Elite Plastic Surgery
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Before and After Surgery Instructions
Free Flap Breast Reconstruction

Before Surgery

Congratulations on your decision! Electing to undergo breast reconstruction is a brave step forward in the completion of your breast cancer treatment and we are honored to be a part of your journey. Welcome to our practice!

1. Breast reconstruction is highly individualized for every patient and we need to discuss all facets with you. When we meet for your initial consultation, we will explain your options and develop a care plan specific to you. At this time, we will also discuss the timing of your surgery, stages of your surgical process and completion of your reconstruction journey.

2. During your initial consultation, you will be referred to obtain a computed topography angiogram (CTA) scan of the abdomen and pelvis. This information helps us determine if you are a candidate for a specific flap. If you do not hear from the radiology office within 2 days of form submission, please call them since prior authorization from your insurance company is required and once the prior authorization is approved then the imaging facility will contact you to schedule the CTA. Once your CTA has been completed, please call our office to schedule a follow up appointment and discuss the results.

3. Photographs are very helpful to track your progress throughout the stages of your reconstruction. We begin taking photographs at the time of your initial consultation, through your surgical process and during your postoperative care.

4. Once your surgery date has been selected, you will be asked to come into our office to review your preoperative and post operative instructions. Breast incisions may be drawn as well as the flap design during this appointment or the day of surgery depending on when the preoperative appointment occurs. This appointment can take up to 60 minutes.

5. If your pre operative appointment occurs the day before your surgery please shower before your appointment, as you will not be able to shower after your markings are drawn (do not shower even if instructed by the hospital to do so). This appointment time also gives you an opportunity to ask more questions and allows us to thoroughly review your pre operative and post operative instructions with our medical team.

6. We practice the Enhanced Recovery After Surgery (ERAS) method. Scientific studies have shown ERAS to be highly beneficial in lowering pain, hunger, and infection, as well as allowing for early release home from the hospital. Most of our patients do not require narcotics due to this method.

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7. As part of ERAS, you will receive Tylenol, Lyrica or Gabapentin (nerve pain suppressor), and Celebrex (same drug class as ibuprofen) 1 hour before your surgery.

8. Also as part of ERAS, you are allowed to drink carbohydrate-rich fluids up to 2 hours before your surgery. These fluids are limited to Powerade, Gatorade, apple juice, grape juice or coconut water (please do not drink anything that is red or purple in color). Please do not eat any solid food past midnight the night before your surgery. If you are a patient with diabetes or gastroesophageal reflux disease (GERD), please adhere to the standard instruction of nothing by mouth past midnight the night before your surgery.

9. It is now time for your surgery. A lot of preparation has gone into this process so please try to relax as we start the surgical part of your reconstruction journey.

After Surgery

1. Following your surgery, you will be brought to the postoperative unit and then admitted to the hospital for monitoring. Once your admission location is established (i.e. ICU, step down or acute care) and you are transported to your room, your family will be notified.

2. A member of our plastic surgery team will speak with your family or chaperone to explain the outcome of your procedure and to answer any questions they may have.

3. Your breast flaps will be monitored by a digital system that will notify your doctor remotely if there is a problem. During the evening following surgery, we will keep you on a full liquid diet as a precautionary measure in the unlikely event that you should need to return to the operating room for any reason.

4. Your dressings will consist of medical-grade glue, soft-padding, a mildly compressive surgical bra, and an abdominal/lower extremity compression garment.

5. Antibiotics IV will be given for the first 24 hours of your hospital stay and oral route postoperatively. In order to prevent deep vein thrombosis (blood clots in the veins), a drug named Lovenox will be prescribed for the first week following discharge from the hospital. The hospital staff will teach you how to inject the medicine under your skin.

6. During your surgery, you will be injected with a long-acting local anesthetic to provide pain relief. Throughout your hospital admission, medications to control pain, nausea, and constipation will be available as needed. Most of the medication used to control your pain will be non-narcotic. Narcotics will only be given if other medications fail to alleviate your pain.

