BREAST SURGERY: FREE FLAP RECONSTRUCTION

Enhanced Recovery After Surgery (ERAS)

Your Guide to Healing

Breast Care Center

Dr. David Brenin
Dr. Anneke Schroen
Dr. Shayna Showalter

Plastic Surgeons

Dr. Scott Hollenbeck
Dr. Christopher Campbell
Dr. JT Stranix

UVA Health

Patient Name

Surgery Date/Time to Arrive

Surgeon

We want to thank you for choosing the UVA Health for your surgery. Your care and well-being are important to us. We are committed to providing you with the best possible care using the latest technology.

This handbook should be used as a guide to help you through your recovery and answer questions that you may have. Please give us any feedback that you think would make your experience even better.

Please bring this book with you to:

- ❒ Every office visit
- ❒ Your admission to the hospital
- ❒ Follow up visits

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Contact Information

UVA Health – Main Hospital
1215 Lee Street
Charlottesville VA 22908

Contact	Phone Number
Plastic Surgery Clinic	434.924.5078
Breast Care Center	434.924.9333
Breast Care Center Fax	434.244.7526
If no call for surgery time by 4:30pm the day before surgery	434.982.0160
Anesthesia Perioperative Medicine Clinic	434.924.5035
Hospital Inpatient Unit: Surgical ICU (SICU) Surgical Intermediary Unit (SIMU)	434.924.2288 434.924.8067
UVA Main Hospital	434.924.0000 (after hours ask for the Plastics Surgery resident on call)
UVA Main Hospital (toll free)	800.251.3627
Medical Imaging	434.243.0321
Lodging Arrangements/ Hospitality House	434.924.1299 434.924.2091
Parking Assistance	434.924.1122
Interpreter Services	434.982.1794
Medical Record Requests	434.924.5136

Questions about the visitor policy? Please visit:

https://uvahealth.com/patients-visitors/visiting-patient

For more information on ERAS view this booklet online, visit:

uvaeras.weebly.com

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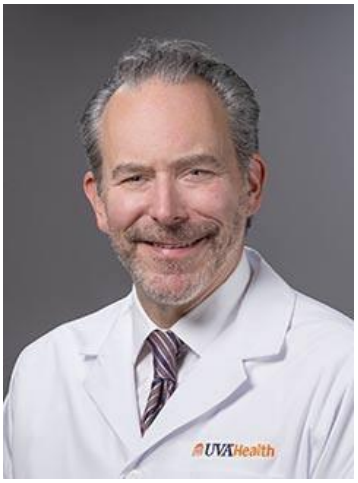
Your **Care** Team

In addition to the nursing staff, the Breast Surgery Team and Plastic Surgery Team will care for you. This team is led by your surgeons, and includes a fellow or a chief resident along with residents, 1-2 medical students, and nurse practitioners. There will always be a physician in the hospital 24 hours a day to tend to your needs.

Dr. Shayna Showalter
Breast Surgeon

Dr. David Brenin
Breast Surgeon

Dr. Anneke Schroen
Breast Surgeon



Dr. Scott Hollenbeck
Plastic Surgeon

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Plastic Surgeon

Dr. JT Stranix
Plastic Surgeon

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Enhanced Recovery After Surgery **(ERAS)**

What is Enhanced Recovery After Surgery?

Enhanced recovery is a new way of improving the experience of patients undergoing breast reconstruction surgery. It helps patients recover sooner so life can return to normal as quickly as possible. The ERAS program focuses on making sure that patients are actively involved in their recovery.

There are four main stages:

1. Planning and preparing before surgery – giving you plenty of information so you feel ready.
2. Reducing the physical stress of the operation – allowing you to drink up to 2 hours before your surgery.
3. A pain relief plan that focuses on giving you the right medicine you need to keep you comfortable during and after surgery.
4. Early feeding and moving around after surgery – allowing you to eat, drink, and walk around as soon as you can.

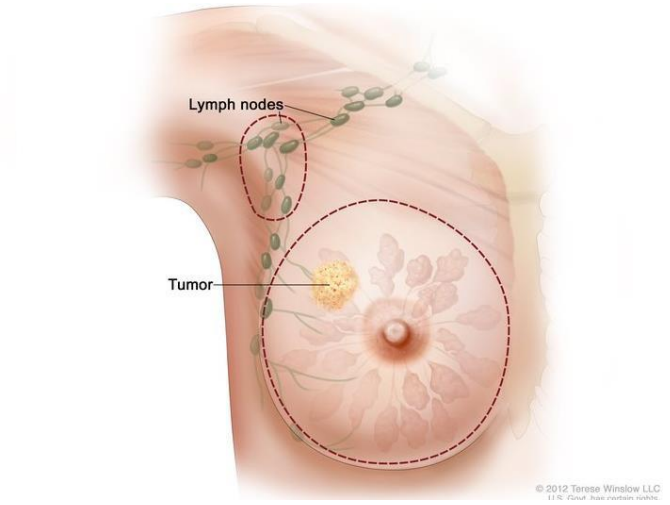
It is important that you know what to expect before, during and after your surgery. Your care team will work closely with you to plan your care and treatment. You are the most important part of the care team.

It is important for you to participate in your recovery and to follow our advice. By working together, we hope to keep your hospital stay as short as possible.

Introduction to Breast Surgery

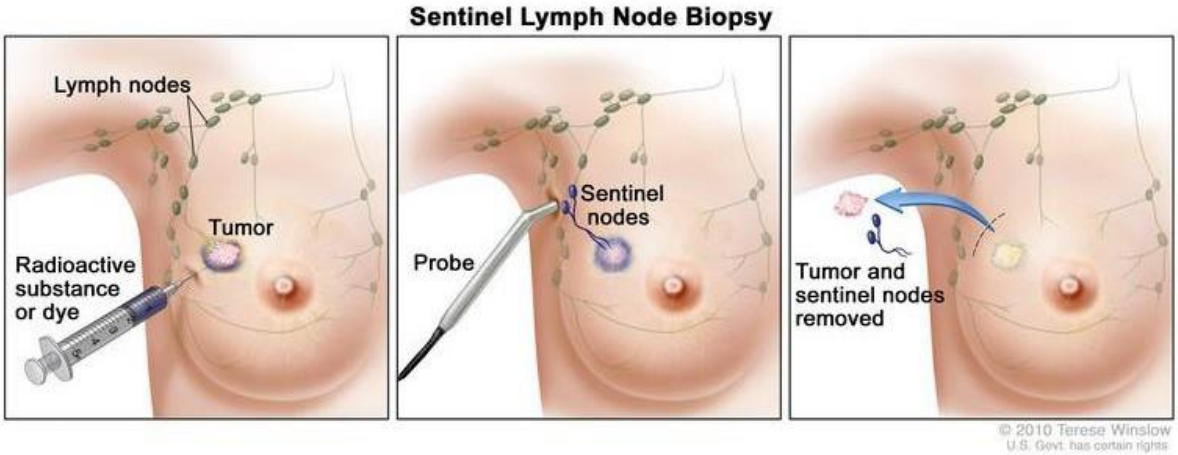
What is a mastectomy?

A mastectomy is the surgical removal of the breast. It can be the removal of one or both breasts. It is usually done to treat breast cancer, or one who is at high risk of breast cancer.



What is Lymphoscintigraphy?

Lymph nodes are small round cells that act like filters in your body. They help to remove waste and fight infection. The sentinel lymph nodes are the first nodes that may help to detect cancer. Lymphoscintigraphy (or sentinel lymph node mapping) helps to identify how many sentinel nodes are present and where they are located so we can mark them over the skin for biopsy.



What is Breast Reconstruction?

Breast reconstruction is one potential option for women who undergo a mastectomy for breast cancer treatment. Choosing to have breast reconstruction should not affect your cancer treatment in any way.

It is an elective procedure that can help restore part of your womanhood disrupted by cancer. Reconstruction is not medically necessary procedure and, in fact, some women choose not to have reconstruction after a mastectomy. It is a personal decision.

There are a few breast reconstruction options related to the *timing* of the reconstruction and the *type* of reconstruction. It is important to know that not all patients are good candidates for each of the types of reconstruction. A plastic surgeon works with your breast surgeon to perform reconstruction surgery and will discuss with you the best options for your individual situation.

You and your surgeon have chosen to proceed with **Autologous Reconstruction.** This means we will use tissue from another place on your body (one that has excess tissue) to recreate your breast. These areas of tissue are called "free flaps" because they are completely removed from their blood supply and transferred to another location. This surgery involves a special process called **microsurgery** to reconnect the small blood vessels that supply this tissue.

