use a sunscreen with SPF 30 or greater for the first 6 months and at least SPF 15 for the next 6 months. Excellent sunscreen options are offered through our various skin care lines.
3. Please take all medication carefully and as directed.
4. If you have nausea, vomiting, rash, shortness of breath, or diarrhea after taking your medications, please call the office.
5. If you develop a fever (oral temperature greater than 101), redness or increased pain at the surgical incisions, please call us immediately.
6. **Remember that breast reconstruction is staged. Your result following this procedure will not be perfectly symmetric. Usually, other procedures can be performed to alter your reconstructed breast, more closely match the healthy breast, and reconstruct the nipple and areola.**

FOLLOW-UP (return visits):

Follow-up after surgery varies based on the extent of the procedure, any pre-existing health conditions you may have, how far away you live, and in the unusual event where there is a complication.

For many patients follow-up includes :

- a) Follow-up with registered nurse or physician's assistant at 1 week and to address any minor questions or concerns
- b) physician follow-ups at 3 weeks, 6 weeks, 3 and 6 months and to address any concerns

PRESCRIPTIONS:

You will be provided with prescriptions for medicines upon discharge from the hospital. Usually this will include Lovanox for at least 5 days to prevent blood clots, pain medicine and an antibiotic.

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