

腹壁下深穿支皮瓣（DIEP）重建乳房术术后的日常生活

本讲义提供“腹壁下深穿支皮瓣（简称 DIEP）”重建乳房术之后要遵循的指南。请遵循这些指南来保护您的皮瓣和切口并帮助您恢复。



DIEP 重建乳房术的类型

DIEP 重建乳房术分为 *单侧*（1 侧乳房）或 *双侧*（双侧乳房）两种。

请务必遵照以下其中一种的注意事项：

- 单侧*（1 个乳房）
- 双侧*（双侧乳房）

如不确定接受了哪种手术，请让护理团队在上面的正确框内打勾。

腹壁下深穿支皮瓣重建乳房术（DIEP）术后皮瓣部位的护理

术后 4 周内，或在护理团队另行通知之前，请遵循这些注意事项。如做的是单侧手术，请在手术侧的手臂上遵循这些注意事项。如进行的是*双侧手术*，请按照以下对双臂护理的注意事项。

- 请勿提、推或拉任何超过 8 磅重的物件（一加仑牛奶重近 9 磅）。
- 请勿将手臂向前伸而超过肩高（手臂与身体超过 90 度）或将手臂摆向侧面。
- 除非上厕所，否则请勿将手伸到身体后面。（请读第 3 页）
- 请勿做任何会提高心率的有氧运动。请勿做重复的手臂动作，例如家务（吸尘、洗碗和洗衣）。
- 请勿穿会压迫乳房的衣服。
- 避免用力、屏住呼吸和出力的动作。

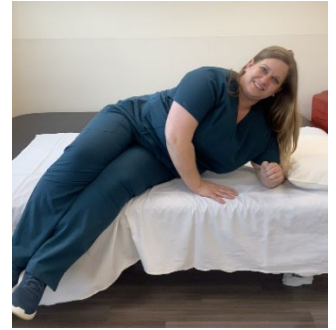
动作的提示

从床、椅子和厕所站起来：

- 请勿用手术侧的手臂从扶手上推身站立。应当先将身体前倾，顺势站起来。如需要帮助才能站起来，护理人员应该从臀部抱起而不要用患者的手臂将患者拉起。
- 从低、深或柔软的坐垫（例如柔软的躺椅或沙发）站起来会很困难。尝试坐在较坚固、更高的座椅上，如此站起来的动作将较容易。
- 如果马桶坐太低，*职业治疗师*（OT）可能会建议在家中使用加高的马桶座圈。

上床:

1. 在床头三分之一的部份坐下。尽量坐在离床边较远的地方。不要用手臂向后滑行或推动自己。
2. 侧躺、不要试图用手臂支撑自己。
3. 保持侧卧姿势并保持膝盖弯曲，同时将双腿抬到床上。
4. 转身至仰卧位置时将臀部及膝盖并拢。

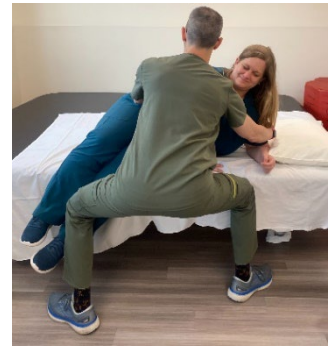


单侧: 仅用非手术手臂将自己向上推。

起床:

膝盖弯曲，翻滚至侧卧位置。

- 如是**单侧手术**: 请仅使用非手术侧的手臂辅助向上推。有关示例, 请参阅右边的照片。
- 如是**双侧手术**: 勿用手臂向上推。护理人员应该先将他们的一个手臂滑伸到患者肩膀后面, 并在患者双腿从床上向床边移动时帮助患者坐起来。请参阅右边的照片。



双侧: 不要把自己推高。您将需要看护人的帮助。

穿衣

有纽扣的衬衫及夹克:

- 如是**单侧手术**: 先穿入手术侧的手臂。然后用非手术侧手臂将衬衫绕在背上, 并将非手术的手臂穿入。
- 如是**双侧手术**: 先将一只手臂穿袖子里。再请护理人员将衬衫绕在背上, 并协助将另一只手臂穿入。
- 另一种选择是先扣上衬衫最低的 3 个纽扣。然后像穿 T 恤一样把它套在头上 (见下面的说明)。