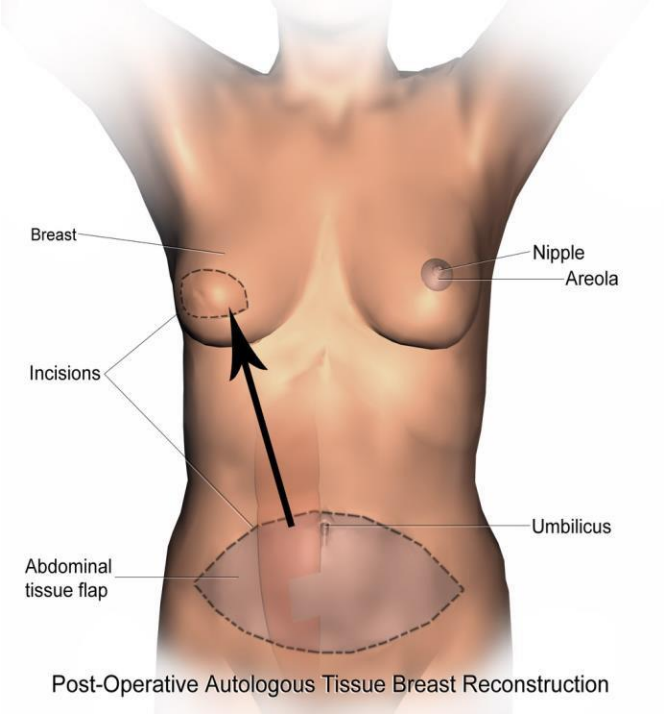
The area that is most often used for this operation is the lower abdomen (see photo on next page). We always try to perform a Deep Inferior Epigastric Artery Perforator (DIEP) flap when possible to avoid taking any abdominal muscle. However, this is not always possible because of a person's anatomy.

A CT scan of your abdomen will be performed to map out your unique arterial anatomy before your surgery. This will be ordered for you at your initial appointment and the radiology department will call you to schedule your CT scan.

If a DIEP flap is not possible, we can do a muscle-sparing Transverse Rectus Abdominis Myocutaneous flap (msTRAM). The msTRAM flap is very similar to the DIEP. For an msTRAM flap, we remove a very small strip of muscle with the flap that does not interfere with abdominal function after surgery.

If we cannot use tissue from the lower abdomen for either a DIEP or msTRAM, we can usually use **tissue from the inner thigh** to complete breast reconstruction. However, using tissue from the inner thigh may result in a smaller reconstruction and may require additional fat grafting (using fat from another area of your body) or other revision procedures if a larger breast reconstruction size is desired.

Another method of reconstruction is when we **transfer the latissimus dorsi muscle with overlying skin from your back to the front of your chest** to cover an expander or an implant. This option is typically only used if you have had radiation and you prefer an implant-based reconstruction, or for patients who are not candidates for other reconstructive options.



Deep Inferior Epigastric Artery Perforator (DIEP) Flap

Before Your Surgery

Clinic

During your clinic visit we will check to see what type you will need. You will work with our entire team to prepare for surgery:

- The surgeons, who will have fellows, residents, or medical students working with them
- Nurse Practitioners (NPs) or Physcian Assistants (PAs)
- Clinical nurse coordinators
- Registered Nurses (RNs)
- Licensed Practical Nurses (LPNs)
- Administrative assistants

During your clinic visit, we will:

- ❒ Ask questions about your medical history
- ❒ Perform a physical exam
- ❒ Ask you to sign the surgical consent forms

You will also receive:

- ❒ Instructions on preparing for surgery
- ❒ Instructions for what to do before surgery if you are on blood thinners
- ❒ Any instructions related to your node biopsy
- ❒ Instructions on when and how you will have sentinel node mapping

You will also decide who your Care Partner is going to be:

- ❒ Care Partner(s) are 1 or 2 adults identified by you to be an active part of your healthcare team.
- ❒ Care partner(s) may visit or stay with you around-the-clock.
- ❒ Your care partner(s) may be the same person/people you identify to be your help once you are discharge home.
- ❒ Your care partner and the person who will be providing your ride home will need to be at the hospital by 9 AM the morning of your discharge. It is important that they are here to listen to discharge instructions and learn how to safely care for you.

Quitting Smoking Before Surgery

If you smoke, we encourage you to stop using any form of nicotine for **6 weeks before surgery** and remain free until you are fully healed. Nicotine cessation is important because it will:

- ❒ Improve wound healing after surgery
- ❒ Help avoid complications during and after surgery

If you are not able to be off cigarettes **at least 2 weeks before surgery**, we ask that you cut back on your smoking and encourage you to quit smoking as soon as possible after surgery. This is very important to your health.

Please let your surgeon's nurse know if you smoke.

Some Long-Term Benefits of Quitting May Include:

- ❒ Improved Survival
- ❒ Fewer and less serious side effects from surgery
- ❒ Faster recovery from treatment
- ❒ More energy
- ❒ Better quality of life
- ❒ Decreased risk of secondary cancer

Some key things to think about before your surgery, as you begin to think about quitting:

- ❒ All hospitals in the United States are smoke free. You will not be allowed to smoke during your hospital stay
- ❒ Your doctor may give you medicine to help you handle tobacco withdrawal while in the hospital and after you leave.

Here are some tips to help you throughout your journey:

- ❒ Speak with your provider about medications that can help you with transitioning from a smoker to a nonsmoker.
- ❒ Identify your triggers and develop a plan to manage those triggers.
- ❒ Plan what you can do instead of using tobacco. Make a survival kit to help you along your quit journey. In this kit have: nicotine replacement therapy, sugar-less gum or candy, coloring books, puzzles, or bubbles for blowing.

Keys to Quitting and Staying Smoke Free:

- ❒ Continue your quit plan after your hospital stay
- ❒ Make sure you leave the hospital with the right medications or prescriptions
- ❒ Identify friends and family to support your quitting

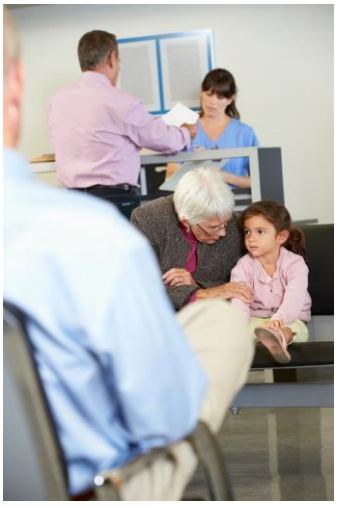
You Don't Have to Quit Alone!

1.800.QUITNOW **https://smokefree.gov/**

Anesthesia Perioperative Medicine Clinic

The Anesthesia Perioperative Medicine Clinic will review your medical and surgical history to determine if you will need an evaluation prior to surgery.

If an in person anesthesia evaluation is needed the Anesthesia Perioperative Medicine Clinic will notify you. Then:



- An appointment will be scheduled for an office visit a few weeks prior to the surgical date
- Your medications will be reviewed
- You may have a blood test, test of the heart (EKG), and/or other tests the surgeon or anesthesiologist requests
- For questions or if unable to keep the appointment with Anesthesia Perioperative Medicine Clinic please call **434-924-5035.** Failure to keep this visit with Anesthesia Perioperative Medicine Clinic before surgery may result in cancellation of surgery.

There may be times that you are instructed to go to the Anesthesia Perioperative Medicine Clinic after your appointment with your surgeon. If this is the case you are welcome to a same day appointment but please allow for up to 2 hours.

Remember: If you are taking any blood thinning medications be sure to tell your doctor and nurse as your medication may need to be stopped before surgery.

Medications to Stop Prior to Surgery

14 Days Prior

STOP birth control pills and all vitamin, herb and joint supplements, and such as:

CoQ10	Glucosamine	Juice Plus®
Chondroitin	Flaxseed oil	St. John's Wort
Echinacea	Fish oil	Saw palmetto
Emcy	Kava	Valerian
Ephedra	MSM	
Garlic	Multivitamins	
Ginkgo	Ogen	
Ginseng	Omega 3, 6, 9	

7 Days Prior

STOP all aspirin containing products, such as:

Alka-Seltzer®	Excedrin®
Aspirin 81mg to 325mg	Fasprin® (81mg)
BC Powder®	Goody's Powder®
Bufferin®	Norgesic®
Disalsid® (Salsalate)	Pepto-Bismol®
Dolobid® (Diflunisal)	Percodan®
Ecotrin®	

If you have heart stents and take Plavix® and aspirin, check with your cardiologist about stopping prior to surgery.

Talk to your Primary Care or Cardiologist about when to stop taking antiplatelets or anticoagulants, such as:

Aggrenox®	Plavix® (clopidogrel)
Antithrombotics	Pletal® (cilostazol)
Coumadin® (warfarin)	Ticlid® (ticlopidine)
Effient® (prasugrel)	Trental® (pentoxifylline)
Eliquis® (apixiban)	Xarelto® (rivaroxaban)

Medications you may continue prior to surgery: Iron, Tylenol® or other pain medications such as Codeine®, Lortab®, Percocet®, Ultram® (tramadol), or Vicodin®

STOP all non-steroidal anti-inflammatory Medications (NSAIDs), such as:

Advil® (ibuprofen)
Aleve® (naproxen)
Anaprox® (naproxen)
Ansaid® (flubiprofen)
Arthrotec® (volatren/cytotec)
Cataflam® (diclofenac)
Celebrex® (celecoxib)
Daypro® (oxaprozin)
Feldene® (piroxicam)
Indocin® (indomethacin)
Meclomen® (meclofenamate)
Mediprin® (ibuprofen)
Mobic® (meloxicam)
Motrin® (ibuprofen)
Naprelan® (naproxen)
Naprosyn® (naproxen)
Nuprin® (ibuprofen)
Orudis® (ketoprofen)
Oruvail® (ketoprofen)
Relafen® (nabumetone)
Tolectin® (tolmetin)
Voltaren® (diclofenac)

If uncertain, please discuss your medications with your doctor and nurse.