7. Your hospital admission will typically last 1-3 days. You will likely be discharged home with drains - up to two in the abdomen and one per reconstructed breast. Your drains will be removed when the drain output falls below 30 ml over a 24 hour period.

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Post-Operative Instructions

1. Diet: You will be on a full liquid diet the evening after surgery as a precautionary measure in case there is a need to return to the operating room. On the day following surgery, you will be given a regular diet for breakfast or lunch. We will encourage you to increase your fiber and fluid intake (to ~ six cups of water) following surgery to prevent constipation which is a known side effect of narcotic pain medication. As a secondary measure, please obtain over the counter stool softeners to take along with narcotic medications.

2. Activity: For the initial 24 hours following surgery, you will be on bedrest with assisted mobilization. Once approved by the plastic surgery team, you will be allowed to sit up in a chair and walk around the hall with assistance throughout the day. If all goes well, you will be encouraged to self-ambulate that same evening. After discharge, your mobility will be restricted to non-strenuous activity only and you should not lift greater than five pounds unless otherwise instructed. You should continue these restrictions until they are removed at your follow-up appointment by your plastic surgeon. Please only resume your exercise regimen once you have received clearance from your surgeon.

3. Pain: Narcotic and non-narcotic medications will be prescribed at your marking appointment the day before your surgery. Prescriptions can also be sent electronically from the hospital to your pharmacy on file. Please make sure the hospital has an up to date pharmacy on file when you check in for your surgery. During your surgery, we will use a local anesthetic called Exparel to alleviate your pain. This medication typically lasts 48-72 hours postoperatively. Any additional pain will be controlled throughout your hospitalization using a combination of oral and intravenous narcotics as well as non-narcotic medications.

4. Follow-Up Schedule: The first follow-up appointment is typically scheduled within 1 week of your surgery date. We will provide you with contact information for scheduling your follow-up appointment.

5. Work: We advise that you plan to take 6 weeks off from work, however earlier return to work is possible depending on your occupation and your postoperative course. The recovery period could take longer if there are complications after your surgery.

6. Incisions: Sutures are most often internal (not visible on the surface) and they will typically dissolve on their own with time. In some situations, there could be external sutures which may or may not require removal in our clinic. Skin incisions may show mild signs of redness and/ or inflammation for the first two months following surgery. This finding is normal and should resolve with time. It is also normal for some oozing from the wound edges in the initial postoperative period. Wound care instructions will be based on how healing progresses as assessed at your clinic visits. Do not place ointment or other products over incision lines unless instructed by your surgeon.

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7. Dressings: Dressings are simple and consist of medical-grade glue, soft padding to absorb any oozing from the wounds, a gentle compression bra without underwire, and an abdominal binder. Do not pick at or attempt to remove the glue; it will fall off on its own with time. Replacing your soft padding daily will help to keep the surgical area clean.

8. Drains: As discussed above, you will likely be discharged with drains in place. Drain care instructions will be provided to you prior to discharge and your drain progress will be followed in our clinic. Please make sure to keep a log of your drain output and bring this record to all of your appointments if your drains are still in place as this will help us to know when it is appropriate to remove your drains. Breast drains are usually removed within 1 week. If an abdominal drain(s) have been placed, they tend to stay in longer. Drain output less than 30ml per 24 hours is a good indicator for removal.

9. Bathing: You may shower two days following your surgery. You should not bathe or submerge your body in water (i.e. pool, whirlpool, hot tub, etc) for 4 weeks. Following your shower or cleaning of the surgical site, you should pat dry the incision area gently prior to applying new soft padding to the area.

10. Surgical bra: A surgical bra will be placed the morning after surgery when you are sitting upright or walking. The bra needs to be snug, but not tight. Please do not close the bra when you are in bed. The purpose of the bra is to support your reconstructed breasts.

11. Abdominal and/or thigh compression garment: Following they surgery, you will need to remain in compression for 4-6 weeks. We strongly advise you to purchase a few pairs of high-waisted compressive leggings or Spanx for this purpose (see handout in this folder for a brand we recommend). You should bring at least one of these garments with you to the hospital the day of your surgery. Keep in mind that you will have drains and will probably want to cut the leggings/Spanx to accommodate the drain tubes. If you are unable to purchase a compression garment prior to surgery, you will be provided with an abdominal binder or girdle at the hospital. We prefer the legging to the binder as the binders do not fit everyone appropriately and can easily ride up onto the breast flaps causing complications.

