

**Dr. Neil Fine**  
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**Post-operative Instructions**

DIEP, TRAM, latissimus flap or tissue expander reconstruction

The following are general guidelines for patients who have undergone breast reconstruction. Specific instructions may vary from patient to patient if the circumstances dictate. Please feel free to call the office at **(312) 266-6240** or email us at **drfine@neilfinemd.com** should you have any questions regarding this information.

You may remove the gauze **dressing** 24 hours after surgery and then shower. Keep the steri-strips in place; they have been applied with a skin adhesive, so you can wash over them without loosening them. Steri-strips will gradually loosen along the edges, and usually fall off within 7-10 days after surgery. If your steri-strips fall off earlier than 7 days after surgery, it is okay; if they are still in place after 10 days, you can remove them yourself or they will be removed in the office at your first post-operative appointment. You may continue to cover the incisions with gauze if you want to, but it is not necessary.

You may have one or more bulb suction-type **drains** (JP drain) in place when you are sent home. Please strip and empty the JP drain 2-3 times daily, or more often if the bulb fills up. To strip the drain, firmly grasp the tubing closer to your body, and use your other hand to squeeze and slowly slide your thumb and index finger down the tube. Always stabilize the tube with one hand while stripping the tube with the other. After emptying the drains, squeeze the bottle to create suction and replace the cap while squeezing to maintain the vacuum.

Make sure to measure and record drain output for each drain during every 24 hour period, and bring your record to your post-operative appointment. After the drainage has decreased to 30 mL or less in a 24-hour period, please call our office to arrange a time for removal of the drains. Drains are usually removed within 1-2 weeks.

The drains can get wet in the shower, but should be supported while showering. To secure JP drains, used a ribbon, shoestring, or lanyard around the neck.

Post-operatively, you will have a local anesthesia pump (“**pain pump**”) in place to help control pain. This consists of a small tube with a bottle at the end containing marcaine. You may shower with the pump in place; just remove the cloth bag prior to showering. The pain pump usually lasts 48-72 hours after surgery. When the inner balloon appears empty, the medication is finished. You may remove and throw away the bottle. Remove the clear tape and steri-strips from your skin and gently pull the tubes out. This will not be painful as the skin is numb. Be aware that the tubes are long.

**Pain medication** prescribed post-operatively should be taken as directed to relieve pain as it is important to be comfortable enough to keep moving. This medication should be gradually tapered or

reduced to a point at which narcotics (Norco, Tylenol with Codeine) are used only at night time by two weeks post-surgery. If you feel the medication prescribed is too strong, pain pills may be cut in half or try plain Tylenol (Acetaminophen) or Advil (Ibuprofen). If taking Acetaminophen, do not exceed 4,000 mg per day; please keep in mind that many narcotic pain medications prescribed also contain acetaminophen. We also recommend that you use a stool softener while taking pain medication as constipation after surgery and while taking narcotic pain medication is very common.

You can expect some minor swelling, numbness, and bruising of the breast. Wearing a soft support bra (or ace wrap), even at night, may help ease any discomfort, but is not required. Do not wear anything that is tight or uncomfortable. A garment that leaves marks on the skin is too tight. **DO NOT use a hot water bottle or electric heating pad** on your chest or abdomen until normal sensation returns as the risk for burns with the electric pad is substantially increased.

You may **shower** beginning 24-48 hours after surgery. Clean incisions gently with soap and water and pat dry. Do not swim, bathe, use hot tubs, or use lotions or creams on the breast for 2 weeks after surgery or until the incisions have healed. Do not shave the affected underarm with a razor as your risk for injuring yourself is significantly higher due to numbness. Electric razors are okay.

You may resume your regular **diet**.

You may resume normal daily **activities** the day after surgery; this includes activities that encourage range of motion of the shoulder such as washing or brushing your hair. As soon as you are able, you may use the exercise positions as **stretching** positions; this will help keep mobility without increasing drainage. Reach out in the direction of the exercise and hold the position for 5-10 seconds and then move to the next one. You may repeat this 3-4 times per day. You may begin **arm exercises** once the drains have been removed. Perform the exercises 3-4 times a day and gradually increase your range of motion and repetitions – ideally you should be working to reach a point at which you can fully raise your arms over your head. This will take time and repetition, so do not become frustrated.

If you would like additional support in increasing arm and shoulder mobility, we strongly suggest you call 312-926-8400 to enroll in the stretching class titled “Regain Function After Breast Surgery” offered for mastectomy patients. This is a single session class that our patients have found to be of great benefit.

Walking is encourage immediately post-operatively. **Exercise** that raises your heart rate and blood pressure should be avoided for 2 weeks post-operatively. You may resume aerobic exercise (bike riding, aerobics, etc) two to three weeks after surgery. Common sense and good judgment are essential in avoiding injury at this point; start light and build up slowly. Avoid chest specific exercises and running or jumping; for DIEP and TRAM patients, also avoid sit-ups and abdominal exercises. All type of exercise are permitted after 6 weeks.

Do not **lift** anything that requires straining for six weeks. You may lift anything that does not require straining or struggling after discharge, but heavy lifting should be avoided for six weeks post-operatively.

You may resume **driving** when you are no longer taking narcotic pain medication during the day and you are able to sit comfortably behind the wheel and perform all motions necessary for safe driving. Always wear a seatbelt while in a car; use a pad or pillow on your chest if necessary for comfort.

Actual **return to work** dates may vary; we will work to support you with this process.

If you have not made an **appointment** for your post-op visit prior to your discharge, please call the office for an appointment within a week after your surgery.

**Be sure to call the office at 312-266-6240** if you develop a temperature above 101.5 F or experience severe pain not controlled by your pain medicine, any unusual redness, swelling, tenderness, warmth or drainage from the incisions or drain site(s). It is normal to have some redness, about the size of a dime, at the drain site. If this increases, report this change.

We look forward to seeing you back in the office and are available should you need anything! Please feel free to call us or email us anytime with questions or concerns. After hours, we have an answering service that can connect you with an on-call physician any hour of the day or night. If you send us an email after hours or on the weekends, we will do our best to get back to you in a timely manner (usually within 12 hours). Additionally, frequently asked questions and answers can be found on the website under "F.A.Q".

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### Bulb Drain Record

Date	Time	Drain 1 or A	Drain 2 or B
24-hour Total			

Date	Time	Drain 1 or A	Drain 2 or B
24-hour Total			

Date	Time	Drain 1 or A	Drain 2 or B
24-hour Total			

Date	Time	Drain 1 or A	Drain 2 or B
24-hour Total			

Date	Time	Drain 1 or A	Drain 2 or B
24-hour Total			

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24-hour Total			

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24-hour Total			