Preparing for Surgery

You can expect to spend 2 nights in the hospital when having a **mastectomy with free flap reconstruction**.

You should arrange for support at home prior to coming for surgery. It will be important to have help with meals, taking medications, etc. A few things you can do before you come into the hospital:

- ❒ Clean and put away laundry.
- ❒ Clean your bed linens, especially if you have a pet who shares your bed.
- ❒ Put the things you use often at waist height to avoid having to bend down or stretch up too much to reach them.
- ❒ Buy the foods you like and other things you will need since shopping may be hard when you first go home. Prepare meals that you can freeze and easily reheat.
- ❒ Cut the grass, tend to the garden and do all house work. Please arrange for someone to do these tasks while you are recovering. You will not be allowed to do these activities for several weeks after surgery.
- ❒ Arrange for someone to get your mail and take care of pets and loved-ones, if necessary.
- ❒ Be sure you have a working digital thermometer. We will ask you to monitor your temperature once you are discharged from the hospital.
- ❒ Arrange transportation to and from the hospital and all appointments.

- ❒ **Please do not shave your pubic area or underarms for 2 weeks before surgery.**
- ❒ We recommend you have the following non-prescription medications at home before your surgery:
    - Tylenol (acetaminophen) 500mg tablets (for pain)
    - Advil/Motrin (ibuprofen) 200mg tablets (for pain)
    - Colace (docusate sodium) 100mg tablets (a stool softener)
    - Miralax powder (for constipation)

Remember to review the page in section 1 for medications you may be taking and when to stop taking them before your surgery. *This is very important to prevent your surgery from being postponed or cancelled!* If you have any questions on the instructions you received, call your surgeon's office right away.

Pre-habilitation

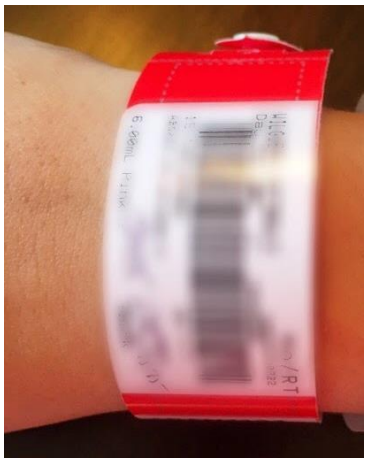
You will get a referral to help prepare you for surgery. This referral is to see a physical therapist (PT) for pre-habilitation. Pre-habilitation is a process that helps to improve your physical function. This process is important for preventing complications after surgery. This is done through exercise and preparation.

The PT is specially trained in working with breast reconstruction surgical patients. You will be evaluated at this visit. You will learn exercises to do before and after your surgery. These exercises can help improve your ability to move your body. They also prevent discomfort during recovery. The PT will make sure you learn how to safely do these exercises. The PT will discuss with you the best way to transition in your recovery.

At this visit, the PT will also talk with you your risk for developing chronic swelling or lymphedema after surgery. If you are at risk for this, the PT will explain how you can reduce your risk of developing lymphedema.

Pre-Surgery Checklist

What you SHOULD bring to the hospital:



- ❒ This ERAS Handbook
- ❒ A list of your current medications
- ❒ Any paperwork given to you by your surgeon
- ❒ A copy of your Advance Directive form, if you completed one
- ❒ Your "blood" bracelet, if you were given one
- ❒ A book or something to do while you wait
- ❒ A change of comfortable clothes for discharge. This should include a shirt that either buttons or zips up the front. We recommend up to 2 sizes bigger than normal.
- ❒ Any toiletries that you may need
- ❒ **Your CPAP or BiPAP, if you have one**
- ❒ If you use an oxygen tank, be sure you have enough oxygen and tank supplies for the ride home after surgery

What you SHOULD NOT bring to the hospital:

☒ Large sums of money
☒ Valuables such as jewelry or non-medical electronic equipment

Please know that any belongings you bring will go home with your Care Partner or be locked away in "safe keeping."

For your safety, you should plan to:

- ❒ Identify a Care Partner for your stay in the hospital.
- ❒ Have a responsible adult with you to hear discharge instructions and drive you home.
- ❒ If you plan to take public transportation, a responsible adult should travel with you.
- ❒ If possible, identify someone to stay with you the first night after discharge and to help you the week following surgery.

Days Before Surgery

Scheduled Surgery Time

A nurse will call you the **day before your surgery** to tell you what time to arrive and where to check in at the hospital for your surgery. If your surgery is on a Monday, you will be called the Friday before.

If you do not receive a call by 4:30pm, please call 434.982.0160.

Please write the time and check in location that the nurse tells you on page 1 of this handbook in the space provided

Body Wash

Instructions for Bathing

We will give you a bottle of HIBICLENS foam (body wash) to use **5 days before surgery and the morning of your surgery**

HIBICLENS is a skin cleanser that contains chlorhexidine gluconate (an antiseptic). This key ingredient helps to kill and remove germs that may cause an infection. Repeated use of HIBICLENS creates a greater protection against germs and helps to lower your risk of infection after surgery.

Before using HIBICLENS, you will need:

- A clean washcloth
- A clean towel
- Clean clothes

IMPORTANT:

- ❒ HIBICLENS is simple and easy to use. If you feel any burning or irritation on your skin, rinse the area right away, and do NOT put any more HIBICLENS on.
- ❒ Keep HIBICLENS away from your face (including your eyes, ears, and mouth).
- ❒ DO NOT use in the genital area. (It is ok if the soapy water runs over but do not scrub the area.)
- ❒ Do NOT shave your surgery site. This can increase the risk of infection. Your healthcare team will remove any hair, if needed.

Directions for when you shower or take a bath:

1. If you plan to wash your hair, do so with your regular shampoo. Then rinse hair and body thoroughly with water to remove any shampoo residue.
2. Wash your face and genital area with water or your regular soap.
3. Thoroughly rinse your body with water from the neck down.
4. Move away from the shower stream.
5. Apply HIBICLENS directly on your skin or on a wet washcloth and **wash the rest of your body gently from the neck down.**
6. Rinse thoroughly.
7. Do NOT use your regular soap after applying and rinsing with HIBICLENS.
8. Dry your skin with a clean towel.
   The night before and the morning of surgery:
9. Do NOT apply any lotions, deodorants, powders, or perfumes after using HIBICLENS.
10. Put on clean clothes after showering and sleep on clean bed linens the night before surgery.

Food and Drink the Night Before Surgery

- ❒ Stop eating solid foods at midnight before your surgery.
- ❒ Be sure to have a 20-ounce Gatorade™ **ready and available for the morning of surgery** (no red Gatorade). You will drink this on your way into the hospital in the morning.

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Day of Surgery

Before You Leave Home

- ❒ Remove nail polish, makeup, piercings, and jewelry, including wedding bands.
- ❒ Continue drinking water or Gatorade™ (no red) on the morning of your surgery. Do NOT drink any other liquids. If you do, we may have to cancel surgery.

Hospital Arrival

- ❒ Arrive at the hospital on the morning of surgery at the time you wrote on page 1. (**This will be approximately 2 hours before surgery**)
- ❒ Finish the Gatorade™ as you arrive. **You cannot drink after this**.
- ❒ Check-in to the location as instructed by the call nurse.
- ❒ Your family will get a surgery guide to explain the process. They will be given a tracking number so they can monitor your progress.

Surgery

When it is time for your surgery, you will be brought to the Preoperative Area. Your family member can be with you during this time.

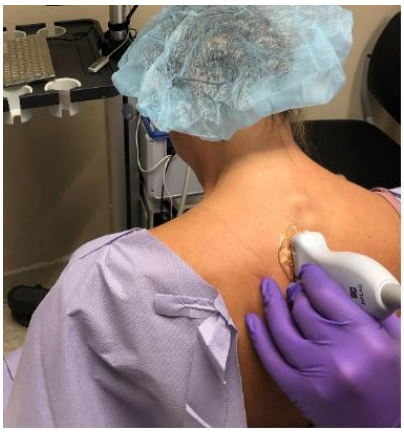
In Preop, you will:

- ❒ Be identified for surgery and get an ID band for your wrist.
- ❒ Be checked in by a nurse and asked about your pain level.
- ❒ Be given an IV and weighed by the nurse.
- ❒ Meet the anesthesia and surgery teams and your consent for surgery will be reviewed. Your anesthesia provider will talk to you about your pain management options.
- ❒ Be given several medicines that will help keep you comfortable during and after surgery.

