

# Instructions for Care After Breast Reconstruction With a Tissue Expander or Implant

As you recover from your breast reconstruction surgery at home, it is important to follow these instructions.

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## Pain medications

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Please use your pain medications per the provided table. You will be prescribed:

- Acetaminophen (Tylenol)
- Celecoxib (Celebrex)
- Cyclobenzaprine (Flexeril)
- Gabapentin (Neurontin)

If you are prescribed antibiotics, take them until they are finished or your physician tells you to stop.

If you have severe pain that is not relieved with the medication recommended for you, call your physician or go to the nearest emergency department.

Your surgeon or nurse may ask you to keep a record of your pain and the medications that you take at home.

Pain medication may cause constipation. To help your bowels stay regular:

- Drink more liquids
- Get regular exercise (a 15-minute walk is a good start)
- Take a stool softener such as docusate sodium (Colace®) if your physician tells you to do so

If you need to continue your pain medication at home and need a prescription refill, please notify the Plastic Surgery Clinic Monday through Thursday 8:00 am to 4:30 pm, or Friday 8:00 am to 12:00 pm at 847.854.3522. It may take 1 business day to get a refill. Do not wait until your pills are gone to request a refill.

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At first, the size of your reconstructed breast may be different than your natural breast. There may be lumps and bumps, swelling or bruising of the breast skin. This is normal.

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## What to eat and drink

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You should resume your normal diet gradually. It may take time for your appetite to come back. This is normal. You may return to eating a regular diet once you are at home.

If you find it hard to eat enough calories:

Try eating smaller servings at each meal.

Add nutritious snacks between meals.

Try high-protein, high-calorie shakes, or commercial supplements such as Ensure® or BOOST®.

Drink plenty of nonalcoholic liquids.

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## Clothing and bandage tips

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Once you leave the hospital, you do not need bandages over your incisions except over your drain site. If there are tape strips on your incision, leave them in place.

If you are sent home in a surgical bra, wear it as much as possible until your follow-up visit. You may remove it to shower and launder it.

If you are not sent home in a surgical bra, do not wear a bra until your surgeon says it is OK.

Try to wear clothes that button up or have zippers in the front.

Try not to lift your arms over your head to put on T-shirts or sweaters during the first week after surgery

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## To care for your drains

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You will have 1 to 2 drains placed during surgery. The drains help keep fluids from building up under your skin causing swelling and pain. The drainage tube goes through your skin near the surgical incision and is held in place by a stitch. The fluid will drain into the attached bulb.

Nurses will provide detailed instruction during your hospital stay on how to care for the drains.

The drains will be covered by a clear plastic dressing. If the dressing falls off, call the office for a replacement at 847.854.3522.

Wash your hands well with soap and warm water for at least 30 seconds before emptying a drain.

Empty the bulb container at least 2 times a day, in the morning and before you go to bed. Empty it more often if needed, whenever it is at least 1/3 full.

Record the output from your drains each time on the Drainage Record Sheet. Bring it with you to each follow-up visit.

Drains are usually removed 10 to 20 days after your surgery. If you empty less than 30 milliliters of fluid from the bulb container for 2 days in a row, call your surgeon's office to see if the drain should be removed.

If a drain falls out, cover the site with a gauze bandage. Call the office during normal business hours.

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## Activity guidelines

### Showering

You may shower 48 hours after surgery. It is OK for water to touch the incision and drain dressings. Before entering the shower, remove your bra and the gauze pad. Wash with lukewarm water and a plain non-perfumed soap. Gently clean your incision line and skin. Rinse well. The shower stream should not be directed at your reconstructed breast. Pat the incision line dry with a clean towel, but do not rub it. Do not take a bath, swim or get into a whirlpool until your surgeon says it is OK.

### Sleeping

For the first week after surgery, you may be more comfortable sleeping with a few extra pillows under your head and shoulders. This often helps reduce swelling but it is not required. Extra pillows in bed may help to keep pressure off the surgical site.

**Do not place ice packs** on your incisions.

### Daily activities

We encourage you to start walking and doing light everyday activities as soon as possible. It is important to get out of your chair or bed every hour and walk around for a few minutes. This helps prevent blood clots in your legs. You do not need to do this during your normal sleeping hours.

Do not push, pull or lift anything heavier than 8 pounds (about the weight of a gallon of milk) until cleared by your surgeon.

### Exercising

You may start range-of-motion exercises when your surgeon says it is OK. Do **not** plan to do any strenuous activity or exercise (running, weight lifting, aerobics) for 6 weeks after surgery. When your surgeon says it is OK start exercising, ease yourself back in. Some stretching or pulling sensations are OK. Do not push through pain.

### Driving

Do not drive while taking narcotic pain medication or muscle relaxants. You may drive when you feel comfortable behind the wheel with a seat belt on. For most patients, this is at least 1 week after surgery.

### Sexual activity

Do **not** engage in any sexual activity for at least 2 to 3 weeks. Only begin when you are completely comfortable.

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### What else to expect

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Expect some pain and discomfort for 3 to 4 weeks. However, it should gradually get better after the first 2 or 3 days. This pain should be manageable and not severe.

You may have stinging sensations along your incision line and your drain sites. You may also notice tenderness along your lower rib cage or a feeling as if you are wearing a very tight bra. These sensations will improve.

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### Other common sensations include:

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Numbness under your arm and over your chest

Warmth, chafing, pins and needles, or other feelings in your arm These sensations are caused by nerves being cut or stretched during the mastectomy. They will gradually get better as the months go by, but some numbness may be permanent.

You may notice bruising to your skin and incision sites. You may also notice a lumpy or bumpy appearance and may feel hard ridges or areas under your skin.

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### Completing your breast reconstruction

If it is indicated, your surgeon will discuss surgery on the other breast to make it match the shape and size of your reconstructed breast. This surgery makes the natural and new breasts look alike. This surgery is your decision. You may want to have it, decide to have it later, or choose not to have it at all.

If you decide to have a nipple reconstruction, it is usually done about 3 months after the permanent implant is placed. Surgery on the other breast may also be done at this time.

### When to call us

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Call the office **anytime of the day or night** if you have:

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A temperature more than 101 degrees F for 2 readings taken 4 hours apart (you do not need to take your temperature unless you feel hot)

An increase in redness, swelling, or significantly more pain around or under your incisions

Pain that is not relieved by your medication

Persistent diarrhea, nausea or vomiting

Drainage that becomes cloudy or has a foul smell

A bulb container that fills with blood or drainage that collects quickly after it is emptied

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Call the office **during daytime hours** if:

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You need a prescription refill

Your drain bulb will not stay compressed

Your drainage tube falls out

The suture comes out that is holding the tube in place

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