套头 T 恤及背心：

- **如是单侧手术：**先将衬衫放在面前，将手术侧手臂穿入袖子。然后用非手术手臂将衬衫拉过头顶并从后面拉下来。切勿用手术侧的手臂伸到背后拉下衬衫。
- **如是双侧手术：**先将衬衫放在面前、将手臂伸进袖子里。然后将衬衫的背面收拢起来，把它推到头上。避免将肘部抬高至与身体超过 90 度以上（90 度代表与肩部齐平）。切勿将手伸到背后拉下衬衫。（有关示例，请参见第 2 页底部的照片）。

外裤及内裤：

- 可以将内裤及外裤拉到引流管插入部位。确保导管没有扭结或弯曲。
- 仅从前面和侧面拉起外裤和内裤。切勿将手伸到背后。可能需要请人帮助才能将裤子从后面拉起，尤其是穿紧身裤时。
- 为了舒适起见，可能需要穿压缩短裤或紧身裤。这些也可以盖过引流管。如它们难以拉起，就可能需要请人帮助。

鞋袜：

- 为避免跌倒，请坐下来袜子及鞋子。
- 为避免腹部或腰部弯曲，请将脚抬起。在康复期间，这动作可能会更舒适。

浴室的提醒

使用厕所：

- 仅可在用卫生纸时把手伸到背后。
- 生活理疗师（OT）可能会建议一些如厕辅助设备、附有冲洗的马桶或女性冲洗瓶等，便于手所能及以清洁自己。
- 排便时避免用力、屏住呼吸。

淋浴：

- DIEP 重建乳房术后可以淋浴。在头几次淋浴时，需请人帮助，直到确定安全为止。
- 将引流管系在颈绳或项链上，然后挂在颈上。这有助于防止引流管被拉扯或掉落。
- 肥皂及水可以流过伤口及引流管。但避免擦洗这些部位。用毛巾轻轻拍干。在完全愈合之前，切勿将伤口浸入水中（勿泡澡或坐在热水浴缸中）。
- 可以低下头将手臂举到身前以够到头部来洗头 and 洗脸。请小心切勿将肘部抬高到肩膀以上。
- 清洗腋下时，只能将手臂抬高至肩膀的高度。
- 如脚不稳或头晕，生活理疗师 OT 可能会建议使用淋浴椅或浴缸转移凳。

您有疑问吗？

我们很重视您的提问。有疑问或顾虑时，请联系您的医护人员。

Activities of Daily Living After DIEP Surgery

This handout gives guidelines to follow after your DIEP surgery. Follow these guidelines to protect your flap and incisions and to help your recovery.



*Scan with your
phone camera for
a digital copy of
this handout.*

Types of DIEP Surgery

DIEP surgery is either *unilateral* (1 breast) or *bilateral* (both breasts). **You will need to follow the instructions for:**

- Unilateral (1 breast)
- Bilateral (both breasts)

If you are not sure which surgery you had, please ask your care team to help you mark the correct box above.

Protect Your DIEP Flap

Follow these instructions for **4 weeks** after surgery, or until your care team tells you otherwise. If you had **unilateral** surgery, follow these directions for the arm on your surgical side. If you had **bilateral** surgery, follow these directions for both arms.

- Do not lift, push, or pull anything that weighs more than 8 pounds (a gallon of milk weighs almost 9 pounds).
- Do not reach higher than shoulder height (90 degrees) in front of you and out to the side.
- Do not reach behind your body except when using the toilet. (*See page 3*)
- Do not do any *aerobic exercise* which raises your heart rate. Do not do repetitive arm movements such as chores (vacuuming, dishes, and laundry).
- Do not wear clothes that put pressure on your breasts.
- Avoid straining, holding your breath, and bearing down.

Movement Tips

Standing up from a bed, chair, and toilet:

- Do not use your surgical-side arm(s) to push up from armrests to stand. Lean forward and use your momentum to stand. If you need help to stand up, your caregiver should assist from your hips, **NOT** your arms.
- It is harder to stand up from low, deep, or soft surfaces such as a soft recliner or couch. Try to sit on firmer, taller surfaces that are comfortable for you to stand up from.
- Your *occupational therapist* (OT) may advise you to use a raised toilet seat at home if your toilet is too low.