Pain Management for your Breast Surgery

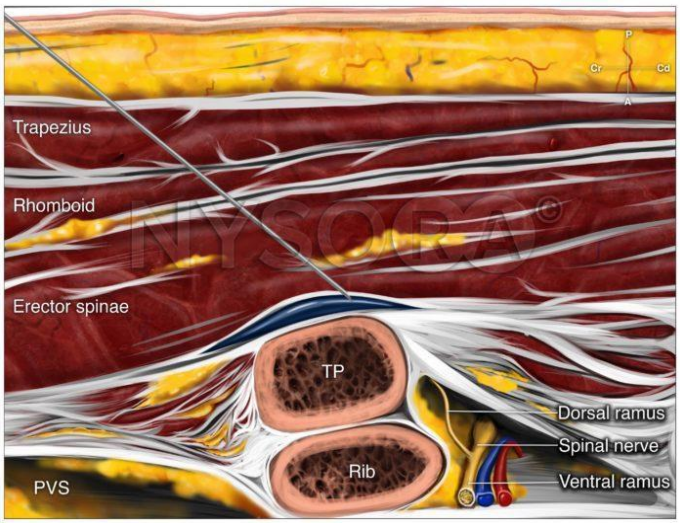
In order to help prevent or decrease pain during your surgery and for a time afterward, your anesthesia provider will perform a **peripheral nerve block (PNB)**. This is a technique used to numb a section of your body. An **Erector Spinae Plane (ESP) block** is a type of PNB specific for chest wall surgery (e.g. breast surgery). There are also other PNB options available in the case that an ESP block cannot be performed. Your anesthesia provider can speak to you about the option that is best for you.

What to expect for an ESP block:



Using an Ultrasound (US)

- You may be given medicine in your IV to help you relax and make you sleepy.
- We will monitor your blood pressure, breathing, and heart rate during the procedure.
- Your Anesthesiologist will use an ultrasound (US) to identify the nerves to be numbed.
- Using the US, we put a needle into the correct area and inject local anesthetic (numbing medicine) into the site.
- The ESP Block is performed on your back.
- This area of your body becomes numb within 20 to 30 minutes.
- After the procedure is done, the area stays numb for many hours and slowly wears off over the next several hours, depending on the type of medicine used.



In the Operating Room

From Preop, you will then be taken to the Operating Room (OR) for surgery and your family will return to the family waiting lounge.

Many patients do not recall being in the OR because of the medication we give you to relax and manage your pain.

Once you arrive in the OR:

- ❒ We will do a "check-in" to confirm your identity and the location of your surgery.
- ❒ You will be connected to monitors.
- ❒ Boots will be placed on your feet to reduce the risk of developing blood clots.
- ❒ You will be given antibiotics through your IV to reduce your risk for infection.
- ❒ Your anesthesia provider will perform the peripheral nerve block (PNB) to numb a section of your body.
- ❒ Just before starting your surgery, we will do a "time out" to check your identity and confirm the location of your surgery.

After this, your surgical team will perform your operation. Depending on your specific surgery, you may be in the OR for 4 to 8 hours.

During your surgery, the OR nurse will call your family at the start of your surgery and then approximately every 2 hours to update them, when possible.

After Surgery

Recovery Room (PACU)

You may be taken to the recovery room (PACU) after surgery.

Once you are awake:

- You will be given clear fluids to drink.
- We may give you medication to reduce nausea and vomiting since this is very common after your surgery.

Your surgical team will also call your family after surgery to give them an update. The surgeons may also visit them in the Surgery Consult Room in the Surgical Family Waiting Lounge.

Hospital Inpatient Unit or Intermediary Care Unit

Once to your room, you:

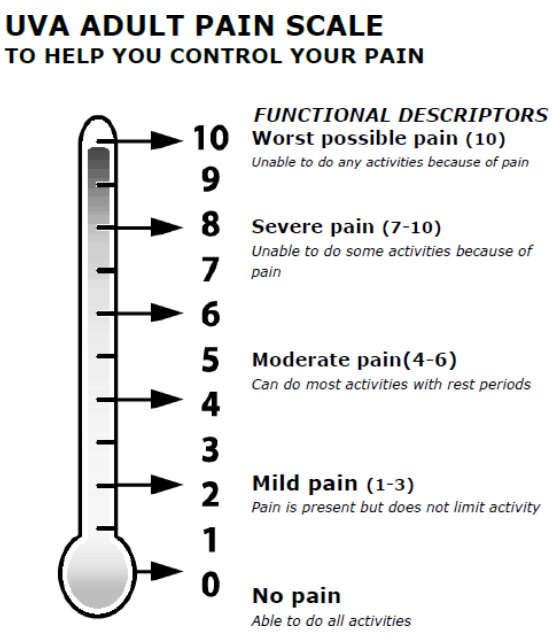
- ❒ Will have an IV in your arm to give you fluid and you will be allowed to drink fluids.
- ❒ Will be encouraged to eat as soon as you feel ready.
- ❒ Will have 3 to 4 small tubes coming from your incisions to drain any fluids inside. Your nurse will monitor and empty the drains every 2-4 hours while you are in the hospital. You will go home with these drains.
- ❒ Will have your flap checked every hour for the first 24 hours, and then every 2 hours until you are discharged from the hospital.
- ❒ Will be in a **beach chair position**. The head of your hospital bed will be inclined about 60 degrees to help with healing. You will be able to get out of bed with assistance.
- ❒ Will be given an incentive spirometer (a device to help see how deeply you are breathing). We will ask you to use it 10 times an hour to keep your lungs open and help prevent pneumonia.
- ❒ Will resume your home medications (with the exception of some diabetes, blood pressure, and blood thinning medications).
- ❒ Will place inflatable sleeves on your legs to help prevent blood clots. These should be worn whenever you are in the hospital bed after surgery. You may also receive a blood thinner shot in the abdomen to help prevent blood clots.

Pain control following surgery

Managing your pain is an important part of your recovery. We will use the UVA Pain Rating Scale where you rate your pain on a scale from 0 to 10 - where 0 means no pain and 10 means the worst imaginable pain. We will ask you regularly about your level of comfort because it is important that you are able to take deep breaths, cough, and move. We will manage your pain, but will not be able to eliminate all pain. Pain is a normal part of recovery after surgery.

You will have some discomfort after your surgery. You may have a stinging sensation along your incision and your drain sites may itch. Tenderness along the lower ribcage is also common. This will gradually get better over time.

Preventing and treating your pain early is easier than trying to manage pain after it starts so we have created a specific plan to stay ahead of your pain.



- ❒ You will get several pain medicines around-the-clock to keep you comfortable. You will also be discharged with these medications.
- ❒ You may be prescribed narcotic pain pills (for example, oxycodone) as needed for additional pain.

The goal of this plan is to keep you comfortable but still allow you to move for your daily activities. Narcotics can significantly slow your recovery and cause constipation so we will only use them if needed.

If you are on long-standing pain medication prior to surgery, you will be provided with an individualized plan for pain control with the assistance of our pain specialists.

- ➢ We will also use a medication called EXPAREL® as part of your pain management plan.
- ➢ It is administered by the surgeon at your surgical site.
- ➢ EXPAREL® is long lasting and helps to reduce the need for narcotics after surgery.
- ➢ EXPAREL® will slowly wear off over 3 days, so you may have an increase in pain during that time. This is normal.
- ➢ Make sure you are taking your home medication as prescribed.

First Days After Surgery

On the day after surgery you:

- ❒ Will have your IV turned off but not removed.
- ❒ Will learn how to care for your drains, this includes stripping and emptying.
- ❒ Will learn about how to care for your incisions.
- ❒ Will be encouraged to drink and eat regular foods as soon as you are ready.
- ❒ Will be asked to get out of bed, get dressed, sit in chair, and walk the hallways with help from nursing staff, physical and occupational therapy.
- ❒ May be transferred to the acute care floor, if you are not already there, once you are able to move around and your pain is under control.

Two days after surgery you:

- ❒ Will be able to have your bed in **flat position**. Physical and occupational therapy will give you recommendations on how to safely get up and out of bed after discharge.

You will be able to go home when you:

- ❒ Have your pain controlled.
- ❒ Are off all IV fluids and drinking enough to stay hydrated.
- ❒ Are not nauseated and able to tolerate medications by mouth.
- ❒ Do not have a fever.
- ❒ Are able to get around by yourself.

Remember, we will not discharge you from the hospital until we are sure you are ready. For some patients this requires an additional day in the hospital.

Complications Delaying Discharge

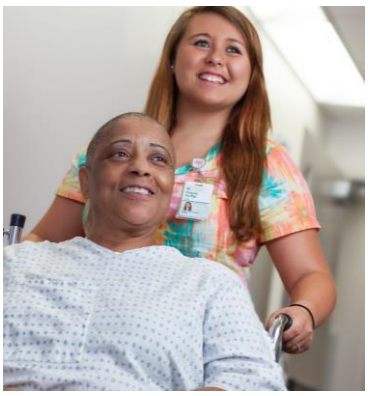
Flap necrosis – a major, rare complication where the breast free flap may not survive and the flap signal (blood supply to the flap) may be lost. If this happens, your plastic surgeon will take you back to the operating room as soon as possible for successful reconstruction.

Ileus - is the lack of movement of your bowels that leads to buildup and potential blockage of food. It is temporary, but is often painful and causes bloating of your abdomen. It is very common with the use of anesthesia and narcotic pain medication and is one of the reasons we do our best to manage your pain with non-narcotic options.

