## Getting Ready for Surgery

### Planning
- Meet with your surgeons and other members of your care team
- Make decision to have surgery
- Work with plastic surgery and breast surgery Patient Care Coordinators (PCCs) to set surgery date
- Have CT scan of blood vessels in your abdomen to prepare for flap surgery
- Talk with Anesthesia or Internal Medicine team to get cleared for surgery (may be in person or by phone)
- Meet with plastic surgeon or physician assistant to update paperwork, if needed
- If you smoke, you must STOP right away, and at least 4 weeks before your surgery

### 2 Weeks Before Surgery
- Stop taking Tamoxifen (you may resume taking this drug 2 weeks after discharge)

### 7 Days Before Surgery
- Stop taking medicines that may cause bleeding during surgery: aspirin, ibuprofen, Celebrex, and others

### Day Before Surgery
- Receive a call from a nurse with your arrival time
- Shower with the antibacterial soap that you were told to use

### Night Before Surgery
- Do not eat or drink anything after midnight

### Before you leave home:
- Take another shower with the antibacterial soap that you were told to use

### At the hospital:
- Check in at Surgery Registration (Surgery Pavilion, 2nd floor) no later than your assigned arrival time
- A nurse will call you to come to the Pre-Op area
- An IV tube will be placed in your arm to give you fluids and antibiotics
- An anesthesiologist will talk with you about the anesthesia you will receive during surgery
- Receive pain medicines (acetaminophen and gabapentin)
- Meet with a member of the surgical team to ask any questions and/or 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

### Before you leave home:
- Take another shower with the antibacterial soap that you were told to use

### At the hospital:
- Check in at Surgery Registration (Surgery Pavilion, 2nd floor) no later than your assigned arrival time
- A nurse will call you to come to the Pre-Op area
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### After surgery, you will:
- Wake up in the intensive care unit (ICU)

### You will have:
- An IV in your arm to give you fluids and antibiotics
- Compression devices on your legs to help with blood flow
- A Foley catheter in your bladder to remove urine

