The aim of this leaflet is to help you prepare for your surgery and to answer some commonly asked questions. It is normal for you to feel anxious about your surgery, but we are here to make sure your stay in hospital is as comfortable as possible and support you throughout your journey. You will be surprised at how quickly your will start to feel like ‘yourself’ again. Most patients are discharged within one week of their surgery.

Pre-operative preparation

Before your surgery, you will be asked to attend the hospital for a pre-operative assessment with a nurse. Depending on your age and general health, routine blood tests, weight and a heart tracing (ECG) may be taken. Here you will have an opportunity to ask any questions, or raise any concerns you may have.

As you are likely to be in hospital for up to a week, it is important that you remember to bring items that you will need. Here is a checklist of items that you may require:

- All your medication you take regularly
- Night wear which buttons to the front
- Slippers
- Dressing gown
- Non-wired sports bra/support pants (see below)
- Pants
- Toiletries
- Comfortable clothes ready for discharge home
- Book/magazines/music player

You will need to wear a high impact sport bra (without wires) in the post-operative period. You might find it helpful to purchase this before your surgery and wear it to give support before you go home. If you have any further questions or need
advice regarding post-operative underwear, please contact one of the Clinical Nurse Specialists for Breast Reconstruction.

If you are having a DIEP (tummy flap) breast reconstruction you will need to bring in some support pants to wear once your drains have been removed.

If you are unsure about what to buy and have further questions or need advice regarding postoperative underwear, please contact one of the clinical nurse specialists.

Day of surgery

Due to the limited number of beds available within the hospital, you may well find you are admitted on the day of your surgery, already nil by mouth as instructed by your Plastic Consultant. Where possible we will try our hardest to admit you the day before surgery.

It is important that you have your blood thinning injection clexane, to prevent deep vein thrombosis (DVT) the day before your operation. Your nurse will greet you and make sure that all the pre-operative checks have been completed.

A member of the surgical team looking after you will check that you fully understand your surgery discussing the risks and complications and will ensure that you sign a consent form. Your surgeon will also draw surgical markings on your skin in preparation for surgery. You will be visited by the anaesthetist where you can discuss your anaesthetic and pain control.

Hospital stay – post surgery

The nursing team, doctors, Clinical Nurse Specialists for Breast Reconstruction and physiotherapists will be involved in your care throughout your stay. For at least 24-72 hours you will be closely monitored to ensure you are recovering from the anaesthetic and that your new reconstructed breast(s) are
healing well. This can be an exhausting time for you. On your first day after surgery, you will expect to have the following:

- A urinary catheter
- 2 cannulas (usually in the back of your hand) used for pain medication and fluids to stop you becoming dehydrated
- A drain may be placed in the surgical site(s) to drain off excess fluid
- Dressings
- You will have oxygen through either a mask or nasal specs
- You will have daily blood thinning injections and wear antiembolic stocking to prevent blood clots in your legs (deep vein thrombosis/DVT)

The catheter and drips are normally removed within 48 hours after surgery however the drains are likely to stay in a little longer. This depends on how much fluid collects in them. You will be seen by your plastic surgical team daily.

Complications

Having reconstructive surgery should be a positive experience. Complications are infrequent and usually minor. However, no surgery is without risks and it is important that you are aware of possible complications.

You will need to be closely monitored to detect for any changes that may affect the result of your breast reconstruction. This is routine for every patient. The main risks of this reconstructive surgery are as follows:

**Bleeding**

The formation of a blood clot (haematoma) can occur. If a bleed occurs there is a possibility that you will return back to theatre to correct this problem.
Flap circulation

The blood supply feeding the breast reconstruction, may not be working as it should, either due to a haematoma, kink in the blood vessels or difficulty whilst in theatre plumbing the vessels (DIEP flap). This will mean you will return back to theatre to identify the problem. Although the risk is small, there is a small percentage of flap failure, where the reconstructed breast can be partially lost or completely lost. These risks will be discussed with you by your plastics consultant and specialist nurses.