Urinary Retention – is the inability to completely empty the bladder. Sometimes your bladder is slow to start working on its own again and urinary retention (difficulty or inability to urinate) occurs. If you develop urinary retention, we may have to put a temporary catheter in or give you special medication to treat it. In some cases, we may discharge you home from the hospital with a catheter until your urinary retention resolves. We do everything we can to help prevent urinary retention after surgery.

Discharge

Before you are discharged, you will be given:



- ❒ A copy of your discharge instructions.
- ❒ A list of any medications you may need.
- ❒ A prescription for pain medicine.
- ❒ Instructions on when to return to clinic, depending on your surgery. This will be in approximately 1-3 weeks where you will see your surgeon and have your drains removed.

Before You Leave the Hospital

- ❒ We will ask you to identify how you will get home.
- ❒ We will ask who will stay with you.
- ❒ Be sure to collect any belongings that were stored in “safe keeping.”

Our Case Managers help with discharge needs. Please let us know the names, locations, and phone numbers of your home pharmacy and any special needs you may have for recovery.

- ❒ Your home pharmacy:

_____

- ❒ Any special needs after your hospital stay:

_____

After Discharge

When to Call

Complications do not happen very often, but it is important for you to know what to look for if you start to feel bad.

After you leave the hospital, you should call us at any time if:

- ❒ You have worsening or new pain unrelieved by pain medication
- ❒ You have excessive swelling in your hands, feet or legs
- ❒ You have a fever greater than 101.5°F
- ❒ You are vomiting, nauseated, or have frequent stools/diarrhea
- ❒ You are unable to have a bowel movement for more than 24 hours
- ❒ You are not tolerating food, fluids or liquid supplements
- ❒ Your drains have a large increase in output

Related to your surgical site, please call us immediately if:

- ❒ it becomes bright red (like a sunburn), scabs, blisters or turns purple/black over the breast, or if any part of your incision opens up
- ❒ one breast becomes significantly larger, swollen or more painful
- ❒ Your incision or drain starts to drain infected material that is cloudy, has pus-like drainage or a foul odor. Clear yellow or light red/pink fluid is expected and normal.
- ❒ Your incision starts to drain a large amount of fluid (this may happen suddenly)
- ❒ During your hospital stay, your flap will be monitored frequently. Once you are home please notify us immediately of any flap changes such as:
    - The flap becomes cool to the touch.
    - The flap changes to a dusky or purple color.
    - The flap appears to have bruising that is worsening.

Contact Numbers

If you have trouble between 8:00am and 4:00pm, please call **434.924.5078** or send a MyChart message to your plastic surgeon's office.

After 4:00pm and on weekends, call the main hospital operator at 434.924.0000. Ask to speak to the **Plastic Surgery Resident ON CALL**. The resident on call is often managing patients in the hospital so it may take a few minutes longer for your call to be returned.

Wound Care Instructions

In caring for your wound, the most important thing to remember is to wash your hands before touching or caring for your surgical incision or drains.

You can expect to have a bandage over the surgical site. It may be removed 48 hours after surgery. Your incision may have surgical glue or steri-strips in place. Both of these will peel off over time. Please do not peel these off yourself.

You may shower 48 hours after surgery. Be sure to pat your incision dry with a towel. No tub baths, hot tubs or swimming for at least 6 weeks after surgery. You MUST have permission from your surgeon before doing any of these since your incisions must be completely healed. Please do not shave your underarms or pubic area for 2 weeks.

The wound is typically pink and has a firm ridge underneath. This is normal and will heal over several weeks or months. If you notice suture "tails" at the end of your incision, do not pull them. You can trim them with a clean pair of scissors 2 weeks after surgery, or we can remove them at your next clinic appointment.

Avoid direct sunlight on your surgery site. It will take a few months for your scar to become less red. You will need to wear sunscreen on your scar line for at least the first year if it is in a sun exposed area. You can use scar treatment or lotions 4 weeks after surgery.

When and if you had incisional drain/s removed, the site/s will close up over the next 3 days. The site/s may continue to drain clear drainage over time and can be managed with gauze dressing changes as directed. The drainage amount will decrease each day. If the drainage amount increases, please call your surgeon. Once the drain site is no longer draining, remove the dressing and leave the site open to air to complete healing.

Special Supplies

After surgery, it can be painful to reach your arms over your head. You should wear shirts that button or zip up the front for the first few days after surgery.

We will also provide you with a surgical bra that opens in the front to allow for us to easily look at your incisions after surgery. You should NOT wear an underwire bra for at least 8 weeks after surgery. Please ask your breast or plastic surgeon about a prescription for surgical bras and garments, which may be covered under your insurance (also see next page).

Tips for Getting Dressed

Following a DIEP flap, we recommend wearing breast and abdominal support 24/7, except for when you are showering. This can be the surgical bra provided or a medium compression sports bra with no underwire. For the abdomen, you may use the abdominal binder provided or high-wasted yoga pants/biker shorts.

When putting on a shirt, dress your more painful arm first (usually the same side as your surgery) and undress that arm last.

Use both of your arms frequently for light self-care activities, such as brushing your teeth, bathing, dressing, and eating. If you don't keep your arms moving, they may get very stiff and painful.

Use the surgical bra as instructed. If using a regular bra, start by fastening the bra in front of you then turn it around. Remember to avoid underwire bras for at least 8 weeks.

When dressing your lower body, sit down and try to bring your foot and leg up instead of bending over. Try to cross one leg over the opposite leg or prop your leg on a stool, the bed or some other surface.

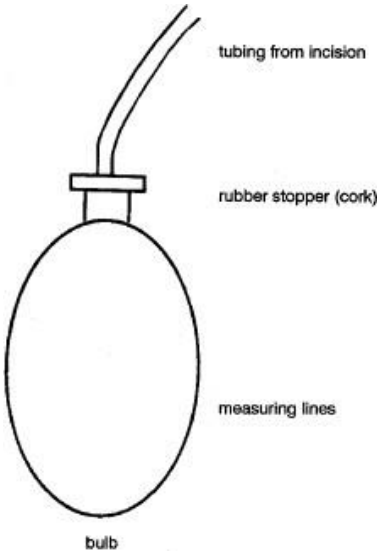
If you go home with surgical drains you will need to keep them supported. Some surgical bras (not the one we provide) have drain pockets which can come in very handy. You could also use a surgical drain holder or a lanyard to secure the drains. These can be purchased on the internet. If you choose this option, we recommend purchasing 2 so one can be worn in the shower. You could also attach your drains to your shirt or bra using safety pins. Just be careful if using pins, as pin sticks could potentially lead to infection or could puncture the drain itself.

Flourish Boutique at The Breast Care Center located at Pantops has clothes, accessories and services especially for people recovering from cancer. This includes a certified mastectomy fitter who can help with bras and prosthetics. Fittings are by appointment only. Please call 434-924-9333 to schedule.
For more information, visit this website:
https://uvahealth.com/services/cancer-support-services/flourish-boutique.

Rest and Sleep

When sitting in a chair or lying in bed, keep your arms supported on pillows. You may want to sleep in a recliner at first, but if the recliner lever is on your surgical side, you will need help pulling it.

Going Home with a Drain



You will have one or more drains stitched into your wound during surgery. The type of drain is called a Jackson-Pratt or "JP" drain. The drain gently suctions and collects fluid, promoting healing, reducing swelling, and reducing the risk of infection.

Care of the JP drain:

- Keep the drain supported to avoid it pulling on the stitches that hold the drain in place. **Do not** pin the drain to your pants. See previous page for suggestions on drain support.
- Strip the tubing of your JP drain as taught by your nurse. Do this every 12 hours to keep the tubing free of clots. Clots that come through your tube that look bloody, white and/or stringy are normal.
- Record the color and amount of output and the date and time of emptying in the drain output logs that are located at the front of the binder. You will be given a measuring cup. You will empty the bulb every 12 hours or any time it is ½ full.
- The amount of drainage should decrease with time and the color should change from red to the color of straw.
- Clean your drain site daily with soap and water. You can shower with a JP drain. You can NOT have tub baths while the drain is in place.

If your drain starts to leak around the site where the drain meets the skin, strip it more frequently. If this does not stop the leaking, please call your doctor to see if you need to come into the clinic for a drain check.

Drains will be removed when drainage is less than 30mls per day for 2 consecutive 24-hour periods. Call the clinic on the third day of less than 30ml to schedule an appointment. Your drain care record is at the front of your notebook. You will be asked to bring this to your appointment. Please note that only one abdominal drain is typically removed at a time.

Pain Management

You may alternate NSAIDS (like ibuprofen) and acetaminophen (Tylenol) for improved pain control. Take these over-the-counter medications as prescribed.

Additionally, we may send you home with a prescription for a narcotic pain medication (usually oxycodone). **Only use the narcotic pain medication for severe pain.** If you would like this filled at the hospital pharmacy, please tell your nurse so it will not cause delay in your discharge home.

Narcotic pain medications often cause nausea. To help reduce the risk of nausea, take this pain medication with a small amount of food.

Your health care team will work with you to create a treatment plan based on the medications you are prescribed. It's important to remember that misuse of narcotic pain medicines is a serious public health concern. If you take your narcotic pain medication at a higher dose or more frequently than what was prescribed, you will run out of your medication before your pharmacy will allow a new prescription to be filled. Ask your health care team if you have specific questions.