### Your nurse will:
- Teach you how to use your incentive spirometer – do this 10 times each hour every day while you are in the hospital
- Make sure your pain is in control
- Check your flaps often
<table>
<thead>
<tr>
<th>Medicines and Treatment</th>
<th>Day 2: Plastic Surgery Unit</th>
<th>Day 3 or 4: Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1: Intensive Care Unit</td>
<td>Day 2: Plastic Surgery Unit</td>
<td>Discharge (Day 3 or 4)</td>
</tr>
<tr>
<td>Nurses will check the circulation to your flaps every hour</td>
<td>Nurses will check blood flow to your flaps every 2 hours</td>
<td>Nurses will check blood flow to your flaps every 4 hours</td>
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<tr>
<td>Nurses will carefully watch your vital signs</td>
<td></td>
<td></td>
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<tr>
<td>Pain controlled by:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Local anesthetic block (placed during surgery)</td>
<td></td>
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<tr>
<td>- Opioid pain medicine</td>
<td></td>
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<tr>
<td>- Acetaminophen (Tylenol) and ketorolac (Toradol)</td>
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<tr>
<td>Take stool softeners to help you have bowel movements</td>
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<td></td>
</tr>
<tr>
<td>Day 2: Plastic Surgery Unit</td>
<td></td>
<td>Discharge (Day 3 or 4)</td>
</tr>
<tr>
<td>Diet</td>
<td></td>
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<tr>
<td>If your flaps remain stable overnight, start drinking clear fluids this morning</td>
<td>If your flaps are stable, start eating a normal diet</td>
<td>Normal diet</td>
</tr>
<tr>
<td>Clear Liquids</td>
<td></td>
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<tr>
<td>Activity</td>
<td></td>
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<tr>
<td>Spend the morning sitting up in bed</td>
<td>Aim to get out of bed to sit in a chair, walk to the bathroom, and walk in the hallway with PT or OT</td>
<td>Get out of bed to sit in a chair, walk to the bathroom, and walk in the hallway with the PT or nurse at least 4 times a day</td>
</tr>
<tr>
<td>Meet with physical therapist (PT) or occupational therapist (OT) to:</td>
<td>Meet with social worker to talk about home healthcare or a skilled nursing facility, if needed</td>
<td>Practice stairs with PT, if needed</td>
</tr>
<tr>
<td>- Learn how to roll to one side to get in and out of bed</td>
<td>Training with OT on how to:</td>
<td>Nurses may help you take a shower</td>
</tr>
<tr>
<td>- Have help meeting the goal of sitting up in a chair by the end of the day</td>
<td>- Shower safely</td>
<td></td>
</tr>
<tr>
<td>For 4 weeks after surgery, do NOT:</td>
<td>- Do activities of daily living (ADLs)</td>
<td>You may be ready to leave the hospital if:</td>
</tr>
<tr>
<td>- Lift your affected arm(s) to the side more than 45 degrees (elbows no higher than your ribs)</td>
<td>- Change your bandages (dressing)</td>
<td>- You can get out of bed by yourself</td>
</tr>
<tr>
<td>- Lift your affected arm(s) to the front above shoulder level</td>
<td></td>
<td>- Your pain is under control, and you are able to get up and around OK</td>
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<tr>
<td>- Reach behind your back</td>
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<tr>
<td>- Lift anything that weighs more than 10 pounds (a gallon of water weighs a little over 8 pounds)</td>
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<tr>
<td>- Do exercise that makes you breathe hard or your heart beat faster</td>
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<tr>
<td>- Push or pull on anything</td>
<td></td>
<td></td>
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<tr>
<td>Do:</td>
<td></td>
<td></td>
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<tr>
<td>- Move your arm(s) very gently</td>
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<td></td>
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<tr>
<td>- Think “T-rex arms”</td>
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<tr>
<td>Drains and Catheters</td>
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<tr>
<td>Your drains will be emptied 2 times a day and the amount of drainage will be recorded</td>
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<tr>
<td>Drains may be removed once amount of drainage is less than 30 ml in 24 hours for 2 days in a row</td>
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<tr>
<td>Foley catheter in place until you can get to the commode or bathroom</td>
<td>Foley catheter removed by now</td>
<td></td>
</tr>
</tbody>
</table>
### After Discharge: Week 1

**Medicines and Treatments**
- Pain controlled by:
  - Opioid pain medicine
  - Acetaminophen and ibuprofen
- Start to decrease your opioid dose as you can, taking acetaminophen or ibuprofen instead
- Keep taking stool softeners every day until you have stopped taking opioids

**Start taking Tamoxifen again**

**Keep decreasing opioid dose, taking acetaminophen or ibuprofen instead**

**Diet**

- Normal diet

**Activity**

- You may shower
- Take short walks
- Aim to be out of bed most of the day

**For 4 weeks after surgery, do NOT:**
- Lift your affected arm(s) to the side more than 45 degrees (elbows no higher than your ribs)
- Lift your affected arm(s) to the front above shoulder level
- Reach behind your back
- Lift anything that weighs more than 10 pounds (a gallon of water weighs a little over 8 pounds)
- Do exercise that makes you breathe hard or your heart beat faster
- Push or pull on anything
  
  **Do:**
  - Move your arm(s) very gently
  - Think “T-rex arms”

**Start to use your arm(s) more fully and drop lifting limits**

**When your plastic surgeon says it is OK, resume normal activities with no restrictions**

### Appointments

- Follow-up 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 removed if drainage less than 30 ml in 24 hours for 2 days in a row
  - If needed, talk about more medical or radiation treatments

- Follow-up visit with plastic surgeon 2 to 3 weeks after surgery:
  - Check incisions for healing
  - Drains removed if drainage less than 30 ml in 24 hours for 2 days in a row

- You may start physical therapy and massage