TUG Flap CareMap

How to prepare and what to expect after your surgery

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Before Surgery Day

Planning

- Meet with your surgeons to talk about your surgery plan.
- Work with the Patient Care Coordinators (PCCs) to set your surgery date.
- You may need to meet with the anesthesia or care team to be cleared for surgery.
- Meet with a member of the Reconstructive Surgery team for a pre-operative visit. Follow medication, fasting, and hygiene instructions provided by your nurse.

- **If you use nicotine products, you must STOP right away.** You must **not** use nicotine products for at least 6 weeks before and after your surgery. Your doctor may require a nicotine urine test.
- Bring personal items for surgery: comfortable clothes to wear home, phone and charger, toothbrush, etc.

Day 0: Surgery Day

At the Hospital

- Check in at Surgery Registration no later than your assigned arrival time.
- You may have 1 person with you in the pre-operative area.
- We will place an IV tube in your arm to give you fluids and antibiotics.
- We will place stickers on your chest to monitor your heart.
- You will have compression devices on your legs to prevent blood clots, and a heating blanket to keep you warm.

- Meet with the surgical team to ask any questions and sign the surgery consent form.
- An anesthesiologist will talk with you about anesthesia you will receive during surgery. Then they will take you to the operating room.

After Surgery

- You will wake up in the intensive care unit (ICU).
- We will tell your support person or contact how you're doing.
- You can have up to 2 visitors.
- No overnight guests are allowed unless you are in a private room.

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Day 0-1: Intensive Care Unit (ICU)

Medicines and Treatments

- Nurses will:
  - Monitor your vital signs closely
  - Help you start doing deep-breathing exercises
  - Check circulation to your flaps every hour. They will look at your skin and check with *doppler wires* (a small tool that measures blood flow).

- Your pain will be controlled with numbing medication (given during surgery), IV opioids (pain medication), acetaminophen (Tylenol), and NSAIDs (nonsteroidal anti-inflammatory drugs, such as Ibuprofen).

Diet

- If your flaps are stable overnight, you will start drinking clear fluids the morning after surgery, and eat a meal later in the day.

Activity

Meet with occupational therapist (OT) to:

- Learn about range-of-motion exercises and how to safely do daily activities and movement
- Learn how to roll to your side to get in and out of bed
- Meet the goal of sitting up in a chair and walking throughout the day with help from staff

For 4 weeks after surgery:

- Move your arm(s) very gently and avoid repetitive motions.
- When sitting, lean back to a "beach chair" position.
- **DO NOT:**
  - Lift your affected arm(s) above shoulder height (90 degrees) in front of you or out to the side
  - Reach behind your back, except when using the toilet
  - Lift anything that weighs more than 8 pounds (about a gallon of water)
  - Do *aerobic exercise* that makes you breathe hard or your heart beat faster
  - Push or pull on anything
  - Lift your leg(s) higher than your hip (90 degrees)
  - Open your leg(s) to the side past 45 degrees

Drains and Catheters

- We will empty your drains 2 times each day, and we will record the amount of drainage.
- You will have a Foley catheter (a flexible tube that drains urine) until you can walk to the bathroom or *commode* (toilet chair).

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Day 2-3: Plastic Surgery Unit & Discharge

Medicines and Treatments

- Nurses will check the circulation to your flaps every 2-4 hours.
- Nurses will monitor your vital signs closely.
- Your pain will be controlled with pain pills, including opioids, acetaminophen, and NSAIDs.

Diet

- Eat a normal diet.
- Your IV will be removed if you can drink enough fluids.

Activity

- Try to get out of bed to sit in a chair, walk to the bathroom, and walk in the hallway with help as needed. Practice stairs with OT, if needed.
- Shower with help.

Goals for Discharge (Going Home)

You will be ready to go home when:

- You can get out of bed by yourself, move around, and safely perform activities of daily living
- You can take care of your dressings and drains
- Your pain is under control. We will send you home with laxatives, acetaminophen, NSAIDs, and opioids.
- Your incisions, vital signs, and flap circulation are stable

After Discharge: Week 1

Follow-up

- Visit with RN to remove incisional wound vac device if used during surgery.
- Do **not** get the device wet.
- Wait to shower until we remove the device.
- Your drains must be in for at least 1 week. They will be removed if drainage is less than 30 ml (for breast) or 20 ml (for leg) each day, for 2 days in a row. Please bring your drain logs to this visit.

After Discharge: Week 2-3

Medicines

- Start taking certain medications again (tamoxifen, verzenio, etc.). Follow all medication instructions from your provider.
- Your pain will be controlled with acetaminophen and NSAIDs.

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Activity

- Walk every day. Take short walks several times throughout the day.
- Walk a little more each day.
- Shower every day.

Follow-up

Visit with your plastic surgeon or APP (advanced practice provider). At this visit:

- We will check how your incision is healing.
- We will remove your doppler wires.
- Your drains will be removed if the drainage is less than 30 ml (for breast) or 20 ml (for leg) each day, for 2 days in a row. Call our clinic if you think your drains are ready to be removed before this follow-up visit.

Week 4-6

Activity and Follow-up

- You may drive if:
  - You are **not** taking opioid medications, **AND**
  - You feel comfortable sitting behind the steering wheel
- Start to use your arm(s) more fully. There are no more weight limits for lifting.
- Slowly start doing your normal activities as you feel ready. It may take a few weeks to build up your energy and strength.
- You may sleep on your side.
- You may start physical or occupational therapy.

Visit with your plastic surgeon 6-7 weeks after surgery. At this visit:

- Talk about future surgical planning, if needed.
- Ask your doctor if it is safe to do intensive (difficult) exercise such as weight lifting and running, or to submerge in water.

Questions?

Your questions are important. Talk with your care team if you have any questions or concerns.

- **UWMC Center for Reconstructive Surgery:** 206.598.1217
- **For urgent needs after hours:** Call the paging operator at 206.598.6190. Ask for the provider on call.

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