Infection

It is essential that you are aware of signs and symptoms which may indicate infection. Infections can occur at any point after surgery. Signs and symptoms of infection to be aware of are:

- Redness/inflammation to incision sites that is spreading
- Excessive oozing on dressings
- Offensive smell from dressings
- Increase pain in the area that has been operated on and not relieved by pain relief
- Increase swelling to the area operated area
- Temperature - flu like symptoms feeling hot and cold or shivering

On discharge

Dressings

You will have your dressings changed before you leave hospital. You will given advice on how to take care of your dressings. If you have any problems or issues with your dressings when at home please contact the Clinical Nurse Specialists or the ward staff.
**Infection**

If you are worried that you may have an infection you must either contact the Clinical Nurse Specialists (between 10:00-15:00, Monday-Friday). You can also contact your GP practice for help and advice. If you are unable to get help from the relevant people, please attend the Emergency Department (A&E) at the Queen Elizabeth Hospital Birmingham.

**Support bras and pants**

It is essential that a non-wired high impact sports bra is worn on discharge from hospital and for at least three months after surgery. This is to ensure that your reconstructed breast(s) is supported whilst healing. Any leading department store and some leading supermarkets will sell this type of bra. High-waisted support pants will be needed if you had surgery to your abdomen. This will give you support and aid comfort.

**Anti-embolic stocking**

We advise that you wear your anti-embolic stockings for a least 2-3 weeks after surgery or until you are up and about and back to normal levels of activity. This is to continue to prevent you developing a clot/deep vein thrombosis (DVT).

**Pain relief**

It is important that you take the pain relief medication as prescribed. You will be given a 14 day supply of medication on discharge home, afterwards, please see your GP for further prescriptions.

**Nutrition**

To help you recover from your surgery your body needs extra protein and calories to ensure that healing can take place. It is essential that your body gets the right balance of nutrients to repair itself. The aim is to have three meals and three snacks a day, which include starchy foods, proteins, fruit and vegetables. Please ensure that you drink at least 2 litres of fluid a day to aid
Exercise
You will be given exercises to do by the ward physiotherapist. It is important to continue the advice given to ensure you recover quickly and with full movement. We advise no heavy lifting, ironing, washing clothes, driving, or shopping for a time after surgery. This is to allow all wounds and incision sites to heal without any added stress to the area. Regular pain relief will help ease any discomfort that you may feel. Please refer to the physiotherapist booklet.

Work
You will need to take time off work to recover. Dependent on the type of surgery you have, and the type of job that you do you will need to take anything from 4 weeks to three months off work. Your surgeon or Clinical Nurse Specialists will advise you on this. A ‘fitness to work’ note from the hospital will be given for the first two weeks of sick leave. Any further ‘fitness to work’ notes required will need to be obtained from your GP.

Driving
You are advised not to drive for the immediate period after your surgery. Again how quickly you return to driving will depend on how you are recovering and the type of surgery you had. Please check with your insurance company for their guidance. The surgeon and Clinical Nurse Specialist can also advise you here.

Holiday
It is advised that you do not fly for at least six weeks after surgery as you may still be at risk of developing a DVT. It is also important to make sure you are fully healed. Please speak to your surgeon or nurse specialist for advice. When you do fly, commercially available flight stockings should be worn to reduce the risk of DVT. Please remember that any holidays
Further surgery

It will take at least three months for your reconstructed breast(s) to settle into their final shape. Once everything has settled down slight adjustments maybe required. This can be discussed with your surgeon and Clinical Nurse Specialist at your consultant follow up appointment.

Further reading

- A guide to breast reconstruction DVD – Queen Elizabeth Hospital Birmingham
- Understanding Breast Reconstruction – Macmillan and Cancerbackup
- Understanding Risk-reducing Breast Surgery – Macmillan and Cancerbackup
- Information for patients undergoing surgical nipple reconstruction – Queen Elizabeth Hospital Birmingham
- Information for patients undergoing Areola Micro-pigmentation (Nipple Tattooing) – Queen Elizabeth Hospital Birmingham

Support and advice please contact

Breast Reconstruction Specialist Nurses
07771624743 or 07879890727
Ward 408
0121 627 2000 and dial extension number:
14056/14057 – Reception
14058/14059 – Nurse base 1
14060/14061 – Nurse base 2
Burns Centre
0121 627 2000 and dial extension number:
12730 – Nurse Base 1
12731 – Nurse Base 2

Plastic surgeons secretary
0121 627 2000 and dial extension number:
14898 – Miss Waters
14894 – Mr Thomas
14889 – Mr Warner
14890 – Miss Dancey
Please use the space below to write down any questions you may have and bring this with you to your next appointment.
The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk/health-talks.htm

Burns and Plastics

Queen Elizabeth Hospital Birmingham
Outpatients Area 4
Mindelsohn Way
Edgbaston
Birmingham B15 2GW
Tel: 0121 627 2000