13. Hyperbaric Oxygen Therapy: Ask Dr. Torabi about HBOT. Hyperbaric oxygen therapy (HBOT) is a medical treatment that involves breathing pure oxygen in a pressurized chamber. HBOT has been used to treat a variety of medical conditions, including decompression sickness, carbon monoxide poisoning, and wounds that are slow to heal.
In recent years, there has been growing interest in the potential use of HBOT for longevity and anti-aging. This is because HBOT has been shown to have a number of beneficial effects on the body, including:

- Increased production of new blood vessels
- Reduced inflammation
- Improved wound healing
- Increased production of antioxidants

- Reduced oxidative stress
- Increased levels of nitric oxide
- Improved cognitive function
- Increased lifespan in animal studies

Frequently Asked Questions and Concerns:

We are available to answer any questions you may have during your recovery. Please call our office 24/7 with your concerns at 480-291-6895 (after hours we have an answering service that will connect the patient to the surgeon).

1. Low-grade increases in temperature are common in the postoperative period, but if you develop a temperature greater than 100.6 please call us, especially if accompanied by chills.

2. At the time of your discharge, the flap (tissue transferred to rebuild your breast) will be well perfused (i.e. it will have adequate blood flow). This tissue should continue to have good color (pale pink) and remain warm to the touch. Normally after discharge, we do not anticipate circulatory issues, but changes in color, temperature or unusual swelling or pain in the breast should be reported to us as soon as possible.

3. Please keep the drain bulbs attached to your undergarments with safety pins. If there is pain or increasing redness in the skin where the drains enter, this should be reported to us.

4. Postoperative bleeding in the breast or donor site can lead to a collection of blood, also called a hematoma. If this problem occurs, it will typically happen during your hospitalization but this may also occur after a patient is discharged home. Please notify us of any increasing pain or swelling in the breast or donor site.

5. As noted above, constipation can be a stubborn problem after surgery. Stool softeners should be used and a mild laxative (Dulcolax) should be added until normal bowel function returns.

6. Sternal (breast bone) and/or rib pain are common following surgery but this pain is expected to resolve over time. If you are experiencing severe pain and difficulty breathing, please contact our office immediately.

7. Factors such as IV fluids, inflammation, compression garments and gravity can contribute to lower extremity swelling which is a normal process following surgery. Swelling will resolve over the next 4-6 weeks but if you experience swelling in combination with significant pain (especially if you notice it is worse on one side than the other) please contact our office immediately.

8. If your thighs were used for reconstruction, small wound separation can develop but will typically heal with dressing changes alone. Infection is rare but can occur so please be mindful of

fever, chills, changes in the skin around your incision, and/or increased drainage from the wound. If you have concerns or experience the above findings please do not hesitate to call our office. If wound separation occurs and results in an unpleasant scar, we can revise your incision during your second stage surgery.

9. If your abdomen was used for reconstruction, we will place an ear plug in your belly button at your first postoperative appointment. This ear plug will be used to keep the belly button open over the next 3 weeks which will prevent belly button contracture. You or your family member will need to change your ear plug every other day to avoid infection.

10. Expected post-surgical factors such as swelling, mild bleeding and scarring can lead to breast firmness after surgery. This firmness will typically resolve over the next 2-3 months. You will be instructed on how and when to massage the area of firmness by your plastic surgeon. On rare occasions, breast firmness can be related to fat necrosis (hardening of the fat). Fat necrosis usually involves a small area and this problem will be addressed during your second stage surgery.

11. The plastic surgery team and breast surgeons make every attempt to perform a nipple sparing mastectomy with reconstruction. The main blood flow to the nipple-areolar complex (NAC) comes through the breast tissue, therefore some patients will experience partial or superficial NAC necrosis. If necrosis occurs, we will perform reconstruction of this area during your second stage surgery. On a rare occasion, the entire NAC may be lost in which case, we would perform reconstruction of this area at the final stage.

