

DIEP Flap Breast Reconstruction

What to expect and how to prepare

This handout explains what to expect from DIEP flap breast reconstruction, how to prepare for your surgery, and how to plan for your recovery.

What is DIEP flap breast surgery?

DIEP stands for *deep inferior epigastric perforator*. In this surgery, your surgeon will use a *flap* (skin and fat) from your lower belly to rebuild your breast. Your stomach muscle is only slightly affected.

First, the flap from your belly is moved to your breast area. The blood vessels in the flap are then sewn into blood vessels in your chest wall to keep the flap alive. This flap becomes your new breast.

How do I prepare for surgery?

- For 1 week before your surgery, do **not** take any aspirin or other products that affect blood clotting. Two of these are ibuprofen (Advil, Motrin) and naproxen (Aleve, Naprosyn). See attached sheet for more information.
- Do **not** shave any part of your body that you do not already shave every day. If you normally shave near your surgical site, do **not** shave that area for 2 days (48 hours) before your surgery.
- Plan to stay in the hospital for 3 to 5 days after your surgery.
- When you go home, you will need someone to help you with meals, self-care, and daily activities for 1 to 2 weeks.



You will be recovering in the hospital for 3 to 5 days after your surgery.

Day Before Surgery

- **Meals:** The day before your surgery, eat only light foods that you can digest easily.
- **Shower:** Take 1 shower the night before your surgery:
 - Use the antibacterial soap your nurse gave you to wash your body.
 - Do **not** use the antibacterial soap on your face and hair. Use your own soap and shampoo on your face and hair.
 - Use clean towels to dry off, and put on clean clothing.
- **Arrival time:** The pre-surgery nurse will call you by 5 p.m. the night before your surgery. If you are having surgery on a Monday, the nurse will call you the Friday before. If you do not hear from this nurse by 5 p.m., please call 206.598.6334.

The nurse will tell you when to come to the hospital and remind you:

- Not to eat or drink after a certain time
- Which of your regular medicines to take or not take
- To sip only enough water to swallow your pills

Day of Surgery

At Home

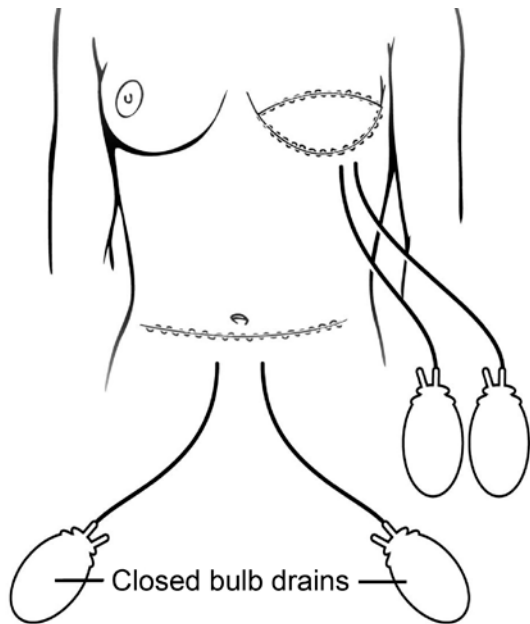
- **Food and drink:** Do **not** eat or drink anything on the day of surgery. This includes gum and mints.
- **Shower:** Take another shower with the antibacterial soap. Follow the same steps as you did for your shower the night before.
- **Medicines:** Follow the instructions the pre-surgery nurse gave you about what medicines to take or not take. Remember to sip only enough water to swallow your pills.

At the Hospital

- **Heating blanket:** We will cover you with a heating blanket to warm your body while you wait to go into the operating room (OR). This helps reduce your risk of infection. Ask for a heating blanket if you do not receive one.

After Surgery

You will wake up in the recovery room. You will feel sleepy. You will have:



DIEP flap breast reconstruction incisions and drains.

- A thin **intravenous tube** (IV) in your arm. We will use the IV to give you medicine for pain and nausea.
- A **catheter tube** inserted into your bladder to drain your urine. This tube was put in place while you are asleep in the OR.
- **Sequential compression devices** (SCDs) on your legs. You will feel these leg wraps fill with air from time to time. This pressure helps blood move through your leg veins. SCDs help prevent blood clots while you are in bed and not as active as usual.
- Some **closed bulb drains** coming from your incisions (see drawing at left). Please read the handout “Caring for Your Closed Bulb Drain” to learn more about these drains.
- A small wire called a **Doppler wire** in your flap where the blood vessels are attached. This wire helps the nurses watch the blood flow to your flap. The wire will be removed 2 to 3 weeks after your surgery, at your 1st or 2nd follow-up visit.

Recovering in the Hospital

You will stay in the hospital for 3 to 5 days after your surgery. The first 24 to 48 hours, you will be in the Intensive Care Unit (ICU). When your surgical team sees that the blood flow to your flap is staying strong, they will move you to a bed in a regular care unit in the hospital.