Virginia has a Prescription Monitoring Program for these types of medications to help keep patient safe.

Please ask your health care team if you have specific questions about your pain management plan.

Pain Medication Weaning

You may find that your pain is well controlled by over-the-counter medicines such as NSAIDS (like ibuprofen) and acetaminophen (Tylenol).

However, if you are taking narcotic pain medication, you will need to wean off this medication as your pain improves. Weaning means slowly decreasing the amount you take until you are not taking it anymore.

Weaning to lower doses of narcotic pain medication can help you feel better and improve your quality of life.

It's important to remember that taking narcotic pain medication may not provide good pain relief over a long period of time and sometimes they can actually cause your pain to get worse. Narcotic pain medications can also have many different side effects including constipation, nausea, tiredness and even dependency (addiction). The side effects of narcotic pain medications increase with higher doses, which means the more you take, the worse the symptoms may be.

To wean from your narcotic pain medication, we recommend slowly reducing the dose you are taking. ***To do this, you can increase the amount of time between doses***. If you are taking a dose every 4 hours, extend that time:

- Take a dose every 5 to 6 hours for 1 or 2 days
- Then, take a dose every 7 to 8 hours for 1 or 2 days.

You can also reduce the dose. If you are taking 2 pills each time, start taking fewer pills:

- Take 1 pill each time. Do this for 1 or 2 days.
- Then, increase the amount of time between doses, as explained above.

If you are not sure how to wean off of your narcotic pain medication, please contact your family doctor.

Once your pain has improved and/or you have weaned off your narcotic pain medication, you may have pills remaining. The **UVA Pharmacy** is now a **DEA registered drug take-back location**. There is a Drop Box available in the main lobby of the pharmacy 24 hours 7 days per week for patients or visitors to safely dispose of unwanted or unused medications.

Constipation

Constipation is very common with the use of narcotic pain medicine. The ERAS program decreases the risk of constipation by using pain medicine alternatives to help keep you comfortable.

If you are on a regular diet, include plenty of **fiber**. Good sources of fiber include fresh fruits, vegetables, dried beans and whole grains. You may use fiber supplements with water.

It is important that you drink 6-8 cups of non-caffeinated fluids per day to prevent constipation. Water is best.

We may ask you to take a **stool softener (Colace)** and **laxative medication (Miralax)** to help prevent constipation once you are home if you are also taking narcotic pain medication. Please continue to take these each night until you stop your narcotic pain medication. If diarrhea occurs, please stop taking the Colace and Miralax. Walking and regular activity can also help prevent constipation.

Work

After mastectomy with free flap reconstruction, you should expect to be out of work for approximately 6-8 weeks.

You should check with your employer on the rules and policies of your workplace, which may be important for returning to work. If you need a "Return to Work" form for your employer or disability papers, ask your employer to fax them to our office at 434.924.8118.

Driving

You may drive when you are off narcotics for 24 hours and feel secure and pain-free enough to react quickly with your braking foot, and when you have regained safe range of motion of your arms. For most patients this occurs at 2-3 weeks following surgery.

Hobbies and Activities

Walking is encouraged from the day following your surgery. Start slowly and give your muscles time to warm up before starting any activity. Remember to use caution as you resume your previous activities.

Plan to walk three or four times daily.

You should NOT:

- ☒ Do any heavy lifting for 6-8 weeks
- ☒ Lift anything over 10lbs or do any repetitive movements (i.e. raking, shoveling. sweeping, vacuuming) or resistance exercises (push or pulling) until your first post-operative appointment. At this appointment your doctor will discuss when to increase activity.
- ☒ Lift, walk, lay, or sleep with pets until after your follow up appointment.
- ☒ Do anything that causes you pain or is uncomfortable.

You SHOULD:

- ❒ Be able to climb stairs and go outside from the time you are discharged.
- ❒ Try to keep to keep pets away from the incisions and drains as a scratch from a pet near the incision could increase your risk for infection.
- ❒ Will be given range of motion exercises to start 48 hours after drains are removed.

If your abdomen was used for your flap, it will feel tight and you may not be able to stand up fully. This will stretch out over the first 1-2 weeks, but during this time you will have to bend over slightly while you walk. You may also be more comfortable sleeping with a few pillows under your knees and head.

If your thigh was used for your flap, you should walk with a shuffling gait (short steps) for the first 2 weeks after surgery and avoid any movement that will pull on your incision.

Remember, you can expect to feel tired for several weeks following surgery. This should gradually improve. Your body is using its energy to heal your wounds in the inside and out. Always listen to your body. Take frequent breaks and increase your activity as tolerated.

Support

We have a variety of programs available to help support our breast reconstruction patients. We are proud to have developed the **Peer-to-Peer Telephone program** which offers new patients a chance to speak with a previous patient. If you are interested in this program please let your surgeon or nurse know and we can speak more about the details.

You also have access to a range of services available through the **Emily Couric Cancer Center**. From cancer counseling services, to yoga, to nutritionists and more, there are a variety of resources available to you throughout the UVA Health. Please let us know how we can best support you during your care and recovery.

To learn more and see all the programs and support group available visit:

https://uvahealth.com/services/cancer-support-services/support-groups

https://uvahealth.com/services/cancer-support-services

We pride ourselves in providing each of our patients with our absolute best. It is a pleasure to care for you and your family in your time of need. If you have any suggestions about how to improve your care or the care of others, please let us know. You can contact us directly uvaeras.weebly.com.

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RECOVERY After Discharge

Physical Activity following Breast Reconstruction with DIEP or TRAM Flap

Physical activity and exercise can help to maintain your range of motion, reduce pain and maintain arm function after undergoing surgery. Here are the activity restriction recommendations to help optimize your healing and recovery:

After surgery:

- You are able to use both arms, just be sure to start slowly when using the arm on the side of your surgery/flap. Begin gently using this arm within your pain tolerance and progress slowly as your pain improves.
- To get out of bed: Log roll to your side and gently use your arms to push up to a sitting position. Perform the reverse to lay back down in bed. Continue this until you are cleared to perform abdominal exercises.

**** Your plastic surgeon will tell you when you are cleared to progress to the next phase of exercises. ****

Phase 1 exercises (to be performed while drains are in; start 2 days after surgery)

- Lift your arm no higher than shoulder level.
- Do not carry objects weighing more than **5 pounds** (ex: a half gallon of milk)
- Do not perform resistance exercises.
- Do not perform abdominal exercises (ex: crunches, sit ups, or planks)

Phase 2 exercises (once all drains are removed, typically **2-4 weeks after surgery):**

- You can return to lifting your arm overhead, but start slow and progress as able without pain.
- Do not carry objects weighing more than **10 pounds**.
- Do not perform resistance or abdominal exercises.

Phase 3 exercises (once the surgeon says you can lift more than 10 pounds, **typically** 4-8 **weeks):**

- Depending on how you are healing, you may be able to return to carrying objects more than **10 pounds** and perform resistance training and abdominal exercises.
- Ask your surgeon when you are able to return to these activities.
- In the meantime, continue performing the exercises provided in this handout.

If you notice new or worsening pain with an exercise, stop performing and consult with your physician or a physical therapist. You should be able to progressively increase movement with each exercise and with less pain as you heal from surgery. If you feel you are not progressing with exercises or are having difficulty performing them, ask for a referral to see a physical therapist to assist you.

Phase 1 Exercises

Begin performing the following exercises 2 days after surgery, **3-5 times a day**. Perform the movements slowly when starting.

Diaphragmatic breathing:

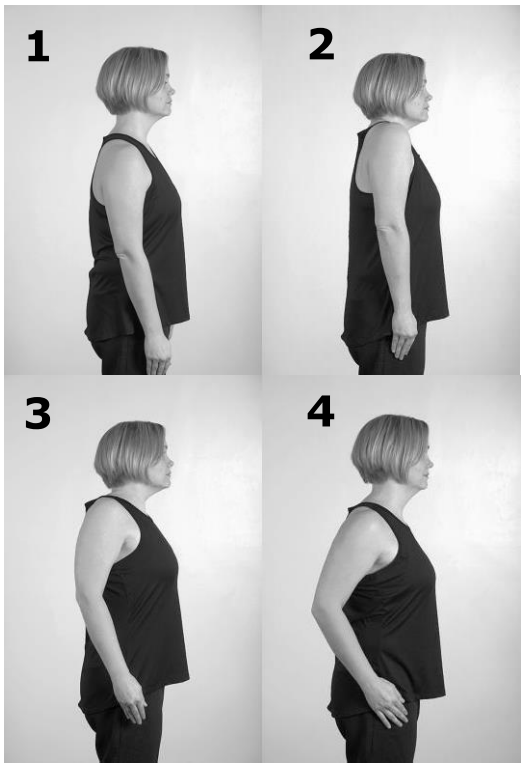
Start: Sit upright in chair with feet flat on the floor. Assume a relaxed upright posture. Place one hand on your chest and the other on your belly.
Movement: Gently breathe in and out, without your upper hand moving upwards away from your lower hand. You should feel your belly rise and sink as you breathe.
Repeat 5 times, 3-5 times a day.