12. There will be visible flap skin within your breast incisions which allows us to monitor your flap for perfusion (blood flow). This flap skin will be removed during your second stage surgery unless it was meant to replace damaged breast skin. We will try our best to make your incisions in the same pattern as a cosmetic breast lift.

13. We want you to get back to your pre-surgery activity level or better as soon as possible following surgery, therefore we encourage all of our breast reconstruction patients to participate in physical therapy to expedite and improve recovery. Furthermore, we are happy to provide you with a referral for a dedicated breast cancer physical therapist who can guide you on what to expect and do before and after your surgery.

14. It is very important for you to understand that the number of surgeries or stages to complete your reconstruction is extremely variable and individualized for each patient. Your plastic surgeon will discuss your surgical plan with you in detail during your appointment.

You are a hero to your family, your friends, and yourself! Thank you for allowing us to care for you during this important time in your life.

Elite Plastic Surgery

ERAS POSTOPERATIVE MEDICATION SCHEDULE

EXAMPLE ONLY: surgery starts at 7:30 AM and ends at 12:00 PM

FOLLOW THE CLOCK - DO NOT WAIT UNTIL YOU ARE IN PAIN. ERAS works best when you take ALL scheduled medications that were prescribed to you at the correct times. Oxycodone and Zofran are the only medications on this handout that are taken AS NEEDED.

*** MAY NOT APPLY TO YOU: JOURNAVX, Lovenox are only used when prescribed.**

BEFORE SURGERY - JOURNAVX* (only if prescribed)

JOURNAVX loading schedule: For a 7:30 AM surgery, follow the example below. Your third dose is taken before you leave home; all later doses are every 12 hours from that dose.

WHEN	EXAMPLE CLOCK TIME	TAKE
24 hours before surgery	**7:30 AM - day before**	2 tablets (100 mg total)
12 hours before surgery	**7:30 PM - night before**	1 tablet (50 mg)
Before leaving home for surgery	**Example: 5:30 AM - surgery day**	1 tablet (50 mg)
12 hours after the leave-home dose	**Example: 5:30 PM**	1 tablet (50 mg)
Continue every 12 hours	**5:30 AM / 5:30 PM**	1 tablet (50 mg) each dose

JOURNAVX food note: Take the first dose at least 1 hour before or 2 hours after food. From the second dose on, JOURNAVX may be taken with or without food. Avoid grapefruit while taking JOURNAVX.

AFTER SURGERY - CLOCK-BASED HOME MEDICATION SCHEDULE

EXAMPLE ONLY: This schedule shows a surgery ending at 12:00 PM. Your actual clock times will depend on when YOUR surgery ends. Use the relative timing in parentheses to shift the schedule to your own surgery time.

EXAMPLE CLOCK TIME / RELATIVE TIMING	TAKE ALL THAT WERE PRESCRIBED TO YOU
12:00 PM (EXAMPLE: surgery ends)	**START HERE: This is the reference point for the example below. If your surgery ends at a different time, shift each clock time using the relative timing shown in parentheses.**
2:00 PM (2 hrs after surgery)	☐ Tylenol 1,000 mg ☐ Toradol 10 mg ☐ Gabapentin 100 mg ☐ Antibiotic - Keflex 500 mg or prescribed alternative ☐ Colace 100 mg + Senna 8.6 mg
4:00 PM (2 hrs later)	☐ Flexeril 5 mg
5:30 PM (12 hrs after AM JOURNAVX)	☐ JOURNAVX 50 mg*
8:00 PM (6 hrs after 2 PM)	☐ Toradol 10 mg ☐ Tylenol 1,000 mg - if under age 50
10:00 PM (8 hrs after 2 PM)	☐ Gabapentin 100 mg ☐ Antibiotic - Keflex 500 mg or prescribed alternative ☐ Tylenol 1,000 mg - if age 50+
12:00 AM (8 hrs after Flexeril)	☐ Flexeril 5 mg
2:00 AM (12 hrs after 2 PM)	☐ Toradol 10 mg ☐ Tylenol 1,000 mg - if under age 50 ☐ Colace 100 mg + Senna 8.6 mg
5:30 AM (12 hrs after JOURNAVX)	☐ JOURNAVX 50 mg*
6:00 AM (8 hrs after 10 PM)	☐ Gabapentin 100 mg ☐ Antibiotic - Keflex 500 mg or prescribed alternative ☐ Tylenol 1,000 mg - if age 50+
8:00 AM (8 hrs after Flexeril)	☐ Flexeril 5 mg ☐ Toradol 10 mg ☐ Tylenol 1,000 mg - if under age 50

