



## PRE- AND POST-OPERATIVE INSTRUCTIONS FOR DIEP FLAP

Once your surgery is completed, you must follow all the instructions given to you in order to heal properly and have a good outcome.

### Pre-Operative Guidelines:

1. Discontinue ASPIRIN or ASPIRIN-containing products, VITAMIN E and NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (such as MOTRIN or ADVIL) **2 WEEKS** prior to surgery. Aspirin and Vitamin E can increase bleeding. Avoid alcohol for 2 days before surgery and 7 to 10 days after surgery. You must stop smoking and/or using nicotine containing products **6 WEEKS** prior to surgery. Nicotine decrease oxygen to tissues and skin, thus delaying the healing process. You may be tested for nicotine peri-operatively.
2. Shower the night before or morning of surgery and do not apply any lotions or creams to the skin prior to surgery. We do ask that one week prior to surgery you shave or trim any hair near the surgical site (this includes the mons or underarms). After you have shaved one week prior, do not shave again before your surgery. Do not wear any makeup, jewelry or contact lenses to the operating room. On the day of surgery plan to wear dark, comfortable clothing (gym attire is appropriate) and flat, comfortable shoes.
3. Do not eat or drink anything after midnight the night before your surgery. You may take morning medications with a sip of water.
4. Since you will not be allowed to drive after discharge from the hospital, be sure to make arrangement for someone to pick you up from the hospital when you are discharged.
5. Notify the office immediately of any signs of fever, cold or infection during the week prior to surgery.

### Medications:

You will be given pain control medication through an IV postoperatively in recovery. During your hospital stay you will be started on oral pain medications. Upon discharge from the hospital you will fill prescription medications and take as directed, only as needed. Listed below are some of the medications you may receive at time of discharge. If you did not receive a medication listed below then please disregard.

1. **Narcotic pain medication (Tramadol or Oxycodone)** - You will be taking this medication as prescribed only **as needed** to help decrease pain postoperatively. Only take this medication if your pain is not relieved with the ibuprofen and Tylenol.
2. **Advil (Ibuprofen)** – You will be able to take 600-800mg every 8 hours in addition to narcotic pain medication, if not contraindicated (gastric ulcers, kidney failure, previous gastric bypass, etc.)  
\*Over the counter ibuprofen tablet is 200mg therefore 4 tablets=800mg. Do not exceed 2400 mg in 24 hours

3. **Tylenol (acetaminophen)** – You will be able to take 650mg every 6 hours in addition to ibuprofen and narcotic pain medication, if not contraindicated (liver disease, etc). Do not exceed 4000 mg in 24 hours
4. **Valium (Diazepam)** - This medication can be taken as prescribed on an **as needed basis** to help with anxiety and/or muscle spasms.
5. **Keflex (Cephalexin) / Clindamycin (Cleocin)** – If given antibiotics, begin taking your antibiotics the first postoperative night you return home. Take these medications as directed. \*If you do not receive antibiotics please disregard.
6. **Phenergan (Promethazine) / Zofran (Ondansetron)** - Take this medication as prescribed on an as need basis to help decrease signs and symptoms of nausea/vomiting. \*If you do not receive this prescription please disregard.
7. **Stool Softener** - The main complication associated with narcotic pain medication is constipation. We recommend taking Colace 100mg twice daily as well as Milk of Magnesia 15cc with each dose of pain medication until a bowel movement. This is just a recommendation. If you have a home regimen, please continue with this post operatively. If you have not had a bowel movement by postoperative day #5, take a stimulant laxative (ex: senna, dulcolax, fleet enema).

#### **What To Expect in the Hospital:**

1. The surgery time can range from 6-12 hours in length. After surgery you will go to postop recovery for 3 hours. Therefore, we encourage family/friends to not wait at the hospital for the whole surgery. A hospital employee will have their contact information and will update them periodically with the surgery and when to expect you to be in recovery. Dr. Orseck will call family once the surgery is over.
2. After surgery and recovery, you will be transferred to a regular hospital room where you may have visitors.
3. Your first night in the hospital you will stay in bed (bed rest), you will have a urinary catheter in place and you will only be allowed to have clear liquids. The following morning, Dr. Orseck or his Physician Assistant will evaluate you and your flap. Once you have been evaluated, you will be able to have a regular diet, the urinary catheter will be removed and you will be permitted to get out of bed and ambulate.
4. After surgery you will have dressings on your abdomen, belly button and breast(s) and you will have monitors attached to your breast flaps. You will have JP drains in your abdomen and breast. Breast dressings and monitors will be removed prior to discharge home. JP drains will remain intact and abdominal tape system will remain intact. See below for further information on JP drain removal.
5. During your hospital stay you will have one to two monitors attached to your breast to monitor the blood flow. These monitors allow the physician to remotely monitor your flap via a tissue oximeter called Vioptix. These monitors will be disconnected before discharge home.