Posture and Walking:

- ❒ It will feel tight at your abdomen to stand fully upright initially after surgery.
- ❒ Start standing and walking in the first day following surgery, paying attention to your posture.
- ❒ Only stand as tall and upright as you can without pain (you will likely feel stretching).
- ❒ You should progressively improve your posture to a more upright posture with your shoulders pulled back.
- ❒ Check your posture throughout the day during a routine activity such as upon standing up or walking out of the bathroom.
- ❒ Progressively increase how far and how often you walk each day until you are able to return to the amount of walking you did prior to surgery.

Shoulder Rolls:

The shoulder roll is a good beginning exercise, as it stretches your chest and shoulder muscles.



Start: Sit or Stand comfortably with your arms relaxed by your sides.
Movement: Roll your shoulders in both directions. In a circular motion, bring your shoulders forward, up, backward, and down. Try to make the circle as large as you can and get both of your shoulders to move at the same time. If you experience tightness, start with smaller circles and increase the size of your circles as it becomes more comfortable.
Repeat 10 times in each direction.

W Squeeze:

Start: Stand with arms and elbows bent as shown. Keep elbows as high as you can comfortably hold.
Movement: Pinch shoulder blades together as you press both arms backward. Hold for 10 seconds.
Repeat: 3 times.

Finger walk to the side to shoulder height:

Start: Stand with shoulder facing a wall as shown.
Movement: Slowly "walk" your fingers up the wall, lifting your arm up to your side going no higher than shoulder level. Hold for 10 seconds.
Repeat: 5-10 times.

Finger walk forward to shoulder height

Start: Stand facing a wall as shown.
Movement: 'Walk' your fingers up the wall no higher than shoulder level, avoiding pain but to the point of feeling a stretch. Hold for 10 seconds, then walk your fingers back down.
Repeat: 10 times.

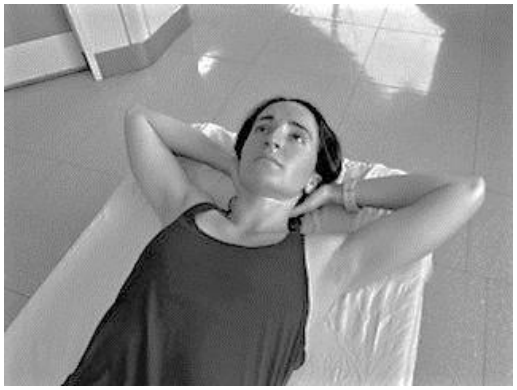
Back Crawl:

Start: Stand with arms behind your back and hold one hand.
Movement: Slide your hand up along your back. Hold as high as you can go without pain for 5 seconds while taking a deep breath. Slowly lower.
Repeat: 3 times.

Heel Slide:

Start: Lying on your back.
Movement: Bend and straighten your leg, one leg at a time, alternating legs.
Repeat: 5 times with each leg.

Butterfly Laying Down:



Start: Lying on your back with hands behind your neck and elbows pointing towards the ceiling.
Movement: Move elbows apart and down toward the floor, going only as far as you feel you can without pain. Hold there for 10 seconds.
Repeat: 3 times.

****This is an important exercise/ position in preparing for radiation. If you are going to have radiation, progressively increase your time spent in this position until you can tolerate 5-10 minutes.**

Phase 2 Exercises

Perform the following exercises **5 times a day**. Progressively increase each day how much movement you can perform with each exercise. Do not exercise to the point of pain. Continue performing until you are cleared to perform a resistance training exercise program.

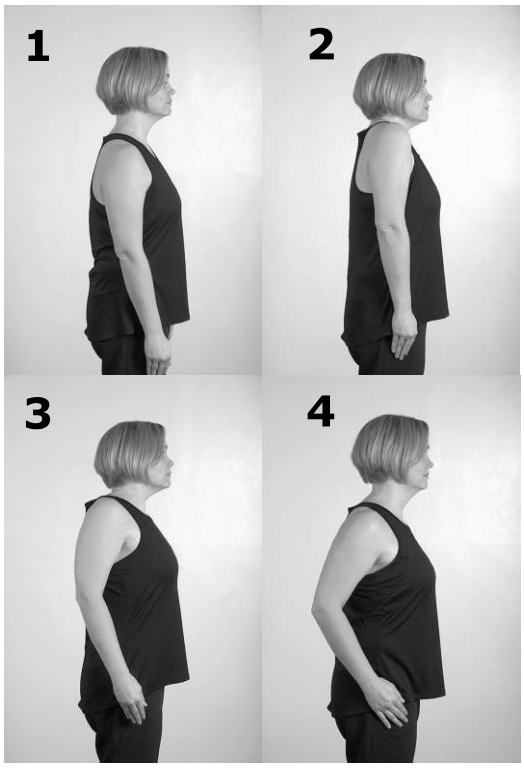
Diaphragmatic breathing:

Start: Sit upright in chair with feet flat on the floor. Assume a relaxed upright posture. Place one hand on your chest and the other on your belly.
Movement: Gently breathe in and out, without your upper hand moving upwards away from your lower hand. You should feel your belly rise and sink as you breathe.
Repeat: 5 times.

W Squeeze:

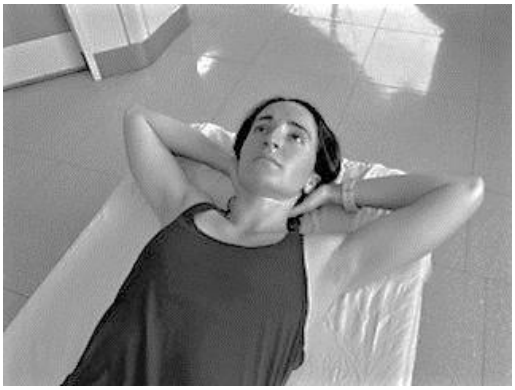
Start: Stand with arms and elbows bent as shown. Keep elbows as high as you can comfortably hold.
Movement: Pinch shoulder blades together as you press both arms backward. Hold for 10 seconds.
Repeat: 5 times

Shoulder Rolls:



Start: Sit or Stand comfortably with your arms relaxed by your sides.
Movement: Roll your shoulders in both directions. In a circular motion, bring your shoulders forward, up, backward, and down. Try to make the circle as large as you can and get both of your shoulders to move at the same time. If you experience tightness, start with smaller circles and increase the size of your circles as it becomes more comfortable.
Repeat 10 times in each direction.

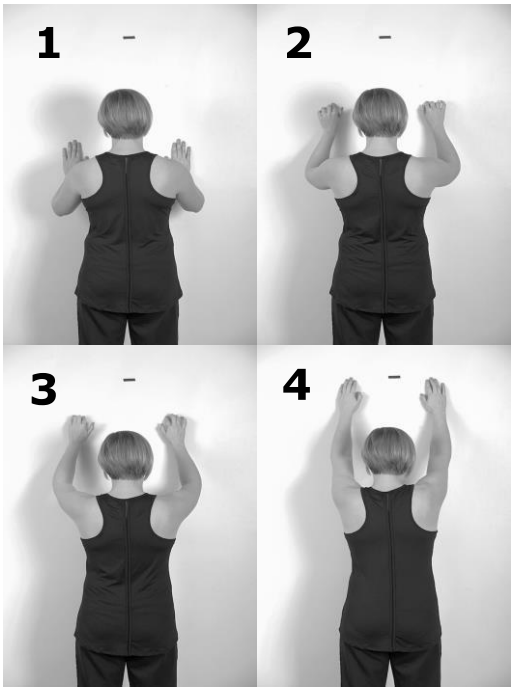
Butterfly Laying Down:



Start: Lying on your back with hands behind your neck and elbows pointing towards the ceiling.
Movement: Move elbows apart and down toward the floor, going only as far as you feel you can without pain. Hold there for 10 seconds.
Repeat: 3 times.

****This is an important exercise/ position in preparing for radiation. If you are going to have radiation, progressively increase your time spent in this position until you can tolerate 5-10 minutes.**

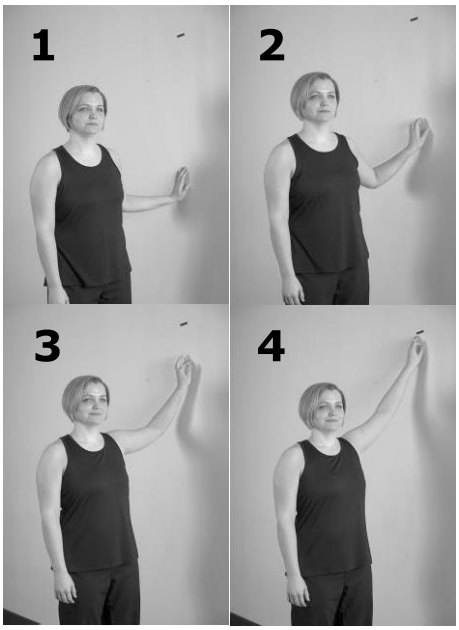
Finger Crawl Forward:



Start: Stand facing a wall.
Movement: 'Walk' your fingers up the wall as high as you can, avoiding pain but to the point of feeling a stretch. Hold for 10 seconds, then walk your fingers back down.
Repeat: 5-10 times.