Spacing reminder: Gabapentin and Flexeril stay at least 2 hours apart. JOURNAVX may be taken at the same time as either one. Oxycodone is PRN and must stay at least 2 hours from both gabapentin and Flexeril.

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ERAS POSTOPERATIVE MEDICATION SCHEDULE

Medication key and important timing notes

SCHEDULED vs. AS NEEDED: Tylenol, gabapentin, Flexeril, antibiotic, Colace, Senna, and Toradol, and any prescribed JOURNAVX or Lovenox are part of the scheduled ERAS plan. Oxycodone and Zofran are the only AS-NEEDED medications on this handout.

WHAT EACH MEDICATION DOES

MEDICATION	PURPOSE	TIMING / IMPORTANT NOTE
Tylenol (acetaminophen)	Pain relief	1,000 mg every 6 hours if under age 50; every 8 hours if age 50+. Age 50+: do not exceed 3,000 mg/day. Under age 50: do not exceed 4,000 mg/day.
Gabapentin (Neurontin)	Nerve pain	100 mg every 8 hours. Helps with itching, burning, tingling, numbness and sharp/shooting pain. May cause drowsiness.
Flexeril (cyclobenzaprine)	Muscle relaxer	5 mg every 8 hours. May cause drowsiness. Do not drive while taking it.
Toradol (ketorolac)	Anti-inflammatory / pain relief	10 mg every 6 hours for the prescribed course. Do not take additional ibuprofen/Advil/Motrin or other NSAIDs while taking Toradol unless your surgical team tells you to.
Antibiotic - Keflex (cephalexin) or prescribed alternative	Prevents/treats bacterial infection	Take the antibiotic you were prescribed every 8 hours. If using a probiotic, separate it from the antibiotic by 2 hours.
Colace + Senna	Constipation prevention	Take every 12 hours. These two medications may be taken together.
JOURNAVX (suzetrigine)*	Non-opioid pain medication	Loading schedule begins 24 hours before surgery, then continues every 12 hours after the leave-home dose. Insurance coverage may vary.
Lovenox (enoxaparin)*	Blood clot prevention	Only for patients/procedures when prescribed. Start the day AFTER surgery and inject once daily for the prescribed course (your office instructions currently note 14 days if insurance covers).

AS-NEEDED MEDICATIONS

Oxycodone 5 mg - AS NEEDED: Take every 4-6 hours as needed for breakthrough/general pain. Keep oxycodone at least 2 hours away from BOTH gabapentin and Flexeril. Do not drive while taking oxycodone.

Zofran (ondansetron) 4 mg - AS NEEDED: Take every 6-8 hours as needed for nausea or vomiting.

IMPORTANT SAFETY / TIMING RULES

- Take every SCHEDULED medication that was prescribed to you at the listed time - even if your pain is controlled.
- Gabapentin and Flexeril are scheduled, but keep them at least 2 hours apart. If you need oxycodone, keep it at least 2 hours from BOTH gabapentin and Flexeril.
- JOURNAVX does NOT need to be separated from gabapentin or Flexeril and may be taken at the same time as either medication.
- Not every medication applies to every patient. JOURNAVX and Lovenox are marked with an asterisk because they may not be prescribed to you.
- Medication type may change because of an allergy or other medical reason. For example, take the antibiotic actually prescribed to you even if it is not Keflex.
- If you miss a dose, vomit a dose, have a medication reaction, or are unsure what to take, call the surgical team before changing the schedule or doubling a dose.