Bed Rest

You will rest in bed the day after your surgery. The head of the bed will be slightly raised to lessen the strain on your abdomen. While you rest:

- A warm blanket will be placed over you to help with blood flow.
- From time to time, you will feel the SCDs gently squeezing your legs.
- Your nurses will check the blood flow to your flap often in the first 24 hours.

Incisions

All of your incisions will be covered with gauze right after your surgery.

- Your **abdominal incision** will be above your pubic hairline. It will go from hip to hip.
- Where your **chest incision** depends on the type of mastectomy you had.

Diet

Most patients cannot eat or drink anything by mouth for 24 hours after surgery. You will receive fluids and nutrients through your IV during this time.

Breathing Exercises

Your nurse will help you do breathing and coughing exercises every 1 to 2 hours while you are awake. These exercises will keep your lungs clear and help prevent *pneumonia* (lung infection).

Pain Control

You will use a pump called *patient-controlled analgesia* (PCA) to give yourself pain medicine for 1 to 2 days after your surgery. You will push a button to get pain medicine through your IV when you need it so that you stay comfortable.

If you need pain medicine after you go home, take the pain medicine your doctor prescribed for you.

Bladder Catheter

You will have a catheter in your bladder for 1 to 2 days. This will allow you to rest in bed. It will also lessen the strain on your belly.

Drains

Your nurse will give you a handout called “Caring for Your Closed Bulb Drain.” Please read it carefully. Ask your nurse any questions you have.

You will have drains in your belly and in the area of your breast reconstruction (see the drawing on page 3). You will go home with these drains in place.

Before you leave the hospital, your nurse will teach you how to take care of your drains. You will be taught to:

- Strip them every 8 hours so that they do not clog
- Empty them
- Record the amount of drainage that collects

When drainage from your DIEP flap drains is less than 30 cc in 24 hours for 2 days in a row, your drains can be removed. You can wait until your follow-up visit to have this done, or you can schedule a visit with a nurse to have them removed. Call 206.598.1217 to make an appointment with a nurse.

Precautions and Self-care at Home

Breast Support

- Do **not** wear a bra for 3 weeks after surgery. Wear something that is supportive that does not constrict your breasts.
- You may wear a surgical camisole for breast support. These have removable pockets for drains. Regular camisoles and tank tops are OK, too.
- Do not wear an underwire bra until your breast incisions are fully healed.

Belly Support

For 3 to 4 weeks after surgery, we advise you to wear either:

- High-waisted bike shorts or
- Compression panties

These will support your belly with light, even pressure. This helps keep fluid from collecting in your belly. You can buy the shorts at sporting goods or other stores, and the panties at clothing stores.

Shower

- You may shower with your drains in.
- Do **not** take a bath, sit in a hot tub, or go swimming until:
 - Your drains are removed.
 - Your incisions are fully healed without any scabs, drainage, or incision openings.

Activity Limits

- For 4 weeks after surgery, do **not** lift anything that weighs more than 5 pounds. (A 2-liter bottle of water weighs almost 5 pounds.)
- For 4 to 6 weeks after surgery, do not do any gardening, vacuuming, aerobic activities, or anything else that pulls on your incision.
- Take short walks for exercise and to keep your blood moving.
- For 4 to 6 weeks, while the incision in your belly is healing, you will not be able to stand up straight. This can put stress on your back. If you have had back problems in the past, you may want to walk with a cane or other support during this time.

Return to Work

How much time you take off work depends on what you do for a living. Most people take 1 to 2 months off to recover.

Follow-up Visits

1st Follow-up Visit

You will visit your surgeon 2 to 3 weeks after surgery. At this visit:

- We may remove your drains if drainage has decreased enough.
- We will ask how your pain is and how you are doing at home.
- We may remove your Doppler wire(s), if ready.

2nd Follow-up Visit

At your 2nd visit, 5 to 6 weeks after surgery:

- We will remove the rest of your drains if drainage has decreased enough.
- We will ask how you are doing at home, what your pain level is, and how much pain medicine you are taking.
- If your Doppler wire was not removed at your 1st follow-up visit, we may remove it at this visit, if ready.

When to Call

Call your nurse or doctor if you have:

- Bleeding or drainage that soaks your dressing
- A fever higher than 100.5°F (38°C)
- Shaking and chills
- Any sign of infection in your incision:
 - Redness or swelling
 - Increasing pain
 - Bad-smelling drainage, or a change in the type or amount of drainage
- Nausea, vomiting, or both
- Concerns or questions that cannot wait until your follow-up visit

Who to Call

Please see phone numbers in the “Questions” box on this page.

Questions?

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

Weekdays from 8 a.m. to 5 p.m., call the Center for Reconstructive Surgery at 206.598.1217.

After hours and on weekends and holidays, call 206.598.6190 and ask for the resident on call for your surgeon to be paged.