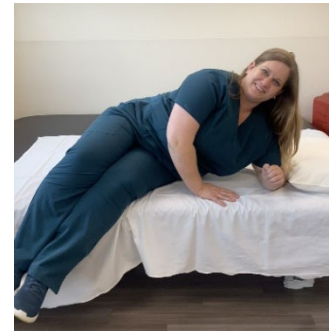
Getting into bed:

1. Sit down near the top third of the bed. Aim to sit far back from the edge of the bed. Do not use your arms to scoot back or push yourself.
2. Lie down on your side. Do not try to brace yourself with your arms.
3. Stay on your side. Keep your knees bent while you lift your legs onto the bed.
4. Keep your hips and knees together while you roll onto your back.

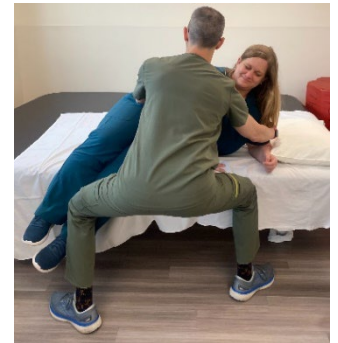
Getting out of bed:

Bend your knees and roll onto your side.

- **If your surgery was unilateral:** You may push to get up using only your non-surgical arm. *See the photo on the right for an example.*
- **If your surgery was bilateral:** Do not push up with your arms. Your caregiver should slide their arm behind your shoulder and help you sit up as you move your legs off the bed. *See the photo on the right.*



Unilateral: Push yourself up only with your non-surgical arm.



Bilateral: Do not push yourself up. You will need help from your caregiver.

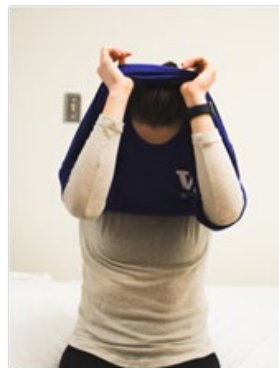
Getting Dressed

Button-down shirts and jackets:

- **If your surgery was unilateral:** Put your surgical-side arm in your sleeve first. Then use your non-surgical arm to bring the shirt around your back and put your other arm in.
- **If your surgery was bilateral:** Put one arm into your sleeve. Ask your caregiver to bring your shirt around your back and help put your other arm in.
- Another option is to button the 3 lowest buttons of your shirt. Then put it on over your head like you would put on a t-shirt (*see instructions below*).

Pullover T-shirts and tank tops:

- **If your surgery was unilateral:** Put your arms through the shirt sleeves in front of you, dressing the surgical side first. Then use your non-surgical arm to pull the shirt over your head and down in the back. Do not reach behind your back with the surgical arm to pull down your shirt.
- **If your surgery was bilateral:** Put your arms through the shirt sleeves in front of you. Then bunch up the back of the shirt and push it over your head. Be careful to avoid lifting your elbows higher than 90 degrees (shoulder level). Do NOT reach behind your back to pull down your shirt. (*See below.*)



Pants and underwear:

- You may pull your underwear and pants up over your drain insertion sites. Check to make sure the drain lines are not kinked or bent.
- Pull up pants and underwear **only** in the front and the sides. Do not reach behind your back. You may need help to pull your pants up in the back, especially if they are tight.
- You may want to wear compression shorts or leggings for comfort. These can go over your drains as well. If they are difficult to pull up, you may need help.

Socks and shoes:

- To avoid falling, sit down to put on your socks and shoes.
- To avoid bending at your abdomen or waist, bring your foot up to you. This movement may be more comfortable while you are healing.

Bathroom Tips

Using the toilet:

- You may reach behind your back **only** for toileting hygiene.
- Your OT may advise you to use a toilet aid device, a bidet, or peri bottle to make it easier to reach and clean yourself.
- Do not strain, hold your breath, or bear down with bowel movements.

Showers:

- You can shower after your DIEP surgery. Have someone help you the first few times you shower, until you feel sure about your safety.
- Attach your drains to a lanyard or necklace and wear it around your neck. This will help prevent your drains being tugged or falling.
- It is okay for soap and water to run over your incisions and drains. Avoid scrubbing these areas and gently pat them dry. Do not submerge your incisions until fully healed (do not take a bath or sit in a hot tub).
- You can wash your hair and face by tucking your head down and lifting your arms in front of you to reach your head. Be careful that you do not lift your elbows higher than your shoulders.
- When washing your underarms, only lift your arms up to shoulder height.
- Your OT may suggest that you use a shower chair or tub transfer bench if you feel unsteady on your feet or get dizzy.

Questions?

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