

# Post-operative recovery following DIEP or MS-TRAM Flap Breast Reconstruction Surgery

DIEP - Dee I fe E a c Pe f a

TRAM - T a e e Rec Abd M c a e

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## How long will it take me to recover after the operation?

How people recovery following an operation is very individual and will vary on your general health at the time of the operation but we expect you to be back to normal activities 12 weeks (3months) after the operation. It can take 12 months however to be fully recovered.

It is important that you adhere to the specific physiotherapy exercises to aid you in your initial recovery.

## Post-operative support underwear

You will require a supportive sports bra to wear after surgery, which we ask that you bring in to hospital with you. This can be front or back fastening with adjustable straps and a deep band. We would recommend a front-fastening bra immediately post-op to allow the nurses to monitor your flap with minimal disturbance to you. It should be non-wired and avoid 'racer back' style sports bras that you need to be put on over the head. You will be recommended to wear your bra for 6 weeks day and night so it is worth purchasing two bras. They will give you comfort and support and help mould the breast reconstruction into a good shape.

A bra extender is also advised which will make the bra more comfortable if you have bruising and swelling post-operatively. We ask you to purchase and bring into hospital a pair of high waisted support pants which will need to cover the whole abdominal area. You will need to start wearing these on discharge and for 6 weeks post operatively, day and night. Use your hip measurements to buy the right size. The breast reconstruction specialist nurse will give you advice on where to purchase support pants and bras locally.

## Post-operative physiotherapy following DIEP or MS-TRAM flap breast reconstruction

### Breathing exercises - every hour

Take a deep breath in through your nose concentrating on expanding the base of your lungs. Hold for 3 seconds and then relax the breath out. Repeat 3 times. After the deep breaths a short-forced breath out (huff) or cough may be sufficient to clear any phlegm from your lungs. To protect your abdominal wound when coughing, bend your knees slightly and support your stomach with your hands, or gently press a rolled-up towel or a pillow against your wound.



## Circulatory exercises (repeat each ten times) - every hour

1. Briskly move your feet up and down.
2. Tighten your thigh muscles by straightening your legs and pushing the back of your knees down into the bed. Hold for 3 seconds, and then relax.
3. Squeeze your buttocks together, hold for 3 seconds, and then relax.

### Advice about getting up

When you first get up and about it is important that you are wearing your abdominal support and that you don't try to move too quickly. You will require help the first few times from your nurse or physiotherapist. From lying on your back, bend your knees up and roll onto your side. Bring your legs over the side of the bed



## After 6 weeks

Sit ups/curl ups may be started once you are able to maintain good abdominal hollowing. These types of exercises can be progressed as able. Pilates-type exercises can be very beneficial (ask your therapist for advice).

## **Extremely rare and serious complications**

(Risk of less than 1 in 10,000) include:

- Severe allergic reactions and death
- Brain damage
- Kidney and liver failure
- Lung damage
- Permanent nerve or blood vessel damage
- Eye injury
- Damage to the voice-box
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## Abdominal bulge and hernia

This is a rare complication following a TRAM flap reconstruction which would require further surgical repair. Despite careful repair of the abdomen a small percentage (5%) of women may develop an abdominal hernia. It is due to the removal of the abdominal muscle, which may weaken the abdominal wall. Surgeons insert a supportive mesh to replace the muscle and help prevent this happening. It is possible, although uncommon, for this mesh to become infected. If this were to happen, you may notice additional tenderness, swelling or heat in your abdomen and you may develop a temperature. If you notice any of these symptoms then contact your breast reconstruction nurse as soon as possible. You may also notice some asymmetry on your abdomen after the operation

## Pneumothorax

A pneumothorax is an unwanted collection of air between the lung and chest wall that causes the lung to collapse. This is a rare complication but is a potential risk when the surgeon is finding the blood vessels within your chest wall or during the micro surgery to join the vessels from the flap to the chest wall. If this were to happen, your surgeon may simply monitor you with x-rays over the course of a few weeks to see that the excess air is being absorbed and your lung is re expanding. If a large area of lung has collapsed, your surgeon may need to insert a small chest tube to remove the air and allow the lung to re expand.

## Vein grafts

Most patients undergoing DIEP reconstruction do not require extra vein grafts. However in a small number of cases (5-8%) the blood is unable to get out of the flap through the deeper vein that the flap is raised on. In these cases the blood is able to drain via a more superficial vein. To facilitate this, the vein is either joined back onto the main draining vein or sometimes a vein graft will be used. Vein grafts can be taken from the upper arm or the inner lower leg. This would leave an extra scar in these areas and the leg scar can be quite uncomfortable.

## What about the scarring?

You will have noticeable, permanent scars from the suture lines, which will vary from one woman to another but should not be visible under normal clothing or the average underwear/swimwear. You will have scarring on your breast as well as a long hip to hip scar on your abdomen. Over the weeks and months following surgery initially scars can become thicker, red, possibly lumpy and uncomfortable. The abdomen wound can feel tight because of the amount of tissue removed and unnecessary tension will cause problems with wound healing and wider scars. Gradually they become less obvious, usually fading over 2-3 years. Your breast reconstruction nurse specialist will give you specific scar management advice following your operation.

## Further surgery

Sometimes an operation to reshape your remaining natural breast may be advised to

## What about checking my breasts after reconstruction?

Reconstruction has no known effect on the recurrence of disease in the breast, nor does it generally interfere with chemotherapy or radiation treatment, should cancer reoccur. Any reoccurrence of cancer can still be detected easily. It is vital to continue checking both your natural breast and the area of your reconstructed breast after surgery. Your reconstructed breast will not need imaging for breast cancer screening, but you will still be invited for imaging of your natural breasts.

### The 'New You'

At first your new breast might not really feel like 'you', it will take some time to get used to your new shape. Your reconstructed breast may feel firmer and look rounder or flatter than your natural breast. It will also not move in the same way that your natural breast will. There is often much less sensation in the reconstructed breast. It is important you wait for several months after your operation for the skin and muscle to stretch and for your reconstructed breast to settle into its final shape before deciding how happy you are with the final result. For most mastectomy patients breast reconstruction dramatically improves their appearance, self-confidence and quality of life following surgery. Keep in mind that the desired result is improvement not perfection.

**If you have any questions please contact the breast reconstruction nurse specialist.**

Monday-Friday 09:00-16:30

**01392 402707**

**You can contact Otter Ward out of hours**

**01392 402807**

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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