6. Typically you will stay in the hospital 3 to 5 nights. This will be determined postoperatively based upon your progress, pain level, etc.
7. Case management will speak with you during your hospital stay and arrange for home health services to evaluate you once you are discharged from the hospital.
8. You will want to pack loose fitting clothes to go home in. (Jogging/sweat pants and a zip or button up top). You will not need a bra postoperatively.

### **Post -Operative Guidelines:**

#### **ACTIVITY**

1. We encourage you to walk regularly after surgery and take deep breaths. Early and frequent ambulation will prevent blood clots in your legs and decrease healing time. Taking deep breaths prevents post op lung problems. You will be slightly bent over while walking after surgery. You may gradually straighten up when walking over the course of the first week after surgery.
2. You will want to stay in the flexed position after surgery. We recommend sleeping in a recliner or at a 30° angle for at least 2 weeks. Staying in the flexed position with your head raised and pillows under your knees will prevent tension on your abdominal incision. Avoid lying flat; this will put a lot of tension on your abdominal incision. **Avoid putting any pressure on your breast flap.** Do not sleep on your side or stomach for at least 4 weeks to prevent any pressure on the flap. This could cause the flap to fail.
3. Avoid activities that make your pulse or heart race to prevent re-bleeding. Post-surgical bleeding can occur up to 10 days after any surgery.
4. Heavy exercise is prohibited for 4 weeks.
5. You may do arm exercises (without weights) to prevent them from becoming stiff. Try to lift your arms above your head several times per day. Remember, no lifting greater than 10-15 lbs.
6. Driving is permitted when you are no longer taking narcotic pain medications and feel you can safely and comfortably maneuver the car.

#### **DRESSINGS**

7. Once your dressings are removed, you will not need any additional dressings placed unless you prefer. If you prefer a dressing on your breast then you may use dry gauze and tape.
8. You may shower when you get home from the hospital. Do not tub bathe for 3 weeks postoperatively. You may shower with JP drains. If you have a clear tape system on your abdomen, this will remain on for 3 weeks. It is okay to shower with this tape system intact. Mild soaps are recommended to decrease risk of skin irritation.
9. You will go home with JP drains. It is important to strip the drains as instructed by nursing. You should be stripping and recording output from your drains every 8-12 hours. TIP: using hand

sanitizer on your fingertips makes it easier to strip drains. Please review our website for JP drain commonly asked questions and how to strip drains <https://www.orseckmd.com/patient-info/> (how to manage drainage tubes at the bottom of the page)

10. Remember, drains will be ready for removal at different times during the healing process. The JP drains will be removed once the drainage in each individual tube is less than 25cc for a 24 hour period for 2 consecutive days. Once a drain is ready for removal, call our office and set up an appointment with the nurse to have it removed. Please note, once a drain is removed there may be some drainage from that site for the next several days until it heals in and this normal. You will want to apply Vaseline and a Band-Aid to site daily until it has healed. After a JP drain is removed, please wait 24 hours before showering. (\*if you have two drains in your abdomen, we will not remove both drains at the same time, regardless of output. The last remaining drain must be less than 15cc x 24 hours for 2 consecutive days.))
11. If you have any external sutures, they are usually removed after 1 week.

**General Information/Commonly Asked Questions:**

12. Expect swelling and bruising. There will be some breast asymmetry postoperatively. Asymmetry will be addressed during second stage procedure. This second stage is approximately 3 months after initial surgery.
13. We do not recommend wearing a bra for at least 2 weeks post operatively due to compressing the flap. After two weeks you may wear a soft sports bra.
14. Avoid foods that you know cause gas or cramps. Ensure you have adequate protein intake postoperatively to facilitate healing. Drink plenty of fluids (8-10 glasses/day) for the first week to keep well hydrated.
15. Pain medication may cause nausea, if you experience this take anti-nausea medication prior to taking pain medication and avoid taking on an empty stomach.
16. Generally you can return to work in 4-6 weeks after surgery.
17. When you are discharged from the hospital, make sure you call the office to schedule your post-op visit, which should be 7-10 days after discharge unless instructed otherwise. At this visit we will check operative sites.
18. When you call to make your follow-up appointment, please remind our staff of your surgery date and type of procedure so that you will be given a correct appointment date and time.

**CALL THE OFFICE IMMEDIATELY IF YOU EXPERIENCE ANY OF THE FOLLOWING:**

- A high fever, (over 101°) severe nausea and vomiting, continued dizziness or incoherent behavior, such as hallucinations.
- Any pain that cannot be controlled by your pain medication.
- Bright red skin that is hot to the touch.
- Excessive bleeding or fluid seeping through the incisions.

If you have routine questions or concerns, please call the office at (864) 560.6717. In case of emergency, call 911.