Once you are able to walk your fingers fully overhead, progressively stand closer to the wall for a greater stretch.

Side Wall Crawls:



Start: Stand with your shoulder facing a wall as shown.
Movement: Slowly "walk" your fingers up the wall, lifting your arm up to your side, so that you feel a stretch. Hold for 10 seconds.
Repeat: 5-10 times.

Progress by standing closer to the wall.

Back Crawl:

Start: Stand with arms behind your back and hold one hand.
Movement: Slide your hand up along your back. Hold as high as you can go without pain for 5 seconds while taking a deep breath. Slowly lower.
Repeat: 3 times.

Pelvic Tilt:

Start: Lie on your back with knees bent.
Movement: Draw in your lower abdominal and pelvic floor muscles while making sure to continue to breathe. Slowly and gently tilt your pelvis forward to arch your lower back and then slowly, gently tilt your pelvis backward to flatten your lower back.
Repeat: 5 times.

Breast Flap Surgery Pathway:
The Patient's Checklist

GOAL: Safe transition from hospital to home or next care setting through learning basic knowledge of postoperative care and monitoring.

Weeks prior to Surgery	Actions	Check when complete
Medications	If you are on any blood thinner medications, follow any specific instructions that your nurse gave you regarding if and when to stop taking them before your surgery. If you have any questions, call your surgeon's office.	
Medications	Stop taking any vitamins, supplements and herbs 2 weeks before your surgery. Stop taking ibuprofen (Motrin® or Advil®) and naproxen (Aleve®) 1 week before surgery.	
Actions	We recommend you have the following non-prescription medications at home before your surgery: o Tylenol (acetaminophen) 500mg tablets (for pain) o Advil/Motrin (ibuprofen) 200mg tablets (for pain) o Colace (docusate sodium) 100mg tablets (a stool softener) o Miralax powder (for constipation)	
Actions	We ask you to be off cigarettes at least 4 weeks before surgery, to help with healing.	
Actions	Pack a hospital bag. A change of comfortable clothes for discharge. This should include a shirt that either buttons or zips up the front. We recommend up to 2 sizes bigger than normal.	
Physical Exercises	Attend your Pre-habilitation appointment with the Physical Therapist to learn exercises to help prepare you for surgery and for your recovery.	

Day prior to Surgery	Action	Check when complete
Medications	Follow orders given to you for blood thinners and diabetes medications.	
Actions	5 days before surgery and the morning of your surgery take a shower with the soap provided to you.	
Actions	Call 434.982.0160 if you don't receive a call from OR by 4:30 PM with your arrival time.	

Morning of Surgery	Action	Check when complete
Medications	Take any medication you were instructed to take the morning of surgery.	
Actions	Take a shower with the soap provided to you.	
Diet	Continue drinking clear liquids (water and Gatorade™) until you arrive at the hospital. Drink your Gatorade™ before check in, then nothing more to drink.	
Actions	Bring your CPAP or Bi-PAP machine with you, if you use one.	
Actions	Bring your blood band with you, if you were given one.	
Actions	Bring an updated list of your medications.	
Actions	Bring this handbook and checklist in to the hospital with you when you check in for surgery. See the "Pre-Surgery Checklist" page in your handbook for some additional helpful items to bring with you on your day of surgery.	

After Surgery	Action	Check when complete	RN Initials
Mobilize	Walk outside of hospital room within 2 hours of arriving on the floor after surgery. When in the hospital bed, you will be in a beach chair position. The head of your hospital bed will be inclined about 60 degrees to help with healing. You will be able to get out of bed with assistance.		
Mobilize	Will have your flap checked every hour for the first 24 hours, and then every 2 hours until you are discharged from the hospital.		
Pain management	Discuss with nurse what medications will be used to manage post-operative pain. Demonstrate understanding of UVA's pain scale.		
Bowel Regimen	Discuss with nurse what medications will be used to manage post-operative constipation.		
Diet	You may have a regular diet.		
Action	Your nurse will manage your drains and start teaching you how to care for them after discharge.		
Action	You will begin learning how to care for your incisions.		
Breathing	Use the incentive spirometer as instructed by your nurse.		

Post-operative Day 1	Action	Check when complete	RN Initials
Mobilize	Spend at least 6 hours out of bed. Walk twice in hallway. State one benefit of mobility to nurse.		
Breathing	Use the incentive spirometer as instructed by your nurse.		
Pain management	Discuss with nurse what medications will be used to manage post-operative pain. Demonstrate understanding of UVA's pain scale.		
Bowel Regimen	Discuss with nurse what medications will be used to manage post-operative constipation.		
Dehydration prevention	List 2 signs and symptoms of dehydration. Name 2 ways to avoid dehydration.		
Action	Your nurse will manage your drains and continue teaching you how to care for them after discharge.		
Action	You will continue learning how to care for your incisions.		
Diet	Continue eating a regular diet.		

Post-operative Day 2-3	Action	Check when complete	RN Initials	
Mobilize	Spend at least 6 hours out of bed. Walk three times in the hallway. Will be able to have your bed in flat position. Physical and occupational therapy will give you recommendations on how to safely get up and out of bed after discharge.			
Action	Your nurse will manage your drains and continue teaching you how to care for them after discharge.			
Infection Prevention	Identify signs and symptoms of wound infection. Demonstrate appropriate wound care.			
Pain management	Discuss with nurse what medications will be used to manage post-operative pain. Verbalize pain management plan for discharge.			
Bowel Regimen	Discuss with nurse what medications will be used to manage post-operative constipation. Verbalize bowel regimen plan for discharge.			
Breathing	Use the incentive spirometer as instructed by your nurse.			
Physical Exercises	You will begin performing Phase 1 exercises. See section 4 of your ERAS handbook.			

Discharge	Action	Check When Complete	RN Initials
Discharge Instructions	Verbalize understanding of signs and symptoms of a potential complication and what actions to take in the event of a complication.		
Action	Demonstrate that you can care for your drains and incisions.		
Discharge Preparation	Ensure you have a ride home from the hospital, extra oxygen (if you need it), and all of your belongings that may have been stored in “safe keeping” during your hospital stay		

After Discharge	Action	Check When Complete
Return to clinic	You will follow up with your surgeon 1-3 weeks after surgery to have your drains removed.	
Physical Exercises	You will begin performing Phase 2 exercises 14-28 days after surgery. See section 4 of your ERAS handbook.	

Drain Care Record

	DAY 1		DAY 2		DAY 3		DAY 4		DAY 5		DAY 6		DAY 7	
Drain#	Time	Vol.	Time	Vol.	Time	Vol.	Time	Vol.	Time	Vol.	Time	Vol.	Time	Vol.
1														
2														
3														
4														
Daily Total per Drain	#1- #2- #3- #4-		#1- #2- #3- #4-		#1- #2- #3- #4-		#1- #2- #3- #4-		#1- #2- #3- #4-		#1- #2- #3- #4-		#1- #2- #3- #4-	

	DAY 8		DAY 9		DAY 10		DAY 11		DAY 12		DAY 13		DAY 14	
Drain #	Time	Vol.	Time	Vol.	Time	Vol.	Time	Vol.	Time	Vol.	Time	Vol.	Time	Vol.
1														
2														
3														
4														
Daily Total per Drain	#1- #2- #3- #4-		#1- #2- #3- #4-		#1- #2- #3- #4-		#1- #2- #3- #4-		#1- #2- #3- #4-		#1- #2- #3- #4-		#1- #2- #3- #4-	

	DAY 15		DAY 16		DAY 17		DAY 18		DAY 19		DAY 20		DAY 21	
Drain #	Time	Vol.	Time	Vol.	Time	Vol.	Time	Vol.	Time	Vol.	Time	Vol.	Time	Vol.
1														
2														
3														
4														
Daily Total per Drain	#1- #2- #3- #4-		#1- #2- #3- #4-		#1- #2- #3- #4-		#1- #2- #3- #4-		#1- #2- #3- #4-		#1- #2- #3- #4-		#1- #2- #3- #4-	

You should empty your drains once in the morning when you wake up, and once in the evening before you go to bed. If they are more than ½ full, you should empty your drain more often. If the drains are putting out over 300 ml per 24-hour period please let us know.

Drains will be removed when the daily total for each drain is less than 30 mls per day for 2 consecutive 24-hour periods. Call the clinic on the 3rd day of less than 30 mls to schedule an appointment. This applies to each individual drain. It is important to know that only one abdominal drain is typically removed at a time.

Exercise Log after DIEP or TRAM reconstruction

Date:											
Activity	Time or Distance/ #Reps, sets	Time or Distance/ #Reps, sets	Time or Distance/ #Reps, sets	Time or Distance/ #Reps, sets	Time or Distance/ #Reps, sets	Time or Distance/ #Reps, sets	Time or Distance/ #Reps, sets	Time or Distance/ #Reps, sets	Time or Distance/ #Reps, sets	Time or Distance/ #Reps, sets	Time or Distance/ #Reps, sets
Walk											
Walk											
Walk											
Breathing											
Shoulder rolls											
W Squeeze											
Forward Finger Walk											
Side Finger Walk											
Back Crawl											
Butterfly											
Heel slide											
Pelvic Tilt											